

## Medicare Noncovered Investigational Services

Effective: April 1, 2025

|  |   |
|--|---|
| <b>Prior Authorization Required</b><br>If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request to the FAX numbers below | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <b>Notification Required</b><br>IF <u>REQUIRED</u> , concurrent review may apply   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

### Applies to:

#### Commercial Products

- ☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
- ☐ Tufts Health Plan Commercial products; 617-972-9409
- CareLink<sup>SM</sup> – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

#### Public Plans Products

- ☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- ☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- ☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- ☐ Tufts Health One Care Plan – A dual-eligible product; 857-304-6304

#### Senior Products

- ☒ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- ☒ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- ☒ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

For the purposes of this document, this date refers to the date when the list was updated with the addition or deletion of items/services. Please see specific item to determine when that item was placed on noncovered status.

## Overview

The Plan uses the Member's Evidence of Coverage and guidance from the Centers for Medicare and Medicaid Services (CMS) for its Medicare Advantage plan members and CMS and MassHealth for coverage determinations for its Dual Product Eligible plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations to support the determination that something is investigational and not medically necessary. When CMS and MassHealth do not provide guidance, or evidence supports non coverage, the Plan may elect to not cover a service that it deems as investigational and not medically necessary.

Title XVIII of the Social Security Act, §1862(a)(1)(A) prohibits Medicare coverage for items and services which are not "reasonable and necessary" for the diagnosis and treatment of an injury or illness or to improve the functioning of a malformed body member. According to the Medicare Claims Processing Manual, Chapter 23, §30.A, if a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered because it is not reasonable and necessary to treat illness or injury.

The Plan uses a medical technology assessment process and restricts coverage to certain devices, treatments, or procedures for which the safety and efficacy have been proven, or where the clinical evidence is such that the treatment is at least as beneficial as any established evidence-based alternatives. Any device, medical treatment, supply or procedure for which safety and efficacy has not been established and proven is considered investigational (unproven) and therefore not medically necessary and is excluded from coverage.

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

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

The use of these determinations in the utilization management process will ensure access to services that are evidence based and clinically appropriate. For all investigational determinations the decision is made based upon medical technology assessment committee review using the above criteria in the evaluation of the service.

For the services listed below, evidence is insufficient for coverage and is therefore considered investigational and not medical necessary. This list is not all inclusive.

## Clinical Coverage Criteria

Title XVIII of the Social Security Act, §1862(a)(1)(A) prohibits Medicare coverage for items and services which are not “reasonable and necessary” for the diagnosis and treatment of an injury or illness or to improve the functioning of a malformed body member. According to the Medicare Claims Processing Manual, Chapter 23, §30.A, if a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered because it is not reasonable and necessary to treat illness or injury. Medicare indicates that the following CPT/HCPCS procedure codes are considered investigational and unproven and are therefore not covered based on Medicare coverage determinations.

**Note:** “No specific code available” indicates an “unlisted code” or “miscellaneous code.”

| Procedure Code | Code Description  | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|---|--------------------|----------------|--------------------|
| 0335T          | Insertion of sinus tarsi implant  | L35490             | 4/1/2025       | 12/13/2024         |
| 0510T          | Removal of sinus tarsi implant  | L35490             | 4/1/2025       | 12/13/2024         |
| 0511T          | Removal and reinsertion of sinus tarsi implant  | L35490             | 4/1/2025       | 12/13/2024         |
| 0723T          | Quantitative magnetic resonance cholangiopancreatography (qmrcp) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (mri) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session  | L35490             | 4/1/2025       | 12/13/2024         |
| 0724T          | Quantitative magnetic resonance cholangiopancreatography (qmrcp) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (mri) examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0784T          | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0785T          | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator   | L35490             | 4/1/2025       | 12/13/2024         |
| 0786T          | Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0787T          | Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator   | L35490             | 4/1/2025       | 12/13/2024         |
| 0788T          | 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 parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters | L35490             | 4/1/2025       | 12/13/2024         |

| Procedure Code | Code Description   | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|--|--------------------|----------------|--------------------|
| 0789T          | 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 parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters | L35490             | 4/1/2025       | 12/13/2024         |
| 0790T          | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0811T          | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment  | L35490             | 4/1/2025       | 12/13/2024         |
| 0812T          | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days   | L35490             | 4/1/2025       | 12/13/2024         |
| 0813T          | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon  | L35490             | 4/1/2025       | 12/13/2024         |
| 0814T          | Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral   | L35490             | 4/1/2025       | 12/13/2024         |
| 0815T          | Ultrasound-based radiofrequency echographic multi-spectrometry (rems), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine  | L35490             | 4/1/2025       | 12/13/2024         |
| 0816T          | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous   | L35490             | 4/1/2025       | 12/13/2024         |
| 0817T          | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial   | L35490             | 4/1/2025       | 12/13/2024         |
| 0818T          | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous  | L35490             | 4/1/2025       | 12/13/2024         |
| 0819T          | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial  | L35490             | 4/1/2025       | 12/13/2024         |
| 0820T          | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour  | L35490             | 4/1/2025       | 12/13/2024         |
| 0821T          | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0822T          | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0827T          | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0828T          | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0829T          | Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, saccomanno technique) (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0830T          | Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide  | L35490             | 4/1/2025       | 12/13/2024         |

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|----------------|---|--------------------|----------------|--------------------|
|                | preparation method), except cervical or vaginal (list separately in addition to code for primary procedure)   |                    |                |                    |
| 0831T          | Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0832T          | Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0833T          | Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0834T          | Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0835T          | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (list separately in addition to code for primary procedure)                    | L35490             | 4/1/2025       | 12/13/2024         |
| 0836T          | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (list separately in addition to code for primary procedure) | L35490             | 4/1/2025       | 12/13/2024         |
| 0837T          | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0838T          | Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0839T          | Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0840T          | Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0841T          | Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0842T          | Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0843T          | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0844T          | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0845T          | Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0846T          | Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0847T          | Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis) (list separately in addition to code for primary procedure)                                    | L35490             | 4/1/2025       | 12/13/2024         |
| 0848T          | Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, initial single probe stain procedure (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0849T          | Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, each additional single probe stain procedure (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |

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| 0850T          | Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, each multiplex probe stain procedure (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0851T          | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0852T          | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0853T          | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0854T          | Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0855T          | Digitization of glass microscope slides for bone marrow, smear interpretation (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0856T          | Digitization of glass microscope slides for electron microscopy, diagnostic (list separately in addition to code for primary procedure)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0857T          | Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0858T          | Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report   | L35490             | 4/1/2025       | 12/13/2024         |
| 0859T          | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0860T          | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities  | L35490             | 4/1/2025       | 12/13/2024         |
| 0861T          | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)   | L35490             | 4/1/2025       | 12/13/2024         |
| 0862T          | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only   | L35490             | 4/1/2025       | 12/13/2024         |
| 0863T          | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only   | L35490             | 4/1/2025       | 12/13/2024         |
| 0864T          | Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy   | L35490             | 4/1/2025       | 12/13/2024         |
| 0865T          | Quantitative magnetic resonance image (mri) analysis of the brain with comparison to prior magnetic resonance (mr) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic mri examination of the brain during the same session                             | L35490             | 4/1/2025       | 12/13/2024         |
| 0866T          | Quantitative magnetic resonance image (mri) analysis of the brain with comparison to prior magnetic resonance (mr) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic mri examination of the brain (list separately in addition to code for primary procedure) | L35490             | 4/1/2025       | 12/13/2024         |
| 0867T          | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 ml   | L35490             | 4/1/2025       | 12/13/2024         |



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|----------------|---|--------------------|----------------|--------------------|
| 0869T          | Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed  | L35490             | 4/1/2025       | 12/13/2024         |
| 0870T          | Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0871T          | Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0872T          | Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed  | L35490             | 4/1/2025       | 12/13/2024         |
| 0873T          | Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0874T          | Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters  | L35490             | 4/1/2025       | 12/13/2024         |
| 0875T          | Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional   | L35490             | 4/1/2025       | 12/13/2024         |
| 0881T          | Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device  | L35490             | 4/1/2025       | 12/13/2024         |
| 0882T          | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0883T          | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0884T          | Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0885T          | Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0886T          | Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed   | L35490             | 4/1/2025       | 12/13/2024         |
| 0887T          | End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (list separately in addition to code for primary procedure)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0888T          | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance   | L35490             | 4/1/2025       | 12/13/2024         |
| 0889T          | Personalized target development for accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation derived from a structural and resting-state functional mri, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation | L35490             | 4/1/2025       | 12/13/2024         |
| 0890T          | Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day   | L35490             | 4/1/2025       | 12/13/2024         |
| 0891T          | Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day  | L35490             | 4/1/2025       | 12/13/2024         |
| 0892T          | Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and   | L35490             | 4/1/2025       | 12/13/2024         |

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|----------------|---|--------------------|----------------|--------------------|
|                | management, subsequent motor threshold redetermination with delivery and management, per treatment day  |                    |                |                    |
| 0893T          | Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report  | L35490             | 4/1/2025       | 12/13/2024         |
| 0894T          | Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion   | L35490             | 4/1/2025       | 12/13/2024         |
| 0895T          | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate ph, hemodynamic parameters, bile production, bile ph, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)  | L35490             | 4/1/2025       | 12/13/2024         |
| 0896T          | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate ph, hemodynamic parameters, bile production, bile ph, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (list separately in addition to code for primary procedure) | L35490             | 4/1/2025       | 12/13/2024         |
| A2001          | InnovaMatrix AC, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2002          | Mirragen Advanced Wound Matrix, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2004          | XCelliStem, 1 mg  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2005          | Microlyte Matrix, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2006          | NovoSorb SynPath dermal matrix, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2007          | Restrata, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2008          | TheraGenesis, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2009          | Symphony, per square centimeter   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2010          | Apis, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2011          | Supra SDRM, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2012          | SUPRATHEL, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2013          | InnovaMatrix FS, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2014          | Omeza Collagen Matrix, per 100 mg   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2015          | Phoenix Wound Matrix, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2016          | PermeaDerm B, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2018          | PermeaDerm C, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2019          | Kerecis Omega3 MariGen Shield, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2020          | AC5 Advanced Wound System (AC5)   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2021          | NeoMatriX, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2022          | InnovaBurn or InnovaMatrix XL, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2023          | InnovaMatrix PD, 1 mg   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| A2024          | Resolve Matrix or XenoPatch, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |

| Procedure Code | Code Description  | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|---|--------------------|----------------|--------------------|
| A2025          | Miro3D, per cu cm   | L39828, A59712     | 4/1/2025       | 12/13/2002         |
| A4100          | Skin substitute, fda cleared as a device, not otherwise specified   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| C9358          | Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters    | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| C9360          | Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| C9363          | Skin substitute, integra meshed bilayer wound matrix, per square centimeter   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| C9364          | Porcine implant, permacol, per square centimeter  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4103          | Oasis burn matrix, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4104          | Integra bilayer matrix wound dressing (BMWD), per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4105          | Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm                             | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4107          | GRAFTJACKET, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4108          | Integra matrix, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4110          | PriMatrix, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4111          | GammaGraft, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4112          | Cymetra, injectable, 1 cc   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4113          | GRAFTJACKET XPRESS, injectable, 1 cc  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4114          | Integra flowable wound matrix, injectable, 1 cc   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4115          | AlloSkin, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4116          | AlloDerm, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4117          | HYALOMATRIX, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4118          | MatriStem micromatrix, 1 mg   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4121          | TheraSkin, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4122          | DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4123          | AlloSkin RT, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4124          | OASIS ultra tri-layer wound matrix, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4125          | ArthroFlex, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4126          | MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4127          | Talymed, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4128          | FlexHD, or AllopatchHD, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4130          | Strattice, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4132          | Grafix Core and GrafixPL Core, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4133          | Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |



| Procedure Code | Code Description  | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|---|--------------------|----------------|--------------------|
| Q4134          | HMatrix, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4135          | Mediskin, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4136          | EZ Derm, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4137          | AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4138          | BioDFence DryFlex, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4139          | AmnioMatrix or BioDMatrix, injectable, 1 cc                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4140          | BioDFence, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4141          | AlloSkin AC, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4142          | XCM biologic tissue matrix, per sq cm                                     | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4143          | Repriza, per square centimeter  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4145          | EpiFix, injectable, 1 mg  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4146          | TENSIX, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4147          | Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4148          | Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm                  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4149          | Excellagen, 0/1 cc  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4150          | AlloWrap DS or dry, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4152          | DermaPure, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4153          | Dermavest and Plurivest, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4154          | Biovance, per square centimeter   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4155          | Neox Flo or Clarix Flo 1 mg   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4156          | Neox 100 or Clarix 100, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4157          | Revitalon, per square centimeter  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4158          | Kerecis Omega3, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4159          | Affinity, per square centimeter   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4160          | NuShield, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4161          | bio-ConneKt wound matrix, per sq cm                                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4162          | WoundEx Flow, BioSkin Flow, 0.5 cc  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4163          | WoundEx, BioSkin, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4164          | Helicoll, per square centimeter   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4165          | Keramatrix or Kerasorb, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4166          | Cytal, per square centimeter  | L39828, A59712     | 4/1/2025       | 12/13/2024         |

| Procedure Code | Code Description                                    | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|---|--------------------|----------------|--------------------|
| Q4167          | Truskin, per square centimeter                      | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4168          | AmnioBand, 1 mg                                     | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4169          | Artacent wound, per square centimeter               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4170          | Cygnus, per square centimeter                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4171          | Interfyl, 1 mg                                      | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4173          | PalinGen or PalinGen XPlus, per sq cm               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4174          | PalinGen or ProMatrX, 0.36 mg per 0.25 cc           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4175          | Miroderm, per square centimeter                     | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4176          | Neopatch, per square centimeter                     | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4177          | FlowerAmnioFlo, 0.1 cc                              | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4178          | FlowerAmnioPatch, per sq cm                         | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4179          | FlowerDerm, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4180          | Revita, per square centimeter                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4181          | Amnio Wound, per sq cm                              | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4182          | TransCyte, per sq cm                                | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4183          | surgiGRAFT, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4184          | Cellesta or Cellesta Duo, per sq cm                 | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4185          | Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4187          | Epicord, per square centimeter                      | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4188          | AmnioArmor, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4189          | Artacent AC, 1 mg                                   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4190          | Artacent AC, per sq cm                              | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4191          | Restorigin, per square centimeter                   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4192          | Restorigin, 1 cc                                    | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4193          | Coll-e-Derm, per sq cm                              | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4194          | Novachor, per square centimeter                     | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4195          | PuraPly, per sq cm                                  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4196          | PuraPly AM, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4197          | PuraPly XT, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4198          | Genesis Amniotic Membrane, per sq cm                | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4199          | Cygnus matrix, per sq cm                            | L39828, A59712     | 4/1/2025       | 12/13/2024         |

| Procedure Code | Code Description  | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|---|--------------------|----------------|--------------------|
| Q4200          | SkinTE, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4201          | Matrion, per square centimeter  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4202          | Kerxxx (2.5g/cc), 1cc   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4203          | Derma-Gide, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4204          | XWRAP, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4205          | Membrane Graft or Membrane Wrap, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4206          | Fluid Flow or Fluid GF, 1 cc  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4208          | Novafix, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4209          | SurGraft, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4211          | Amnion Bio or AxoBioMembrane, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4212          | AlloGen, per cc   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4213          | Ascent, 0.5 mg  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4214          | Cellesta Cord, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4215          | Axolotl Ambient or Axolotl Cryo, 0.1 mg   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4216          | Artacent Cord, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4217          | WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4218          | SurgiCORD, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4219          | SurgiGRAFT-DUAL, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4220          | BellaCell HD or SureDerm, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4221          | Amnio Wrap2, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4222          | ProgenaMatrix, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4225          | AmnioBind or DermaBind TL, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4226          | MyOwn Skin, includes harvesting and preparation procedures, per sq cm                         | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4227          | AmnioCore, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4229          | Cogenex Amniotic Membrane, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4230          | Cogenex Flowable Amnion, per 0.5 cc   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4231          | Corplex P, per cc   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4233          | SurFactor or NuDyn, per 0.5 cc  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4234          | XCellerate, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4235          | AMNIOREPAIR or AltiPly, per sq cm   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4236          | carePATCH, per sq cm  | L39828, A59712     | 4/1/2025       | 12/13/2024         |

| Procedure Code | Code Description                                     | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|--|--------------------|----------------|--------------------|
| Q4237          | Cryo-Cord, per sq cm                                 | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4238          | Derm-Maxx, per sq cm                                 | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4239          | Amnio-Maxx or Amnio-Maxx Lite, per sq cm             | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4240          | CoreCyte, for topical use only, per 0.5 cc           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4241          | PolyCyte, for topical use only, per 0.5 cc           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4242          | AmnioCyte Plus, per 0.5 cc                           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4245          | AmnioText, per cc                                    | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4246          | CoreText or ProText, per cc                          | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4247          | AmnioText Patch, per sq cm                           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4248          | Dermacyte Amniotic Membrane Allograft, per sq cm     | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4249          | AMNIPLY, for topical use only, per sq cm             | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4250          | AmnioAmp-MP, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4251          | Vim, per square centimeter                           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4252          | Vendaje, per square centimeter                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4253          | Zenith Amniotic Membrane, per sq cm                  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4254          | Novafox DL, per sq cm                                | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4255          | REGUaRD, for topical use only, per sq cm             | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4256          | MLG-Complete, per sq cm                              | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4257          | Relese, per sq cm                                    | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4258          | Enverse, per sq cm                                   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4259          | Celera Dual Layer or Celera Dual Membrane, per sq cm | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4260          | Signature APatch, per sq cm                          | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4261          | TAG, per sq cm                                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4262          | Dual Layer Impax Membrane, per sq cm                 | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4263          | SurGraft TL, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4264          | Cocoon Membrane, per sq cm                           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4265          | NeoStim TL, per sq cm                                | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4266          | NeoStim Membrane, per sq cm                          | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4267          | NeoStim DL, per sq cm                                | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4268          | SurGraft FT, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4269          | SurGraft XT, per sq cm                               | L39828, A59712     | 4/1/2025       | 12/13/2024         |

| Procedure Code | Code Description                             | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|--|--------------------|----------------|--------------------|
| Q4270          | Complete SL, per sq cm                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4271          | Complete FT, per sq cm                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4272          | Esano A, per sq cm                           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4273          | Esano AAA, per sq cm                         | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4274          | Esano AC, per sq cm                          | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4275          | Esano ACA, per sq cm                         | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4276          | ORION, per sq cm                             | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4278          | EPIEFFECT, per sq cm                         | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4279          | Vendaje AC, per sq cm                        | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4280          | Xcell Amnio Matrix, per sq cm                | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4281          | Barrera SL or Barrera DL, per sq cm          | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4282          | Cygnus Dual, per sq cm                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4283          | Biovance Tri-Layer or Biovance 3L, per sq cm | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4284          | DermaBind SL, per sq cm                      | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4285          | NuDYN DL or NuDYN DL MESH, per sq cm         | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4286          | NuDYN SL or NuDYN SLW, per sq cm             | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4287          | DermaBind DL, per sq cm                      | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4288          | DermaBind CH, per sq cm                      | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4289          | RevoShield+ Amniotic Barrier, per sq cm      | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4290          | Membrane Wrap-Hydro, per sq cm               | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4291          | Lamellas XT, per sq cm                       | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4292          | Lamellas, per sq cm                          | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4293          | Acesso DL, per sq cm                         | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4294          | Amnio Quad-Core, per sq cm                   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4295          | Amnio Tri-Core Amniotic, per sq cm           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4296          | Rebound Matrix, per sq cm                    | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4297          | Emerge Matrix, per sq cm                     | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4298          | AmniCore Pro, per sq cm                      | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4299          | AmniCore Pro+, per sq cm                     | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4300          | Acesso TL, per sq cm                         | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4301          | Activate Matrix, per sq cm                   | L39828, A59712     | 4/1/2025       | 12/13/2024         |



| Procedure Code | Code Description                        | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|---|--------------------|----------------|--------------------|
| Q4302          | Complete ACA, per sq cm                 | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4303          | Complete AA, per sq cm                  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4304          | GRAFIX PLUS, per sq cm                  | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4305          | American Amnion AC Tri-Layer, per sq cm | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4306          | American Amnion AC, per sq cm           | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4307          | American Amnion, per sq cm              | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4308          | Sanopellis, per sq cm                   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4309          | VIA Matrix, per sq cm                   | L39828, A59712     | 4/1/2025       | 12/13/2024         |
| Q4310          | Procenta, per 100 mg                    | L39828, A59712     | 4/1/2025       | 12/13/2024         |

The Plan uses a medical technology assessment process to review devices, treatments, procedures and restricts coverage to devices, treatments, or procedures for which the safety and efficacy have been proven, or where the clinical evidence is such that the treatment is at least as beneficial as any established evidence-based alternatives. Any device, medical treatment, supply or procedure for which safety and efficacy has not been established and/or proven is considered investigational (unproven) and therefore not medically necessary and is excluded from coverage. The following CPT/HCPCS procedure codes have been reviewed through the Plan's medical technology process and are considered investigational and unproven and therefore not covered. Medicare does not have a coverage statement on these services therefore the Plan's coverage position applies.

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

| Procedure Code | Code Description  | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|---|--------------------|----------------|--------------------|
| 27278          | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device                               | N/A                | 4/1/2025       | 12/13/2024         |
| 52284          | Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed                               | N/A                | 4/1/2025       | 12/13/2024         |
| 61889          | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | N/A                | 4/1/2025       | 12/13/2024         |
| 61891          | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)  | N/A                | 4/1/2025       | 12/13/2024         |
| 61892          | Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed  | N/A                | 4/1/2025       | 12/13/2024         |
| 66683          | Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed  | N/A                | 4/1/2025       | 12/13/2024         |
| 67516          | Suprachoroidal space injection of pharmacologic agent (separate procedure)  | N/A                | 4/1/2025       | 12/13/2024         |
| 92972          | Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)  | N/A                | 4/1/2025       | 12/13/2024         |

| Procedure Code | Code Description   | Medicare Reference | Effective Date | Last Reviewed Date |
|----------------|--|--------------------|----------------|--------------------|
| 93702          | Bioimpedance spectroscopy (bis), extracellular fluid analysis for lymphedema assessment(s)   | N/A                | 4/1/2025       | 12/13/2024         |
| 0441U          | Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index  | N/A                | 4/1/2025       | 12/13/2024         |
| 0445U          | B-amyloid (abeta42) and phospho tau (181p) (ptau181), electrochemiluminescent immunoassay (ecia), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology  | N/A                | 4/1/2025       | 12/13/2024         |
| 0457U          | Perfluoroalkyl substances (pfas) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 pfas compounds by lc-ms/ms, plasma or serum, quantitative  | N/A                | 4/1/2025       | 12/13/2024         |
| 0459U          | B-amyloid (abeta42) and total tau (ttau), electrochemiluminescent immunoassay (ecia), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology  | N/A                | 4/1/2025       | 12/13/2024         |
| 0462U          | Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (elisa), saliva, screening/preliminary  | N/A                | 4/1/2025       | 12/13/2024         |
| 0472U          | Carbonic anhydrase vi (ca vi), parotid specific/secretory protein (psp) and salivary protein (sp1) igg, igm, and iga antibodies, enzyme-linked immunosorbent assay (elisa), semiquantitative, blood, reported as predictive evidence of early sjogren syndrome | N/A                | 4/1/2025       | 12/13/2024         |
| 0514U          | Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (mcg/mL) | N/A                | 4/1/2025       | 12/13/2024         |
| 0515U          | Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (mcg/mL) | N/A                | 4/1/2025       | 12/13/2024         |
| A4540          | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm   | N/A                | 4/1/2025       | 12/13/2024         |
| E0492          | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application   | N/A                | 4/1/2025       | 12/13/2024         |
| E0493          | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply  | N/A                | 4/1/2025       | 12/13/2024         |
| E0733          | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve  | N/A                | 4/1/2025       | 12/13/2024         |
| E0735          | Non-invasive vagus nerve stimulator  | N/A                | 4/1/2025       | 12/13/2024         |
| E0738          | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories   | N/A                | 4/1/2025       | 12/13/2024         |
| E0739          | Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors   | N/A                | 4/1/2025       | 12/13/2024         |
| E1800          | Dynamic adjustable elbow extension/flexion device, includes soft interface material  | N/A                | 4/1/2025       | 12/13/2024         |
| E1802          | Dynamic adjustable forearm pronation/supination device, includes soft interface material   | N/A                | 4/1/2025       | 12/13/2024         |
| E1805          | Dynamic adjustable wrist extension/flexion device, includes soft interface material  | N/A                | 4/1/2025       | 12/13/2024         |
| E1812          | Dynamic knee, extension/flexion device with active resistance control  | N/A                | 4/1/2025       | 12/13/2024         |

| Procedure Code   | Code Description  | Medicare Reference | Effective Date | Last Reviewed Date |
|------------------|---|--------------------|----------------|--------------------|
| E1820            | Replacement soft interface material, dynamic adjustable extension/flexion device                      | N/A                | 4/1/2025       | 12/13/2024         |
| E1825            | Dynamic adjustable finger extension/flexion device, includes soft interface material                  | N/A                | 4/1/2025       | 12/13/2024         |
| E1830            | Dynamic adjustable toe extension/flexion device, includes soft interface material                     | N/A                | 4/1/2025       | 12/13/2024         |
| E1840            | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material       | N/A                | 4/1/2025       | 12/13/2024         |
| Q4311            | Acesso, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| Q4312            | Acesso AC, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4313            | DermaBind FM, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| Q4314            | Reeva FT, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| Q4315            | RegeneLink Amniotic Membrane Allograft, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| Q4316            | AmchoPlast, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| Q4317            | VitoGraft, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4318            | E-Graft, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4319            | SanoGraft, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4320            | PelloGraft, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| Q4321            | RenoGraft, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4322            | CaregraFT, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4323            | alloPLY, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4324            | AmnioTX, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4325            | ACApatch, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| Q4326            | WoundPlus, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4327            | DuoAmnion, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4328            | MOST, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| Q4329            | Singlay, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4330            | TOTAL, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4331            | Axolotl Graft, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4332            | Axolotl DualGraft, per sq cm  | N/A                | 4/1/2025       | 12/13/2024         |
| Q4333            | ArdeoGraft, per sq cm   | N/A                | 4/1/2025       | 12/13/2024         |
| S2117            | Arthroereisis, subtalar   | N/A                | 4/1/2025       | 12/13/2024         |
| S4988            | Penile contracture device, manual, greater than 3 lbs traction force                                  | N/A                | 4/1/2025       | 12/13/2024         |
| S9002            | Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Autologous Serum Eye Drops (Autologous Serum Tears)   | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | StabiLink MIS Interlaminar Spinal Fixation System   | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Pulsed Radiofrequency Treatment of Chronic Shoulder Pain  | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | AlzoSure Predict – Alzheimer’s Early Prediction Blood Test  | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | ThetaBurst Stimulation for Treatment Resistant Unipolar Depression in Adults                          | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | ViviStim Paired Vagus Nerve Stimulation   | N/A                | 4/1/2025       | 12/13/2024         |

| Procedure Code   | Code Description   | Medicare Reference | Effective Date | Last Reviewed Date |
|------------------|--|--------------------|----------------|--------------------|
| No Specific Code | Hybrid Autologous Chondrocyte Implantation With Osteochondral Autograft Transfer System for Treatment of Osteochondral Defects of the Knee | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Non-Pulsed (Thermal) Percutaneous Radiofrequency Ablation for the Treatment of Occipital Neuralgia   | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Anterior Scoliosis Correction  | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | HistoSonics' Image Guided Sonic Beam Therapy System  | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Alpha-Stim for Treatment of Chronic Pain   | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Radiofrequency Ablation of Cluneal Nerves for Treatment of Chronic Low Back Pain   | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | External Beam Radiation Therapy for Treatment of Dupuytren's Contracture   | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Posterior Vertebral Body Tethering   | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Relieve VRx  | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Xenotransplantation  | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Misha Knee System  | N/A                | 4/1/2025       | 12/13/2024         |
| No Specific Code | Transcranial Direct Current Stimulation  | N/A                | 4/1/2025       | 12/13/2024         |

## References

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## Approval And Revision History

December 13, 2024: Reviewed by the Joint Medical Policy and Health Care Services Utilization Management Committee

December 18, 2024: Reviewed by the Medical Policy Approval Committee (MPAC), effective April 1, 2025

## Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria

based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.