



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Medically Necessary Services

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### Criteria

#### For Medicare Members

Kaiser Permanente follows CMS coverage guidance when available per the CMS [Medicare Coverage Database](#) search tool. Where there is a conflict between this document and Medicare national and/or local coverage documentation, the Medicare source materials will apply. If there is no Medicare guidance, the information below applies.

#### For Non-Medicare Members

*The Medically Necessary Services policy is meant to provide guidance regarding coverage determinations for select services of limited or questionable clinical value not subject to separate clinical review criteria. The policy addresses a finite scope of specific service codes which are listed within this document.*

"Medically Necessary" or "Medical Necessity" shall mean pre-service, concurrent or post-service reviews may be conducted. Once a service has been reviewed, additional reviews may be conducted. Appropriate and clinically necessary services, as determined by KFHPWA/KFHPWAO's medical director according to generally accepted principles of good medical practice, which are rendered to a member for the diagnosis, care or treatment of a medical condition and which meet the standards set forth below. The fact that one of our covered providers has prescribed, recommended, or approved a service or supply does not, in itself, make it medically necessary or covered under the member's plan.

To be reasonable and medically necessary, services and supplies must meet the following requirements:

- Appropriate to prevent, diagnose, or treat your condition, illness, or injury
- Appropriate and consistent with the associated diagnosis and which, in accordance with accepted medical standards in the State of Washington, could not have been omitted without adversely affecting the member's condition or the quality of health services rendered
- Not primarily for the personal comfort or convenience of the patient, the family, or the provider
- There is not a preferred alternative service or sequence of services which is either more effective, cost effective, safer or that produces similar results.
- Requests inpatient care, could not have been provided in a provider's office, the outpatient department of a hospital or a non-residential facility without affecting the member's condition or quality of health services rendered
- Not part of or associated with scholastic education or vocation training of the patient
- Not primarily for research and data accumulation
- Not experimental or investigational

- A service is considered experimental or investigational for a Member's condition if any of the following statements apply to it at the time the service is or will be provided to the Member:
- The service cannot be legally marketed in the United States without the approval of the Food and Drug Administration ("FDA") and such approval has not been granted.
- The service is the subject of a current new drug or new device application on file with the FDA.
- The service is the trialed agent or for delivery or measurement of the trialed agent provided as part of a qualifying Phase I or Phase II clinical trial, as the experimental or research arm of a Phase III clinical trial.
- The service is provided pursuant to a written protocol or other document that lists an evaluation of the service's safety, toxicity or efficacy as among its objectives.
- The service is under continued scientific testing and research concerning the safety, toxicity or efficacy of services.
- The service is provided pursuant to informed consent documents that describe the service as experimental or investigational, or in other terms that indicate that the service is being evaluated for its safety, toxicity or efficacy.
- The prevailing opinion among experts, as expressed in the published authoritative medical or scientific literature, is that (1) the use of such service should be substantially confined to research settings, or (2) further research is necessary to determine the safety, toxicity or efficacy of the service.

The length and type of the treatment program and the frequency and modality of visits covered shall be determined by KFHPWA/KFHPWAO's medical director. In addition to being medically necessary, to be covered, services and supplies must be otherwise be included as a covered service and not excluded from coverage.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

Medical policies are designed to supplement the terms of a member's contract. The member's contract defines the benefits available; therefore, medical policies should not be construed as overriding specific contract language. In the event of conflict, the contract shall govern.

Medical policies do not constitute medical advice, nor the practice of medicine. Rather, such policies are intended only to establish general guidelines for coverage and reimbursement under Kaiser Permanente plans. Application of a medical policy to determine coverage in an individual instance is not intended and shall not be construed to supersede the professional judgment of a treating provider. In all situations, the treating provider must use his/her professional judgment to provide care he/she believes to be in the best interest of the patient, and the provider and patient remain responsible for all treatment decisions.

## Applicable Codes

**The following services have been determined to have little to no clinical value. Due to low utilization, explicit clinical review criteria have been archived. If a request is received, the service will be reviewed for medical necessity using the above policy.**

Date of Archive	Clinical Criteria	Codes
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<b>Effective 8/1/2025</b>	Wireless Motility Capsule (SmartPill)	91112
05/20/2025	EOS imaging system in children and adolescents with scoliosis	No specific codes
6/1/2025	Tinnitus Masking Therapy	92626, 92627, 92630 92633
12/01/2024	Cerebrospinal Venous Insufficiency Treatment	37238, 37239, 37248, 37249
10/1/2024	Whole Body Computed Tomography Scan	S8092
08/01/2024	Chelation Therapy	M0300, J3520, J0600
	Infrared Thermography	93740
	Renal Sympathetic Nerve Ablation	0338T, 0339T, 0935T
02/06/2024	Diabetes Tests and Supplies: Home A1C, iPort	83037, A4211
12/1/2023	Cryosurgery- Breast	19105
	Axial Lumbar Interbody Fusion System	22586
	Collagen Meniscus Implant	G0428
	Continuous 24-hour monitoring of Intraocular Pressure	0198T, 0329T
	Diaphragmatic/Phrenic Pacing	L8696
	Exoskeleton	K1007
	Intradiscal Electrothermal Therapy (IDET)	22526, 22527
	Magnetic Resonance Guided Focused Ultrasound for Treatment of Uterine Fibroids (MRgFUS)	0071T, 0072T
	Microvolt T-Wave Alternans	93025
	Radioimmunoscinigraphy	78800
	Retinal (Implant) Prosthesis System	0100T, L8608
	Scintimammography	S8080
	Thermal Capsulorrhaphy for Shoulder Instability	S2300
	Transmyocardial Laser Revascularization for Treatment of Severe Angina	33140, 33141
03/01/2022	In Lieu of Hospital Admission to Skilled Nursing Facility (ILOH)	No specific codes
	MIBG Imaging for Heart Failure	0331T, 0332T
	Pneumatic Vest for Chronic Low Back Pain (Orthotrac)	E0830

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

<b>CPT® or HCPCS Codes</b>	<b>Description</b>
<b>0106T</b>	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation
<b>0107T</b>	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation
<b>0108T</b>	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia
<b>0109T</b>	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia
<b>0110T</b>	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation
<b>0174T</b>	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 c
<b>0175T</b>	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 r
<b>0202T</b>	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine
<b>0208T</b>	Pure tone audiometry (threshold), automated; air only
<b>0209T</b>	Pure tone audiometry (threshold), automated; air and bone
<b>0210T</b>	Speech audiometry threshold, automated;
<b>0211T</b>	Speech audiometry threshold, automated; with speech recognition

<b>0212T</b>	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated
<b>0220T</b>	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
<b>0221T</b>	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
<b>0234T</b>	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery
<b>0235T</b>	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel
<b>0236T</b>	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta
<b>0237T</b>	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel
<b>0238T</b>	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel
<b>0263T</b>	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
<b>0264T</b>	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
<b>0265T</b>	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 ce
<b>0266T</b>	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)
<b>0267T</b>	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
<b>0268T</b>	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
<b>0269T</b>	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)
<b>0270T</b>	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
<b>0271T</b>	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
<b>0272T</b>	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 (
<b>0273T</b>	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 (
<b>0274T</b>	Percutaneous laminotomy/laminectomy (interlaminar 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), single or multiple levels, unilateral or bilateral; cervical or thoracic
<b>0278T</b>	Scrambler therapy for pain
<b>0308T</b>	Telescope implant for eye
<b>0330T</b>	Image taken of cornea in eye
<b>0333T</b>	Visual evoked potential, screening of visual acuity, automated, with report
<b>0342T</b>	Blood component removal
<b>0347T</b>	Place devices in bone
<b>0348T</b>	Double x-ray of spine
<b>0349T</b>	Double x-ray of arm(s)

<b>0350T</b>	Double x-ray of leg(s)
<b>0351T</b>	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative
<b>0352T</b>	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred
<b>0353T</b>	Optical coherence tomography of breast, surgical cavity; real-time intraoperative
<b>0354T</b>	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred
<b>0362T</b>	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assi
<b>0378T</b>	Visual field eye exam
<b>0379T</b>	Visual field eye exam
<b>0397T</b>	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)
<b>0419T</b>	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata
<b>0420T</b>	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata
<b>0422T</b>	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
<b>0437T</b>	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)
<b>0439T</b>	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)
<b>0440T</b>	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
<b>0441T</b>	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
<b>0442T</b>	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
<b>0444T</b>	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
<b>0445T</b>	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral
<b>0450T</b>	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)
<b>0464T</b>	Visual evoked potential, testing for glaucoma, with interpretation and report
<b>0469T</b>	Retinal polarization scan, ocular screening with on-site automated results, bilateral
<b>0472T</b>	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 wi
<b>0473T</b>	Device evaluation and interrogation of intraocular 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
<b>0481T</b>	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
<b>0485T</b>	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral
<b>0486T</b>	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral
<b>0488T</b>	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
<b>0489T</b>	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, determi
<b>0490T</b>	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands



<b>0509T</b>	Electroretinography (ERG) with interpretation and report, pattern (PERG)
<b>0515T</b>	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only
<b>0516T</b>	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only
<b>0517T</b>	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision, when performed; pulse generator component(s) (battery and/or transmitter) only
<b>0518T</b>	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing
<b>0519T</b>	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)
<b>0520T</b>	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode
<b>0521T</b>	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing
<b>0522T</b>	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, wireless cardiac stimulator for left
<b>0523T</b>	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) inter
<b>0524T</b>	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring
<b>0525T</b>	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)
<b>0526T</b>	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only
<b>0527T</b>	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only
<b>0528T</b>	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report
<b>0529T</b>	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report
<b>0530T</b>	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)
<b>0531T</b>	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only
<b>0532T</b>	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only
<b>0541T</b>	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived cl
<b>0542T</b>	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived cl
<b>0543T</b>	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae
<b>0544T</b>	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture
<b>0545T</b>	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach
<b>0547T</b>	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score

<b>0552T</b>	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
<b>0554T</b>	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone
<b>0555T</b>	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data
<b>0556T</b>	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density
<b>0557T</b>	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report
<b>0558T</b>	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis
<b>0559T</b>	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure
<b>0560T</b>	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)
<b>0561T</b>	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
<b>0562T</b>	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)
<b>0567T</b>	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound
<b>0568T</b>	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound
<b>0569T</b>	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis
<b>0570T</b>	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)
<b>0581T</b>	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral
<b>0583T</b>	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia
<b>0587T</b>	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
<b>0588T</b>	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve
<b>0589T</b>	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable par
<b>0590T</b>	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable par
<b>15773</b>	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
<b>15774</b>	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
<b>25548</b>	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed
<b>33276</b>	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed
<b>33277</b>	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)

<b>33278</b>	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)
<b>33279</b>	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only
<b>33280</b>	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only
<b>33281</b>	Repositioning of phrenic nerve stimulator transvenous lead(s)
<b>33287</b>	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator
<b>33288</b>	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)
<b>39499</b>	Unlisted procedure, mediastinum
<b>42299</b>	Unlisted procedure, palate, uvula
<b>53899</b>	Unlisted procedure, urinary system
<b>57465</b>	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)
<b>61715</b>	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed
<b>61850</b>	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
<b>61860</b>	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
<b>84393</b>	Tau, phosphorylated (eg, pTau 181, pTau 217), each
<b>89240</b>	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations
<b>93150</b>	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming
<b>93151</b>	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system
<b>93152</b>	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography
<b>93153</b>	Interrogation without programming of implanted phrenic nerve stimulator system
<b>96931</b>	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
<b>96932</b>	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
<b>96933</b>	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
<b>96934</b>	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
<b>96935</b>	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
<b>96936</b>	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)
<b>C9746</b>	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
<b>C9779</b>	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed
<b>E0755</b>	Electronic salivary reflex stimulator (intraoral/noninvasive)
<b>M0224</b>	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or



	receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring
<b>Q0224</b>	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**\*\*To** verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
07/05/2023	07/11/2023 <sup>MPC</sup> , 12/03/2024 <sup>MPC</sup>	05/06/2025

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
07/11/2023	MPC approved to adopt a new policy to address a specific service or procedure that may no longer be necessary or in line with current standards of care. This criteria page will maintain historical information and guide clinicians during their review process.
08/30/2023	Updated policy with a clarifying preamble with the intent of this policy.
11/30/2023	Added applicable codes; effective 12/1/2023
3/12/2024	MPC approved to archive policies for Chelation therapy (M0300, J3520, J0600), Infrared Thermography (93740), and Renal Sympathetic Nerve Ablation (0338T, 0339T); services will be reviewed against this Medically Necessary Services policy effective August 1 <sup>st</sup> , 2024. Requires 60-day notice.
06/04/2024	Added clarification language around “experimental or investigational” criteria
08/09/2024	Updated new and termed codes, effective 1/1/2024
02/06/2024	MPC approved to archive Diabetes Tests and Supplies criteria; added to Med Nec page
07/02/2024	MPC approved to archive policy and add to Medically Necessary Services criteria page, requires 60-day notice, effective 12/01/2024
01/14/2025	MPC approved to archive Tinnitus Masking Therapy criteria; added to Med Nec page; Effective June 1 <sup>st</sup> , 2025. Requires 60-day notice.
03/04/2025	MPC approved to archive SmartPill criteria; added to Med Nec page. Effective August 1, 2025, requires 60-day notice.
05/06/2025	MPC approved to archive EOS Imaging System in children with adolescences with scoliosis; added to Med Nec page. Effective May 20, 2025.
6/24/2025	Updated new codes effective 1/1/25, removed deleted codes.