

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



POLICY NUMBER	LAST REVIEW DATE	APPROVED BY
MG.MM.AD.22	5/09/2025	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes; and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

Overview:

ConnectiCare, Inc. defines the terms "investigational" or "experimental" as the use of a service, procedure or supply that is not recognized by the Plan as standard medical care for the condition, disease, illness or injury being treated. A service, procedure or supply includes, but is not limited to the diagnostic service, treatment, facility, equipment, drug or device.

Medical Necessity Guidelines:

A service is considered investigational (experimental) if any of the following criteria are met:

1. The services, procedures or supplies requiring Federal or other Governmental body approval, such as drugs and devices, do not have unrestricted market approval from the Food and Drug Administration (FDA) or final approval from any other governmental regulatory body for use in treatment of a specified condition. Any approval that is granted as an interim step in the regulatory process is not a substitute for final or unrestricted market approval.
2. There is insufficient or inconclusive medical and scientific evidence to permit the Plan to evaluate the therapeutic value of the service, procedure or supply. (Adequate evidence is defined as at least two documents of medical and scientific evidence that indicate that the proposed treatment is likely to be beneficial to the member.)

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3. There is inconclusive medical and scientific evidence in peer-reviewed medical literature that the service, procedure or supply has a beneficial effect on health outcomes.
4. The service, procedure or supply under consideration is not as beneficial as any established alternatives.
5. There is insufficient information or inconclusive scientific evidence that, when used in a non-investigational setting, the service, procedure or supply has a beneficial effect on health outcomes or is as beneficial as any established alternatives.

The American Medical Association (AMA) develops Current Procedural Terminology (CPT) Category III codes to allow for data collection concerning the use of "emerging technology, services, and procedures." The creation of a CPT Category III code by the AMA "neither implies nor endorses clinical efficacy, safety or the applicability to clinical practice. Because of the specific purpose these Category III codes serve, ConnectiCare, Inc. will consider the item, service, or procedure represented by these codes to be not medically necessary.

Note: Once a Category III CPT code is replaced by a Category I CPT code, the item, service, or procedure should not be presumed to be medically necessary.

To determine whether a device, medical treatment, supply or procedure is proven safe and effective the following hierarchy of reliable evidence is used:

1. Published formal technology assessments and/or high-quality meta-analyses.
2. Well-designed randomized studies published in credible, peer-reviewed literature.
3. High quality case-control or cohort studies.
4. Historical control studies, or case reports and/or case series.
5. Reports of expert opinion from national professional medical societies or national medical policy organizations.

Limitations/Exclusions

With respect to clinical studies, only those reports and articles containing scientifically valid data and published in the referred medical and scientific literature shall be considered reliable evidence. Specifically, not included in the meaning of reliable evidence are reports, articles, or statements by providers or groups of providers containing only abstracts, anecdotal evidence or personal professional opinions. Also, not included is the fact that a provider or a number of providers have elected to adopt a device, medical treatment, or procedure as their personal treatment or procedure of choice or standard of practice.

Please see our related [Clinical Trials Medical Policies](#):

Clinical Trials (Commercial)
Clinical Trials (Medicare)

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REVISION HISTORY

[Commercial Table by CPT/HCPCS Codes](#)

[Medicare Table by CPT/HCPCS Codes](#)

The following CPT/HCPCS procedure codes are investigational and unproven and are therefore not covered.

Experimental & Noncovered Investigational by CPT Code (Commercial Plans)

19105	20983	22526	22527	28890	30468	30469	33274	33275	33289	33340	33542
33548	34717	34718	34839	34841	34842	34843	34844	34845	34846	34847	34848
37188	41512	41530	43206	43210	43252	43257	43284	43285	43290	43291	46707
53451	53452	53453	53454	53855	54240	58580	62287	64575	64910	64911	66683
69705	69706	81204	81560	82777	83006	83987	84066	84112	84145	86152	86153
88120	88360	88375	91112	91113	91132	91133	92145	92227	92512	93050	93740
93895	95012	96002	96004	96931	96932	96933	96934	96935	96936	97026	97607
97608	97610	0003U	0008U	0009U	0010U	0014M	0015M	0016M	0018M	0019U	0020M
0029U	0030U	0031U	0032U	0033U	0035U	0039U	0045U	0047U	0053U	0055U	0060U
0067U	0069U	0071T	0072T	0075T	0076T	0078U	0079U	0080U	0086U	0087U	0090U
0094U	0095T	0101T	0102T	0106T	0107T	0108T	0109T	0109U	0110T	0112U	0113U
0114U	0118U	0120U	0152U	0153U	0156U	0164T	0165T	0169U	0170U	0174T	0175T
0175U	0198T	0200T	0201T	0202T	0203U	0205U	0206U	0207T	0207U	0208T	0209T
0209U	0210T	0210U	0211T	0211U	0212T	0212U	0213U	0214T	0214U	0215T	0215U
0216U	0217T	0217U	0218T	0218U	0219T	0219U	0220T	0220U	0221T	0221U	0222T
0222U	0228U	0229U	0232T	0234T	0235T	0236T	0237T	0238T	0243U	0247U	0248U
0249U	0251U	0252U	0253T	0253U	0254U	0255U	0256U	0257U	0258U	0259U	0260U
0261U	0262U	0263T	0263U	0264T	0264U	0265T	0265U	0266T	0266U	0267T	0267U
0268T	0269T	0270T	0271T	0272T	0273T	0274T	0275T	0275U	0278T	0279U	0280U
0281U	0283U	0284U	0285U	0286U	0288U	0289U	0290U	0291U	0292U	0293U	0294U
0295U	0296U	0297U	0298U	0299U	0300U	0303U	0304U	0305U	0306U	0307U	0308U
0309U	0310U	0311U	0312T	0312U	0313T	0313U	0314T	0314U	0315T	0315U	0316T
0316U	0317T	0317U	0318U	0319U	0320U	0321U	0322U	0323U	0329T	0329U	0330T
0330U	0331T	0331U	0332T	0333T	0335T	0337U	0338T	0338U	0339T	0342T	0342U
0344U	0346U	0347T	0348T	0349T	0350T	0351T	0351U	0352T	0353T	0354T	0357U
0358T	0358U	0359U	0360U	0361U	0362T	0365U	0366U	0367U	0370U	0371U	0372U
0373T	0373U	0374U	0375T	0375U	0376U	0377U	0378T	0378U	0379T	0381U	0382U
0383U	0384U	0385U	0387U	0393U	0394U	0399U	0403T	0404T	0406U	0408T	0409T
0410T	0411T	0412T	0413T	0414T	0415T	0416T	0417T	0418T	0419T	0420T	0422T
0424T	0425T	0426T	0427T	0428T	0429T	0430T	0431T	0432T	0433T	0434T	0435T
0436T	0437T	0440T	0441U	0442T	0442U	0443T	0443U	0444T	0445T	0445U	0446U
0447U	0450T	0450U	0451U	0452U	0453U	0454U	0455U	0456U	0457U	0458U	0459U
0462U	0463U	0464T	0465T	0465U	0466U	0467U	0468U	0469T	0469U	0470T	0470U
0471T	0471U	0472T	0472U	0473T	0474T	0475T	0476T	0477T	0478T	0479T	0479U

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



Experimental & Noncovered Investigational by CPT Code (Commercial Plans)

0480T	0480U	0481T	0482U	0483U	0484U	0485T	0486T	0486U	0487T	0488T	0489T
0490T	0490U	0491T	0491U	0492T	0492U	0493T	0494T	0495T	0495U	0496T	0496U
0497T	0497U	0498T	0498U	0499T	0500U	0501U	0502U	0503U	0504U	0505U	0506T
0506U	0507T	0507U	0508T	0508U	0509U	0510T	0510U	0511T	0511U	0512T	0512U
0513T	0513U	0514T	0514U	0515T	0515U	0516T	0517T	0517U	0518T	0518U	0519T
0519U	0520T	0520U	0521T	0521U	0522T	0522U	0523T	0524T	0524U	0525T	0525U
0526T	0526U	0527T	0527U	0528T	0528U	0529T	0530T	0531T	0531U	0532T	0533T
0534T	0535T	0535U	0536T	0541T	0541U	0542T	0542U	0545T	0545U	0546T	0546U
0547T	0547U	0548U	0550U	0551U	0552T	0554T	0555T	0556T	0557T	0558T	0559T
0560T	0561T	0562T	0583T	0587T	0588T	0589T	0590T	0596T	0597T	0600T	0601T
0606T	0614T	0621T	0622T	0623T	0624T	0625T	0626T	0627T	0628T	0629T	0630T
0631T	0632T	0633T	0634T	0635T	0636T	0637T	0638T	0639T	0640T	0641T	0642T
0643T	0644T	0645T	0646T	0647T	0648T	0649T	0651T	0655T	0656T	0657T	0658T
0659T	0659T	0660T	0661T	0664T	0665T	0666T	0667T	0668T	0669T	0670T	0672T
0673T	0674T	0675T	0676T	0677T	0678T	0679T	0680T	0681T	0682T	0683T	0684T
0685T	0686T	0687T	0688T	0689T	0690T	0691T	0692T	0693T	0694T	0695T	0696T
0697T	0698T	0700T	0701T	0702T	0703T	0704T	0705T	0706T	0707T	0708T	0709T
0710T	0711T	0712T	0713T	0714T	0715T	0716T	0717T	0718T	0719T	0720T	0721T
0725T	0726T	0727T	0728T	0729T	0730T	0731T	0733T	0734T	0736T	0737T	0738T
0739T	0740T	0741T	0744T	0745T	0746T	0747T	0748T	0749T	0750T	0751T	0752T
0753T	0754T	0755T	0756T	0757T	0758T	0759T	0760T	0761T	0762T	0763T	0764T
0765T	0766T	0767T	0768T	0769T	0770T	0771T	0772T	0773T	0774T	0775T	0776T
0777T	0778T	0779T	0781T	0782T	0783T	0791T	0793T	0794T	0795T	0796T	0797T
0798T	0799T	0800T	0801T	0802T	0803T	0804T	0805T	0806T	0807T	0808T	0809T
0810T	0814T	0815T	0816T	0817T	0818T	0819T	0826T	0827T	0828T	0829T	0830T
0831T	0832T	0833T	0834T	0835T	0836T	0837T	0838T	0839T	0840T	0841T	0842T
0843T	0844T	0845T	0846T	0847T	0848T	0849T	0850T	0851T	0852T	0853T	0854T
0855T	0856T	0858T	0859T	0860T	0864T	0867T	0868T	0869T	0870T	0871T	0872T
0873T	0874T	0875T	0876T	0877T	0878T	0879T	0880T	0881T	0882T	0883T	0884T
0885T	0886T	0887T	0888T	0889T	0890T	0891T	0892T	0893T	0894T	0895T	0896T
0897T	0898T	0899T	0900T	0901T	0902T	0903T	0904T	0905T	0906T	0907T	0908T
0909T	0910T	0911T	0912T	0913T	0914T	0915T	0916T	0917T	0918T	0919T	0920T
0921T	0922T	0923T	0924T	0925T	0926T	0927T	0928T	0929T	0930T	0931T	0932T
0933T	0934T	0935T	0936T	0937T	0938T	0939T	0940T	0941T	0942T	0943T	0944T
0945T	0946T	0947T	A2001	A2002	A2004	A2005	A2006	A2007	A2008	A2009	A2010
A2011	A2012	A2013	A2014	A2015	A2016	A2017	A2018	A2019	A2020	A2021	A2022
A2023	A2024	A2025	A2026	A2027	A2028	A2029	A2030	A2031	A2032	A2033	A2034
A2035	A4337	A4341	A4342	A4541	A4542	A4543	A4544	A4545	A4563	A4575	A4593
A4594	A4596	A4638	A4639	A6000	A7049	A9272	A9292	C1833	C9771	C9781	C9790
C9791	C9792	C9809	E0218	E0221	E0231	E0232	E0236	E0490	E0491	E0492	E0493
E0530	E0711	E0715	E0716	E0721	E0732	E0733	E0734	E0735	E0736	E0737	E0738

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



Experimental & Noncovered Investigational by CPT Code (Commercial Plans)

E0739	E0743	E0761	E0762	E0767	E2120	E3000	E3200	G0555	K1007	K1009	K1020
K1028	K1029	K1030	K1035	K1036	L8605	L8608	Q1004	Q1005	Q4113	Q4114	Q4125
Q4139	Q4142	Q4143	Q4145	Q4149	Q4150	Q4155	Q4156	Q4162	Q4167	Q4171	Q4177
Q4178	Q4180	Q4181	Q4183	Q4184	Q4185	Q4188	Q4190	Q4191	Q4192	Q4193	Q4194
Q4198	Q4199	Q4200	Q4201	Q4202	Q4203	Q4204	Q4224	Q4225	Q4251	Q4252	Q4253
Q4256	Q4257	Q4258	Q4259	Q4260	Q4261	Q4262	Q4263	Q4264	Q4265	Q4266	Q4267
Q4268	Q4269	Q4270	Q4271	Q4279	Q4285	Q4286	Q4289	Q4290	Q4291	Q4292	Q4293
Q4294	Q4295	Q4296	Q4297	Q4298	Q4299	Q4300	Q4301	Q4302	Q4303	Q4305	Q4306
Q4307	Q4308	Q4309	Q4310	Q4311	Q4312	Q4313	Q4314	Q4315	Q4316	Q4317	Q4318
Q4319	Q4320	Q4321	Q4322	Q4323	Q4324	Q4325	Q4326	Q4327	Q4328	Q4329	Q4330
Q4331	Q4332	Q4333	Q4334	Q4335	Q4336	Q4337	Q4338	Q4339	Q4340	Q4341	Q4342
Q4343	Q4344	Q4345	Q4346	Q4347	Q4348	Q4349	Q4350	Q4351	Q4352	Q4353	Q4354
Q4355	Q4356	Q4357	Q4358	Q4359	Q4360	Q4361	Q4362	Q4363	Q4364	Q4365	Q4366
Q4367	S0800	S1030	S1031	S2117	S2140	S2300	S2348	S3650	S3722	S3900	S4024
S8037	S8080	S8130	S8131	S8930	S9055	S9090					

Note: 'No specific code available' indicates an "unlisted code" or "miscellaneous code."

The following CPT/HCPCS procedure codes are investigational and unproven and are therefore not covered.

Experimental & Noncovered Investigational by CPT Code (Medicare Plans)

22526	22860	30468	53451	53452	53453	53454	75571	81173	81336	81560	88120	88360	91113
92145	97607	97608	0535U	0541U	0542U	0545U	0546U	0547U	0548U	0550U	0551U	A2030	A2031
A2032	A2033	A2034	A2035	Q4354	Q4355	Q4356	Q4357	Q4358	Q4359	Q4360	Q4361	Q4362	Q4363
Q4364	Q4365	Q4366	Q4367	S4024	0003U	0007M	0008U	0009U	0010U	0014M	0015M	0018M	0019U
0020M	0029U	0030U	0031U	0032U	0033U	0035U	0039U	0045U	0053U	0055U	0060U	0067U	0069U
0071T	0072T	0075T	0076T	0078U	0079U	0086U	0087U	0090U	0094U	0095T	0098T	0101T	0102T
0105U	0106T	0107T	0108T	0108U	0109T	0109U	0110T	0112U	0113U	0114U	0118U	0120U	0130U
0152U	0153U	0156U	0164T	0165T	0169U	0170U	0174T	0175T	0175U	0198T	0200T	0201T	0202T
0203U	0204U	0205U	0206U	0207T	0207U	0208T	0209T	0209U	0210T	0210U	0211T	0212T	0212U
0213T	0213U	0214T	0214U	0215T	0215U	0216T	0217T	0218T	0219T	0220T	0220U	0221T	0222T
0228U	0229U	0232T	0234T	0235T	0236T	0237T	0238T	0243U	0247U	0248U	0249U	0251U	0252U
0253T	0253U	0254U	0255U	0256U	0257U	0258U	0259U	0260U	0261U	0262U	0263T	0263U	0264T
0264U	0265T	0265U	0266T	0266U	0267T	0267U	0268T	0269T	0270T	0271T	0272T	0273T	0274T
0275T	0275U	0278T	0279U	0280U	0281U	0283U	0284U	0285U	0286U	0288U	0289U	0290U	0291U
0292U	0293U	0294U	0295U	0296U	0297U	0298U	0299U	0300U	0303U	0304U	0305U	0306U	0307U
0308U	0309U	0310U	0311U	0312T	0312U	0313T	0313U	0314T	0314U	0315T	0315U	0316T	0316U
0317T	0317U	0318U	0319U	0320U	0321U	0322U	0323U	0329T	0329U	0330T	0330U	0331T	0331U
0332T	0333T	0335T	0338T	0339T	0342T	0345T	0347T	0348T	0349T	0350T	0351T	0352T	0353T
0353U	0354T	0354U	0357U	0358T	0358U	0359U	0360U	0361U	0362T	0373T	0378T	0379T	0387U
0393U	0394T	0394U	0395T	0399U	0402T	0403T	0404T	0406U	0408T	0409T	0410T	0411T	0412T

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



Experimental & Noncovered Investigational by CPT Code (Medicare Plans)													
0413T	0414T	0415T	0416T	0417T	0418T	0419T	0420T	0422T	0424T	0425T	0426T	0427T	0428T
0429T	0430T	0431T	0432T	0433T	0434T	0435T	0436T	0437T	0440T	0441U	0442T	0442U	0443T
0443U	0444T	0445T	0445U	0446U	0447U	0450T	0450U	0451U	0452U	0453U	0454U	0455U	0456U
0457U	0458U	0459U	0462U	0463U	0464T	0465T	0465U	0466U	0467U	0468U	0469T	0469U	0470T
0470U	0471T	0471U	0472U	0473T	0474T	0475T	0476T	0477T	0478T	0479T	0479U	0480T	0480U
0481T	0482U	0483T	0483U	0484T	0484U	0485T	0486T	0486U	0487T	0488T	0489T	0490T	0490U
0491T	0491U	0492T	0492U	0493T	0494T	0495T	0495U	0496T	0496U	0497T	0497U	0498T	0498U
0499T	0500U	0501U	0502U	0503U	0504U	0505U	0506T	0506U	0507T	0507U	0508T	0508U	0509U
0510T	0510U	0511T	0511U	0512T	0512U	0513T	0513U	0514T	0514U	0515U	0517U	0518T	0518U
0519T	0519U	0520U	0521U	0522U	0523T	0524T	0524U	0525T	0525U	0526T	0526U	0527T	0527U
0528T	0528U	0529T	0530T	0531T	0531U	0532T	0533T	0534T	0535T	0536T	0541T	0542T	0543T
0544T	0545T	0546T	0547T	0552T	0554T	0559T	0560T	0561T	0562T	0563T	0565T	0566T	0569T
0570T	0571T	0572T	0573T	0574T	0575T	0576T	0577T	0578T	0579T	0580T	0581T	0582T	0583T
0587T	0588T	0589T	0590T	0591T	0592T	0593T	0596T	0597T	0600T	0601T	0606T	0621T	0622T
0623T	0624T	0625T	0626T	0627T	0628T	0629T	0630T	0631T	0632T	0633T	0634T	0635T	0636T
0637T	0638T	0639T	0640T	0641T	0642T	0643T	0644T	0645T	0646T	0647T	0648T	0649T	0651T
0655T	0656T	0657T	0658T	0659T	0659T	0660T	0661T	0664T	0665T	0666T	0667T	0668T	0669T
0670T	0672T	0673T	0674T	0675T	0676T	0677T	0678T	0679T	0680T	0681T	0682T	0683T	0684T
0685T	0686T	0687T	0688T	0689T	0690T	0691T	0692T	0693T	0694T	0695T	0696T	0697T	0698T
0700T	0701T	0702T	0703T	0704T	0705T	0706T	0707T	0708T	0709T	0710T	0711T	0712T	0713T
0714T	0715T	0716T	0717T	0718T	0719T	0720T	0725T	0726T	0727T	0728T	0729T	0730T	0731T
0733T	0734T	0736T	0737T	0738T	0739T	0740T	0741T	0743T	0745T	0746T	0747T	0748T	0749T
0750T	0751T	0752T	0753T	0754T	0755T	0756T	0757T	0758T	0759T	0760T	0761T	0762T	0763T
0764T	0765T	0766T	0767T	0768T	0769T	0770T	0771T	0772T	0773T	0774T	0775T	0776T	0777T
0778T	0779T	0781T	0782T	0783T	0791T	0793T	0794T	0795T	0796T	0797T	0798T	0799T	0800T
0801T	0802T	0803T	0804T	0805T	0806T	0807T	0808T	0809T	0810T	0814T	0815T	0816T	0817T
0818T	0819T	0826T	0827T	0828T	0829T	0830T	0831T	0832T	0833T	0834T	0835T	0836T	0837T
0838T	0839T	0840T	0841T	0842T	0843T	0844T	0845T	0846T	0847T	0848T	0849T	0850T	0851T
0852T	0853T	0854T	0855T	0856T	0858T	0859T	0860T	0864T	0867T	0868T	0869T	0870T	0871T
0872T	0873T	0874T	0875T	0876T	0877T	0878T	0879T	0880T	0881T	0882T	0883T	0884T	0885T
0886T	0887T	0888T	0889T	0890T	0891T	0892T	0893T	0894T	0895T	0896T	0897T	0898T	0899T
0900T	0901T	0902T	0903T	0904T	0905T	0906T	0907T	0908T	0909T	0910T	0911T	0912T	0913T
0914T	0915T	0916T	0917T	0918T	0919T	0920T	0921T	0922T	0923T	0924T	0925T	0926T	0927T
0928T	0929T	0930T	0931T	0932T	0933T	0934T	0935T	0936T	0937T	0938T	0939T	0940T	0941T
0942T	0943T	0944T	0945T	0946T	0947T	22527	33542	33548	34839	34841	34842	34843	34844
34845	34846	34847	34848	43257	43284	62287	81105	81106	81107	81108	81109	81110	81111
81112	81174	81200	81204	81205	81227	81230	81231	81232	81234	81239	81240	81241	81242
81244	81247	81250	81251	81254	81255	81260	81271	81274	81289	81290	81291	81324	81327
81328	81329	81330	81331	81337	81346	81361	81362	81363	81364	81410	81411	81415	81416
81417	81420	81425	81426	81427	81430	81431	81432	81434	81439	81440	81442	81443	81448

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



Experimental & Noncovered Investigational by CPT Code (Medicare Plans)

81460	81465	81470	81471	81493	81504	81525	81535	81536	81540	82777	83006	84066	86152
86153	89253	92227	93895	94014	94015	94016	97026	A2001	A2002	A2004	A2005	A2006	A2007
A2008	A2009	A2010	A2011	A2012	A2013	A2022	A2023	A2024	A2025	A2026	A2027	A2028	A2029
A4337	A4541	A4542	A4543	A4544	A4545	A4575	A4593	A4594	A4596	A4638	A4639	A6000	A9272
A9292	C9771	C9781	C9790	C9792	E0218	E0221	E0231	E0232	E0236	E0492	E0493	E0530	E0715
E0716	E0721	E0732	E0733	E0734	E0735	E0736	E0737	E0738	E0739	E0743	E0762	E0767	E2120
E3000	E3200	G0252	G0255	G0282	G0295	G0341	G0342	G0343	G0428	G0555	G9147	K1006	K1007
K1009	K1016	K1017	K1020	K1028	K1029	K1030	L8605	L8608	M0076	Q0515	Q1004	Q1005	Q4113
Q4114	Q4125	Q4139	Q4142	Q4143	Q4145	Q4148	Q4149	Q4150	Q4155	Q4156	Q4162	Q4167	Q4171
Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4183	Q4184	Q4185	Q4188	Q4190	Q4191	Q4192	Q4193
Q4194	Q4198	Q4199	Q4200	Q4201	Q4202	Q4203	Q4204	Q4224	Q4225	Q4251	Q4252	Q4253	Q4256
Q4257	Q4258	Q4259	Q4260	Q4261	Q4262	Q4263	Q4264	Q4279	Q4285	Q4286	Q4289	Q4290	Q4291
Q4292	Q4293	Q4305	Q4306	Q4307	Q4308	Q4309	Q4310	Q4311	Q4312	Q4313	Q4314	Q4315	Q4316
Q4317	Q4318	Q4319	Q4320	Q4321	Q4322	Q4323	Q4324	Q4325	Q4326	Q4327	Q4328	Q4329	Q4330
Q4331	Q4332	Q4333	Q4334	Q4335	Q4336	Q4337	Q4338	Q4339	Q4340	Q4341	Q4342	Q4343	Q4344
Q4345	Q4346	Q4347	Q4348	Q4349	Q4350	Q4351	Q4352	Q4353	S0800	S1030	S1031	S2117	S2140
S2300	S2348	S3650	S3722	S3800	S3852	S3900	S8030	S8037	S8080	S8092	S8130	S8131	S8930
S8948	S9090	S9558											

Revision history

DATE	REVISION
5/9/2025	"Limitations/Exclusions" section updated to include hyperlinks to related Clinical Trials Medical Policies.
5/8/2025	The addition of codes detailed in the below revision history dated 4/25/2025 noted with effective date 8/01/2025 <u>no longer apply and have been removed.</u>
5/01/2025	Removed Code effective 8/15/2025: <ul style="list-style-type: none"> Commercial: 64628
4/25/2025	Added Codes effective 8/1/2025: <ul style="list-style-type: none"> Commercial: 26340, 64595, 64744, 65765, 76983 Medicare: 65765
4/14/2025	Added Codes effective 4/01/2025: <ul style="list-style-type: none"> Commercial and Medicare: 0531U, 0535U, 0541U, 0542U, 0545U, 0546U, 0547U, 0548U, 0550U, 0551U, A2030, A2031, A2032, A2033, A2034, A2035, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, S4024

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



DATE	REVISION
4/14/2025	<p>Added:</p> <ul style="list-style-type: none"> • Commercial: 0468U • Medicare: 0020M, 0450U, 0451U, 0452U, 0453U, 0454U, 0455U, 0456U, 0457U, 0458U, 0459U, 0462U, 0463U, 0465U, 0466U, 0467U, 0468U, 0469U, 0470U, 0471U, 0472U, 0867T, 0868T, 0869T, 0870T, 0871T, 0872T, 0873T, 0874T, 0875T, 0876T, 0877T, 0878T, 0879T, 0880T, 0881T, 0882T, 0883T, 0884T, 0885T, 0886T, 0887T, 0888T, 0889T, 0890T, 0891T, 0892T, 0893T, 0894T, 0895T, 0896T, 0897T, 0898T, 0899T, 0900T, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333
3/14/2025	<p>Added Codes effective 1/01/2025:</p> <ul style="list-style-type: none"> • Commercial: 0446U, 0447U, A4545, E0737, Q4310 • Medicare: 0446U, 0447U, A4545, E0737, Q4310 <p>Removed Codes effective 1/01/2025:</p> <ul style="list-style-type: none"> • Commercial: 0493U, 93702 • Medicare: 0340U, 0493U, 81241, 81243
2/05/2025	<p>Added New Codes effective 1/01/2025:</p> <ul style="list-style-type: none"> • Commercial: 66683, 0521U, 0522U, 0524U, 0525U, 0526U, 0527U, 0528U, 0901T, 0902T, 0903T, 0904T, 0905T, 0906T, 0907T, 0908T, 0909T, 0910T, 0911T, 0912T, 0913T, 0914T, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T, 0927T, 0928T, 0929T, 0930T, 0931T, 0932T, 0933T, 0934T, 0935T, 0936T, 0937T, 0938T, 0939T, 0940T, 0941T, 0942T, 0943T, 0944T, 0945T, 0946T, 0947T, C9809, G0555, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352 and Q4353 • Medicare: 0521U, 0522U, 0524U, 0525U, 0526U, 0527U, 0528U, 0901T, 0902T, 0903T, 0904T, 0905T, 0906T, 0907T, 0908T, 0909T, 0910T, 0911T, 0912T, 0913T, 0914T, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T, 0927T, 0928T, 0929T, 0930T, 0931T, 0932T, 0933T, 0934T, 0935T, 0936T, 0937T, 0938T, 0939T, 0940T, 0941T, 0942T, 0943T, 0944T, 0945T, 0946T, 0947T, G0555, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352 and Q4353 <p>Removed Deleted Codes effective 1/01/2025:</p> <ul style="list-style-type: none"> • Commercial: 0398T • Medicare: 0553T, 0564T, 0567T, and 0568T
2/05/2025	<p>Added:</p> <ul style="list-style-type: none"> • Commercial and Medicare: 0479U, 0480U, 0482U, 0483U, 0484U, 0486U, 0490U, 0491U, 0492U, 0493U, 0495U, 0496U, 0497U, 0498U, 0500U, 0501U, 0502U, 0503U, 0504U, 0505U, 0506U, 0507U, 0508U, 0509U, 0510U, 0511U, 0512U, 0513U, 0514U, 0515U, 0517U, 0518U, 0519U, 0520U, A4543, E0715, E0716, E0721, E0767, E3200, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344 and Q4345

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



DATE	REVISION
9/27/2024	<p><u>Codes Added and Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Added: 0587T, 0588T, 0589T, 0590T, A2027, A2028, A2029, A4544, E0743 ○ Removed: 89398 • <u>Medicare:</u> <ul style="list-style-type: none"> ○ Added: 0108U, A2027, A2028, A2029, A4544, E0743
7/13/2024	<p><u>Codes Added and Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Added: 89398, 0020M, 0450U, 0451U, 0452U, 0453U, 0454U, 0455U, 0456U, 0457U, 0458U, 0459U, 0462U, 0463U, 0465U, 0466U, 0467U 0469U, 0470U, 0471U, 0472U, 0867T, 0868T, 0869T, 0870T, 0871T, 0872T, 0873T, 0874T, 0875T, 0876T, 0877T, 0878T, 0879T, 0880T, 0881T, 0882T, 0883T, 0884T, 0885T, 0886T, 0887T, 0888T, 0889T, 0890T, 0891T, 0892T, 0893T, 0894T, 0895T, 0896T, 0897T, 0898T, 0899T, 0900T, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333 ○ Removed: 0204U, 0353U, 0354U, K1016, K1017, K1018, K1019 • <u>Medicare:</u> <ul style="list-style-type: none"> ○ Added: 89398, 0020M, 0450U, 0451U, 0452U, 0453U, 0454U, 0455U, 0456U, 0457U, 0458U, 0459U, 0462U, 0463U, 0465U, 0466U, 0467U 0469U, 0470U, 0471U, 0472U, 0867T, 0868T, 0869T, 0870T, 0871T, 0872T, 0873T, 0874T, 0875T, 0876T, 0877T, 0878T, 0879T, 0880T, 0881T, 0882T, 0883T, 0884T, 0885T, 0886T, 0887T, 0888T, 0889T, 0890T, 0891T, 0892T, 0893T, 0894T, 0895T, 0896T, 0897T, 0898T, 0899T, 0900T, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333 ○ Removed: 0204U, 0353U, 0354U, K1016, K1017, 0554T
5/24/2024	<p><u>Codes Added and Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Added: 0441U, 0442U, 0443U, 0445U, A2026, A4593, A4594, E0736, E0738, E0739, Q4305, Q4306, Q4307, Q438, Q4309, Q4310 ○ Removed: 64625, 0352U • <u>Medicare:</u> <ul style="list-style-type: none"> ○ Added: 0441U, 0442U, 0443U, 0445U, A2026, A4593, A4594, E0736, E0738, E0739, Q4305, Q4306, Q4307, Q438, Q4309, Q4310 ○ Removed: 64625, 81284, 81285, 81286, 81455

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



DATE	REVISION
1/24/2024	<p><u>Codes Added and Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Added: 0583T, 0814T, 0815T, 0816T, 0817T, 0818T, 0819T, 0826T, 0827T, 0828T, 0829T, 0830T, 0831T, 0832T, 0833T, 0834T, 0835T, 0836T, 0837T, 0838T, 0839T, 0840T, 0841T, 0842T, 0843T, 0844T, 0845T, 0846T, 0847T, 0848T, 0849T, 0850T, 0851T, 0852T, 0853T, 0854T, 0855T, 0856T, 0858T, 0856T, 0858T, 0859T, 0860T, 0864T, 0014U, 0353U, 0354U A4541, A4542, E0492, E0493, E0530, E0732, E0733, E0734, E0735, E3000, Q4279, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, 58580, 88120 ○ Removed: 20560, 20561, 76120, 76125 • <u>Medicare:</u> <ul style="list-style-type: none"> ○ Added: 0518T, 0519T, 0814T, 0815T, 0816T, 0817T, 0818T, 0819T, 0826T, 0827T, 0828T, 0829T, 0830T, 0831T, 0832T, 0833T, 0834T, 0835T, 0836T, 0837T, 0838T, 0839T, 0840T, 0841T, 0842T, 0843T, 0844T, 0845T, 0846T, 0847T, 0848T, 0849T, 0850T, 0851T, 0852T, 0853T, 0854T, 0855T, 0856T, 0858T, 0856T, 0858T, 0859T, 0860T, 0864T, 0014U, 0353U, 0354U A4541, A4542, E0492, E0493, E0530, E0732, E0733, E0734, E0735, E3000, Q4279, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, 88120
10/30/2023	<p><u>Codes Added and Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Added: K1018, K1019, S8037 • <u>Medicare:</u> <ul style="list-style-type: none"> ○ Added: K1018, K1019 ○ Removed: S0800, S1030, S1031, S2117, S2140, S2300, S2348, S3650, S3722, S3800, S3852, S3900, S8030, S8037, S8080, S8092, S8130, S8131, S8930, S8948, S9090, S9558, 81331, 81361, 81362, 81363, 81364, 81443
10/1/2023	<p><u>Codes Added and Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Added new codes effective 10/01/2023: 0406U, A2022, A2023, A2024, A2025, A9292, C9790, C9791, C9792, E0490, E0491, K1036, Q4285, Q4286 ○ Added other: 97607, 97608, 0346U, 0352U, 0351U, 0342U, 0344U, 0337U, 0338U, A9272 ○ Removed: G0252, G0255, G0281, G0295, G0329, G0341, G0342, G0343, G0428, G0460, G9143, G9147 • <u>Medicare:</u> <ul style="list-style-type: none"> ○ Added new codes effective 10/01/2023: 0406U, A2022, A2023, A2024, A2025, A9292, C9790, A9792, Q4285, Q4286 ○ Added other: 97607, 97608

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



DATE	REVISION
7/18/2023	<p><u>Codes Added and Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Added new codes effective 4/01/2023: 0387U, 0393U, 0394U, 0399U, 0791T, 0793T, 0794T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0805T, 0806T, 0807T, 0808T, 0809T, 0810T ○ Added other: 0614T, 43290, 43291, 0508T • <u>Medicare:</u> <ul style="list-style-type: none"> ○ Added new codes effective 7/01/2023: 0387U, 0393U, 0394U, 0399U, 0791T, 0793T, 0794T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0805T, 0806T, 0807T, 0808T, 0809T, 0810T ○ Removed: 0163T
5/31/2023	<p><u>Codes Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Removed: 36473, 36474, 37500, 37799, 95803
04/28/2023	<p><u>Codes Added</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> 0596T, 0597T, A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010 • <u>Medicare:</u> 0596T, 0597T, A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010
03/31/2023	<p><u>Codes Added and Removed:</u></p> <ul style="list-style-type: none"> • <u>Commercial:</u> <ul style="list-style-type: none"> ○ Added new codes effective 4/01/2023: 0365U, 0366U, 0367U, 0370U, 0371U, 0372U, 0373U, 0374U, 0375U, 0376U, 0377U, 0378U, 0381U, 0382U, 0383U, 0384U, 0385U, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A7049, E0711, G0281, G0329, K1035, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271 ○ Removed: 0105U, K1006, Q4158, Q4176, Q4179, Q4228 • <u>Medicare:</u> <ul style="list-style-type: none"> ○ Added new codes effective 4/01/2023: 0365U, 0366U, 0367U, 0370U, 0371U, 0372U, 0373U, 0374U, 0375U, 0376U, 0377U, 0378U, 0381U, 0382U, 0383U, 0384U, 0385U, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A4560, A7049, E0711, K1035, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271 ○ Removed: 0105U, K1006, Q4158, Q4176, Q4179, Q4228
3/21/2023	<ul style="list-style-type: none"> • Added and Removed CPT codes: <ul style="list-style-type: none"> ○ <u>Commercial:</u> Added 0721T effective 7/14/2023 ○ <u>Commercial & Medicare:</u> Removed 0089U, Q4130, Q4189 effective 4/01/2023

Medical Necessity Guidelines: Experimental, Investigational or Unproven Services (Commercial & Medicare)



DATE	REVISION
12/29/2022	<p><u>Codes added that will be effective 1/1/2023:</u></p> <ul style="list-style-type: none"> • Commercial and Medicare: <ul style="list-style-type: none"> ○ 0357U, 0358U, 0359U, 0360U, 0361U, 0738T, 0739T, 0740T, 0741T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0751T, 0752T, 0753T, 0754T, 0755T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0763T, 0764T, 0765T, 0766T, 0767T, 0768T, 0769T, 0770T, 0771T, 0772T, 0773T, 0774T, 0775T, 0776T, 0777T, 0778T, 0779T, 0781T, 0782T, 0783T • Commercial: <ul style="list-style-type: none"> ○ 0744T, 30469 • Medicare: <ul style="list-style-type: none"> ○ 22860, 0743T <p><u>Code Removed:</u></p> <ul style="list-style-type: none"> • Commercial: <ul style="list-style-type: none"> ○ 0500T – Covered for preventive services
10/20/2022	<ul style="list-style-type: none"> • Added and Removed CPT codes effective 10/1/2022: <ul style="list-style-type: none"> ○ <u>Commercial and Medicare:</u> Removed 0012U, 0013U, 0014U, and 0056U. Added new codes A4596, 0354U, and 0353U.
9/9/2022	<ul style="list-style-type: none"> • Added new CPT codes effective 7/01/2022: <ul style="list-style-type: none"> ○ <u>Commercial and Medicare:</u> 0716T, 0731T, 0733T, and 0734T
9/9/2022	<ul style="list-style-type: none"> • Updated policy to include codes: <ul style="list-style-type: none"> ○ <u>Commercial:</u> 0003U, 0008U, 0009U, 0010U, 0013U, 0014U, 0019U, 0029U, 0030U, 0031U, 0032U, 0033U, 0045U, 0047U, 0053U, 0055U, 0056U, 0060U, 0067U, 0069U, 0078U, 0079U, 0086U, 0087U, 0089U, 0090U, 0094U, 0109U, 0112U, 0113U, 0114U, 0118U, 0120U, 0152U, 0153U, 0156U, 0169U, 0170U, 0175U, 0228U, 0229U, 0252U, 0253U, 0254U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0285U, 0286U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U, 0323U, 0329U, 0330U, 0331U ○ <u>Medicare:</u> 0003U, 0008U, 0009U, 0010U, 0013U, 0014U, 0019U, 0029U, 0030U, 0031U, 0032U, 0033U, 0045U, 0047U, 0053U, 0055U, 0056U, 0060U, 0067U, 0069U, 0078U, 0079U, 0086U, 0087U, 0089U, 0090U, 0094U, 0109U, 0112U, 0113U, 0114U, 0118U, 0120U, 0152U, 0153U, 0156U, 0169U, 0170U, 0175U, 0203U, 0204U, 0205U, 0209U, 0212U, 0213U, 0214U, 0215U, 0220U, 0228U, 0229U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0285U, 0286U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U, 0323U, 0329U, 0330U, 0331U
6/21/2022	<ul style="list-style-type: none"> • Added new CPT codes effective 7/01/2022: <ul style="list-style-type: none"> ○ <u>Commercial and Medicare:</u> 0714T, 0715T, 0717T, 0718T, 0719T, 0720T, 0725T, 0726T, 0727T, 0728T, 0729T, 0730T, 0736T, 0737T Q4259, Q4260, and Q4261

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DATE	REVISION
6/1/2022	<ul style="list-style-type: none"> Removed CPT codes: <ul style="list-style-type: none"> <u>Commercial and Medicare</u>: 0208U <u>Medicare</u>: 69705 and 69706
5/5/2022	<ul style="list-style-type: none"> Updated policy to include codes: <ul style="list-style-type: none"> <u>Commercial and Medicare</u>: 0600T and 0601T
3/28/2022	<ul style="list-style-type: none"> Added new CPT Codes effective 4/01/2022: <ul style="list-style-type: none"> <u>Commercial</u>: A2011, A2012, A2013, C9781, K1028, K1029, K1030, Q4224, Q4225, Q4256, Q4257, Q4257, Q4258, 0308U, 0309U, 0310U, 0311U, 0312U, 0316U, 0321U and 0322U <u>Medicare</u>: A2011, A2012, A2013, C9781, K1028, K1029, K1030, Q4224, Q4225, Q4256, Q4257, Q4258, 0308U, 0309U, 0310U, 0311U, 0312U, 0316U, 0321U and 0322U
1/11/2022	<ul style="list-style-type: none"> Removed Codes from policy <ul style="list-style-type: none"> <u>Commercial</u>: 0054T, 0055T and 20985 <u>Medicare</u>: 0054T and 0055T
12/21/2021	<ul style="list-style-type: none"> Added new CPT Codes effective 1/01/2022: <p><u>Medicare</u>: 0672T, 0673T, 0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0687T, 0688T, 0689T, 0690T, 0691T, 0692T, 0693T, 0694T, 0695T, 0696T, 0697T, 0698T, 0700T, 0701T, 0702T, 0703T, 0704T, 0705T, 0706T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, 53451, 53452, 53453, 53454, 81560, 91113, Q4199, 0295U, 0303U, 0304U & 0305U</p> <p><u>Commercial</u>: 0672T, 0673T, 0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0687T, 0688T, 0689T, 0690T, 0691T, 0692T, 0693T, 0694T, 0695T, 0696T, 0697T, 0698T, 0700T, 0701T, 0702T, 0703T, 0704T, 0705T, 0706T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, 53451, 53452, 53453, 53454, 81560, 91113, C1833, Q4199, 0295U, 0303U, 0304U & 0305U</p> <i>Removed Deleted Codes Effective 1/01/2022</i>: 0355T, 0356T, 0376T, 0423T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0466T, 0467T, 0468T, 0548T, 0549T, 0550T & 0551T
10/22/2021	<ul style="list-style-type: none"> Removed 0505T from both Commercial and Medicare effective 8/7/2021
9/29/2021	<ul style="list-style-type: none"> Added new CPT Codes effective 10/01/2021: <p><u>Medicare</u>: 0018M, 0255U, 0256U, 0257U, 0259U, 0261U, 0263U, 0275U, 0279U, 0280U, 0281U, 0283U, 0284U, Q4251, Q4252 & Q4253</p> <p><u>Commercial</u>: 0018M, 0255U, 0256U, 0257U, 0258U, 0259U, 0261U, 0263U, 0275U, 0279U, 0280U, 0281U, 0283U, 0284U, Q4251, Q4252 & Q4253</p>
6/25/2021	<ul style="list-style-type: none"> Added new CPT Codes effective 7/01/2021: 0248U, 0249U, 0251U, 0640T, 0641T, 0642T, 0643T, 0644T, 0645T, 0646T, 0647T, 0648T, 0649T, 0651T, 0655T, 0656T, 0657T, 0658T, 0659T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 0660T, 0661T for both Commercial & Medicare

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DATE	REVISION
3/24/2021	<ul style="list-style-type: none"> Added new CPT Codes effective 4/1/2021; 0243U, 0247U, K1016, K1017 & K1020 for both Commercial & Medicare Removed deleted CPT Codes effective 4/01/2021; K1010, K1011 & K1012 from Commercial <p>Effective 5/1/2021:</p> <ul style="list-style-type: none"> Removed 0421T from Commercial and Medicare LOB Removed 0042T from Medicare LOB
03/02/2021	<ul style="list-style-type: none"> Removed CPT codes 37187, 37188 for Commercial LOB
12/31/2020	<ul style="list-style-type: none"> Added new CPT Codes effective 1/01/2021: 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0639T, 30468, 69705, 69706 & C9771 for both Commercial & Medicare Removed Deleted Codes: 0058T, 0085T, 0111T, 0126T, 0228T, 0229T, 0230T, 0231T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0396T, 0400T, 0401T, 0405T
10/2020	<ul style="list-style-type: none"> Added new CPT Codes effective 10/1/2020: 0014M, 0015M, 0206U, 0207U, 0210U, K1006, K1007 & K1009 for both Commercial & Medicare. Added new CPT Codes effective 10/1/2020: K1010, K1011 & K1012 Commercial <i>only</i>
07/2020	<ul style="list-style-type: none"> Removed CPT codes 0345T, 0483T, 0484T, 0543T & 0544T-Commercial only
02/2020	<ul style="list-style-type: none"> Added CPT codes 64625, 20560 & 20561 for both commercial & Medicare
11/2019	<ul style="list-style-type: none"> Title changed from Medical Necessity Guidelines for noncovered investigational services to Medical Necessity Guidelines: Experimental, Investigational or Unproven Services to coincide with definitional enhancements.
04/2019	<ul style="list-style-type: none"> New Policy. Effective date 1/1/2020