New and Emerging Medical Technologies and Procedures

Effective: April 1, 2018

Next Review: December 2018
Last Review: March 2018

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

MEDICAL POLICY CRITERIA

The following are new and emerging medical technologies which are considered investigational because the current scientific evidence is not yet sufficient to establish the impact of these technologies on health outcomes:

<table>
<thead>
<tr>
<th>CODES</th>
<th>NUMBER</th>
<th>DESCRIPTION</th>
<th>MANUFACTURER’S NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>0075T</td>
<td>Transcatheter placement of extracranial vertebral artery stent(s), including radiologic S&amp;I, percutaneous; initial vessel</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>0076T</td>
<td>Transcatheter placement of extracranial vertebral artery stent(s), including radiologic S&amp;I, percutaneous; each additional vessel</td>
<td>N/A</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>0198T</td>
<td>Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0205T</td>
<td>Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0207T</td>
<td>Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral</td>
<td>LipiFlow (TearScience®)</td>
<td></td>
</tr>
</tbody>
</table>
| 0219T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical | • NuFix (NUTECH SPINE, Inc.)
• TruFUSE® |
| 0220T | ;thoracic                                                                   | • NuFix (NUTECH SPINE, Inc.)
• TruFUSE® |
| 0221T | ;lumbar                                                                     | • NuFix (NUTECH SPINE, Inc.)
• TruFUSE® |
| 0222T | ;each additional vertebral segment (List separately in addition to code for primary procedure) | • NuFix (NUTECH SPINE, Inc.)
• TruFUSE® |
<p>| 0234T | Transluminal peripheral atherectomy, including radiological supervision and interpretation; renal artery | N/A   |
| 0235T | ;visceral artery (except renal), each vessel                                 | N/A   |
| 0236T | ;abdominal aorta                                                             | N/A   |
| 0237T | ;brachiocephalic trunk and branches, each vessel                             | N/A   |
| 0238T | ;iliac artery, each vessel                                                   | N/A   |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>0249T</td>
<td>Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance</td>
<td>N/A</td>
</tr>
<tr>
<td>0255T</td>
<td>Radiological supervision and interpretation</td>
<td>Zenith® Branch Endovascular-Graft-Iliac-Bifurcation with the H &amp; L-B One-Shot™</td>
</tr>
<tr>
<td></td>
<td>(Deleted 1/1/2018)</td>
<td></td>
</tr>
<tr>
<td>0299T</td>
<td>Extracorporeal shock-wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound (Deleted 1/1/2018)</td>
<td>N/A</td>
</tr>
<tr>
<td>0300T</td>
<td>Each additional wound (List separately in addition to code for primary procedure) (Deleted 1/1/2018)</td>
<td>N/A</td>
</tr>
<tr>
<td>0302T</td>
<td>Insertion or removal and replacement of intracardiac ischemia monitoring system including imagins supervision and interpretation when performed and intraoperative interrogation and programming when performed; complete system (includes device and electrode) (Deleted 1/1/2018)</td>
<td>AngelMed Guardian System (Angel Medical Systems)</td>
</tr>
<tr>
<td></td>
<td>AngelMed Guardian System (Angel Medical Systems)</td>
<td></td>
</tr>
<tr>
<td>0303T</td>
<td>Electrode only (Deleted 1/1/2018)</td>
<td>AngelMed Guardian System (Angel Medical Systems)</td>
</tr>
<tr>
<td>0304T</td>
<td>Device only (Deleted 1/1/2018)</td>
<td>AngelMed Guardian System (Angel Medical Systems)</td>
</tr>
<tr>
<td>0305T</td>
<td>Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report (Deleted 1/1/2018)</td>
<td>AngelMed Guardian System (Angel Medical Systems)</td>
</tr>
<tr>
<td>0306T</td>
<td>Interrogation device evaluation (in person) of intracardiac ischemia</td>
<td>AngelMed Guardian System (Angel Medical Systems)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Equipment</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>0307T</td>
<td>Removal of intracardiac ischemia monitoring device (Deleted 1/1/2018)</td>
<td>AngelMed Guardian System (Angel Medical Systems)</td>
</tr>
<tr>
<td>0310T</td>
<td>Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity (Deleted 1/1/2018)</td>
<td>Nexstim® Navigated Brain Stimulation (NBS) System 4, NBS System 4 with NexSpeech®</td>
</tr>
<tr>
<td>0329T</td>
<td>Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report</td>
<td>SENSIMED Triggerfish®</td>
</tr>
<tr>
<td>0330T</td>
<td>Tear film imaging, unilateral or bilateral, with interpretation and report</td>
<td>OphthaVision Imaging System (MRP Group Inc.), Tearscope-Plus (Keeler Instruments), LipiView® Ocular Surface Interferometer (TearScience Inc.)</td>
</tr>
<tr>
<td>0331T</td>
<td>Myocardial sympathetic innervations imaging; planar qualitative and quantitative assessment</td>
<td>AdreView™ (lobenguane I 123 injection, GE Healthcare)</td>
</tr>
<tr>
<td>0332T</td>
<td>;with tomographic SPECT</td>
<td>AdreView™ (lobenguane I 123 injection, GE Healthcare)</td>
</tr>
<tr>
<td>0337T</td>
<td>Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral</td>
<td>Endo PAT 2000 (Itamar Medical Ltd.)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Devices</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 0338T | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral | • Symplicity™ renal denervation device (Medtronic, Inc.)
• EnligHTN™ multi-electrode renal denervation system (St. Jude Medical)
• One-Shot Renal Denervation System™ (Covidien)
• V2 renal denervation system™ (Vessix Vasular)
• Thermocouple Catheter™ (Biosense Webster) |
<p>| 0339T | ;bilateral                                                                   |                                                                                             |
| 0341T | Quantitative pupillometry with interpretation and report, unilateral or bilateral | • NPi™-100 Pupillometer (NeurOptics®)                                                      |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>0342T</td>
<td>Therapeutic apheresis with selective HDL delipidation and plasma reinfusion</td>
<td>N/A</td>
</tr>
<tr>
<td>0347T</td>
<td>Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)</td>
<td>N/A</td>
</tr>
<tr>
<td>0348T</td>
<td>Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)</td>
<td>N/A</td>
</tr>
<tr>
<td>0349T</td>
<td>;upper extremity(ies), (includes shoulder, elbow and wrist, when performed)</td>
<td>N/A</td>
</tr>
<tr>
<td>0350T</td>
<td>;lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)</td>
<td>N/A</td>
</tr>
<tr>
<td>0351T</td>
<td>Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative</td>
<td>RS-3000 Advance (NIDEK©)</td>
</tr>
<tr>
<td>0352T</td>
<td>;interpretation and report, real time or referred</td>
<td>RS-3000 Advance (NIDEK©)</td>
</tr>
<tr>
<td>0353T</td>
<td>Optical coherence tomography of breast, surgical cavity; real time intraoperative</td>
<td>RS-3000 Advance (NIDEK©)</td>
</tr>
<tr>
<td>0354T</td>
<td>;interpretation and report, real time or referred</td>
<td>RS-3000 Advance (NIDEK©)</td>
</tr>
<tr>
<td>0356T</td>
<td>Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each</td>
<td>N/A</td>
</tr>
<tr>
<td>0358T</td>
<td>Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report</td>
<td>N/A</td>
</tr>
<tr>
<td>0377T</td>
<td>Anoscopy with directed submucosal injection of bulking agent for fecal incontinence</td>
<td>Solesta®</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Provider</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>0378T</td>
<td>Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional</td>
<td>ForeseeHome™ AMD Monitoring Program (Notal Vision™)</td>
</tr>
<tr>
<td>0379T</td>
<td>Technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional</td>
<td>ForeseeHome™ AMD Monitoring Program (Notal Vision™)</td>
</tr>
<tr>
<td>0381T</td>
<td>External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional</td>
<td>ProGuardianREST (Cyberonics)</td>
</tr>
<tr>
<td>0382T</td>
<td>Review and interpretation only</td>
<td>ProGuardianREST (Cyberonics)</td>
</tr>
<tr>
<td>0383T</td>
<td>External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional</td>
<td>ProGuardianREST (Cyberonics)</td>
</tr>
<tr>
<td>0384T</td>
<td>Review and interpretation only</td>
<td>ProGuardianREST (Cyberonics)</td>
</tr>
<tr>
<td>0385T</td>
<td>External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional</td>
<td>ProGuardianREST (Cyberonics)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Equipment</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>0386T</td>
<td>Interpretation by a physician or other qualified health care professional; review and interpretation only</td>
<td>ProGuardianREST (Cyberonics)</td>
</tr>
<tr>
<td>0387T</td>
<td>Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular</td>
<td>• Nanostim™ Leadless Pacemaker (St. Jude Medical™)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Micra Transcatheter Pacing System (Medtronic)</td>
</tr>
<tr>
<td>0388T</td>
<td>Transcatheter removal of permanent leadless pacemaker, ventricular</td>
<td>• Nanostim™ Leadless Pacemaker (St. Jude Medical™)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Micra Transcatheter Pacing System (Medtronic)</td>
</tr>
<tr>
<td>0389T</td>
<td>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system</td>
<td>• Nanostim™ Leadless Pacemaker (St. Jude Medical™)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Micra Transcatheter Pacing System (Medtronic)</td>
</tr>
<tr>
<td>0390T</td>
<td>Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system</td>
<td>• Nanostim™ Leadless Pacemaker (St. Jude Medical™)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Micra Transcatheter Pacing System (Medtronic)</td>
</tr>
<tr>
<td>0391T</td>
<td>Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system</td>
<td>• Nanostim™ Leadless Pacemaker (St. Jude Medical™)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>System</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>0400T</td>
<td>Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions</td>
<td>MelaFind®</td>
</tr>
<tr>
<td>0401T</td>
<td>Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions</td>
<td>MelaFind®</td>
</tr>
<tr>
<td>0405T</td>
<td>Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time</td>
<td>NA</td>
</tr>
<tr>
<td>0408T</td>
<td>Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0409T</td>
<td>Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0410T</td>
<td>;atrial electrode only</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0411T</td>
<td>;ventricular electrode only</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Procedure Code</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>0412T</td>
<td>Removal of permanent cardiac contractility modulation system; pulse generator only</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0413T</td>
<td>Transvenous electrode (atrial or ventricular)</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0414T</td>
<td>Removal and replacement of permanent cardiac contractility modulation system pulse generator only</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0415T</td>
<td>Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0416T</td>
<td>Relocation of skin pocket for implanted cardiac contractility modulation pulse generator</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0417T</td>
<td>Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0418T</td>
<td>Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system</td>
<td>Cardiac Contractility Modulation (CCM) System – Optimizer (Dynamic)</td>
</tr>
<tr>
<td>0421T</td>
<td>Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)</td>
<td>PROCEPT Aquablation™ System</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Devices</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>0422T</td>
<td>Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral</td>
<td>• Breastview Visual Mapping System (Medical Tactile Inc.) • iBreastExam</td>
</tr>
<tr>
<td>0424T</td>
<td>Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0425T</td>
<td>;sensing lead only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0426T</td>
<td>;stimulation lead only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0427T</td>
<td>;pulse generator only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0428T</td>
<td>Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0429T</td>
<td>;sensing lead only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0430T</td>
<td>;stimulation lead only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0431T</td>
<td>Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0432T</td>
<td>Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0433T</td>
<td>;sensing lead only</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0434T</td>
<td>Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>0435T</td>
<td>Programming device evaluation of implanted neurostimulator pulse</td>
<td>Resplicardia remed® System</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Notes</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>0436T</td>
<td>Generator system for central sleep apnea; single session</td>
<td></td>
</tr>
<tr>
<td>0437T</td>
<td>Implantation of non-biologic or synthetic implant (e.g., polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to primary procedure)</td>
<td>Respicardia remede® System</td>
</tr>
<tr>
<td>0440T</td>
<td>Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve</td>
<td></td>
</tr>
<tr>
<td>0441T</td>
<td>; lower extremity distal/peripheral nerve</td>
<td></td>
</tr>
<tr>
<td>0442T</td>
<td>; nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve)</td>
<td></td>
</tr>
<tr>
<td>0443T</td>
<td>Real time spectral analysis of prostate tissue by fluorescence spectroscopy</td>
<td>Precision Biopsy ClariCore Optical Biopsy System®</td>
</tr>
<tr>
<td>0444T</td>
<td>Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral</td>
<td></td>
</tr>
<tr>
<td>0445T</td>
<td>Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral</td>
<td></td>
</tr>
<tr>
<td>0446T</td>
<td>Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training</td>
<td>eversense™ (Senseonics)</td>
</tr>
<tr>
<td>0447T</td>
<td>Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision</td>
<td>eversense™ (Senseonics)</td>
</tr>
<tr>
<td>0448T</td>
<td>Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new</td>
<td>eversense™ (Senseonics)</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure</td>
<td>Details</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>0449T</td>
<td>Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device</td>
<td>AqueSys XEN Gel Stent (AqueSys, Inc.)</td>
</tr>
<tr>
<td>0450T</td>
<td>:each additional device (List separately in addition to code for primary procedure)</td>
<td>AqueSys XEN Gel Stent (AqueSys, Inc.)</td>
</tr>
<tr>
<td>0470T</td>
<td>Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion</td>
<td>Michelson Diagnostics</td>
</tr>
<tr>
<td>0471T</td>
<td>:each additional lesion (List separately in addition to code for primary procedure)</td>
<td>Michelson Diagnostics</td>
</tr>
<tr>
<td>0475T</td>
<td>Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional</td>
<td>Tristan Technologies</td>
</tr>
<tr>
<td>0476T</td>
<td>:patient recording, data scanning, with raw electronic signal transfer of data and storage</td>
<td>Tristan Technologies</td>
</tr>
<tr>
<td>0477T</td>
<td>;signal extraction, technical analysis, and result</td>
<td>Tristan Technologies</td>
</tr>
<tr>
<td>0478T</td>
<td>;review, interpretation, report by physician or other qualified health care professional</td>
<td>Tristan Technologies</td>
</tr>
<tr>
<td>0481T</td>
<td>Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed</td>
<td></td>
</tr>
<tr>
<td>0483T</td>
<td>Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach,</td>
<td></td>
</tr>
</tbody>
</table>
including transseptal puncture, when performed

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0484T</td>
<td>transthoracic exposure (eg, thoracotomy, transapical)</td>
</tr>
<tr>
<td>0485T</td>
<td>Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral</td>
</tr>
<tr>
<td>0486T</td>
<td>bilateral</td>
</tr>
<tr>
<td>0487T</td>
<td>Biomechanical mapping, transvaginal, with report</td>
</tr>
<tr>
<td>0489T</td>
<td>Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells</td>
</tr>
<tr>
<td>0490T</td>
<td>multiple injections in one or both hands</td>
</tr>
<tr>
<td>0491T</td>
<td>Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less</td>
</tr>
<tr>
<td>0492T</td>
<td>each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>0493T</td>
<td>Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)</td>
</tr>
<tr>
<td>0497T</td>
<td>External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended monitoring; in-office connection</td>
</tr>
<tr>
<td>0498T</td>
<td>review and interpretation by a physician or other qualified health care professional per 30 days with at least one patientgenerated triggered event</td>
</tr>
<tr>
<td>0499T</td>
<td>Cystourethroscopy, with mechanical dilation and urethral therapeutic drug</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 38999  | Unlisted procedure, hemic or lymphatic system  
This code is listed to only address the following procedures: lymph node transfer, lymphaticovenous anastomosis (LVA), or lymphatic-venous-lymphatic plasty (LVLA)  
**Note:** code 38999 may be used to bill for other services which are not addressed by this medical policy. | N/A                                        |
<p>| 81538  | Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival | N/A                                        |
| 83951  | Oncoprotein; HER-2/neu; des-gamma-carboxy-prothrombin (DCP)                                                                                                                                           | N/A                                        |
| 96931  | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion                                                                 | VivaScope®                                 |
| 96932  | ;image acquisition only, first lesion                                                                                                                                                                     | VivaScope®                                 |
| 96933  | ;interpretation and report only, first lesion                                                                                                                                                             | VivaScope®                                 |
| 96934  | ;image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)                                                                     | VivaScope®                                 |
| 96935  | ;image acquisition only, each additional lesion (List separately in addition to code for primary procedure)                                                                                        | VivaScope®                                 |
| 96936  | ;interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)                                                                                     | VivaScope®                                 |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>006U</td>
<td>Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service</td>
<td>Aegis Sciences Corporation</td>
</tr>
<tr>
<td>0011U</td>
<td>Prescription drug monitoring, evaluation of drugs present by LCMS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites</td>
<td></td>
</tr>
<tr>
<td>0024U</td>
<td>Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative</td>
<td>Laboratory Corporation of America</td>
</tr>
<tr>
<td></td>
<td><strong>HCPCS</strong></td>
<td><strong>C9746</strong></td>
</tr>
<tr>
<td></td>
<td>Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>L8605</strong></td>
<td><strong>Solesta®</strong></td>
</tr>
<tr>
<td></td>
<td>Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies</td>
<td></td>
</tr>
</tbody>
</table>

**CROSS REFERENCES**


*Date of Origin: June 2013*