



# MASSACHUSETTS

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## Medical Policy

### Medical Technology Assessment Investigational (Non-Covered) Services List

The services listed below are considered investigational (non-covered) because they do not meet the Blue Cross Blue Shield Medical Technology Assessment Guidelines. The five criteria that make up the guidelines appear on Medical Policy #350:

**Medical Policy #400, Medical Technology Assessment Investigational (Non-Covered) Services List includes entries only for non-covered services that do not have an associated BCBSMA medical policy.** The most accurate way of determining whether a service is covered or not covered is to perform a keyword or a procedure code search on our medical policy page online.

[https://www.bluecrossma.com/common/en\\_US/medical\\_policies/medcat.htm](https://www.bluecrossma.com/common/en_US/medical_policies/medcat.htm)

All coverage is based on a member’s plan documents (subscriber certificate, evidence of coverage). If there is a difference between the coverage in this policy and a member’s documents, the plan documents will be used to determine coverage.

#### Category III CPT Codes

**ALL** category III CPT Codes are **non-covered** unless they are explicitly described as “medically necessary” in a BCBSMA medical policy. To search for a particular code, click the following link: [https://www.bluecrossma.com/common/en\\_US/medical\\_policies/medcat.htm](https://www.bluecrossma.com/common/en_US/medical_policies/medcat.htm) and type the code in the search box on the page. Consult the coverage statement of any associated medical policy.

***If there is no associated policy, the code is non-covered.***

#### Table of Contents

Table 1: Non-Covered CPT Codes and Code Descriptions .....	1
Table 2: Non-Covered Procedure Narratives .....	5
Table 3: Non-Covered HCPCS Codes and Code Descriptions.....	6

#### Table 1: Non-Covered CPT Codes and Code Descriptions

The following CPT codes and procedure narratives are investigational (not covered) for Commercial Products and for Medicare HMO Blue and Medicare PPO Blue, because they do not meet our Medical Technology Assessment Guidelines [350](#).

CPT codes	Code Description
30210	Displacement therapy (Proetz type)

33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	Percutaneous transluminal mechanical thrombectomy, vein(s) including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
37790	Penile venous occlusive procedure
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy - <b>not covered for commercial products only</b>
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed - <b>not covered for commercial products only</b>
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in the same vascular territory (List separately in addition to code for primary procedure)
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (list separately in addition to code for primary procedure)
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording - <b>not covered for commercial products only</b>
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation - <b>not covered for commercial products only</b>
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation- not covered for commercial products only
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	Intraoperative radiation treatment delivery, electrons, single treatment session
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
82610	Cystatin C
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative
82777	Galectin-3
83631	Lactoferrin, fecal; quantitative

83876	Myeloperoxidase (MPO)
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)
84145	Procalcitonin (PCT)
84449	Transcortin (cortisol binding globulin)
86001	Allergen specific IgG quantitative or semiquantitative, each allergen
86486	Skin test; unlisted antigen, each
87801	Infectious agent detection by nucleic acid (DNA and RNA), multiple organisms, amplified probe(S) technique - <b>not covered for commercial products only</b>
91132	Electrogastrography, diagnostic, transcutaneous
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
92520	Laryngeal function studies - <b>not covered for commercial products only</b>
92572	Staggered spondaic word test - <b>not covered for commercial products only</b>
92576	Synthetic sentence identification test
93998	Unlisted noninvasive vascular diagnostic study
95060	Ophthalmic mucous membrane tests - <b>not covered for commercial products only</b>
95065	Direct nasal mucous membrane test - <b>not covered for commercial products only</b>
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps
0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites

0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO <sub>2</sub> ], oxyhemoglobin [ctHbO <sub>2</sub> ], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations

## Table 2: Non-Covered Procedure Narratives

The following procedure narratives are investigational (not covered) for Commercial Products and for Medicare HMO Blue and Medicare PPO Blue, because they do not meet our Medical Technology Assessment Guidelines [350](#).

	Description
1.	Awise PG: A Proprietary Test Measuring Methotrexate (MTX) Polyglutamates, the Active Metabolites of Methotrexate - <b>not covered for commercial products only</b>
2.	Bee Venom Therapy for Treatment of Patients with Multiple Sclerosis
3.	Biologic Vertebral Reconstruction (OptiPlasty including OptiMesh®): Variant of Percutaneous Kyphoplasty, a Minimally Invasive Procedure to Treat Spinal Compression Fractures
4.	Bispectral Index (BIS®) Monitoring for Anesthesia Awareness
5.	Bone Lesion Biomechanical Analysis
6.	Brain Electrical Activity Mapping (BEAM)
7.	Carotid Body Resection (glomectomy) – (without tumor)
8.	Chemical aversion to Therapy for the Treatment of Alcoholism – <b>not covered for commercial products only</b>
9.	Cooling caps including but not limited to DigniCap® for preventing hair loss in patients undergoing chemotherapy
10.	Cognitive Enhancement Therapy (CET)
11.	ClonoSEQ® Minimal Residual Disease Test
12.	Craniosacral Therapy
13.	Cryosurgical Ablation of Presacral Tumors
14.	Cytotoxic Food Testing
15.	Derma Pal
16.	DecisionDx Melanoma Test
17.	Diagnostic Ultrasound of Sinuses
18.	Digital Motion X-ray
19.	Disposable Sleep Apnea Screener (Accutest®)
20.	Dry Hydromassage Therapy
21.	Echocardiogram, PORTABLE; Phonocardiogram
22.	Endometrial Function Test (EFT)
23.	Food Immune Complex Assay
24.	ForeCYTE Breast Health Test
25.	Gene Expression Profiling for Uveal Melanoma
26.	Healing-Response Treatment for ACL Injuries
27.	Hereditary Spastic Paraplegia Evaluation
28.	High Intensity Focused Ultrasound (HIFU) for the Treatment of Atrial Fibrillation
29.	Home Telemetry
30.	Home Breath Test Kit
31.	Horizontal Therapy
32.	Hyperthermic Isolated Liver Perfusion
33.	H-wave Electrical Stimulation – <b>based on archived MPRM</b>
34.	InformTx™ Therapeutic Drug Monitoring and Antibody Testing
35.	IgG Allergy Testing
36.	IgA Allergy Testing
37.	Immunoaugmentative Therapy
38.	Implantation of an Electric Urinary Incontinence Device
39.	Injection of Hydrocele with Sclerosing Agent
40.	Intravascular Doppler Technique for Monitoring Renal Venous Blood Flow
41.	Kymriah (tisagenlecleucel) – see medical policy #455 Adoptive Immunotherapy
42.	Liver Iron Measurement by MRI (R2 [transverse relaxation rate] MRI; Ferriscan)
43.	Microsurgical Lymphaticovenous Anastomosis for Treatment of Lymphedema

44.	MxA Assay (neutralizing antibodies to IFN $\beta$ )
45.	NabFeron (neutralizing antibodies to IFN $\beta$ )
46.	Non-invasive Optimal Vessel Analysis (NOVA)
47.	OrthoCor™ Active Knee System™
48.	PainShield MD™
49.	Pancreatic Polypeptide Test
50.	Parathyroid Cryogenic Preservation and Reimplantation following Cryopreservation
51.	Percutaneous Ablation of a Mass with Ethanol Injection
52.	Percutaneous Ablation of Hepatic Tumors with Ethanol Injection
53.	Percutaneous Ablation of Osteoma with Ethanol Injection
54.	Percutaneous Ablation of Paraspinal Hemangiomas with Ethanol Injection
55.	Percutaneous Ablation of Renal Cyst with Ethanol Injection
56.	Provocative Food Testing – Based on NCD 110.11
57.	Pulsed Radiofrequency Treatment of Severe Radicular Pain
58.	Radiofrequency Ablation of the Sphenopalatine Ganglia for the Treatment of Migraine
59.	Radiofrequency Ablation of Tumors of the Kidney
60.	Radiofrequency Treatment of Suprascapular Neuralgia
61.	Repair of Bronchial Fistula with Fibrin Glue
62.	Rolling Thermal Scan
63.	Roux-en-Y Pancreaticojejunostomy
64.	Salitron System for Sjorgren's Syndrome
65.	Salivary Cortisol Test
66.	Secretin Hormone for Therapeutic Use: (i.e. other specified early childhood psychoses and autism)
67.	SEDASYS® System for Use by Physician/Nurse Teams to Administer Minimal-to-Moderate Propofol Sedation
68.	ShuntCheck™ Test
69.	SonoCine Adjunctive Breast Ultrasound System Model 100
70.	SpaceOAR System™ - <b>not covered for commercial products only</b>
71.	Thoracic-Lumbo-Sacral Orthosis with Pneumatics – <b>based on archived MPRM</b>
72.	Trager Approach: Innovative Approach to Movement Education Utilizing Gentle Non-intrusive Natural Movements
73.	Transcutaneous Electrical Stimulation of the Ear
74.	Transoral Gastroplasty (TOGA®) System for Gastric Stapling
75.	Treatment of Chronic Cerebrospinal Venous Insufficiency (Also known as Liberation Treatment)
76.	Vaginal Cylinder Application of Electronic Brachytherapy
77.	VerifyNow System for Anti-Platelet Therapy: VerifyNow Aspirin Test, VerifyNow P2Y12 Test and VerifyNow IIb/IIIa Test
78.	Video-assisted Bilateral Pulmonary Vein Isolation and Left Atrial Appendage Exclusion for Atrial Fibrillation
79.	VisionScope® Endoscopic Camera System
80.	ViziLite Oral Identification System
81.	WheatZoomer Test
82.	Yescarta™ (axicabtagene ciloleucel), immunotherapy called CAR T-cell therapy for treatment of adult patients with relapsed or refractory large B-cell lymphoma – <b>covered effective November 7, 2017. For medically necessary indications, see policy #455 Adoptive Immunotherapy including CAR T-Cell Therapy.</b>

**Table 3: Non-Covered HCPCS Codes and Code Descriptions**

The following HCPCS codes are investigational (not covered) for Commercial Products and for Medicare HMO Blue and Medicare PPO Blue, because they do not meet our Medical Technology Assessment Guidelines [350](#).

<b>HCPCS codes</b>	<b>Code Description</b>
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each
A4600	Sleeve for intermittent limb compression device, replacement only, each
A7047	Oral interface used with respiratory suction pump, each
A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries
A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed
G0726	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial- <b>not covered for commercial products only</b>
E0765	FDA-approved nerve stimulator with replaceable batteries for treatment of nausea and vomiting
J3570	Laetrile, amygdalin, vitamin B-17
M0075	Cellular therapy
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)
S9056	Coma stimulation, per diem – <b>based on archived MPRM</b>
S9117	Back school, per visit – <b>based on archived MPRM</b>
Y6240	FDA Investigational Devices
Q3014	Tele-health originating site facility fee – <b>not covered for commercial products only</b>
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml

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