

[Home](#)

[Commercial](#)

[Medicare
Advantage](#)

[MAPPO Host](#)

[Contact Us](#)

[Policy Bulletins](#)

[Active Policy
Notifications](#)

[Policy Types
and Descriptions](#)

[Services Requiring
Precertification](#)

[Clinical Relationship
Logic](#)

[Coverage Guidelines](#)

- [Select Cardiology
Guidelines](#)
- [Diagnostic
Radiology
Guidelines](#)
- [Musculoskeletal
Guidelines](#)
- [Radiation Therapy
Guidelines](#)
- [Sleep Disorder
Management
Guidelines](#)

[News &](#)

[Announcements](#)

[Site Activity](#)

[Contact Us](#)

Notification

Experimental/Investigational Services

Notification Issue Date: 10/29/2019

Policy Attachment

Attachment to Policy # [MA00.005t](#)

Attachment: A

Policy #: [MA00.005t](#)

Description: Experimental/Investigational Services Represented by a Specific Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) Code.

Title: Experimental/Investigational Services

Inclusion of a code in this table does not imply reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

The codes listed below are updated on a regular basis, in accordance with nationally accepted coding guidelines. Therefore, this policy applies to any and all future applicable coding changes, revisions, or updates.

In order to ensure optimal reimbursement, all health care services, devices, and pharmaceuticals should be reported using the billing codes and modifiers that most accurately represent the services rendered, unless otherwise directed by the Company.

The Coding Table lists any CPT, ICD-9, ICD-10, and HCPCS billing codes related only to the specific policy in which they appear.

EXPERIMENTAL/INVESTIGATIONAL SERVICES REPRESENTED BY A SPECIFIC CPT/HCPCS CODE

This list is not all-inclusive and may not include services that were identified after the date of the policy. These services will be subject to review under the policy. Additions and deletions will be made as changes occur or if the experimental/investigational status of a service changes. The following list does not include those services that are sometimes covered based on criteria. More specific medical policies may be applicable.

CPT CODES

Code	Effective Date of E/I Coverage Position
19105	01/01/2007
20983	01/01/2015

22586	01/01/2013
31647	01/01/2020
31651	01/01/2020
33289	01/01/2019
53855	01/01/2010
53860	01/01/2011
62280	04/01/2018
62281	04/01/2018
62282	04/01/2018
62291	01/01/2017
62292	04/01/2018
64405	10/01/2015
64632	01/01/2019
64640	01/01/2019
64912	01/01/2018
64913	01/01/2018
65785	01/01/2016
77605	01/01/2017
82777	01/01/2013
83698	04/10/2015
83722	01/01/2019
86305	01/01/2010
86357	11/01/2016
86677	11/01/2016
88375	01/01/2013
90875	01/01/1997
90876	01/01/1997
91112	01/01/2014
91132	01/01/2001
91133	01/01/2001
92145	01/01/2015
92548	07/18/2017
93050	01/01/2016
93264	01/01/2019
93590	01/01/2017
93591	01/01/2017
93592	01/01/2017
93895	01/01/2015
96931	01/01/2016
96932	01/01/2016
96933	01/01/2016
96934	01/01/2016
96935	01/01/2016
96936	01/01/2016

CATEGORY I MULTIANALYTE ASSAYS AND CATEGORY III CPT CODES

Code	Effective Date of E/ Coverage Position
0042T	01/01/2015
0085T	01/01/2015
0111T	07/01/2005
0126T	01/01/2006
0184T	01/01/2015
0198T	01/01/2009
0202T	07/01/2009
0205T	01/01/2010
0206T	01/01/2010

0206T	01/01/2010
0207T	01/01/2010
0208T	01/01/2015
0209T	01/01/2015
0210T	01/01/2015
0211T	01/01/2015
0212T	01/01/2015
0219T	01/01/2010
0220T	01/01/2010
0221T	01/01/2010
0222T	01/01/2010
0254T	01/01/2011
0263T	07/01/2011
0264T	07/01/2011
0265T	07/01/2011
0266T	07/01/2011
0267T	07/01/2011
0268T	07/01/2011
0269T	07/01/2011
0270T	07/01/2011
0271T	07/01/2011
0272T	07/01/2011
0273T	07/01/2011
0278T	01/01/2012
0290T	01/01/2012
0329T	07/01/2013
0330T	07/01/2013
0331T	07/01/2013
0332T	07/01/2013
0333T	07/01/2018
0335T	01/01/2014
0338T	01/01/2014
0339T	01/01/2014
0341T	01/01/2014
0347T	07/01/2014
0348T	07/01/2014
0349T	07/01/2014
0350T	07/01/2014
0351T	07/01/2014
0352T	07/01/2014
0353T	07/01/2014
0354T	07/01/2014
0355T	07/01/2014
0356T	07/01/2014
0358T	07/01/2014
0362T	01/01/2015
0373T	01/01/2015
0377T	01/01/2015
0378T	01/01/2015
0379T	01/01/2015
0380T	01/01/2015
0381T	01/01/2015
0382T	01/01/2015
0383T	01/01/2015
0384T	01/01/2015
0385T	01/01/2015
0386T	01/01/2015
0388T	01/01/2015

03991	01/01/2016
0400T	01/01/2016
0401T	01/01/2016
0403T	01/01/2016
0404T	01/01/2016
0405T	01/01/2016
0408T	01/01/2016
0409T	01/01/2016
0410T	01/1/2016
0411T	01/01/2016
0412T	01/01/2016
0413T	01/01/2016
0414T	01/01/2016
0415T	01/01/2016
0416T	01/01/2016
0417T	01/01/2016
0418T	01/01/2016
0419T	01/01/2016
0420T	01/01/2016
0422T	01/01/2016
0423T	01/01/2016
0424T	01/01/2016
0425T	01/01/2016
0426T	01/01/2016
0427T	01/01/2016
0428T	01/01/2016
0429T	01/01/2016
0430T	01/01/2016
0431T	01/01/2016
0432T	01/01/2016
0433T	01/01/2016
0434T	01/01/2016
0435T	01/01/2016
0436T	01/01/2016
0437T	07/01/2016
0439T	10/01/2016
0440T	07/01/2016
0441T	07/01/2016
0442T	07/01/2016
0443T	07/01/2016
0444T	07/01/2016
0445T	07/01/2016
0446T	01/01/2017
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0457T	01/01/2017
0458T	01/01/2017
0459T	01/01/2017
0460T	01/01/2017
0461T	01/01/2017
0462T	01/01/2017

0463T	01/01/2017
0464T	01/01/2017
0465T	01/01/2017
0470T	07/01/2017
0471T	07/01/2017
0472T	07/01/2017
0473T	07/01/2017
0475T	07/01/2017
0476T	07/01/2017
0477T	07/01/2017
0478T	07/01/2017
0483T	01/01/2018
0484T	01/01/2018
0485T	01/01/2018
0486T	01/01/2018
0487T	01/01/2018
0489T	01/01/2018
0490T	01/01/2018
0491T	01/01/2018
0492T	01/01/2018
0493T	01/01/2018
0499T	01/01/2018
0506T	07/01/2018
0507T	07/01/2018
0511T	01/01/2019
0512T	01/01/2019
0513T	01/01/2019
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0515T	01/01/2019
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0517T	01/01/2019
0519T	01/01/2019
0520T	01/01/2019
0521T	01/01/2019
0522T	01/01/2019
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0535T	01/01/2019
0536T	01/01/2019
0541T	01/01/2019
0542T	01/01/2019
0543T	07/01/2019
0544T	07/01/2019
0545T	07/01/2019
0546T	07/01/2019
0547T	07/01/2019
0548T	07/01/2019
0549T	07/01/2019
0553T	07/01/2019
0554T	07/01/2019
0555T	07/01/2019

0556T	07/01/2019
0557T	07/01/2019
0558T	07/01/2019
0559T	07/01/2019
0560T	07/01/2019
0561T	07/01/2019
0562T	07/01/2019
0024U	01/01/2018
0025U	01/01/2018
0043U	04/01/2018
0044U	04/01/2018
0052U	07/01/2018
0061U	07/01/2018
0062U	10/01/2018
0063U	10/01/2018
0066U	10/01/2018
0083U	01/01/2019
0091U	07/01/2019
0092U	07/01/2019
0095U	07/01/2019
0105U	10/01/2019
0106U	10/01/2019
0107U	10/01/2019
0108U	10/01/2019
0119U	10/01/2019
0121U	10/01/2019
0122U	10/01/2019
0123U	10/01/2019
0124U	10/01/2019
0125U	10/01/2019
0126U	10/01/2019
0127U	10/01/2019
0128U	10/01/2019

HCPCS CODES

Code	NARRATIVE	Effective Date of E/I Coverage Position
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	01/01/2019
C1841	Retinal Prosthesis, includes all internal and external components	10/01/2013
C1886	Catheter extravascular tissue ablation, any modality, (insertable)	01/01/2012
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	01/01/2015
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	07/01/2017
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	04/01/2018
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 medications used for this procedure	01/01/2019

	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	01/01/2019
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)	01/01/2019
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)	07/01/2019
E0487	Spirometer, electronic, includes all accessories	01/01/2009
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	01/01/2006
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	04/01/2010
J9285	Injection, olatumab, 10 mg	10/01/2019
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	01/01/2013
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	01/01/2019
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	01/01/2019
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	01/01/2019
M0076	Prolotherapy	01/01/1986
S2117	Subtalar Arthroereisis	07/01/2010
S3650	Saliva test, hormone level; during menopause	01/01/2000
S3652	Saliva test, hormone level; to assess preterm risk	01/01/2000
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-Fluorouracil	01/01/2012
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	01/01/2001
S9988	Services provided as part of a Phase I clinical trial	04/01/2004
S9990	Services provided as part of a Phase II clinical trial	01/01/2000
S9991	Services provided as part of a Phase III clinical trial	01/01/2000
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	01/01/2000

S9996	Meals for clinical trial participant and one caregiver/companion	01/01/2000
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Version Effective Date: 01/27/2020
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Version Reissued Date: N/A

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