

Codes	Reviewer	ServiceDescription	Guideline
77051, 77052	Not Covered	Computer Aided Mammography	GL Note D15, Computer Aided Mammography
A4490, A4495, A4500, A4510, A6544	Not Covered	Non covered surgical stockings	OAR 410-122-0658
A9281	Not Covered	Reaching/grabbing device	OAR 410-130-0220 Non Covered/Bundled/Not Valid
A9300	Not Covered	Exercise Equipment	Table 122-0080 – Exclusions
E0483, E0484, A7025, A7026	Not Covered	High Frequency Chest Wall Oscillation System and Supplies/ Airway Clearance Devices	Table 122-0080 – Exclusions
T5001	Not Covered	Positioning seat for persons with special orthopedic needs	Table 122-0080 – Exclusions
11920, 11921, 11922, 11980, 15775, 15776, 15777	Not Covered	Tattooing To Correct Color Defects; 6.0 Sq Cm/	OAR 410-130-0220 – Not-Covered/Bundled Services
15847	Not Covered	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy), Abdomen	OAR 410-130-0220 – Not-Covered/Bundled Services
20696	Not Covered	Application of Multiplane, Unilat, External Fixation W Stereotactic Computer-Assisted Adjustment; Initial and Subseq Adj	OAR 410-130-0220 Non Covered/Bundled/Not Valid
20930	Not Covered	Allograft, Spine Surgery Only; Morselized	OAR 410-130-0220 Non Covered/Bundled/Not Valid
20982, 32998, 50592, 53852, 53860	Not Covered	Somnoplasty or Radiofrequency Ablation	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
21685	Not Covered	Hyoid Myotomy and Suspension	OAR 410-130-0220 Non Covered/Bundled/Not Valid
27418	Not Covered	Anterior Tibial Tubercleplasty	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
28890, G0279	Not Covered	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
29079	Not Covered	Sonic Accelerated Fracture Healing System	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
29866, 29867, 29868	Not Covered	Arthroscopy	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
31647, 31648, 31649, 31651, 31660, 31661	Not Covered	Non Covered Services	OAR 410-130-0220 Non Covered/Bundled/Not Valid
32701	Not Covered	Thoracic Target(s) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt), Entire Course Of Treatment	OAR 410-130-0220 Non Covered/Bundled/Not Valid
33140, 33141	Not Covered	Transmyocardial Laser Revascularization, By Thoracotomy	OAR 410-130-0220 Non Covered/Bundled/Not Valid
33282	Not Covered	Implantation Of Patient-Activated Cardiac Event Recorder	OAR 410-130-0220 Non Covered/Bundled/Not Valid
36455	Not Covered	Exchange transfusion, blood; other than newborn	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
38129	Not Covered	Unlisted Laparoscopy Proc, Spleen	OAR 410-130-0220 Non Covered/Bundled/Not Valid
41530	Not Covered	Submucosal Ablation of the Tongue Base, Radiofrequency, One or More Sites, Per Session	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
41821	Not Covered	Operculectomy, Excision Pericoronar Tissues	OAR 410-130-0220 Non Covered/Bundled/Not Valid
43206	Not Covered	Esophagoscopy, flexible, transoral; with optical endomicroscopy	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
43252, 43257	Not Covered	Esophagogastroduodenoscopy, flexible, transoral	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
43647, 43648, 43881, 43882	Not Covered	Gastric Neurostimulator	OAR 410-130-0220 Non Covered/Bundled/Not Valid
43842, 43843	Not Covered	Gastric bypass	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
43886, 43887, 43888, S2083	Not Covered	Gastric restrictive procedures, open	OAR 410-130-0220 Non Covered/Bundled/Not Valid
44705	Not Covered	Preparation Of Fecal Microbiota For Instillation, Including Assessment Of Donor Specimen	OAR 410-130-0220 Non Covered/Bundled/Not Valid
44979	Not Covered	Unlisted Proc, Laparoscopy, Appendix	OAR 410-130-0220 Non Covered/Bundled/Not Valid
45391, 45392	Not Covered	Colonoscopy, Flexible, Proximal To Splenic Flexure	OAR 410-130-0220 Non Covered/Bundled/Not Valid
47383	Not Covered	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
50380	Not Covered	Renal Autotransplantation, Reimplantation, Kidney	OAR 410-130-0220 Non Covered/Bundled/Not Valid
50705	Not Covered	Uteral Embolization or occlusion, Including imaging guidance	OAR 410-130-0220 Non Covered/Bundled/Not Valid
50593	Not Covered	Ablation, Renal Tumor(s), Unilateral, Percutaneous, Cryotherapy	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
52010	Not Covered	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
53850	Not Covered	Transurethral Destruction, Prostate Tissue; Microwave Thermotherapy	OAR 410-130-0220 Non Covered/Bundled/Not Valid
55300	Not Covered	Vasotomy, Vasograms, Seminal Vesiculograms/Epididymograms, Unilat/Bilat	OAR 410-130-0220 Non Covered/Bundled/Not Valid
55870	Not Covered	Electroejaculation	OAR 410-130-0220 Non Covered/Bundled/Not Valid
55873	Not Covered	Ablation, Cryosurgical, Prostate	OAR 410-130-0220 Non Covered/Bundled/Not Valid
58321, 58322, 58323	Not Covered	Artificial Insemination	OAR 410-130-0220 Non Covered/Bundled/Not Valid
58345	Not Covered	Transcervical Introduction, Fallopian Tube Catheter, W/Wo Hysterosalpingography	OAR 410-130-0220 Non Covered/Bundled/Not Valid
58350	Not Covered	Chromotubation, Oviduct, W/Matls	OAR 410-130-0220 Non Covered/Bundled/Not Valid
58672	Not Covered	Laparoscopy, surgical; with fimbrioplasty	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
58750	Not Covered	Tubotubal Anastomosis	OAR 410-130-0220 Non Covered/Bundled/Not Valid
58752	Not Covered	Tubouterine Implantation	OAR 410-130-0220 Non Covered/Bundled/Not Valid
58760	Not Covered	Fimbrioplasty	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
58825	Not Covered	Transposition, Ovary(S)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
58970	Not Covered	Follicle Puncture, Oocyte Retrieval, Any Method	OAR 410-130-0220 Non Covered/Bundled/Not Valid
58974, 58976	Not Covered	Gamete, Zygote/Embryo Intrafallopian Transfer	OAR 410-130-0220 Non Covered/Bundled/Not Valid
59897	Not Covered	Unlisted Fetal Invasive Procedure, Including Ultrasound Guidance	OAR 410-130-0220 Non Covered/Bundled/Not Valid
61650	Not Covered	Endovascular intracranial prolonged administration of pharmacologic agent	OAR 410-130-0220 Non Covered/Bundled/Not Valid
61645	Not Covered	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method	OAR 410-130-0220 Non Covered/Bundled/Not Valid
61635	Not Covered	Transcatheter placement of intravascular stent(s), intracranial, including balloon angioplasty, if performed	OAR 410-130-0220 Non Covered/Bundled/Not Valid
62263	Not Covered	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>	OAR 410-130-0220 Non Covered/Bundled/Not Valid
62290, 62291, 62292	Not Covered	Back/Neck/Spinal Surgery (Treatment)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
64479, 64480, 64490, 64491, 64492, 64493, 64494, 64495	Not Covered	Epidural & Facet Injections (Treatment)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
64550	Not Covered	Application, Surface (Transcutaneous) Neurostimulator	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
64566	Not Covered	Posterior Tibial Neurostimulation, Percutaneous Needle Electrode, Single Treatment, Includes Programming	OAR 410-130-0220 Non Covered/Bundled/Not Valid
64617	Not Covered	Chemodeneration of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
64626, 64627, 64633, 64634, 64635, 64636	Not Covered	Neurotomy/Rhizotomy	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
65771	Not Covered	Radial Keratotomy	OAR 410-130-0220 Non Covered/Bundled/Not Valid
65785	Not Covered	Implantation of intrastromal corneal ring segments	OAR 410-130-0220 Non Covered/Bundled/Not Valid
66174, 66175	Not Covered	Transluminal Dilatation Of Aqueous Outflow Canal	OAR 410-130-0220 Non Covered/Bundled/Not Valid
69090	Not Covered	Ear Piercing	OAR 410-130-0220 Non Covered/Bundled/Not Valid
69720, 69725, 69740, 69745, 69955	Not Covered	Decompression /Suture Facial Nerve	OAR 410-130-0220 Non Covered/Bundled/Not Valid
69820, 69840	Not Covered	Fenestration	OAR 410-130-0220 Non Covered/Bundled/Not Valid
70554	Not Covered	MRI, Brain, Functional; inc Test Selection and Admin of Repetitive Body Part Movement & Visual Stim, wo Phys/Psycholgst	OAR 410-130-0220 Non Covered/Bundled/Not Valid
70555	Not Covered	Magnetic Resonance Angiography Chest W/WO Contrast	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
72285, 72295	Not Covered	Diskography, Radiological S	OAR 410-130-0220 Non Covered/Bundled/Not Valid
74261, 74262, 74263	Not Covered	CT colonography (Virtual colonoscopy)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
74742	Not Covered	Transcervical Catheterization, Fallopian Tube, Radiological S	OAR 410-130-0220 Non Covered/Bundled/Not Valid
75571, 75572, 75574	Not Covered	CT heart cardiac structure and morphology	OAR 410-130-0220 Non Covered/Bundled/Not Valid
76376, 76377	Not Covered	3d rendering w interp/report of ct, mri, ultrasound, or other tomographic modality; not requiring image postprocessing	OAR 410-130-0220 Non Covered/Bundled/Not Valid
77061, 77062, 77063	Not Covered	Digital breast tomosynthesis	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
77084	Not Covered	Magnetic Resonance (Eg, Proton) Imaging, Bone Marrow Blood Supply	OAR 410-130-0220 Non Covered/Bundled/Not Valid
77373, 77435	Not Covered	Stereotactic body radiation therapy, treatment delivery	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
77767, 77768	Not Covered	Brachytherapy	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
78265, 78266	Not Covered	Gastric Emptying studies	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
78459, 78491, 78492	Not Covered	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
81219, 81225, 81226, 81227, 81273, 81287, 81311, 81313, 81330, 81417, 81425, 81426, 81427, 81432, 81433, 81470, 81471	Not Covered	Non-covered Genetic Testing	OAR 410-130-0220 Non Covered/Bundled/Not Valid
81500, 81503	Not Covered	Oncology (Ovarian), Biochemical Assays	OAR 410-130-0220 Non Covered/Bundled/Not Valid
81504	Not Covered	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
81506	Not Covered	Endocrinology, Biochemical Assays Of Seven Analytes Utilizing Serum Or Plasma, ALGO rithm Reporting A Risk Score	OAR 410-130-0220 Non Covered/Bundled/Not Valid
81535, 81536, 81538, 81540, 81545	Not Covered	Oncology Stains and Gene Expression	OAR 410-130-0220 Non Covered/Bundled/Not Valid
82107	Not Covered	Alpha-Fetoprotein (AFP); AFP-L3 Fraction Isoform and Total AFP (Including Ratio)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
82610	Not Covered	Cystatin C	OAR 410-130-0220 Non Covered/Bundled/Not Valid
82757	Not Covered	Fructose, Semen	OAR 410-130-0220 Non Covered/Bundled/Not Valid
82777	Not Covered	Galectin-3	OAR 410-130-0220 Non Covered/Bundled/Not Valid
83006	Not Covered	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
83037	Not Covered	Hemoglobin; glycosylated (a1c) by device cleared by fda for home use	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
83631	Not Covered	Lactoferrin, fecal; quantitative	OAR 410-130-0220 Non Covered/Bundled/Not Valid
83656	Not Covered	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
83695, 83698, 83700, 83701, 83704	Not Covered	Lipoprotein	OAR 410-130-0220 Non Covered/Bundled/Not Valid
83861	Not Covered	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	OAR 410-130-0220 Non Covered/Bundled/Not Valid
83951	Not Covered	Oncoprotein; Des-Gamma-Carboxy-Prothrombin (Dcp)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
83987	Not Covered	Ph; Exhaled Breath Condensate	OAR 410-130-0220 Non Covered/Bundled/Not Valid
83993	Not Covered	Calprotectin, Fecal	OAR 410-130-0220 Non Covered/Bundled/Not Valid
84145	Not Covered	Procalcitonin (PCT)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
84431	Not Covered	Thromboxane Metabolite(s), Including Thromboxane If Performed, Urine	OAR 410-130-0220 Non Covered/Bundled/Not Valid
84830	Not Covered	Ovulation Tests, Visual Color Comparison Methods, Human Luteinizing Hormone	OAR 410-130-0220 Non Covered/Bundled/Not Valid
86152, 86153	Not Covered	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
86305	Not Covered	Human epididymis protein 4 (HE4)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services

Codes	Reviewer	ServiceDescription	Guideline
86386	Not Covered	Nuclear Matrix Protein 22 (NMP22), qualitative	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
86910, 86911	Not Covered	Blood Typing, Paternity Testing	OAR 410-130-0220 Non Covered/Bundled/Not Valid
87905	Not Covered	Infectious Agent Enzymatic Activity other than Virus (Eg, Sialidase Activity In Vaginal Fluid)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
88000, 88005, 88007, 88012, 88014, 88016, 88020, 88025, 88027, 88028, 88029, 88036, 88037, 88040, 88045, 88099	Not Covered	Necropsy (Autopsy)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
88125	Not Covered	Cytopathology, Forensic	OAR 410-120-1200 – Excluded Services and Limitations
88375	Not Covered	Optical Endomicroscopic Image(s), Interpretation And Report, Real-Time Or Referred, Each Endoscopic Session	OAR 410-130-0220 Non Covered/Bundled/Not Valid
88738, 88740, 88741	Not Covered	Hemoglobin (HGB), Quantitative, Transcutaneous	OAR 410-130-0220 Non Covered/Bundled/Not Valid
88749	Not Covered	Unlisted In Vivo (Eg, Transcutaneous) Laboratory Service	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89250, 89251	Not Covered	Culture & Fertilization, Oocyte(S)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89253	Not Covered	Assisted Embryo Hatching, Microtechniques (Any Method)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89254	Not Covered	Oocyte Identification, Follicular Fluid	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89255	Not Covered	Preparation, Embryo, Transfer (Any Method)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89257	Not Covered	Sperm Identification, Aspiration (Other Than Seminal Fluid)	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
89258, 89259, 89335, 89337, 89342, 89343, 89344, 89346, 89352, 89353, 89354, 89356	Not Covered	Cryopreservation, storage, and thawing of reproductive tissues	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89260, 89261, 89264	Not Covered	Sperm Isolation; Simple Prep, For Insemination/Diagnosis W/Semen Analysis	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89268, 89280, 89281	Not Covered	Oocyte Fertilization	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89272	Not Covered	Extended Culture of Oocyte(s)/Embryo(s), 4-7 Days	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89290, 89291	Not Covered	Biopsy, Oocyte Polar Body or Embryo Blastomere, Microtechnique	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89300, 89310, 89320, 89321, 89322, 89325, 89325, 89329, 89330, 89331	Not Covered	Semen Analysis	OAR 410-130-0220 Non Covered/Bundled/Not Valid
89398	Not Covered	Unlisted Reproductive Medicine Laboratory Procedure	OAR 410-130-0220 Non Covered/Bundled/Not Valid
90625, 90690, 90691, 90717, 90738	Not Covered	Non-covered vaccinations	OAR 410-130-0220 Non Covered/Bundled/Not Valid
90863	Not Covered	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
90869	Not Covered	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
91040	Not Covered	Esophageal Balloon Distension Provocation Study	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
91111	Not Covered	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
91112	Not Covered	Gastrointestinal Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, W Interpretation And Report	OAR 410-130-0220 Non Covered/Bundled/Not Valid
91117	Not Covered	Colon Motility Study, Minimum 6 Hours Continuous Recording, With Interpretation And Report	OAR 410-130-0220 Non Covered/Bundled/Not Valid
91120	Not Covered	Rectal Sensation, Tone, And Compliance Test (Ie, Response To Graded Balloon Distention)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
91200	Not Covered	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
92145	Not Covered	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
92313, 92317, 92354, 92355	Not Covered	Fitting of non-covered glasses/lenses	410-140-0160 – Contact Lens Services and Supplies
92558, 92559, 92592, 92593, 92620, 92621, 92625, 92626, 92627, 92630, 92633, 92640	Not Covered	Non-covered audiological services	OAR 410-130-0220 – Not-Covered/Bundled Services
92605, 92618	Not Covered	Non-Speech Generating Augmentative & Alternative Communication Device	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
93571, 93572	Not Covered	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
93662	Not Covered	Echocardiography, Intracardiac, During Dx/Therapeutic Intervention, W/Image S	OAR 410-130-0220 Non Covered/Bundled/Not Valid
93890, 93892, 93893	Not Covered	Transcranial Doppler Study	OAR 410-130-0220 Non Covered/Bundled/Not Valid
93895	Not Covered	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
94452, 94453	Not Covered	High Altitude Simulation Test (Hast)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
95012	Not Covered	Nitric Oxide Expired Gas Determination	OAR 410-130-0220 Non Covered/Bundled/Not Valid
95803	Not Covered	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
95928, 95929	Not Covered	Central motor evoked potential study (transcranial motor stimulation)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
96116, 96119, 96120	Not Covered	Neuropsychological testing	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
97005, 97006	Not Covered	Athletic Training Evaluation	OAR 410-130-0220 Non Covered/Bundled/Not Valid
97014, 97016, 97018, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97039, 97139	Not Covered	Non-covered Tx Modalities	OAR 410-130-0220 Non Covered/Bundled/Not Valid
97533	Not Covered	Sensry Integratv Technique, Enhance Sensry Proces & Adaptv Response, Direct Pt Contact, Each 15 Min	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
97545, 97546	Not Covered	Work Hardening/Conditioning	OAR 410-130-0220 Non Covered/Bundled/Not Valid
97610	Not Covered	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
99000, 99001	Not Covered	Handling and/or conveyance of specimen to a laboratory	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
99002	Not Covered	Handling W/Implementation, Prosthetic/Orthotic Device Order, Outside Lab, Fitted, Physician	OAR 410-130-0220 – Not-Covered/Bundled Services
99024	Not Covered	Postoperative Follow-Up Visit, In Global Service	OAR 410-130-0220 – Not-Covered/Bundled Services
99026, 99027	Not Covered	Hospital Mandated On Call Service	OAR 410-130-0220 – Not-Covered/Bundled Services
99053	Not Covered	Service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in addition to basic service	OAR 410-130-0220 – Not-Covered/Bundled Services
99056	Not Covered	Non-Office Medical Services, Patient Request, Normally Provided In The Office	OAR 410-130-0220 – Not-Covered/Bundled Services
99075	Not Covered	Medical Testimony	OAR 410-130-0220 – Not-Covered/Bundled Services
99090	Not Covered	Analysis, Stored Computer Clinical/Data	OAR 410-130-0220 – Not-Covered/Bundled Services

Codes	Reviewer	ServiceDescription	Guideline
99091	Not Covered	Collection & Interpretation Physiologic Data, Digitally Stored &/Or Transmitted, Minimum 30 Min	OAR 410-130-0220 – Not-Covered/Bundled Services
99177	Not Covered	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral	OAR 410-130-0220 – Not-Covered/Bundled Services
99174	Not Covered	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255	Not Covered	Consult for a new/est pt, with 3 components: Hx; Exam; and medical decision making. Counseling/coord of care are provided consistent with prob(s) and the pt/fam needs	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
99450, 99455, 99456	Not Covered	Work/Medical Disability Exam	OAR 410-130-0220 – Not-Covered/Bundled Services
A4570, A4580, A4590, A9270	Not Covered	Non Covered Supplies/Services	OAR 410-130-0220 Non Covered/Bundled/Not Valid
E0274, E0280, E0316, E0628, E0629, E0710, E0936, E1300, E1310	Not Covered	Non-covered DME	Table 122-0080 – Exclusions
G0166	Not Covered	External counterpulsation, per treatment session	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
G0168	Not Covered	Wound Closure By Adhesive	OAR 410-130-0220 Non Covered/Bundled/Not Valid
G0281, G0282, G0283, G0295	Not Covered	Electrical Stimulation	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
G0428	Not Covered	Collagen meniscus implant procedure for filling meniscal defects (eg, CMI, collagen scaffold, Menaflex)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
G0455	Not Covered	Fecal microbiota prep instil	OAR 410-130-0220 Non Covered/Bundled/Not Valid
G0464	Not Covered	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
G0475	Not Covered	HIV antigen/antibody, combination assay, screening	OAR 410-130-0220 Non Covered/Bundled/Not Valid
G9147	Not Covered	Outpatient intravenous insulin treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for : respiratory quotient; and/or urine	OAR 410-130-0220 Non Covered/Bundled/Not Valid
M0075	Not Covered	Cellular Therapy	OAR 410-130-0220 Non Covered/Bundled/Not Valid
M0076	Not Covered	Prolotherapy	OAR 410-130-0220 Non Covered/Bundled/Not Valid
M0100	Not Covered	Intragastric Hypothermia	OAR 410-130-0220 Non Covered/Bundled/Not Valid
M0300	Not Covered	Iv Chelationtherapy	OAR 410-130-0220 Non Covered/Bundled/Not Valid
M0301	Not Covered	Fabric Wrapping Of Aneurysm	OAR 410-130-0220 Non Covered/Bundled/Not Valid
P2028	Not Covered	Cephalin Flocculation Test	OAR 410-130-0220 Non Covered/Bundled/Not Valid
P2029	Not Covered	Congo Red Blood Test	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
P2031	Not Covered	Hair Analysis	OAR 410-130-0220 Non Covered/Bundled/Not Valid
P2033	Not Covered	Blood Thymol Turbidity	OAR 410-130-0220 Non Covered/Bundled/Not Valid
P2038	Not Covered	Blood Mucoprotein	OAR 410-130-0220 Non Covered/Bundled/Not Valid
P7001	Not Covered	Culture Bacterial Urine	OAR 410-130-0220 Non Covered/Bundled/Not Valid
P9010, P9011, P9012, P9016, P9017, P9019, P9020, P9021, P9022, P9023, P9031, P9032, P9033, P9034, P9035, P9036, P9037, P9052, P9053, P9038, P9039, P9040, P9041, P9043, P9044, P9045, P9046, P9047, P9048, P9050, P9051, P9054, P9055, P9056, P9057, P9058, P9059, P9060	Not Covered	Blood/Blood Components For Transfusion	OAR 410-130-0220 Non Covered/Bundled/Not Valid
Q0035	Not Covered	Cardiokymography	OAR 410-130-0220 Non Covered/Bundled/Not Valid
Q0091	Not Covered	Obtaining Screen Pap Smear	OAR 410-130-0220 Non Covered/Bundled/Not Valid
Q0092	Not Covered	Set Up Port Xray Equipment	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S0516, S0518	Not Covered	Non-covered frames	OAR 410-140-0260 – Purchase of Glasses
S0630	Not Covered	Removal Of Sutures	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S0800	Not Covered	Laser Treatment (Lasik treatment for correction of vision)	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
S0810, S0812	Not Covered	Photorefractive Keratectomy	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2054	Not Covered	Transplantation Of Multivisc	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
S2055	Not Covered	Harvesting Of Donor Multivis	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2095	Not Covered	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2102	Not Covered	Islet Cell Tissue Transplant	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2103	Not Covered	Adrenal Tissue Transplant	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2107	Not Covered	Adoptive Immunotherapy I.E. Development Of Specific Anti-Tumor Reactiv	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2112	Not Covered	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2120	Not Covered	Low Density Lipoprotein(Ldl)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2140	Not Covered	Cord Blood Harvesting	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2202	Not Covered	Echosclerotherapy	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2235	Not Covered	Implantation of auditory brain stem implant	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2300	Not Covered	Arthroscopy, Shoulder, Surgi	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S2348	Not Covered	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services

Codes	Reviewer	ServiceDescription	Guideline
S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4027, S4028, S4030, S4031, S4035, S4037, S4040, S4042	Not Covered	In vitro fertilization	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S8930	Not Covered	Auricular electrostimulation	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
S8940	Not Covered	Hippotherapy per session	OAR 410-130-0220 Table 130-0220-1: Not Covered/Bundled Services
S9436, S9437, S9438, S9439, S9441, S9442, S9443, S9444, S9445, S9446, S9447, S9449, S9451, S9452, S9453, S9454, S9455	Not Covered	Classes, Non-Physician Provider, Per Session	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S9460, S9465	Not Covered	Diabetic Management Program	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S9470	Not Covered	Nutritional Counseling, Diet	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S9900	Not Covered	Srvc Authorized Christian Science Practitioner P	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S9970	Not Covered	Health Club Membership, Annual	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S9986	Not Covered	Not medically necessary service (patient is aware that service not medically necessary)	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S9988, S9990, S9991, S9992, S9994, S9996	Not Covered	Clinical trials	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S9989	Not Covered	Services provided outside of the United States of America (list in addition to code(s) for service(s))	OAR 410-130-0220 Non Covered/Bundled/Not Valid
S9999	Not Covered	Sales Tax	OAR 410-130-0220 Non Covered/Bundled/Not Valid

Codes	Reviewer	ServiceDescription	Guideline
V2600, V2610, V2615, V2710, V2715, V2718, V2730, V2760, V2781	Not Covered	Non-covered Glasses/Lenses	OAR 410-140-0260 – Purchase of Glasses
A4575	Not Covered	Hyperbaric O2 Chamber Disps	HYPERBARIC OXYGEN GUIDELINE NOTE 107
J7315, J7321, J7323, J7324, J7325	Not Covered	Hyaluronic Acid/Viscosupplementation	oar
E0935	Not Covered	CPM Machine	Not covered per OAR 410-122-0080
S8270	Not Covered	Enuresis alarm	Convenience Item (Bedwetting Alarm)
S3655	Not Covered	Antisperm Antibodies Test (Immunobead)	Infertility Testing
S8210	Not Covered	Mucus Trap	Table 122-0080 – Exclusions
A9280	Not Covered	Alert or alarm device, not otherwise classified	Not Covered Per DME OAR
B4100	Not Covered	Food Thickener, Administered Orally, Per Ounce	Enteral OAR/Table
E0218, E0236	Not Covered	Water Circ Cold Pad W Pump	Not covered by Medicare, refer to LCD.
E0273	Not Covered	Bed Board	DME OAR Table 122-0660-2
E0315	Not Covered	Bed Accessory Brd/Tbl/Supprt	DME OAR Table 122-0660-2
E0446	Not Covered	Topical Ox Deliver sys, nos	Not Covered Per Medicare, see LCD
L6611, L6621, L6624, L6638, L6639, L6646, L6648, L6677, L6694, L6695, L6696, L6697, L6698, L7400, L7401, L7402, L6881, L6882, L6883, L6884, L6885, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975	Not Covered	Non-covered additions to upper extremity prosthetics/orthotics	DME OAR Table 122-0660-2
L1001	Not Covered	Cervical-thoracic-lumbar-sacral orthotic (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment	DME OAR Table 122-0660-2

Codes	Reviewer	ServiceDescription	Guideline
L1844	Not Covered	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	DME OAR Table 122-0660-2
L3031, L3251	Not Covered	Non-covered orthopedic shoes	DME OAR Table 122-0660-2
L3927	Not Covered	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	DME OAR Table 122-0660-2
L5610, L5613, L5614, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5822, L5824, L5828, L5830, L5848, L5856, L5857, L5858	Not Covered	Non-covered additions to lower extremity orthotics/prosthetics	DME OAR Table 122-0660-2
L5980	Not Covered	All lower extremity prostheses, flex-foot system	DME OAR Table 122-0660-2
L6025	Not Covered	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, 2 batteries, charger, myoelectric control of terminal device	DME OAR Table 122-0660-2
L6310	Not Covered	Shoulder disarticulation, passive restoration (complete prosthesis)	DME OAR Table 122-0660-2

Codes	Reviewer	ServiceDescription	Guideline
L6360	Not Covered	Interscapular thoracic, passive restoration (complete prosthesis)	DME OAR Table 122-0660-2
L6703, L6704, L6706, L6707, L6708, L6709	Not Covered	Non-covered terminal devices	DME OAR Table 122-0660-2
L7007, L7008, L7009, L7045	Not Covered	Electric Hands/Hook Prostheses	DME OAR Table 122-0660-2
L7040	Not Covered	Prehensile actuator	DME OAR Table 122-0660-2
L7170, L7180, L7181, L7185, L7186, L7190, L7191	Not Covered	Electronic Elbow	DME OAR Table 122-0660-2
L7260, L7261	Not Covered	Electric Wrist	DME OAR Table 122-0660-2
L7360, L7362, L7364, L7366, L7367, L7368	Not Covered	Batteries/chargers	DME OAR Table 122-0660-2
L7900, L7902	Not Covered	Male vacuum erection system	DME OAR Table 122-0660-2
	Not Covered		
E0118	Not Covered	Crutch substitute, lower leg platform, with or without wheels, each	
A9280	Not Covered	Alert or alarm device, not otherwise classified	Table 122-0080 – Exclusions
E0764, E0770, 0282T, 0283T, 0284T, 0285T	Not Covered	Neurostimulator	
E0170, E0171, E0172	Not Covered	Commode chairs with specialized lifts and functions.	Not included on list of covered items in the DME OAR.
E0352	Not Covered	Disposable Pack W/Bowel Syst	DME OAR Table 122-0660-2
E0350	Not Covered	Control Unit Bowel System	DME OAR Table 122-0660-2
E0462	Not Covered	Rocking Bed W/ Or W/O Side R	DME OAR Table 122-0660-2
E0761	Not Covered	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom	Investigational
A9272	Not Covered	Mechanical Wound Suction, Disposable, Includes Dressing, All Accessories And Components, Each	DME OAR Table 122-0660-2
A9273	Not Covered	Hot/cold h2obot/cap/col/wrap	DME OAR Table 122-0660-2

Codes	Reviewer	ServiceDescription	Guideline
20985, 20986, 20987	Not Covered	Computer Aided Navigation for Musculoskeletal Procedures	NC
A4639	Not Covered	Replacement Pad For Infrared Heating Pad System, Each	DME OAR Table 122-0660-2
S2350, S2351, S2348, 62287, 62292	Not Covered	Discectomy, Anterior, Herniated Disc Treatment	MHMNC For Herniated Disk Treatment Criteria
S3722	Not Covered	Dose Optimization By Area Under The Curve (Auc) Analysis, For Infusional 5-Fluorouracil	RN
15850, 20936, 22841, 36000, 36416, 38204, 92538, 92371, 92531, 92532, 92533, 92534, 92606, 92921, 92925, 92929, 92934, 92938, 92944, 93740, 93770, 94005, 94150, 96040, 96902, 97602, 99050, 99051, 99058, 99060, 99070, 99071, 99078, 99080, 99100, 99116, 99135, 99140, 99288, 99339, 99340, 99393, 99364, 99366, 99374, 99377, 99378, 99379, 99446, 99447, 99448, 99449, 99485, 99486, 99487, 99489, A4262, A4263, A4270, A4300, A4550, G0269, B4104	Not Covered	Bundled services	OAR 410-130-0220 – Not-Covered/Bundled Services
E0231, E0232, E0221	Not Covered	Non Contact Wound Warmer and Infrared Pad	NC
B4102, B4103, B4149	Not Covered	Enteral formula to replace fluids and electrolytes	Enteral Nutrition Fee Schedule
31660, 31661	Not Covered	Bronchoscopy; With Bronchial Thermoplasty	RN
64595	Not Covered	Revision/Removal, Peripheral Neurostimulator Pulse Generator/Receiver	
E0766	Not Covered	Electrical stimulation device used for cancer tx, incl all accessories	Investigational

Codes	Reviewer	ServiceDescription	Guideline
A9279	Not Covered	Monitoring feature/deviceNOC	CSS
S3650, S3652	Not Covered	Saliva Test, Hormone Level	RN
S8040	Not Covered	Topographic Brain Mapping	Investigational
97012	Not Covered	Application of a modality to 1 or more areas; traction, mechanical	Investigational
E0740	Not Covered	Incontinence treatment system, pelvic floor stimulator, monitor, sensor, and/or trainer	Investigational
A4931, A4932	Not Covered	Oral Thermometer, Reusable, Any Type, Each	DME Exclusion Table
E0627	Not Covered	Seat Lift Incorp Lift-Chair	Table 122-0080 – Exclusions
E1037, E1038, E1039	Not Covered	Transport Chairs	Convenience - General Rules
E0221	Not Covered	Infrared heating pad system	Table 122-0280 – Heating/Cooling Accessories (not listed as covered)
E0231, E0232	Not Covered	Non-contact wound warming device	Table 122-0280 – Heating/Cooling Accessories (not listed as covered)
E0765, 43647, 43648, 13881, 13882, 64590, 64595, 0155T, 0156T, 0157T, 0158T, 0162T, S2213	Not Covered	Nerve Stimulator For Tx of Nausea and Vomiting	Investigational
E1610	Not Covered	Reverse Osmosis Water Purifier	Table 122-0080 – Exclusions
V5281, V5282, V5284, V5285, V5286, V5287, V5288, V5289	Not Covered	Ald fm/dm system	OAR 410-129-0070 –Limitations
E0190	Not Covered	Positioning cushion/pillow/wedge, any shape or size	Table 122-0080 – Exclusions
19105	Not Covered	Ablation, Cryosurgical, of Fibroadenoma, including Ultrasound Guidance, Each Fibroadenoma	Investigational

Codes	Reviewer	ServiceDescription	Guideline
20983	Not Covered	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg. Metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Investigational
20985	Not Covered	Computer-Assisted Surgical Navigational Procedure for Musculoskeletal Procedures; Image-Less (List Sep)	Investigational
22526	Not Covered	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral including Fluoroscopic Guidance; Sgl Level	Investigational
22527	Not Covered	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral; One or More Additional Levels	Investigational
27279	Not Covered	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Investigational
28890	Not Covered	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, plantar fascia	Investigational

Codes	Reviewer	ServiceDescription	Guideline
31295	Not Covered	Nasal/Sinus Endoscopy, Surgical; With Dilation Of Maxillary Sinus Ostium, Transnasal Or Via Canine Fossa	Investigational
31296	Not Covered	Nasal/Sinus Endoscopy, Surgical; With Dilation Of Frontal Sinus Ostium (Eg, Balloon Dilation)	Investigational
31297	Not Covered	Nasal/Sinus Endoscopy, Surgical; With Dilation Of Sphenoid Sinus Ostium (Eg, Balloon Dilation)	Investigational
31647	Not Covered	Bronchoscopy; W Balloon Occlusn, Assessmt Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valve(s), Initial Lobe	Investigational
31648	Not Covered	Bronchoscopy; With Removal Of Bronchial Valve(s), Initial Lobe	Investigational
31649	Not Covered	Bronchoscopy; With Removal Of Bronchial Valve(s), Each Additional Lobe	Investigational
31651	Not Covered	Bronchoscopy; W Balloon Occlusn, Assessmt Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valve(s), Ea Addl Lobe	Investigational
31660	Not Covered	Bronchoscopy; With Bronchial Thermoplasty, 1 Lobe	Investigational
31661	Not Covered	Bronchoscopy; With Bronchial Thermoplasty, 2 Or More Lobes	Investigational

Codes	Reviewer	ServiceDescription	Guideline
33270	Not Covered	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Investigational
33271	Not Covered	Insertion of subcutaneous implantable defibrillator electrode	Investigational
33273	Not Covered	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Investigational
43206	Not Covered	Esophagoscopy, Rigid Or Flexible; With Optical Endomicroscopy	Investigational
43252	Not Covered	Upper Gastrointestinal Endoscopy; With Optical Endomicroscopy	Investigational
43257	Not Covered	Ugi Endoscopy; With Delivery Of Thermal Energy To The Muscle Of Lower Esophageal Sphincter And/Or Gastric Cardia	Investigational
43647	Not Covered	Laparoscopy, Surgical; Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum	Investigational
43648	Not Covered	Laparoscopy, Surgical; Revision or Removal of Gastric Neurostimulator Electrodes, Antrum	Investigational

Codes	Reviewer	ServiceDescription	Guideline
43881	Not Covered	Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum, Open	Investigational
43882	Not Covered	Revision or Removal of Gastric Neurostimulator Electrodes, Antrum, Open	Investigational
62287	Not Covered	Aspiration/Decompression, Percutaneous, Nucleus Pulposus, Any Meth, Single/Multiple Levels, Lumbar	Investigational
62292	Not Covered	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	Investigational
64590	Not Covered	Incision & Subq Placement, Peripheral Neurostimulator Pulse Generator/Receiver	Investigational
64595	Not Covered	Revision/Removal, Peripheral Neurostimulator Pulse Generator/Receiver	Investigational
64999	Not Covered	Unlisted Proc, Nervous System	Investigational
75571	Not Covered	CT heart cardiac structure and morphology	Investigational
77061	Not Covered	Digital breast tomosynthesis; unil	Investigational
77062	Not Covered	Digital breast tomosynthesis; bilateral	Investigational
77063	Not Covered	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Investigational
80184	Not Covered	Assay Of Phenobarbital	Investigational
80299	Not Covered	Quantitation, Drug, Not Elsewhere Specified	Investigational

Codes	Reviewer	ServiceDescription	Guideline
81225	Not Covered	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), Gene Analysis, Common Variants	Investigational
81226	Not Covered	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), Gene Analysis, Common Variants	Investigational
81227	Not Covered	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	Investigational
81291	Not Covered	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants	Investigational
81313	Not Covered	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Investigational
81350	Not Covered	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants	Investigational
81355	Not Covered	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants	Investigational

Codes	Reviewer	ServiceDescription	Guideline
81377	Not Covered	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Investigational
81383	Not Covered	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Investigational
81410	Not Covered	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Investigational
81411	Not Covered	Duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	Investigational
81415	Not Covered	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Investigational
81416	Not Covered	sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Investigational
81417	Not Covered	re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Investigational

Codes	Reviewer	ServiceDescription	Guideline
81425	Not Covered	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Investigational
81426	Not Covered	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Investigational
81427	Not Covered	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Investigational
81430	Not Covered	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	Investigational

Codes	Reviewer	ServiceDescription	Guideline
81431	Not Covered	duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Investigational
81435	Not Covered	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2	Investigational
81436	Not Covered	duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	Investigational
81440	Not Covered	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	Investigational

Codes	Reviewer	ServiceDescription	Guideline
81460	Not Covered	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Investigational
81465	Not Covered	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Investigational
81470	Not Covered	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Investigational

Codes	Reviewer	ServiceDescription	Guideline
81471	Not Covered	duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Investigational
81490	Not Covered	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Investigational
81493	Not Covered	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Investigational
81500	Not Covered	Oncology (Ovarian), Biochemical Assays Of Two Proteins, Serum, W Menopausal Status, Algorithm Reported As A Risk Score	Investigational
81503	Not Covered	Oncology (Ovarian), Biochemical Assays Of Five Proteins, Utilizing Serum, Algorithm Reported As A Risk Score	Investigational
81525	Not Covered	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Investigational

Codes	Reviewer	ServiceDescription	Guideline
81528	Not Covered	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	Investigational
82163	Not Covered	Angiotensin II	Investigational
82172	Not Covered	Apolipoprotein, Each	Investigational
82491	Not Covered	Chromatography, Quantitative, Column; Single Analyte Not Elsewhere Specified	Investigational
82541	Not Covered	Column Chromatography/Mass Spectrometry; Qualitative, Single Stationary & Mobile Phase	Investigational
82542	Not Covered	Column Chromatography/Mass Spectrometry; Quantitative, Single Stationary & Mobile Phase	Investigational
82543	Not Covered	Column Chromatography/Mass Spectrometry; Quantitative, Stable Isotope Dilution, Single Analyte	Investigational
82544	Not Covered	Column Chromatography/Mass Spectrometry; Quantitative, Stable Isotope Dilution, Multiple Analytes	Investigational
82726	Not Covered	Very Long Chain Fatty Acids	Investigational
82777	Not Covered	Galectin-3	Investigational
83695	Not Covered	Lipoprotein (a)	Investigational

Codes	Reviewer	ServiceDescription	Guideline
83698	Not Covered	Lipoprotein-Associated Phospholipase A2, (Lp-Pla2)	Investigational
83700	Not Covered	Lipoprotein, blood; electrophoretic separation and quantitation	Investigational
83701	Not Covered	Lipoprotein, blood; high resolution fractionation and quantitation, w/wo lipoprotein subclasses	Investigational
83704	Not Covered	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses	Investigational
83718	Not Covered	Lipoprotein, Direct Measurement; High Density Cholesterol (Hdl Cholesterol)	Investigational
83719	Not Covered	Lipoprotein, Direct Measurement; Direct Measurement, Vldl Cholesterol	Investigational
83789	Not Covered	Mass/Tandem Spectrometry, Analyte Not Elsewhere Classified; Quantitative, Each Specimen	Investigational
83992	Not Covered	Phencyclidine (Pcp)	Investigational
83993	Not Covered	Calprotectin, Fecal	Investigational
84311	Not Covered	Spectrophotometry, Analyte Not Elsewhere Specified	Investigational
86152	Not Covered	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Investigational
86153	Not Covered	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); interpretation and report	Investigational

Codes	Reviewer	ServiceDescription	Guideline
86332	Not Covered	Immune Complex Assay	Investigational
86999	Not Covered	Unlisted Transfusion Medicine Proc	Investigational
90644	Not Covered	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenC	Investigational
90739	Not Covered	Hepatitis B Vaccine, Adult Dosage (2 Dose Schedule), For Intramuscular Use	Investigational
92065	Not Covered	Orthoptic &/Or Pleoptic Training, W/Continuing Medical Direction & Evaluation	Investigational
92145	Not Covered	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Investigational
93050	Not Covered	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Investigational

Codes	Reviewer	ServiceDescription	Guideline
93260	Not Covered	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 by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Investigational
93261	Not Covered	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Investigational
96931	Not Covered	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Investigational
96932	Not Covered	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Investigational

Codes	Reviewer	ServiceDescription	Guideline
96933	Not Covered	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Investigational
96934	Not Covered	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Investigational
96935	Not Covered	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Investigational
96936	Not Covered	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Investigational
93702	Not Covered	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Investigational
93740	Not Covered	Thermal imaging	Investigational
93760	Not Covered	Thermogram, Cephalic	Investigational
93762	Not Covered	Thermography	Investigational

Codes	Reviewer	ServiceDescription	Guideline
93895	Not Covered	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	Investigational
95980	Not Covered	Electronic Analysis of Implanted Gastric Neurostimulator Pulse Generator/Transmitter; Intraoperative, with Programming	Investigational
95981	Not Covered	Electronic Analysis of Implanted Gastric Neurostimulator Pulse Generator/Transmitter; Subsequent, Without Reprogramming	Investigational
95982	Not Covered	Electronic Analysis of Implanted Gastric Neurostimulator Pulse Generator/Transmitter; Subsequent, with Reprogramming	Investigational
97012	Not Covered	Application of a modality to 1 or more areas; traction, mechanical	Investigational
0019T	Not Covered	Extracorporeal shock wave therapy involving	Investigational
0054T	Not Covered	Computer assisted Musculoskeletal Surgical Navigational Orthopedic Procedure, Image-Guidance Based On fluoroscopic images	Investigational
0106T	Not Covered	QST testing and interpretation per extremity; using touch pressure stimuli	Investigational
0107T	Not Covered	QST testing and interpretation per extremity; using vibration stimuli	Investigational
0108T	Not Covered	QST testing and interpretation per extremity; using cooling stimuli	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0109T	Not Covered	QST testing and interpretation per extremity; using heat-pain stimuli	Investigational
0110T	Not Covered	QST testing and interpretation per extremity; using other stimuli	Investigational
0159T	Not Covered	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	Investigational
0174T	Not Covered	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0175T	Not Covered	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	Investigational
0198T	Not Covered	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Investigational
0200T	Not Covered	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	Investigational
0201T	Not Covered	Percutaneous sacral augmentation (sacroplasty), bilateral injection(s), including the use of a balloon or mechanical dev	Investigational
0202T	Not Covered	Posterior vertebral joint(s) arthroplasty (eg facet joint(s) replacement) including facetectomy, laminectomy, foraminoto	Investigational
0203T	Not Covered	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by air flow or	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0204T	Not Covered	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg,	Investigational
0205T	Not Covered	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or th	Investigational
0206T	Not Covered	Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including repor	Investigational
0207T	Not Covered	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Investigational
0208T	Not Covered	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only	Investigational
0209T	Not Covered	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone	Investigational
0210T	Not Covered	Speech audiometry threshold, automated (includes use of computer-assisted device);	Investigational
0211T	Not Covered	Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0212T	Not Covered	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of	Investigational
0219T	Not Covered	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s	Investigational
0220T	Not Covered	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s	Investigational
0221T	Not Covered	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s	Investigational
0222T	Not Covered	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s	Investigational
0223T	Not Covered	Acoustic cardiography incl analysis of comb acoustic and electrical intervals; single w interpretation and report	Investigational
0224T	Not Covered	Acoustic cardiography incl analysis of comb acoustic and elec intervals; mult incl serial trended analysis and lim reprog of device parm-AV or VV delays	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0225T	Not Covered	Acoustic cardiography incl analysis of comb acoustic and elec intervals; mult incl serial trended analysis and lim reprog of device parm-AV and VV delays	Investigational
0228T	Not Covered	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	Investigational
0229T	Not Covered	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; ea addl level	Investigational
0230T	Not Covered	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	Investigational
0231T	Not Covered	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; ea addl level	Investigational
0232T	Not Covered	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Investigational
0233T	Not Covered	Skin advanced glycation endproducts measurement by multi-wavelength fluorescent spectroscopy	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0234T	Not Covered	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	Investigational
0235T	Not Covered	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	Investigational
0236T	Not Covered	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	Investigational
0237T	Not Covered	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	Investigational
0238T	Not Covered	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	Investigational
0240T	Not Covered	Esophageal motility study with interpretation and report; with 3-dimensional high resolution esophageal pressure topography	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0241T	Not Covered	Esophageal motility study with interpretation and report; with stimulation or perfusion during 3-dimensional high resolution esophageal pressure topography study (eg, stimulan	Investigational
0243T	Not Covered	Intermittent measurement of wheeze rate for bronchodilator or bronchial-challenge diagnostic evaluation(s), with interpretation and report	Investigational
0244T	Not Covered	Continuous measurement of wheeze rate during treatment assessment or during sleep for documentation of nocturnal wheeze and cough for diagnostic evaluation 3 to 24 hours, with	Investigational
0249T	Not Covered	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	Investigational
0253T	Not Covered	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Investigational
0254T	Not Covered	Endovascular repair of iliac artery bifurcation using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral;	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0255T	Not Covered	Endovascular repair of iliac artery bifurcation using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; rad	Investigational
0262T	Not Covered	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach (includes all congenital cardiac catheterizations(s), intraprocedural contrast injection	Investigational
0263T	Not Covered	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete	Investigational
0264T	Not Covered	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete	Investigational
0265T	Not Covered	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0266T	Not Covered	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intraoperative	Investigational
0267T	Not Covered	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilater (includes intra-operative interrogation, programming, and repositioning, when pe	Investigational
0268T	Not Covered	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when	Investigational
0269T	Not Covered	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrorg	Investigational
0270T	Not Covered	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performe	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0271T	Not Covered	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Investigational
0272T	Not Covered	Interrogation device evaluation (in person), carotid sinus varoreflex activation system, including telemetric iterative communication with the implantable device to monitor	Investigational
0273T	Not Covered	Interrogation device evaluation (in person), carotid sinus varoreflex activation system, including telemetric iterative communication with the implantable device to monitor	Investigational
0274T	Not Covered	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	Investigational
0275T	Not Covered	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0278T	Not Covered	Transcutaneous Electrical Modulation Pain Reprocessing, Each Treatment Session (Includes Placement Of Electrodes)	Investigational
0281T	Not Covered	Percutaneous Transcatheter Closure Of The Left Atrial Appendage With Implant	Investigational
0282T	Not Covered	Percutaneous Or Open Implantation Of Neurostimulator Electrode Array(s), Subcutaneous; For Trial	Investigational
0283T	Not Covered	Percutaneous Or Open Implantation Of Neurostimulator Electrode Array(s), Subq; Permanent, W Pulse Generator Implant	Investigational
0284T	Not Covered	Revision Or Removal Of Pulse Generator Or Electrodes Including Addition Of New Electrodes, When Performed	Investigational
0285T	Not Covered	Electronic Analysis Of Implanted Peripheral Subcutaneous Field Stimulation Pulse Generator, With Reprog When Performed	Investigational
0286T	Not Covered	Near-Infrared Spectroscopy Studies Of Lower Extremity Wounds (Eg, For Oxyhemoglobin Measurement)	Investigational
0287T	Not Covered	Near-Infrared Guidance For Vascular Access W Real-Time Digital Visualization Of Subcutaneous Vasculature	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0288T	Not Covered	Anoscopy, With Delivery Of Thermal Energy To The Muscle Of The Anal Canal (Eg, For Fecal Incontinence)	Investigational
0291T	Not Covered	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter	Investigational
0292T	Not Covered	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter	Investigational
0293T	Not Covered	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, ra	Investigational
0294T	Not Covered	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision	Investigational
0299T	Not Covered	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0300T	Not Covered	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to	Investigational
0301T	Not Covered	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature mo	Investigational
0302T	Not Covered	Insertion/removal and replacement of intracardiac ischemia monitoring system, complete	Investigational
0303T	Not Covered	Insertion/removal and replacement of intracardiac ischemia monitoring system, electrode only	Investigational
0304T	Not Covered	Insertion/removal and replacement of intracardiac ischemia monitoring system, device only	Investigational
0305T	Not Covered	Programming device evaluation of intracardiac ischemia monitoring system with analysis, review and report	Investigational
0306T	Not Covered	Interrogation device evaluation of intracardiac ischemia monitoring system with analysis, review and report	Investigational
0307T	Not Covered	Removal of intracardiac ischemia monitoring device	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0309T	Not Covered	Arthrodesis, Pre-Sacral Interbody Technique, W Posterior Instrumentation, Lumbar, L4-L5 Interspace	Investigational
0310T	Not Covered	Motor Function Mapping Using Non-Invasive Navigated Transcranial Magnetic Stimulation (Ntms), Upper And Lower Extremity	Investigational
0311T	Not Covered	Non-Invasive Calculation And Analysis Of Central Arterial Pressure Waveforms With Interpretation And Report	Investigational
0312T	Not Covered	Vagus Nerve Blocking; Laparoscopic Implant Neurostim Electrode Array, Vagal Trunks, W Implantation Of Pulse Generator	Investigational
0313T	Not Covered	Vagus Nerve Blocking Therapy; Laparoscopic Revision Or Replacement Of Vagal Trunk Neurostimulator Electrode Array	Investigational
0314T	Not Covered	Vagus Nerve Blocking Therapy; Laparoscopic Removal Of Vagal Trunk Neurostimulator Electrode Array And Pulse Generator	Investigational
0315T	Not Covered	Vagus Nerve Blocking Therapy (Morbid Obesity); Removal Of Pulse Generator	Investigational
0316T	Not Covered	Vagus Nerve Blocking Therapy (Morbid Obesity); Replacement Of Pulse Generator	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0317T	Not Covered	Vagus Nerve Blocking Therapy; Neurostimulator Pulse Generator Electronic Analysis, Includes Reprogramming When Performed	Investigational
0319T	Not Covered	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode	Investigational
0320T	Not Covered	Insertion of subcutaneous defibrillator electrode	Investigational
0321T	Not Covered	Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode	Investigational
0322T	Not Covered	Removal of subcutaneous implantable defibrillator pulse generator only	Investigational
0323T	Not Covered	Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only	Investigational
0324T	Not Covered	Removal of subcutaneous defibrillator electrode	Investigational
0325T	Not Covered	Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0326T	Not Covered	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Investigational
0327T	Not Covered	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable subcutaneous lead defibrillator system	Investigational
0328T	Not Covered	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, implantable subcutaneous lead defibrillator system	Investigational
0329T	Not Covered	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Investigational
0330T	Not Covered	Tear film imaging, unilateral or bilateral, with interpretation and report	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0331T	Not Covered	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Investigational
0332T	Not Covered	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Investigational
0334T	Not Covered	Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)	Investigational
0335T	Not Covered	Extra-Osseous Subtalar Joint Implant For Talotarsal Stabilization	Investigational
0336T	Not Covered	Laparoscopy, Surgical, Ablation of Uterine Fibroids, Inc Intraop Ultrasound Guidance and Monitoring, Radiofrequency	Investigational
0337T	Not Covered	Endothelial Function Assessment, Using Peripheral Vascular Response To Reactive Hyperemia, Non-Invasive, Uni/Bilat	Investigational
0338T	Not Covered	Transcatheter Renal Sympathetic Denervation, Percutaneous Approach; Unilateral	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0339T	Not Covered	Transcatheter Renal Sympathetic Denervation, Percutaneous Approach; Bilateral	Investigational
0340T	Not Covered	Ablation, Pulmonary Tumors, Percutaneous, Cryoablation, Unilateral	Investigational
0341T	Not Covered	Quantitative Pupillometry with Interpretation and Report, Unilateral or Bilateral	Investigational
0342T	Not Covered	therapeutic Apheresis with Selective Hdl Delipidation and Plasma Reinfusion	Investigational
0347T	Not Covered	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Investigational
0347T	Not Covered	In bone device for RSA exam	Investigational
0348T	Not Covered	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Investigational
0348T	Not Covered	RSA spine exam	Investigational
0349T	Not Covered	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Investigational
0349T	Not Covered	RSA upper extremity exam	Investigational
0350T	Not Covered	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0350T	Not Covered	RSA lower extremity exam	Investigational
0351T	Not Covered	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Investigational
0351T	Not Covered	Intraoperative optical breast cavity	Investigational
0352T	Not Covered	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	Investigational
0352T	Not Covered	Intraoperative optical breast cavity	Investigational
0353T	Not Covered	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Investigational
0353T	Not Covered	Intraoperative optical breast cavity	Investigational
0354T	Not Covered	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	Investigational
0354T	Not Covered	Intraoperative optical breast cavity	Investigational
0355T	Not Covered	Intraoperative optical breast cavity	Investigational
0356T	Not Covered	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	Investigational
0356T	Not Covered	Intraoperative optical breast cavity	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0358T	Not Covered	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	Investigational
0376T	Not Covered	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List s (iStent)	Investigational
0377T	Not Covered	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	Investigational
0378T	Not Covered	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	Investigational
0379T	Not Covered	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance enter for up to 3	Investigational
0380T	Not Covered	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0381T	Not Covered	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 nocturn	Investigational
0382T	Not Covered	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 nocturn	Investigational
0383T	Not Covered	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 nocturn	Investigational
0384T	Not Covered	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 nocturn	Investigational
0385T	Not Covered	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 nocturn	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0386T	Not Covered	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 nocturn	Investigational
0387T	Not Covered	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	Investigational
0388T	Not Covered	Transcatheter removal of permanent leadless pacemaker, ventricular	Investigational
0389T	Not Covered	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	Investigational
0390T	Not Covered	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, leadle	Investigational
0391T	Not Covered	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0396T	Not Covered	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)	Investigational
0398T	Not Covered	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	Investigational
0400T	Not Covered	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	Investigational
0401T	Not Covered	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	Investigational
0402T	Not Covered	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	Investigational
0406T	Not Covered	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0407T	Not Covered	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	Investigational
0408T	Not Covered	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	Investigational
0409T	Not Covered	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Investigational
0410T	Not Covered	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	Investigational
0411T	Not Covered	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0414T	Not Covered	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Investigational
0415T	Not Covered	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Investigational
0416T	Not Covered	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Investigational
0417T	Not Covered	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	Investigational
0418T	Not Covered	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	Investigational
0419T	Not Covered	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0420T	Not Covered	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata	Investigational
0421T	Not Covered	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)	Investigational
0422T	Not Covered	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Investigational
0423T	Not Covered	Secretory type II phospholipase A2 (sPLA2-IIA)	Investigational
0424T	Not Covered	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)	Investigational
0425T	Not Covered	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Investigational
0426T	Not Covered	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0427T	Not Covered	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Investigational
0428T	Not Covered	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Investigational
0429T	Not Covered	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Investigational
0430T	Not Covered	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Investigational
0431T	Not Covered	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Investigational
0432T	Not Covered	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Investigational
0433T	Not Covered	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Investigational
0434T	Not Covered	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Investigational
0435T	Not Covered	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Investigational

Codes	Reviewer	ServiceDescription	Guideline
0436T	Not Covered	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	Investigational
A4575	Not Covered	Topical Ox Deliver sys, nos	Investigational
C9349	Not Covered	Fortaderm, and Fortaderm antimicrobial, any type, per sq cm	Investigational
C9358	Not Covered	SurgiMend, 0.5cm2	Investigational
C9360	Not Covered	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square ce	Investigational
C9361	Not Covered	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 centimeter length	Investigational
C9364	Not Covered	Porcine implant, Permacol, per square centimeter	Investigational
C9442	Not Covered	Injection belinostat 10 mg	Investigational
C9724	Not Covered	EPS gast cardia plic	Investigational
C9730	Not Covered	Bronchoscopic bronchial thermoplasty with imaging guidance (if performed), radiofrequency ablation of airway smooth muscle, 1 lobe	Investigational
C9731	Not Covered	Bronchoscopic bronchial thermoplasty with imaging guidance (if performed), radiofrequency ablation of airway smooth muscle, 2 or more lobes	Investigational

Codes	Reviewer	ServiceDescription	Guideline
C9736	Not Covered	Laparoscopy, surgical, radiofrequency ablation of uterine fibroid(s), including intraoperative guidance and monitoring, when performed	Investigational
C9741	Not Covered	Right hearth catheterization with implantation of wireless pressure sensor in the pulmonary artery including any type of measurement, angiography, imaging	Investigational
E0218	Not Covered	Water Circ Cold Pad W Pump	Investigational
E0236	Not Covered	Pump For Water Circulating P	Investigational
E0446	Not Covered	Topical Ox Deliver sys, nos	Investigational
E0740	Not Covered	Incontinence treatment system, pelvic floor stimulator, monitor, sensor, and/or trainer	Investigational
E0764	Not Covered	Functional neuromuscular stim	Investigational
E0765	Not Covered	Nerve Stimulator For Tx N&V	Investigational
E0766	Not Covered	Electrical stimulation device used for cancer tx, incl all accessories	Investigational
E1815	Not Covered	Dynamic adjustable ankle extension/flexion device, includes soft interface material	Investigational
E1816	Not Covered	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Investigational

Codes	Reviewer	ServiceDescription	Guideline
E1830	Not Covered	Dynamic, adjustable toe extension/flexion device, includes soft tissue interface material	Investigational
E1840	Not Covered	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Investigational
E1841	Not Covered	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components	Investigational
G0279	Not Covered	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)	Investigational
G0428	Not Covered	Collagen meniscus implant procedure for filling meniscal defects (eg, CMI, collagen scaffold, Menaflex)	Investigational
G0460	Not Covered	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Investigational
G0464	Not Covered	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)	Investigational
G6030	Not Covered	Assay of amitriptyline	Investigational
G6031	Not Covered	Assay of benzodiazepines	Investigational
G6032	Not Covered	Assay of desipramine	Investigational
G6034	Not Covered	Assay of doxepin	Investigational
G6035	Not Covered	Assay of gold	Investigational
G6036	Not Covered	Assay of imipramine	Investigational

Codes	Reviewer	ServiceDescription	Guideline
G6037	Not Covered	Assay of nortriptyline	Investigational
G6038	Not Covered	Assa of salicylate	Investigational
G6039	Not Covered	Assay of acetaminophen	Investigational
G6040	Not Covered	Alcohol (ethanol); any specimen except breath	Investigational
G6041	Not Covered	Alkaloids, urine, quantitative	Investigational
G6042	Not Covered	Assay of amphetamine or methamphetamine	Investigational
G6043	Not Covered	Assay of barbiturates, not elsewhere specified	Investigational
G6044	Not Covered	Assay of cocaine or metabolite	Investigational
G6045	Not Covered	Assay of cocaine or metabolite	Investigational
G6046	Not Covered	Assay of dihydromorphinone	Investigational
G6047	Not Covered	Assay of dihydrotestosterone	Investigational
G6048	Not Covered	Assay of dimethadione	Investigational
G6049	Not Covered	Assay of epiandrosterone	Investigational
G6050	Not Covered	Assay of ethchlorvynol	Investigational
G6051	Not Covered	Assay of flurazepam	Investigational
G6052	Not Covered	Assay of meprobamate	Investigational
G6053	Not Covered	Assay of methadone	Investigational
G6054	Not Covered	Assay of methsuximide	Investigational
G6055	Not Covered	Assay of nicotine	Investigational
G6056	Not Covered	Opiate(s), drug and metabolites, each procedure	Investigational
G6057	Not Covered	Assay of phenothiazine	Investigational
M0076	Not Covered	Prolotherapy	Investigational
P9020	Not Covered	Plaelet Rich Plasma Unit	Investigational
Q4117	Not Covered	Hyalomatrix	Investigational
Q4118	Not Covered	Matristem micromatrix	Investigational
Q4119	Not Covered	Matristem wound matrix	Investigational
Q4120	Not Covered	Matristem burn matrix	Investigational
Q4121	Not Covered	Theraskin	Investigational
Q4122	Not Covered	Dermacell, Per Square Centimeter	Investigational
Q4123	Not Covered	Alloskin Rt, Per Square Centimeter	Investigational
Q4124	Not Covered	Oasis Ultra Tri-Layer Matrix, per square centimeter	Investigational

Codes	Reviewer	ServiceDescription	Guideline
Q4125	Not Covered	Arthroflex, Per Square Centimeter	Investigational
Q4126	Not Covered	Memoderm, Per Square Centimeter	Investigational
Q4127	Not Covered	Talymed, Per Square Centimeter	Investigational
Q4128	Not Covered	Flexhd Or Allopatch Hd, Per Square Centimeter	Investigational
Q4129	Not Covered	Unite Biomatrix, Per Square Centimeter	Investigational
Q4132	Not Covered	Grafix core	Investigational
Q4133	Not Covered	Grafix prime	Investigational
Q4134	Not Covered	hMatrix	Investigational
Q4135	Not Covered	Mediskin	Investigational
Q4136	Not Covered	EZderm	Investigational
Q4137	Not Covered	Amnioexcel or biodexcel, per sq cm	Investigational
Q4138	Not Covered	Biodfence dryflex, per sq cm	Investigational
Q4139	Not Covered	Amniomatrix or biodmatrix, inject	Investigational
Q4140	Not Covered	Biodfence, per sq cm	Investigational
Q4141	Not Covered	Alloskin AC, per sq cm	Investigational
Q4142	Not Covered	XCM biologic tissue matrix, per sq cm	Investigational
Q4143	Not Covered	Repriza, per sq cm	Investigational
Q4145	Not Covered	Epifix, injectable, 1 mg	Investigational
Q4146	Not Covered	Tensix, per sq cm	Investigational
Q4147	Not Covered	Architect, architect PX, or architect FX, extracellular matrix, per sq cm	Investigational
Q4148	Not Covered	Neox 1k, per sq cm	Investigational
Q4149	Not Covered	Excellagen, 0.1 cc	Investigational
Q4150	Not Covered	Allowrap DS or dry, per sq cm	Investigational
Q4151	Not Covered	Amnioband or guardian, per sq cm	Investigational
Q4152	Not Covered	Dermapure, per sq cm	Investigational
Q4153	Not Covered	Dermavest, per sq cm	Investigational
Q4154	Not Covered	Biovance, per sq cm	Investigational
Q4155	Not Covered	Neoxflo or clariflo 1 mg	Investigational
Q4156	Not Covered	Neox 100, per sq cm	Investigational
Q4157	Not Covered	Revitalon, per sq cm	Investigational
Q4158	Not Covered	Marigen, per sq cm	Investigational
Q4159	Not Covered	Affinity, per sq cm	Investigational
Q4160	Not Covered	Nushield, per square centimeter	Investigational

Codes	Reviewer	ServiceDescription	Guideline
Q4161	Not Covered	Bio-connekt wound matrix, per square centimeter	Investigational
Q4162	Not Covered	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	Investigational
Q4163	Not Covered	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	Investigational
Q4164	Not Covered	Helicoll, per square centimeter	Investigational
Q4165	Not Covered	Keramatrix, per square centimeter	Investigational
S1090	Not Covered	Mometasone furoate sinus implant, 370 micrograms	Investigational
S2348	Not Covered	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Investigational
S2348	Not Covered	Decompress disc RF lumbar	Investigational
S2350	Not Covered	Disectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace	Investigational
S2351	Not Covered	Disectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	Investigational

Codes	Reviewer	ServiceDescription	Guideline
S3650	Not Covered	Saliva test, hormone level; during menopause	Investigational
S3652	Not Covered	Saliva test, hormone level; to assess preterm labor risk	Investigational
S3721	Not Covered	Prostate cancer antigen (PCA3) testing	Investigational
S3722	Not Covered	Dose Optimization By Area Under The Curve (Auc) Analysis, For Infusional 5-Fluorouracil	Investigational
S3890	Not Covered	Fecal DNA analysis	Investigational
S8040	Not Covered	Topographic Brain Mapping	Investigational
S8930	Not Covered	Auricular electrostimulation	Investigational
S9090	Not Covered	Vertebral Axial Decompressio	Investigational