



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

New/Experimental Technology Procedure/Services

Policy Number: PG0043
Last Review: 07/26/2018

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional
 Facility

DESCRIPTION

CPT Category III codes represent temporary codes for new and emerging technologies. They have been created to allow for data collection and utilization tracking for new procedures or services. Category III codes are different from Category I CPT codes in that they identify services that may not be performed by many health care professionals across the country, some may not have FDA approval, and some services/procedure have no proven clinical efficacy.

The codes are intended to be temporary and will be retired if the procedure or service is not accepted as a Category I code within five years. In some instances Category III codes may replace temporary local codes (HCPCS Level III) assigned by carriers and intermediaries to describe new procedures or services. If a Category III code is available it must be used instead of the unlisted Category I code. The use of the unlisted code does not offer the opportunity for collection of specific data. The American Medical Association (AMA) releases new codes twice a year in January and July.

POLICY

Paramount does not cover investigational or experimental medical or surgical procedures that are not medically necessary and have not been strongly supported in research and for which there is a safe and medically accepted alternative available.

Some procedures require prior authorization. A provider must refer to the Paramount prior authorization list and specific medical policy in reference to specific procedures for coverage determinations (this list may not be all-inclusive):

- PG0004 Extracorporeal Shock Wave (ESWT) (0101T, 0102T, 0299T, 0300T)
- PG0026 Minimally Invasive Treatment of Back and Neck Pain (0274T, 0275T)
- PG0027 Artificial Intervertebral Disc Replacement (0095T, 0098T, 0163T, 0164T, 0165T, 0375T)
- PG0038 Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty (0200T, 0201T)
- PG0039 Cardiac Event Monitors and Detection (0295T, 0296T, 0297T, 0298T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T)
- PG0070 Ventricular Assist Devices (0451T-0463T)
- PG0108 Transcatheter Valve Replacement (0262T, 0345T, 0483T, 0484T)
- PG0128 Computer Assisted Surgery (0054T, 0055T)
- PG0174 Intrastromal Corneal Ring Segments (INTACS) (0099T)
- PG0177 Continuous Blood Glucose Monitoring Services (0446T-0448T)
- PG0198 Actigraphy and Accelerometry (0381T, 0382T, 0383T, 0384T, 0385T, 0386T)

- PG0237 Vagus Nerve Stimulation (0312T, 0313T, 0314T, 0315T, 0316T, 0317T)
- PG0252 Ultrasound Transient Elastography (0346T)
- PG0260 Injectable Bulking Agents for Fecal Incontinence (0377T)
- PG0293 Platelet Rich Plasma (0232T)
- PG0294 Transcranial Magnetic Stimulation (TMS) (0310T)
- PG0297 Cerebral Perfusion Analysis (0042T)
- PG0309 Computer-Aided Detection (CAD) with Mammography (0159T,
- PG0315 Electronic Brachytherapy (0182T, 0394T, 0395T)
- PG0319 Quantitative Pupillometry (0341T)
- PG0321 Subtalar Arthroeresis (0335T)
- PG0327 Glaucoma Treatment with Aqueous Drainage Device (0191T, 0253T, 0356T, 0376T, 0444T, 0445T, 0449T, 0450T, 0474T)
- PG0329 Transanal Hemorrhoidal Dearterialization (THD) (0249T)
- PG0335 Applied Behavioral Analysis (ABA) (0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T)
- PG0344 Radiofrequency Ablation of Uterine Fibroids (0071T, 0072T, 0336T, 0404T)
- PG0351 The Implantable Miniature Telescope (IMT) (0308T)
- PG0354 Facet Joint Injections (0213T, 0214T, 0215T, 0216T, 0217T, 0218T)
- PG0386 Fractional Flow Reserve from Computed Tomography (FFRCT) (0501T-0504T)
- PG0395 Leadless Cardiac Pacemakers (0387T-0391T)
- PG0418 Retinal Prosthesis (0100T, 0472T, 0473T)
- PG0440 Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor (0398T)

Refer to CODING/BILLING INFORMATION below for coverage determination.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

All new Category III Codes, unless specifically approved for payment by Paramount and listed as approved in this medical policy, are non-covered. In most cases, these codes have been created to track new, unproven therapies and tests. If a provider believes that a service described by a Category III code is medically reasonable and necessary, the provider should submit the peer-reviewed medical literature, supporting the safety and effectiveness of the service for Medical Director Review.

Any coverage of specifically indicated covered T codes is restricted to the FDA-approved indication only.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODE	DESCRIPTION	MEDICAL POLICY/ COVERAGE
0019T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy (Deleted code effective 12/31/16)	PG0004 Extracorporeal Shock Wave (ESWT)
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	PG0297 Cerebral Perfusion Analysis
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy (Deleted code effective 12/31/17)	COVERED
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart) (Deleted code effective 12/31/17)	COVERED

0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit (Deleted code effective 12/31/17)	COVERED
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	PG0128 Computer Assisted Surgery
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	PG0128 Computer Assisted Surgery
0058T	Cryopreservation; reproductive tissue, ovarian	NON-COVERED
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	PG0344 Uterine Fibroid Surgical Treatments
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	PG0344 Uterine Fibroid Surgical Treatments
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	COVERED
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	COVERED
0085T	Breath test for heart transplant rejection	NON-COVERED
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	PG0027 Artificial Intervertebral Disc Replacement
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	PG0027 Artificial Intervertebral Disc Replacement
0099T	Implantation of intrastromal corneal ring segments (Deleted code effective 12/31/2015)	PG0174 Intrastromal Corneal Ring Segments (INTACS)
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	PG0418 Retinal Prosthesis
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	PG0004 Extracorporeal Shock Wave (ESWT)
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	PG0004 Extracorporeal Shock Wave (ESWT)
0103T	Holotranscobalamin, quantitative (Deleted code effective 12/31/2015)	NON-COVERED
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	NON-COVERED
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	NON-COVERED
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	NON-COVERED
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	NON-COVERED

0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	NON-COVERED
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	NON-COVERED
0123T	Fistulization of sclera for glaucoma, through ciliary body (Deleted code effective 12/31/2015)	NON-COVERED
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	NON-COVERED
0159T	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)	PG0309 Computer-Aided Detection (CAD) with Mammography
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	PG0027 Artificial Intervertebral Disc Replacement
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	PG0027 Artificial Intervertebral Disc Replacement
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	PG0027 Artificial Intervertebral Disc Replacement
0169T	Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s) (Deleted code effective 12/31/16)	NON-COVERED
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level (Deleted code effective 12/31/16)	PG0213 Interspinous Decompression
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure) (Deleted code effective 12/31/16)	PG0213 Interspinous Decompression
0174T	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)	NON-COVERED
0175T	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	NON-COVERED
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report (Deleted code effective 12/31/17)	NON-COVERED
0179T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; tracing and graphics only, without interpretation and report (Deleted code effective 12/31/17)	NON-COVERED
0180T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only (Deleted code effective 12/31/17)	NON-COVERED

0182T	High dose rate electronic brachytherapy, per fraction (Deleted code effective 12/31/2015)	PG0315 Electronic Brachytherapy
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	COVERED
0188T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	NON-COVERED
0189T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	NON-COVERED
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	NON-COVERED
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	NON-COVERED
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	NON-COVERED
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	NON-COVERED
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	PG0038 Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	PG0038 Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	NON-COVERED
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)	NON-COVERED
0206T	Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including report	NON-COVERED
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	NON-COVERED
0208T	Pure tone audiometry (threshold), automated; air only	NON-COVERED
0209T	Pure tone audiometry (threshold), automated; air and bone	NON-COVERED
0210T	Speech audiometry threshold, automated;	NON-COVERED
0211T	Speech audiometry threshold, automated; with speech recognition	NON-COVERED
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	NON-COVERED

0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	PG0354 Facet Joint Injections
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level	PG0354 Facet Joint Injections
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	PG0354 Facet Joint Injections
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	PG0354 Facet Joint Injections
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	PG0354 Facet Joint Injections
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	PG0354 Facet Joint Injections
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	NON-COVERED
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	NON-COVERED
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	NON-COVERED
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	NON-COVERED
0223T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interpretation and report (Deleted code effective 12/31/2015)	NON-COVERED
0224T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter, AV or VV delays only, with interpretation and report (Deleted code effective 12/31/2015)	NON-COVERED
0225T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter, AV and VV delays, with interpretation and report (Deleted code effective 12/31/2015)	NON-COVERED
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	NON-COVERED
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	NON-COVERED
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	NON-COVERED

0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	NON-COVERED
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	PG0293 Platelet Rich Plasma
0233T	Skin advanced glycation endproducts (AGE) measurement by multi-wavelength fluorescent spectroscopy (Deleted code effective 12/31/2015)	NON-COVERED
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	NON-COVERED
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	NON-COVERED
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	NON-COVERED
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	NON-COVERED
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	NON-COVERED
0240T	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with high resolution esophageal pressure topography (Deleted code effective 12/31/2015)	NON-COVERED
0241T	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during high resolution esophageal pressure topography study (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure) (Deleted code effective 12/31/2015)	NON-COVERED
0243T	Intermittent measurement of wheeze rate for bronchodilator or bronchial-challenge diagnostic evaluation(s), with interpretation and report (Deleted code effective 12/31/2015)	NON-COVERED
0244T	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 interpretation and report (Deleted code effective 12/31/2015)	NON-COVERED
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	PG0329 Transanal Hemorrhoidal Dearterialization (THD)
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral	NON-COVERED
0255T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation (Deleted code effective 12/31/17)	NON-COVERED

0262T	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach (Deleted code effective 12/31/2015)	PG0108 Transcatheter Valve Replacement
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	NON-COVERED
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	NON-COVERED
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	NON-COVERED
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	NON-COVERED
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	NON-COVERED
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	NON-COVERED
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	NON-COVERED
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	NON-COVERED
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	NON-COVERED
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)	NON-COVERED
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	NON-COVERED
0274T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	PG0026 Minimally Invasive Treatment of Back and Neck Pain

0275T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	PG0026 Minimally Invasive Treatment of Back and Neck Pain
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	NON-COVERED
0281T	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation (Deleted code effective 12/31/16)	PG0366 Percutaneous Left Atrial Appendage Closure (LAAC)
0282T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period (Deleted code effective 12/31/16)	NON-COVERED
0283T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator (Deleted code effective 12/31/16)	NON-COVERED
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed (Deleted code effective 12/31/16)	NON-COVERED
0285T	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed (Deleted code effective 12/31/16)	NON-COVERED
0286T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement) (Deleted code effective 12/31/16)	NON-COVERED
0287T	Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency (Deleted code effective 12/31/16)	NON-COVERED
0288T	Anoscopy, with delivery of thermal energy to the muscle of the anal canal (eg, for fecal incontinence) (Deleted code effective 12/31/16)	PG0057 Transanal Radiofrequency Therapy
0289T	Corneal incisions in the donor cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure) (Deleted code effective 12/31/16)	NON-COVERED
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	NON-COVERED
0291T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; initial vessel (List separately in addition to primary procedure) (Deleted code effective 12/31/16)	NON-COVERED
0292T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; each additional vessel (List separately in addition to primary procedure) (Deleted code effective 12/31/16)	NON-COVERED

0293T	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, radiological supervision and interpretation, and associated injection procedures, when performed (Deleted code effective 12/31/17)	NON-COVERED
0294T	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary procedure) (Deleted code effective 12/31/17)	NON-COVERED
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	PG0039 Cardiac Event Monitors and Detection
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	PG0039 Cardiac Event Monitors and Detection
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report	PG0039 Cardiac Event Monitors and Detection
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation	PG0039 Cardiac Event Monitors and Detection
0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound (Deleted code effective 12/31/17)	PG0004 Extracorporeal Shock Wave (ESWT)
0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure) (Deleted code effective 12/31/17)	PG0004 Extracorporeal Shock Wave (ESWT)
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance (Deleted code effective 12/31/17)	NON-COVERED
0302T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device and electrode) (Deleted code effective 12/31/17)	PG0039 Cardiac Event Monitors and Detection
0303T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; electrode only (Deleted code effective 12/31/17)	PG0039 Cardiac Event Monitors and Detection
0304T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; device only (Deleted code effective 12/31/17)	PG0039 Cardiac Event Monitors and Detection
0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report (Deleted code effective 12/31/17)	PG0039 Cardiac Event Monitors and Detection
0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report (Deleted code effective 12/31/17)	PG0039 Cardiac Event Monitors and Detection
0307T	Removal of intracardiac ischemia (Deleted code effective 12/31/17)	PG0039 Cardiac Event Monitors and Detection

0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	PG0351 The Implantable Miniature Telescope (IMT)
0309T	Arthrodesis, pre-sacral interbody technique, w/ disc space prep, discectomy (Deleted code effective 12/31/17)	NON-COVERED
0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity (Deleted code effective 12/31/17)	PG0294 Transcranial Magnetic Stimulation (TMS)
0311T	Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report (Deleted code effective 12/31/2015)	NON-COVERED
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	PG0237 Vagus Nerve Stimulation
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	PG0237 Vagus Nerve Stimulation
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	PG0237 Vagus Nerve Stimulation
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	PG0237 Vagus Nerve Stimulation
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	PG0237 Vagus Nerve Stimulation
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	PG0237 Vagus Nerve Stimulation
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	NON-COVERED
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	NON-COVERED
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	NON-COVERED
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	NON-COVERED
0333T	Visual evoked potential, screening of visual acuity, automated, with report	NON-COVERED
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	PG0321 Subtalar Arthroeresis
0336T	Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency (Deleted code effective 12/31/16)	PG0344 Radiofrequency Ablation of Uterine Fibroids
0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	NON-COVERED
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	NON-COVERED
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation,	NON-COVERED

	including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance (Deleted code effective 12/31/17)	NON-COVERED
0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral	PG0319 Quantitative Pupillometry
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	NON-COVERED
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	PG0108 Transcatheter Valve Replacement
0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)	PG0252 Ultrasound Transient Elastography
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	NON-COVERED
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	NON-COVERED
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	NON-COVERED
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	NON-COVERED
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	NON-COVERED
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	NON-COVERED
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	NON-COVERED
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	NON-COVERED
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	NON-COVERED
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0357T	Cryopreservation; immature oocyte(s)	NON-COVERED
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	NON-COVERED
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report	PG0335 Applied Behavioral Analysis (ABA)
0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient	PG0335 Applied Behavioral Analysis (ABA)
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30	PG0335 Applied Behavioral Analysis (ABA)

	minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient	PG0335 Applied Behavioral Analysis (ABA)
0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)	PG0335 Applied Behavioral Analysis (ABA)
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	PG0335 Applied Behavioral Analysis (ABA)
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	PG0335 Applied Behavioral Analysis (ABA)
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	PG0335 Applied Behavioral Analysis (ABA)
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	PG0335 Applied Behavioral Analysis (ABA)
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time	PG0335 Applied Behavioral Analysis (ABA)
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	PG0335 Applied Behavioral Analysis (ABA)
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	PG0335 Applied Behavioral Analysis (ABA)
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	PG0335 Applied Behavioral Analysis (ABA)
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	PG0335 Applied Behavioral Analysis (ABA)
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient	PG0335 Applied Behavioral Analysis (ABA)
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)	PG0335 Applied Behavioral Analysis (ABA)
0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels	PG0027 Artificial Intervertebral Disc Replacement

0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	PG0260 Injectable Bulking Agents for Fecal Incontinence
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	NON-COVERED
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	NON-COVERED
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	NON-COVERED
0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	PG0198 Actigraphy and Accelerometry
0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	PG0198 Actigraphy and Accelerometry
0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	PG0198 Actigraphy and Accelerometry
0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	PG0198 Actigraphy and Accelerometry
0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	PG0198 Actigraphy and Accelerometry
0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	PG0198 Actigraphy and Accelerometry
0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	PG0395 Leadless Cardiac Pacemakers
0388T	Transcatheter removal of permanent leadless pacemaker, ventricular	PG0395 Leadless Cardiac Pacemakers

0389T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system	PG0395 Leadless Cardiac Pacemakers
0390T	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system	PG0395 Leadless Cardiac Pacemakers
0391T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system	PG0395 Leadless Cardiac Pacemakers
0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band) (Deleted code effective 12/31/16)	PG0166 Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD)
0393T	Removal of esophageal sphincter augmentation device (Deleted code effective 12/31/16)	PG0166 Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD)
0394T	High-dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed. (New code effective 01/01/2016)	PG0315 Electronic Brachytherapy
0395T	High-dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed. (New code effective 01/01/2016)	PG0315 Electronic Brachytherapy
0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure) (New code effective 01/01/2016)	NON-COVERED
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure) (New code effective 01/01/2016)	NON-COVERED
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed (New code effective 01/01/2016)	PG0440 Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor
0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (New code effective 01/01/2016)	NON-COVERED
0400T	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 (New code effective 01/01/2016)	NON-COVERED
0401T	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 (New code effective 01/01/2016)	NON-COVERED
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed) (New code effective 01/01/2016)	NON-COVERED
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day (New code effective 01/01/2016)	NON-COVERED
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency (New code effective 01/01/2016)	PG0344 Radiofrequency Ablation of Uterine Fibroids

0405T	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time (New code effective 01/01/2016)	NON-COVERED
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant (New code effective 01/01/2016)	NON-COVERED
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement (New code effective 01/01/2016)	NON-COVERED
0408T	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 (New code effective 01/01/2016)	NON-COVERED
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only (New code effective 01/01/2016)	NON-COVERED
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only (New code effective 01/01/2016)	NON-COVERED
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only (New code effective 01/01/2016)	NON-COVERED
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only (New code effective 01/01/2016)	NON-COVERED
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular) (New code effective 01/01/2016)	NON-COVERED
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only (New code effective 01/01/2016)	NON-COVERED
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead) (New code effective 01/01/2016)	NON-COVERED
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator (New code effective 01/01/2016)	NON-COVERED
0417T	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 (New code effective 01/01/2016)	NON-COVERED
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system (New code effective 01/01/2016)	NON-COVERED
0419T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata (New code effective 01/01/2016)	NON-COVERED
0420T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata (New code effective 01/01/2016)	NON-COVERED

0421T	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) (New code effective 01/01/2016)	NON-COVERED
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral (New code effective 01/01/2016)	NON-COVERED
0423T	Secretory type II phospholipase A2 (sPLA2-IIA) (New code effective 01/01/2016)	NON-COVERED
0424T	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) (New code effective 01/01/2016)	NON-COVERED
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only (New code effective 01/01/2016)	NON-COVERED
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only (New code effective 01/01/2016)	NON-COVERED
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only (New code effective 01/01/2016)	NON-COVERED
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only (New code effective 01/01/2016)	NON-COVERED
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only (New code effective 01/01/2016)	NON-COVERED
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only (New code effective 01/01/2016)	NON-COVERED
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only (New code effective 01/01/2016)	NON-COVERED
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only (New code effective 01/01/2016)	NON-COVERED
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only (New code effective 01/01/2016)	NON-COVERED
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea (New code effective 01/01/2016)	NON-COVERED
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session (New code effective 01/01/2016)	NON-COVERED
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study (New code effective 01/01/2016)	NON-COVERED
0437T	Implantation of non-biologic or synthetic implant (e.g., polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure) (Effective 07/01/2016)	NON-COVERED
0438T	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance (Deleted code effective 12/31/17)	NON-COVERED
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure) (Effective 07/01/2016)	NON-COVERED

0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve (Effective 07/01/2016)	NON-COVERED
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve (Effective 07/01/2016)	NON-COVERED
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve) (Effective 07/01/2016)	NON-COVERED
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy (Effective 07/01/2016)	NON-COVERED
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral (Effective 07/01/2016)	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral (Effective 07/01/2016)	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training (Effective 01/01/17)	PG0177 Continuous Blood Glucose Monitoring Services
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision (Effective 01/01/17)	PG0177 Continuous Blood Glucose Monitoring Services
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation (Effective 01/01/17)	PG0177 Continuous Blood Glucose Monitoring Services
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device (New code effective 01/01/2017)	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure) (New code effective 01/01/2017)	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0451T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes) (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0452T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0455T	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes) (Effective 01/01/17)	PG0070 Ventricular Assist Devices

0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counter pulsation device and vascular hemostatic seal (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0457T	Removal of permanently implantable aortic counter pulsation ventricular assist system; mechanic-electrical skin interface (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0458T	Removal of permanently implantable aortic counter pulsation ventricular assist system; subcutaneous electrode (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0459T	Relocation of skin pocket with replacement of implanted aortic counter pulsation ventricular assist device, mechano- electrical skin interface and electrodes (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device, subcutaneous electrode; (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0461T	Repositioning of previously implanted aortic counter pulsation ventricular assist device, subcutaneous electrode; aortic counter pulsation device (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counter pulsation ventricular assist system, per day (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counter pulsation ventricular assist system, per day (Effective 01/01/17)	PG0070 Ventricular Assist Devices
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report (New code effective 01/01/2017)	NON-COVERED
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication) (New code effective 01/01/2017)	NON-COVERED
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure) (New code effective 01/01/2017)	NON-COVERED
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator (New code effective 01/01/2017)	NON-COVERED
0468T	Removal of chest wall respiratory sensor electrode or electrode array (New code effective 01/01/2017)	NON-COVERED
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral (Effective 07/01/2017)	NON-COVERED
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion (Effective 07/01/2017)	NON-COVERED
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure) (Effective 07/01/2017)	NON-COVERED
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional (Effective 07/01/2017)	PG0418 Retinal Prosthesis

0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional (Effective 07/01/2017)	PG0418 Retinal Prosthesis
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space (Effective 07/01/2017)	PG0327 Glaucoma Treatment with Aqueous Drainage Device
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional (Effective 07/01/2017)	NON-COVERED
0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage (Effective 07/01/2017)	NON-COVERED
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result (Effective 07/01/2017)	NON-COVERED
0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional (Effective 07/01/2017)	NON-COVERED
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children (New code effective 01/01/2018)	NON-COVERED
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure) (New code effective 01/01/2018)	NON-COVERED
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed (New code effective 01/01/2018)	NON-COVERED
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure) (New code effective 01/01/2018)	NON-COVERED
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed (New code effective 01/01/2018)	NON-COVERED
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical) (New code effective 01/01/2018)	NON-COVERED
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral (New code effective 01/01/2018)	NON-COVERED
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral (New code effective 01/01/2018)	NON-COVERED
0487T	Biomechanical mapping, transvaginal, with report (New code effective 01/01/2018)	NON-COVERED
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days (New code effective 01/01/2018)	NON-COVERED
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris,	NON-COVERED

	determination of concentration and dilution of regenerative cells (New code effective 01/01/2018)	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands (New code effective 01/01/2018)	NON-COVERED
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less (New code effective 01/01/2018)	NON-COVERED
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) (New code effective 01/01/2018)	NON-COVERED
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement) (New code effective 01/01/2018)	NON-COVERED
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed (New code effective 01/01/2018)	NON-COVERED
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field (New code effective 01/01/2018)	NON-COVERED
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure) (New code effective 01/01/2018)	NON-COVERED
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection (New code effective 01/01/2018)	NON-COVERED
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event (New code effective 01/01/2018)	NON-COVERED
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed (New code effective 01/01/2018)	NON-COVERED
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping) (New code effective 01/01/2018)	NON-COVERED

0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report (New code effective 01/01/2018)	PG0386 Fractional Flow Reserve from Computed Tomography (FFRCT)
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission (New code effective 01/01/2018)	PG0386 Fractional Flow Reserve from Computed Tomography (FFRCT)
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model (New code effective 01/01/2018)	PG0386 Fractional Flow Reserve from Computed Tomography (FFRCT)
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report (New code effective 01/01/2018)	PG0386 Fractional Flow Reserve from Computed Tomography (FFRCT)
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion (New code effective 07/01/2018)	NON-COVERED
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report (New code effective 07/01/2018)	NON-COVERED
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report (New code effective 07/01/2018)	NON-COVERED
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia (New code effective 07/01/2018)	NON-COVERED
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG) (New code effective 07/01/2018)	NON-COVERED

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 07/05/2005

02/15/06: Updated codes

03/30/06: Updated codes

01/30/06: Updated codes

01/01/07: Updated codes

01/30/08: Updated codes

01/01/09: Updated codes

12/01/09: Updated codes

02/23/11: Verbiage revision

03/25/16: Added codes to policy - 0019T, 0042T, 0051T, 0052T, 0053T, 0054T, 0055T, 0058T, 0071T, 0072T, 0075T, 0076T, 0085T, 0095T, 0098T, 0099T, 0100T, 0101T, 0102T, 0103T, 0106T, 0107T, 0108T, 0109T, 0110T, 0111T, 0123T, 0126T, 0159T, 0163T, 0164T, 0165T, 0169T, 0171T, 0172T, 0174T, 0175T, 0178T, 0179T, 0180T, 0182T, 0184T, 0188T, 0189T, 0190T, 0191T, 0195T, 0196T, 0198T, 0200T, 0201T, 0202T, 0205T, 0206T, 0207T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0223T, 0224T, 0225T, 0228T, 0229T, 0230T, 0231T, 0232T, 0233T, 0234T, 0235T, 0236T, 0237T, 0238T, 0240T, 0241T, 0243T, 0244T, 0249T, 0253T, 0254T, 0255T, 0262T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0278T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0290T, 0291T, 0292T, 0293T, 0294T, 0295T, 0296T, 0297T, 0298T, 0299T, 0300T, 0301T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T, 0308T, 0309T, 0310T, 0311T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0336T, 0337T, 0338T, 0339T, 0340T, 0341T, 0342T, 0345T, 0346T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0356T, 0357T, 0358T, 0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T, 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0387T, 0388T, 0389T, 0390T, 0391T, 0392T, 0393T, 0394T, 0395T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0406T, 0407T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

04/22/16: Added new PG0366 Percutaneous Left Atrial Appendage Closure (LAAC) to policy (0281T).

11/18/16: Added effective 07/01/2016 new codes 0437T-0445T as non-covered. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

01/27/17: Removed effective 12/31/16 deleted codes 0019T, 0169T, 0171T, 0172T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0291T, 0292T. Added effective 01/01/2017 new codes 0446T-0463T as non-covered. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

03/24/17: PG0070 Ventricular Assist Devices effective 01/01/2017 new codes 0451T-0463T. PG0213 Interspinous Process Decompression Devices effective 12/31/16 deleted codes 0171T & 0172T. PG0366 Percutaneous Left Atrial Appendage Closure (LAAC) effective 12/31/16 deleted code 0281T. PG0057 Transanal Radiofrequency Therapy - Deleted effective 12/31/16 code 0288T. PG0177 Continuous Blood Glucose Monitoring Services effective 01/01/2017 new codes 0446T-0448T. PG0004 Extracorporeal Shock Wave Therapy (ESWT) effective 12/31/16 deleted code 0019T. PG0395 Leadless Cardiac Pacemakers new policy with codes 0387T-0391T PG0327 Glaucoma Treatment with Aqueous Drainage Device added code 0356T; effective 07/01/2016 new codes 0444T, 0445T; effective 01/01/2017 new codes 0449T, 0450T. PG0344 Radiofrequency Ablation of Uterine Fibroids effective 12/31/16 deleted code 0336T. PG0166 Endoscopic Therapies for Gastroesophageal Reflux Disease (GERD) effective 12/31/16 deleted codes 0392T & 0393T. Effective 12/31/16 deleted codes: 0169T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0289T, 0291T, 0292T. Effective 01/01/2017 new codes 0464T-0468T added as non-covered for all product lines. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

09/22/17: Added new codes 0469T-0473T, 0475T-0478T effective 07-01-17 as non-covered for all product lines. PG0327 Glaucoma Treatment with Aqueous Drainage Device effective 07-01-17 added new code 0474T. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

01/25/18: Effective 12/31/17 deleted codes 0051T, 0052T, 0053T, 0178T, 0179T, 0180T, 0255T, 0293T, 0294T, 0299T, 0300T, 0301T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T, 0309T, 0310T, 0340T, & 0438T. Effective 01/01/18 revised codes 0254T & 0333T. Added effective 01/01/18 new codes 0479T-0504T as non-covered for all product lines. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

07/26/18: Added effective 07/01/18 new codes 0505T-0509T as non-covered for all product lines. Removed deleted codes effective 12/31/15 0099T, 0103T, 0123T, 0182T, 0223T, 0224T, 0225T, 0233T, 0240T, 0241T, 0243T, 0244T, 0262T, & 0311T. Refer to PG0440 Magnetic Resonance Image Guided High Intensity Focused

Ultrasound (MRgFUS) for Essential Tremor for coverage determination for code 0398T. Refer to PG0344 Uterine Fibroid Surgical Treatments for coverage determination for codes 0071T, 0072T, 0336T in addition to 0404T. Refer to PG0026 Minimally Invasive Treatment of Back and Neck Pain for coverage determination for codes 0274T & 0275T. Refer to PG0386 Fractional Flow Reserve from Computed Tomography (FFRCT) for coverage determination for codes 0501T-0504T. Refer to PG0418 Retinal Prosthesis for coverage determination for codes 0100T, 0472T, & 0473T. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/14/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.