



**BlueCross BlueShield  
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

## Investigational Services and Procedures Corporate Medical Policy

File Name: Investigational Services and Procedures  
File Code: 10.01.VT204  
Origination: 09/2016  
Last Review: 07/2026  
Next Review: 11/2026  
Effective Date: 10/01/2026

### Description

Attachment (I) outlines current services and/or procedure(s) considered to be investigational by Blue Cross Blue Shield of Vermont (Blue Cross VT).

### Definition of Investigational

“Experimental or Investigational Services” means health care items or services that are either not generally accepted by informed health care providers in the United States as effective in treating a condition, illness, or diagnosis for which their use is proposed, or are not proven by medical or scientific evidence to be effective in treating a condition, illness, or diagnosis.

Technologies are assessed using the following criteria. Any technology that fails to meet ALL the following criteria is considered to be “Investigational”:

1. The technology must have final approval from the appropriate governmental regulatory bodies.
  - This criterion applies to drugs, biological products, devices and any other product or procedure that must have final approval to market from the U.S. Food and Drug Administration (FDA) or any other federal governmental body with authority to regulate the use of the technology.
  - Any approval that is granted as an interim step in the U.S. Food and Drug Administration’s or any other federal governmental body’s regulatory process is not sufficient.
  - The indications for which the technology is approved need not be the same as those which the (Blue Cross VT) Medical Policy Committee is evaluating.

2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes.
  - The evidence should consist of well-designed and well-conducted investigations published in peer-reviewed journals. The quality of the body of studies and the consistency of the results are considered in evaluating the evidence.
  - The evidence should demonstrate that the technology can measure or alter the physiological changes related to a disease, injury, illness, or condition. In addition, there should be evidence, or a convincing argument based on established medical facts that such measurement or alteration affects health outcomes.
3. The technology must improve the net health outcome.
  - The technology's beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.
4. The technology must be as beneficial as any established alternatives.
  - The technology should improve the net health outcome as much as, or more than, established alternatives.
5. The improvement must be attainable outside the investigational settings.
  - When used under the usual conditions of medical practice, the technology should be reasonably expected to satisfy Criteria #3 and #4.

In reviewing the above criteria, the Blue Cross VT Medical Policy Committee will consider physician specialty society recommendations, the view of prudent medical practitioners practicing in relevant clinical areas and any other relevant factors.

## Policy

The following is a list of current services and/or procedure(s) which are considered investigational.

### Coding Information

[Attachment I](#)

### Policy Implementation/Update information

|         |                                                                                                                                                                                                                                                                             |
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| 06/2020 | Policy new Format                                                                                                                                                                                                                                                           |
| 10/2020 | Coding Updates effective 10/01/2020 Medical Policy: Added codes: 0097U, 0107U, 82239, 82272, 82274, 82542, 82656, 82710, 82715, 82725, 83520, 83630, 83986, 83993, 84311, 87045, 87046, 87075, 87102, 87177, 87209, 87328, 87329, 87336, 89160, 89161, 89240 ARE CONSIDERED |

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|         | <p>INVESTIGATIONAL WITH THE FOLLOWING DIAGNOSES CODES: A04.8, A04.9, K58.0, K58.1, K58.2, K58.8, K58.9, K59.8, K63.9, K90.89.</p> <p>Coding Updates effective 10/01/2020 via Adaptive Maintenance Cycle: Added codes: 0016M, 0203U, 0204U, 0205U, 0206U, 0207U, 0208U, 0209U, 0211U, 0216U, 0217U, 0218U, 0219U, 0220U, 0225U, K1006, K1007, K1010, K1011, K1012, Q4249, Q4250, Q4254, Q4255.</p>                                                                                                                                                                                                                                                                                                            |
| 01/2021 | <p>Coding Updates effective 01/01/2021 Adaptive Maintenance Cycle: Changed effective date to 01/01/2021</p> <p>Removed Codes 38230, 83993, 90694</p> <p>Updated Codes 82172 &amp; 84181 to Investigational for All diagnoses</p> <p>Updated Codes 64910, 64911, 64912, 64913 as Investigational with dx codes C61, N52.0-N52.9</p> <p>Added codes 0227U, 0228U, 0229U, 0620T, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0639T, 22869, 22870, 30468, 55880, 57465, 81514, 92229, C1825, C9771, C9772, C9773, C9774, C9775</p> <p>Deleted codes 0400T, 0401T</p> <p>Removed codes 38206, 38230, 38241 codes require PA</p> |
| 04/2021 | <p>Coding Updates effective 04/01/2021 Adaptive Maintenance Cycle: Added codes: C9776, C9777, J3490, K1016, K1017, K1018, K1019, K1020, S1091, 0242U, 0243U, 0244U, 0247U. Removed codes: K1010, K1011, K1012, 64451, 78803, 78830, 78831, 78832, 78835</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 05/2021 | <p>Coding Update effective 05/01/2021: Added codes 81518, 0045U, 0153U.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 07/2021 | <p>Coding Updates effective 07/01/2021: 0248U, 0249U, 0250U, 0251U, 0252U, 0253U, 0640T, 0641T, 0642T, 0643T, 0645T, 0646T, 0647T, 0648T, 0649T, 0652T, 0653T, 0654T, 0655T, 0656T, 0657T, 0658T, 0659T, 0660T, 0661T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, A9593, A9594, G0327, 58674, 90626, 90627, 90671, 90677, 90758, C1761</p>                                                                                                                                                                                                                                                                                                                                                             |
| 08/2021 | <p>Coding Updates effective 08/01/2021: Added codes E1700, E1701, E1702</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 09/2021 | <p>Coding update effective 09/01/2021: Removed code 53854</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10/2021 | <p>Coding update effective 10/01/2021: Added Codes 0255U, 0258U, 0259U, 0260U, 0261U, 0262U, 0263U, 0264U, 0266U, 0267U, 0279U, 0280U, 0281U, 0282U, 0283U, 0284U, 0018M, Deleted code 0139U. Revised 0051U descriptor. Added HCPCS Codes: C1831, C9780, K1023, K1024, K1025, K1026, Q4251, Q4252, Q4253</p>                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11/2021 | <p>Coding update effective 11/01/2021 (To Align Corporate Bioengineered Skin Medical Policy Table): Added codes C9354, C9356, C9358, C9360, C9363, C9364, Q4103, Q4104, Q4110, Q4111, Q4112, Q4113, Q4115, Q4117, Q4118, Q4121, Q4123, Q4124, Q4125, Q4126, Q4127, Q4130, Q4134, Q4135, Q4136, Q4141, Q4142, Q4143, Q4146, Q4147, Q4149, Q4152, Q4158, Q4161, Q4164, Q4165, Q4166, Q4167, Q4179, Q4182, Q4193, Q4196, Q4200, Q4202, Q4203, Q4222. Removed codes: Q4185, Q4189, Q4192, Q4249, Q4250, Q4254, Q4255.</p>                                                                                                                                                                                        |
| 12/2021 | <p>Coding update effective 12/01/2021: Added code G9143</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 12/2021 | <p>Coding Update Effective 01/01/2022 (Adaptive Maintenance Cycle): Deleted the following codes: 0548T, 0549T, 0550T,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|         | 0551T, C9752, C9753, 95943, 0208U<br>Codes Added: 33370, 42975, 43497, 53451, 53452, 53453, 53454, 61736, 61737, 64628, 64629, 81560, 90759. Added codes PLA: 0285U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0295U, 0296U, 0297U, 0298U, 0299U, 0300U, 0303U, 0304U, 0305U. Added codes CAT III: 0672T, 0673T, 0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0687T, 0688T, 0689T, 0690T, 0691T, 0693T, 0694T, 0695T, 0696T, 0697T, 0698T, 0700T, 0701T, 0702T, 0703T, 0704T, 0705T, 0706T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T. Added the following HCPCS Codes: A2001, A2002, A2004, A2005, A2006, A2007, A2008, A2009, A2010, C1832, C1833, G0465, Q4199. Removed codes: 0030U, 0032U, 0033U, 0173U, 0175U, 90677.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 04/2022 | Coding Update Effective 04/01/2022 (Adaptive Maintenance Cycle): A2003 deleted code never became effective 01/01/2021. (O)097U deleted. Added codes: 0306U, 0307U, 0308U, 0309U, 0310U, 0311U, 0312U, 0313U, 0314U, 0315U, 0316U, 0317U, 0318U, 0319U, 0320U, 0321U, 0322U. A2013, A9291, C9781, K1028, K1029, K1030, K1031, K1032, K1033. Removed code J3490 per Ketamine Medical Policy effective 04/01/2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 05/2022 | Coding Update Effective 05/01/2022 (Investigational Medical Policy Reconciliation): Codes removed: A4641, A4642, A9500, A9502, A9520, A9541, A9568, A9572, A9582 may be eligible for benefit approved by AIM or BCBSVT. Codes removed: J9035, 15788, 15789, 15792, 15793, 17000, 17003, 17004, 30520, 17106, 17107, 17108, 82656, 83630, 90677 effective: 01/01/2022), 97032 may be eligible for services based on current standards of care. Codes removed: G0259, L8603*, L8605*, L8606*, L8684, S8080, 0026U, 0097U, 0107U, 0278T, 15824, 15826, 30130, 30140, 31626, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 36012, 37241, 38242, 43201, 43210, 43212, 43257, 51715, 64590, 64595, 64632, 64640, 64716, 64722, 64771, 64772, 64910, 64911, 64912, 64913, 76940, 78195, 78800, 78801, 78802, 78804, 82239, 82272, 82274, 82397, 82542, 82652, 82710, 82715, 82725, 83520, 83698, 83986, 84311, 86141, 86304, 87045, 87046, 87075, 87102, 87177, 87209, 87328, 87329, 87336, 89160, 89240, 92229, 93895, 95812, 95813, 95816, 95819, 95921, 95922, 95923, 95924, 96904 codes require prior approval. Removed codes: E0748, E0749, J3490, L8680, L8681, L8682, L8683, L8685, L8686, L8687, L8688, L8689, Q4168, Q4185, Q4189, Q4192, S3852, 0029U, 0156U, 0173U, 0175U, 0278U, 0394T, 15780, 15781, 15782, 15783, 20974, 20975, 61885, 61886, 64553, 64568, 64569, 64570, 67900, 75571, 81226, 81291, 81313, 81400, 81401, 81403, 81406, 81407, 81415, 81416, 81417, 81439, 81490, 81493, 81500, 81503, 81504, 81535, 81536, 81538, 81540, 81595, 95980, 95981, 95982 codes always required prior approval. Changed the following codes to be investigational for all diagnoses: A9584, E0740, E0761, E0769, G0166, G0295, G0329, G9147, S3722, 0003U, 0101T, 0102T, 0207T, 0278T, 0330T, 0332T, 0338T, 0339T, 0397T, 0421T, 0424T, 0425T, 0426T, 0441T, 0563T, 28890, 33548, 43206, 43252, 43284, 43285, 43647, 43648, 43881, 43882, 46707, 47371, 47381, 47383, 62263, 62264, 64505, 77085, 77086, 82523, 83006, 83695, 84080, 85384, 86352, 88375, 95957, 97610, 98922. Added new codes: C1825, C9359, C9362, E0746, G9143, S8130, S8131, 0651T, 64575 investigational for all diagnoses. Removed codes: G0281, G0282, |

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|         | V5095, 90876, 97014 codes are considered non-covered. Removed code S2080 code considered not medically necessary. Removed codes 31627 & 57465 not medically necessary per payment policy CPP_04. Added codes to as investigation but have been investigational per applicable medical policy: E0762, E0764, M0076, P9020, S8040, 0232T, 0355T, 41512, 64585, 83937, 91111, 92548, 92145, 92572, 92576, 93701, 95803, 96000, 96001, 96002, 96003, 96004, 97799. Codes deleted: A9599, C9750, 0355T, 0399T, 0406T, 0407T, 30660, 30661, 61632, 98922.                                                                                                                                                                                                                       |
| 06/2022 | Removed codes 0116U & 0117U Effective: 06/01/2022<br>Added code P2031 Effective: 06/01/2022, Added COVID-19 Monoclonal Antibodies & Administration codes: M0240, M0241, M0243, M0244, M0245, M0246, Q0240, Q0243, Q0244, Q0245 Effective:01/24/2022. Added COVID-19 Monoclonal Antibodies & Administration codes: M0247, M0248, Q0247 Effective: 04/05/2022.                                                                                                                                                                                                                                                                                                                                                                                                              |
| 06/2022 | Coding Update Effective 07/01/2022 (Adaptive Maintenance Cycle): Revised code descriptor 0229U. Removed code 83880 off-cycle map as medically necessary. Removed codes 0648T & 0649T from NIV to requiring PA add to PA CAT Code 'MQM' per medical policy changes to be reviewed by AIM 07/01/2022. Removed code 42975, 87426 & C9776 - medically necessary. Removed codes 90626 & 90627 FDA approved covered travel. Removed code 90759 FDA approved - preventive grid. Added codes: 90584, 0714T, 0715T, 0716T, 0717T, 0718T, 0719T, 0720T, 0721T, 0722T, 0723T, 0724T, 0725T, 0726T, 0727T, 0728T, 0729T, 0730T, 0731T, 0732T, 0733T, 0734T, 0735T, 0736T, 0737T, 0323U, 0324U, 0325U, 0328U, 0329U, 0330U, 0331U A9601, Q4259, Q4260, Q4261. Re-sequenced code 0330T. |
| 09/2022 | Coding Update Effective 10/01/2022 (Adaptive Maintenance Cycle): Added Codes Q1005, S0596, V2787, V2788, added to the Investigational policy the codes are considered investigational per the Vision Corporate Medical Policy. Removed codes 95976, 95977 & 58674 the codes will require prior approval. Removed code 84181 as investigational. Added the following PLA codes: 0332U, 0333U, 0334U, 0335U, 0336U, 0337U, 0338U, 0339U, 0340U, 0341U, 0342U, 0343U, 0344U, 0345U, 0346U, 0347U, 0348U, 0349U, 0350U, 0351U, 0352U as investigational. Added codes: A2014, A2015, A2016, A2017, A2018, A4596, C1834.                                                                                                                                                        |
| 11/2022 | Effective 11/01/2022: Removed codes: 0037U & 0129U from investigational to requiring prior approval. Removed codes 85384 & 85385 from investigational to medically necessary. Removed codes 0224U & 0225U from investigational to eligible at zero-cost share COVID-19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 12/2022 | Effective 01/01/2023 (Adaptive Cycle Maintenance): Deleted Codes: 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0514T, 0702T, 0703T. C1841, G2170, G2171. Revised Codes: 0733T, 0734T. Added codes as Investigational: 22860, 30469, 36836, 36837, 43290, 43291, 77089, 77090, 77091, 77092, 81418, 81449, 81451, 81456, 90678, 98978, 0738T, 0739T, 0740T, 0741T, 0742T, 0743T, 0744T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0751T, 0752T, 0753T, 0754T, 0755T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0763T, 0764T, 0765T, 0766T, 0767T, 0768T, 0769T, 0770T, 0771T, 0772T, 0773T, 0774T, 0775T, 0776T, 0777T, 0778T, 0779T, 0780T, 0781T, 0782T,                                                                                                             |

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|         | 0783T, 0355U, 0356U, 0357U, 0358U, 0359U, 0360U, 0361U, 0362U, 0363U, C1747, C1826, C1827, C7501, C7502, Q4262, Q4263, Q4264. Removed code as Investigational: 0421T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 01/2023 | Policy reviewed removed codes 0202U & 0223U from investigational to eligible at zero cost share COVID-19 effective 11/01/2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 02/2023 | Policy reviewed removed code 81518 from investigational to requiring prior approval effective 03/01/2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 03/2023 | Effective 04/01/2023 (Adaptive Maintenance Cycle): C1834, 0324U, 0325U codes deleted. Code 0095U descriptor revised. Removed codes 0449T, 0450T, 90758 from investigational to medically necessary. Added codes: 0364U, 0365U, 0366U, 0367U, 0369U, 0370U, 0371U, 0372U, 0374U, 0375U, 0376U, 0377U, 0378U, 0379U, 0380U, 0384U, 0385U, 0386U, A2019, A2020, A2021, A4341, A4342, A4560, A6590, A6591, A7049, E0677, E0711, E1905, L8678, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271 as investigational to the coding table                                                                                                                                                                                                                                                                                                                                                                                           |
| 03/2023 | Effective 06/01/2023 Medical Policy Review- Added codes: E1806, E1811, E1816, E1818, E1821, E1831, E1841                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 06/2023 | Effective 07/01/2023 (Adaptive Maintenance Cycle): Removed codes: 83721, 90671. Deleted Code: 0053U. Added Codes: 0387U, 0389U, 0390U, 0391U, 0392U, 0393U, 0394U, 0395U, 0398U, 0399U, 0400U, 0401U, 0791T, 0792T, 0793T, 0794T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0805T, 0806T, 0807T, 0808T, 0809T, C9150, C9784, C9785, C9786, C9787, Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4280, Q4281, Q4282, Q4283, Q4284. Added Codes (COVID-19): Refer to dates in table: 91300, 91301, 91303, 91305, 91306, 91307, 91308, 91309, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, M0220, M0221, M0222, M0223, M0240, M0241, M0243, M0244, M0245, M0246, M0247, M0248, Q0220, Q0221, Q0222, Q0240, Q0243, Q0244, Q0245, Q0247. |
| 09/2023 | Effective 10/01/2023 (Adaptive Maintenance Cycle): Revised: 0362U, 0389U, 0401U, K1004, K1028. Deleted: 0357U, 0386U. Removed: 90678 code medically necessary. Added: 0019M, 0071T, 0072T, 0403U, 0404U, 0405U, 0406U, 0407U, 0408U, 0410U, 0411U, 0412U, 0413U, 0414U, 0415U, 0416U, 0417U, 0418U, 0419U, A2022, A2023, A2024, A2025, A9268, A9269, A9292, A9573, A9603, A9697, C9788, C9790, C9791, C9792, E0490, E0491, K1036, Q4285, Q4286.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 10/2023 | Effective 12/01/2023: Codes 36473 & 36474 added as Investigational.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12/2023 | Adaptive Maintenance Effective 01/01/2024: Removed code 0404T from investigational to requiring prior approval.<br><br>Added codes: 22836,, 22837, 22838, 31242, 31243, 33276, 33277, 33278, 33279, 33280, 33281, 33287, 33288, 52284, 90589, 90683, 92972, 93150, 93151, 93152, 93153, A6566, A6567, A7023, A9609, C1600, E0492, E0493, E0530, E0732, E0733, E0734, E2001, Q4279, Q4287, Q4288, Q4289,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|         | <p>Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, 0420U, 0421U, 0422U, 0423U, 0424U, 0427U, 0429U, 0430U, 0431U, 0432U, 0433U, 0434U, 0435U, 0436U, 0437U, 0438U, 0790T, 0811T, 0812T, 0813T, 0814T, 0815T, 0820T, 0821T, 0827T, 0828T, 0829T, 0830T, 0831T, 0832T, 0833T, 0834T, 0835T, 0836T, 0837T, 0838T, 0839T, 0840T, 0841T, 0842T, 0843T, 0844T, 0845T, 0846T, 0847T, 0848T, 0849T, 0850T, 0851T, 0858T.</p> <p>0852T, 0853T, 0854T, 0855T, 0856T, 0857T, 0859T, 0860T, 0861T, 0862T, 0863T, 0864T, 0865T, 0866T</p> <p>Revised Codes: 81451, 81456, 0517T, 0518T, 0519T, 0520T, 0587T, 0588T, 0589T, 0590T, 0640T, 0656T, 0657T, 0766T, 0767T. 0095U, 0351U, 0356U,</p> <p>Deleted Codes: 0404T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0508T, 0533T, 0534T, 0533T, 0535T, 0536T, 0715T, 0768T, 0769T, 0775T, 0809T, 0014M, K1001, K1002,</p> <p>C9771, C9788, K1006, K1016, K1017, K1018, K1019, K1020, K1023, K1024, K1025, K1026, K1028, K1029, K1031, K1032, K1033,</p> <p>Removed code C2596 from investigational to medically necessary.</p> |
| 04/2024 | <p>Adaptive Maintenance Effective 04/01/2024: Added Codes: 27278, 0439U, 0440U, 0441U, 0442U, 0443U, 0444U, 0445U, 0446U, 0447U, 0449U, A2026, A4438, A4593, A4594, E0468, E0736, E0738, E0739, K1037, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, S4988, S9002 as investigational to coding table.</p> <p>Added Codes: C9796 &amp; C9797 retroactive to 01/01/2024 Adaptive Maintenance Cycle as investigational to coding table.</p> <p>Removed Code: 0242U from investigational from coding table now requires PA.</p> <p>Deleted Code: 0416U from coding table.</p> <p>Revised Code: E2001 in coding table.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 07/2024 | <p>Adaptive Maintenance Effective 07/01/2024: Added Codes: 0020M, 0867T, 0868T, 0870T, 0871T, 0872T, 0873T, 0874T, 0875T, 0876T, 0877T, 0878T, 0879T, 0880T, 0881T, 0882T, 0883T, 0884T, 0885T, 0886T, 0887T, 0888T, 0889T, 0890T, 0891T, 0892T, 0893T, 0894T, 0895T, 0896T, 0897T, 0898T, 0899T, 0900T, 0450U, 0451U, 0452U, 0453U, 0456U, 0457U, 0458U, 0460U, 0461U, 0462U, 0463U, 0464U, 0465U, 0466U, 0467U, 0468U, 0469U, 0470U, 0472U, 0474U, 0475U,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|         | <p>90637, 90638, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333 as investigational to coding table.</p> <p>Removed Codes: 0279U, 0280U, 0281U, 0282U, 0283U, 0284U, C9359, 90589, 90683 from coding table.</p> <p>Deleted Codes: 0204U, C9787, C9790, Q4277 from coding table.</p> <p>Revised Codes: 0741T in coding table.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 07/2024 | Removed CPT® code 33274 from investigational coding table, code will require prior approval. Effective 10/01/2024.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 10/2024 | <p>Adaptive Maintenance Effective 10/01/2024-Remove codes: 90637, 90638, 86352 (effective 07/01/2024) from investigational codes considered medically necessary. Removed codes: A9586, A9593, A9594, A9601, Q9982, Q9983, 0031U codes require prior approval and were not removed from investigational coding table.</p> <p>Removed codes: 0364U, 0720T from investigational codes require prior approval. Added codes: 90624, 0476U, 0477U, 0479U, 0482U, 0483U, 0484U, 0485U, 0486U, 0487U, 0488U, 0489U, 0490U, 0491U, 0492U, 0493U, 0494U, 0495U, 0496U, 0497U, 0498U, 0499U, 0500U, 0501U, 0502U, 0503U, 0504U, 0505U, 0506U, 0507U, 0508U, 0509U, 0510U, 0511U, 0512U, 0513U, 0514U, 0515U, 0516U, 0517U, 0518U, 0519U, 0520U, A4540, A2027, A2028, A2029, A4543, A4544, A4545, A7021, A9610, C8000, E0469, E0683, E0715, E0716, E0721, E0737, E0743, E0767, E3200, L8720, L8721, P9027, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345 as investigational to coding table. Deleted code: C9150 from coding table. Revised Code Descriptors: 0248U, 0403U, A2024, E0739.</p> |
| 10/2024 | Removed Code: Q4121 from coding table requires prior approval effective 11/01/2024.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 11/2024 | Coding table reviewed removed codes 0889T, 0890T, 0891T, 0892T as investigational effective 01/01/2025.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12/2024 | Removed code 0047U as investigational effective 12/01/2024.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



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| 12/2024 | Adaptive Maintenance Effective 01/01/2025 -Codes Deleted from coding table: 96003, 0553T, 0380U, 0346U, 0456U, C9786. Codes Revised in coding table: 0615T, 0365U, 0095U.Codes Added as investigational to coding table: C1735, C1736, C1737, C1738, C8001, C8002, C8003, G0555, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, S4988, 0524U, 0525U, 0526U, 0901T, 0902T, 0903T, 0904T, 0905T, 0906T, 0907T, 0908T, 0909T, 0910T, 0911T, 0912T, 0913T, 0914T, 0915T, 0916T, 0917T, 0918T, 0919T, 0920T, 0921T, 0922T, 0923T, 0924T, 0925T, 0926T, 0927T, 0928T, 0929T, 0930T, 0931T, 0932T, 0933T, 0934T, 0935T, 0936T, 0937T, 0938T, 0939T, 0940T, 0941T, 0942T, 0943T, 0944T, 0945T, 0946T, 0947T, 15011, 15012, 15013, 15014, 15015, 15016, 15017, 15018, 51721, 53865, 53866, 55881, 55882, 60660, 60661, 61715, 66683, 81195, 81515, 81558, 82233, 82234, 83884, 84393, 84394. Codes removed: 64585, 0334U. |
| 03/2025 | Adaptive Maintenance Effective 04/01/2025: Codes Deleted COVID-19 Codes from coding table: M0220, M0221, M0222, M0223, M0240, M0241, M0243, M0244, M0247, Q0220, Q0221, Q0222, Q0240, Q0243, Q0244, Q0245, Q0247 effective 12/12/2024.<br><br>Codes Deleted COVID-19 Codes from coding table: M0245, M0246 effective 12/13/2024.<br><br>Codes Revised in codes: 0228U, 0308U, 0309U, 0310U, E1801, E1811, E1816, E1818, E1841.<br><br>Codes Added as investigational to coding table: 0537U, 0538U, 0539U, 0541U, 0542U, 0544U, 0546U, 0547U, 0548U, 0549U, 0550U, 0551U, A2030, A2031, A2032, A2033, A2034, A2035, A9611, C8004, C8005, C9300, E0201, G0183, G0566, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, S4024.                                                                                                                                             |
| 03/2025 | Effective 06/01/2025 Added codes A4541, A4542 to table as investigational.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 04/2025 | Effective 07/01/2025: Removed codes 0889T, 0890T, 0891T, 0892T as requiring prior approval to investigational. Removed code 81514 from investigational to medically necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 05/2025 | Effective 08/01/2025 Code 0464U removed from the investigational coding table.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 06/2025 | Adaptive Maintenance Effective 07/01/2025: Added the following codes 0948T, 0949T, 0950T, 0951T, 0952T, 0953T, 0954T, 0955T, 0956T, 0957T, 0958T, 0959T, 0960T, 0961T, 0962T, 0963T, 0964T, 0965T, 0966T, 0967T, 0968T, 0969T, 0970T, 0971T, 0972T, 0973T, 0974T, 0975T, 0976T, 0977T, 0978T, 0979T, 0980T, 0981T, 0982T, 0983T, 0984T, 0985T, 0986T, 0987T, 0558U, 0559U, 0562U, 0566U, 0567U, 0568U, 0569U, 0570U, 0572U, 0573U, 0574U, Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380,                                                                                                                                                                                                                                                                                                                                                                                             |

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|         | Q4382, 90382, 90612, 90613, 90631, 91323 to the coding table as investigational. Deleted codes 0369U, 0370U, 0374U from coding table.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 07/2025 | Effective 10/01/2025: Removed codes 81515 & A9697 as investigational from coding table to medically necessary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 09/2025 | <p>Adaptive Maintenance Effective 10/01/2025: Adaptive Maintenance Effective 10/01/2025:</p> <p>Added the following codes to the coding table as investigational: 0575U, 0576U, 0577U, 0578U, 0579U, 0580U, 0581U, 0586U, 0587U, 0588U, 0589U, 0590U, 0591U, 0592U, 0593U, 0594U, 0597U, 0598U, 0599U, A2036, A2037, A2038, A2039, E0658, E0659, L1007, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397</p> <p>Removed the following deleted Codes: 0450U, 0451U</p> <p>Effective 12/01/2025: Removed the following code C1747 from the coding table from investigational the code will be considered medically necessary if criteria are met.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 10/2025 | Effective 01/01/2026: Removed code 55706 from coding table the code will require prior approval if criteria are met. Removed code 82610 from the coding table from investigational, the code will be considered medically necessary if criteria are met. Added codes 0422T, E0936, Q4236 to coding table.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 11/2025 | <p>Adaptive Maintenance Effective 01/01/2026: New Codes: 0988T, 0989T, 0990T, 0991T, 0992T, 0993T, 0994T, 0995T, 0996T, 0997T, 0998T, 0999T, 1000T, 1001T, 1002T, 1003T, 1004T, 1005T, 1006T, 1007T, 1008T, 1009T, 1010T, 1011T, 1012T, 1013T, 1014T, 1015T, 1016T, 1017T, 1018T, 1020T, 1021T, 1025T, 0600U, 0601U, 0602U, 0607U, 0608U, 0609U, 0610U, 0611U, 0612U, 0613U, 37262, 37279, 47384, 52443, 62330, 62331, 63032, 64654, 64655, 64656, 64657, 64658, 64659, 64728, 75577, 81354, 81524, 87182, 87183, 87627, 93145, 93146, 98984, 98985, 98986, 98979, 99445, 99470, Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4415, Q4416, Q4417, Q4420, Q4431, Q4432, Q4433,</p> <p>Revised Codes: 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0275T, 0631T, 0598T, 0599T, 27278, 62287, A2001, A2002, A2005, A2006, A2007, A2008, A2009, A2010, A2013, A2015, A2016, A2018, A2019, A2021, A2022, A2024, A2025, A2027, A2029, A2031, A2032, A2034, A2036, A2038, A2039, Q4103, Q4104, Q4110, Q4111, Q4115, Q4117, Q4123, Q4124, Q4125, Q4126, Q4127, Q4130, Q4134, Q4135, Q4136, Q4141, Q4142, Q4143, Q4146, Q4147, Q4152, Q4158, Q4161, Q4164, Q4165, Q4166, Q4167, Q4179, Q4182, Q4193, Q4196, Q4199, Q4200, Q4203, Q4222, Q4236, Q4251, Q4252, Q4253, Q4259, Q4260, Q4261, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269,</p> |

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|            | <p>Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q4376, Q4377, Q4378, Q4379, Q4380, Q4382, Q4383, Q4348, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397.</p> <p>Deleted Codes: 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0275T, 0631T, 0619T, 0623T, 0624T, 0625T, 0626T, 0131U, 0132U, 0135U, 0361U, 0508U, 0509U, 0544U, 0550U, 0551U, C9751, C9784.</p> |
| 12/01/2025 | Effective 03/01/2026: Removed codes from coding table 64628 & 64629 added codes to prior approval list.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01/09/2026 | Routine Code Changes Effective 04/01/2026: Removed code A9584 and added codes 81529 & E0747 to the coding table.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 02/09/2026 | Effective 05/01/2026: Updated coding table adding code 43889 from requiring prior approval to investigational. Removed code A9573 from investigational to medically necessary. Added code 83516 code as investigational as listed in Allergy Testing Medical Policy notification provided 03/01/2026 effective 05/01/2026.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 02/27/2026 | Adaptive Maintenance Effective 04/01/2026: Added Codes: 0614U, 0615U, 0616U, 0617U, 0618U, 0619U, 0620U, 0621U, 0622U, 0623U, 0624U, 0625U, 0626U, 0627U, 0628U, 0629U, 0630U, A2040, A2041, A2042, A2043, A2044, A2045, A4318, A4479, A6548, A8005, A8006, A9294, L2221, L5992, Q4418, Q4419, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440. Revised Code Descriptors: 0319U, 0580U, A2014, A2037.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 05/18/2026 | <p>Adaptive Maintenance Effective 07/01/2026: Added Codes: C1609, G0577, 90616, 90639, 1026T, 1027T, 1028T, 1029T, 1030T, 1031T, 1032T, 1033T, 1034T, 1035T, 1036T, 1037T, 1038T, 1039T, 1040T, 1041T, 1042T, 1043T, 1044T, 1045T, 1046T, 1047T, 1048T, 1049T, 1050T, 1051T, 1052T, 1053T, 0631U, 0633U, 0634U, 0635U, 0636U, 0637U, 0638U, 0639U, 0640U, 0641U, 0642U, 0643U, 0644U, 0645U, 0646U, 0647U, 0648U, 0649U, 0650U, 0651U, 0652U, 0653U, 0654U, 0655U, 0656U, 0657U, 0658U, 0659U,</p> <p>Deleted Codes: 0423U, 0577U,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|            | Revised Codes: 0805T, 0806T, 0882T, 0883T, 0034U, 0598U<br><br>Added code 83516 as investigational as listed in Allergy Testing Medical Policy notification provided 03/01/2026 effective 05/01/2026. |
| 07/15/2026 | Effective 10/01/2026: Removed codes: C1761, C1831, E0747, 61715, 81418, 92972<br><br>Added code: 64555                                                                                                |

### Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

### Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA  
Vice President and Chief Medical Officer

## Attachment I

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                        |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                            |
| 0001A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose    |
| 0002A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose   |
| 0003A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose   |
| 0003U                                                                                          | Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score                                               |
| 0004A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose |
| 0004M                                                                                          | Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score                                                                                                                                      |
| 0011A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose                          |
| 0011M                                                                                          | Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk                                                                      |
| 0012A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose                         |
| 0013A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose                         |
| 0016M                                                                                          | Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)                  |
| 0018M                                                                                          | Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score                                                     |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                           |
| 0019M                                                                                          | Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations                                                                                                                                                     |
| 0020M                                                                                          | Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass                                                                                                        |
| 0024U                                                                                          | Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative                                                                                                                                                                                                                                      |
| 0025U                                                                                          | Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative                                                                                                                                                                                                                                     |
| 0031A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage; single dose                                |
| 0034A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage; booster dose                               |
| 0034U                                                                                          | TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydrolxylase 15) (eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)                                                                                                                                 |
| 0035U                                                                                          | Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative                                                                                                                                                                                                  |
| 0038U                                                                                          | Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative                                                                                                                                                                                                                                                         |
| 0039U                                                                                          | Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity                                                                                                                                                                                                                                                                   |
| 0041U                                                                                          | Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM                                                                                                                                                                                                                                          |
| 0042U                                                                                          | Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG                                                                                                                                                                                                                                         |
| 0043U                                                                                          | Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM                                                                                                                                                                                                                     |
| 0044U                                                                                          | Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG                                                                                                                                                                                                                     |
| 0045U                                                                                          | Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score                                                                                                 |
| 0048U                                                                                          | Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s) |
| 0050U                                                                                          | Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements                                                                                                                                                            |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                    |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                        |
| 0051A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose                            |
| 0051U                                                                                          | Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service                                                             |
| 0052A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose                           |
| 0052U                                                                                          | Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation                                                                                 |
| 0053A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose                            |
| 0054A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose                          |
| 0054U                                                                                          | Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service |
| 0055U                                                                                          | Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma                                                                                                                                     |
| 0058U                                                                                          | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative                                                                                                                                                      |
| 0059U                                                                                          | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative                                                                                                                                           |
| 0060U                                                                                          | Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood                                                                                                                                                                         |
| 0061U                                                                                          | Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis                  |
| 0062U                                                                                          | Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score                                                                                                                                                            |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                           |
| 0064A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose                                                                                                                                      |
| 0067U                                                                                          | Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score |
| 0069U                                                                                          | Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score                                                                                                                                                                                                                         |
| 0071A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose                                                                                        |
| 0071T                                                                                          | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue                                                                                                                                                                                                                                                        |
| 0072A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose                                                                                       |
| 0072T                                                                                          | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue                                                                                                                                                                                                                                              |
| 0073A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose                                                                                        |
| 0074A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose                                                                                      |
| 0075T                                                                                          | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel                                                                                                                                                                                                                          |
| 0076T                                                                                          | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)                                                                                                                                                      |



| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                  |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                      |
| 0078U                                                                                          | Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder                                                                         |
| 0080U                                                                                          | Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy                                      |
| 0081A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose                                                                                    |
| 0082A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose                                                                                   |
| 0082U                                                                                          | Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service |
| 0083A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose                                                                                    |
| 0083U                                                                                          | Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations                                                                                                                                                                                           |
| 0084U                                                                                          | Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens                                                                                                                                                                                                                                                        |
| 0087U                                                                                          | Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score                                                                                                                                                                                    |
| 0088U                                                                                          | Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection                                                                                                                                                                           |
| 0089U                                                                                          | Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)                                                                                                                                                                                                                                                   |
| 0090U                                                                                          | Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)                                                                                                                  |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 0091A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years                                                                                                                                                                                                                                                                                                                                                    |
| 0091U                                                                                          | Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 0092A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years                                                                                                                                                                                                                                                                                                                                                   |
| 0092U                                                                                          | Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 0093A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years                                                                                                                                                                                                                                                                                                                                                    |
| 0094A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; booster dose, when administered to individuals 18 years and overEosinophilic esophagitis (Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and major basic protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis |
| 0095U                                                                                          | Eosinophilic esophagitis, 2 protein biomarkers (Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and Major Basic Protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]-1), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis                                                                                                                                                                                                                                                                            |
| 0100T                                                                                          | Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 0101T                                                                                          | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 0101U                                                                                          | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])                                                                                                                                                                                                                                          |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                           |
| 0102T                                                                                          | Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle                                                                                                                                                                                                                                                                               |
| 0102U                                                                                          | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])                                                     |
| 0103U                                                                                          | Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])                                                             |
| 0105U                                                                                          | Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD) |
| 0106T                                                                                          | Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation                                                                                                                                                                                                                                                                         |
| 0106U                                                                                          | Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion                                                                                                                                                                                          |
| 0107T                                                                                          | Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation                                                                                                                                                                                                                                                                        |
| 0108T                                                                                          | Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia                                                                                                                                                                                                                                                            |
| 0108U                                                                                          | Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer                                            |
| 0109T                                                                                          | Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia                                                                                                                                                                                                                                                          |
| 0110T                                                                                          | Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation                                                                                                                                                                                                                                                                                                 |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                   |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                       |
| 0110U                                                                                          | Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected                                                                                               |
| 0111A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose                                                                                                                                     |
| 0112A                                                                                          | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose                                                                                                                                   |
| 0113U                                                                                          | Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score                                                                                                                                                                           |
| 0114U                                                                                          | Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus                                                                                                                                                                                                                            |
| 0118U                                                                                          | Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA                                                                                                                                                                   |
| 0119U                                                                                          | Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events                                                                                                                                                                                                                              |
| 0120U                                                                                          | Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter |
| 0121U                                                                                          | Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood                                                                                                                                                                                                                                                                                                             |
| 0122U                                                                                          | Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood                                                                                                                                                                                                                                                                                                         |
| 0123U                                                                                          | Mechanical fragility, RBC, shear stress and spectral analysis profiling                                                                                                                                                                                                                                                                                                           |
| 0130U                                                                                          | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)                                                                            |
| 0133U                                                                                          | Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)                                                                                                                                                                                                                        |
| 0134U                                                                                          | Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)                                                                                                                                       |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                           |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                               |
| 0136U                                                                                          | ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                        |
| 0137U                                                                                          | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                              |
| 0138U                                                                                          | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)                                                                                                                                                                                                  |
| 0152U                                                                                          | Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens                                                                                                                                                                                                                       |
| 0153U                                                                                          | Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement                                                                                                                                   |
| 0163T                                                                                          | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)                                                                                                                                                                   |
| 0163U                                                                                          | Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas |
| 0164T                                                                                          | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                  |
| 0164U                                                                                          | Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results                                                                                                                                                                                                                   |
| 0165T                                                                                          | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)                                                                                                                                                                                                            |
| 0165U                                                                                          | Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy                                                                                                                                                                                                                |
| 0166U                                                                                          | Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation                                                                    |
| 0169U                                                                                          | NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants                                                                                                                                                                                                                                                                                |
| 0170U                                                                                          | Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis                                                                                                                                                                                                                                |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                              |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                  |
| 0171U                                                                                          | Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence         |
| 0174U                                                                                          | Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents                   |
| 0176U                                                                                          | Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)                                                                                                                                                                                  |
| 0178U                                                                                          | Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction                                                                                   |
| 0179U                                                                                          | Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s) |
| 0180U                                                                                          | Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons                           |
| 0181U                                                                                          | Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1                                                                                                                                                         |
| 0182U                                                                                          | Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10                                                                                                                                                 |
| 0183U                                                                                          | Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19                                                                                                                                   |
| 0184U                                                                                          | Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2                                                                                                                                        |
| 0185U                                                                                          | Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4                                                                                                                                                        |
| 0186U                                                                                          | Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2                                                                                                                                                                        |
| 0187U                                                                                          | Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2                                                                                                                                     |
| 0188U                                                                                          | Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4                                                                                                                                                  |
| 0189U                                                                                          | Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2                                                                                                                                             |
| 0190U                                                                                          | Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3                                                                                                                                       |
| 0191U                                                                                          | Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6                                                                                                                                                |
| 0192U                                                                                          | Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9                                                                                                                     |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                           |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                               |
| 0193U                                                                                          | Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26                                                                                                                                                       |
| 0194U                                                                                          | Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8                                                                                                                                                                           |
| 0195U                                                                                          | KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)                                                                                                                                                                                                                                           |
| 0196U                                                                                          | Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3                                                                                                                                                                 |
| 0197U                                                                                          | Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1                                                                                                                                       |
| 0198U                                                                                          | Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5                                                                                     |
| 0199U                                                                                          | Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12                                                                                                                                                 |
| 0200U                                                                                          | Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3                                                                                                                                                                                                  |
| 0201U                                                                                          | Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2                                                                                                                                                                             |
| 0202T                                                                                          | 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                                                  |
| 0203U                                                                                          | Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness                                             |
| 0205U                                                                                          | Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements                                   |
| 0206U                                                                                          | Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCε) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease                                      |
| 0207T                                                                                          | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral                                                                                                                                                                                                               |
| 0207U                                                                                          | Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure) |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                           |
| 0209U                                                                                          | Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities                                                                                                                       |
| 0211U                                                                                          | Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association                  |
| 0216U                                                                                          | Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants |
| 0217U                                                                                          | Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants        |
| 0218U                                                                                          | Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants                                                        |
| 0219U                                                                                          | Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility                                                                 |
| 0220U                                                                                          | Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3                                                                                                                                     |
| 0227U                                                                                          | Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation                                                             |
| 0228U                                                                                          | Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer                                                   |
| 0229U                                                                                          | BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis                                                                                                                                                        |
| 0232T                                                                                          | Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed                                                                                                                                                                                     |
| 0243U                                                                                          | Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia                                                                                                       |



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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                |
| 0244U                                                                                          | Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue |
| 0247U                                                                                          | Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth                |
| 0248U                                                                                          | Oncology spheroid cell culture in a 3D microenvironment, 12 drug panel, brain or brain metastasis response prediction for each drug                                                                                                                                                                        |
| 0249U                                                                                          | Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report                                                                                                                       |
| 0250U                                                                                          | Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden           |
| 0251U                                                                                          | Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma                                                                                                                                                                                                                                    |
| 0252U                                                                                          | Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy                                                                                   |
| 0253T                                                                                          | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space                                                                                                                                                                     |
| 0253U                                                                                          | Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (e.g., pre-receptive, receptive, post-receptive)                                   |
| 0255U                                                                                          | Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score                                                            |
| 0258U                                                                                          | Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics                                                                                     |
| 0259U                                                                                          | Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative              |
| 0260U                                                                                          | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping                                                                                                              |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 0261U                                                                                          | Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score                                                                                                                                                                                                            |
| 0262U                                                                                          | Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score                                                                                                                                                                                                                                              |
| 0263T                                                                                          | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest                                                                                                                                                                                                                             |
| 0263U                                                                                          | Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (i.e., a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD) |
| 0264T                                                                                          | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest                                                                                                                                                                                                                                                     |
| 0264U                                                                                          | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping                                                                                                                                                                                                                                                                           |
| 0265T                                                                                          | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy                                                                                                                                                                                               |
| 0266U                                                                                          | Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes                                                                                                                                                            |
| 0267U                                                                                          | Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing                                                                                                                                                                                                                                                |
| 0274T                                                                                          | 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                                                                                                                                      |
| 0278T                                                                                          | Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)                                                                                                                                                                                                                                                                                                                               |
| 0285U                                                                                          | Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score                                                                                                                                                                                                                                                                                                                           |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                  |
| 0288U                                                                                          | Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score                                          |
| 0289U                                                                                          | Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score                                                                                                                                                                                       |
| 0290U                                                                                          | Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score                                                                                                                                                                                                     |
| 0291U                                                                                          | Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score                                                                                                                                                                                        |
| 0292U                                                                                          | Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score                                                                                                                                                                                       |
| 0293U                                                                                          | Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score                                                                                                                                                                                      |
| 0294U                                                                                          | Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score                                                                                                                                                                                        |
| 0295U                                                                                          | Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score |
| 0296U                                                                                          | Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy                                                                                       |
| 0297U                                                                                          | Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification                                                                                                          |
| 0298U                                                                                          | Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification                                                                  |
| 0299U                                                                                          | Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification                                                                                                                                            |
| 0300U                                                                                          | Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification                                                                                                                         |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                            |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                |
| 0303U                                                                                          | Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic                                                                                                                                                            |
| 0304U                                                                                          | Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic                                                                                                                                                           |
| 0305U                                                                                          | Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index                                                                                                                                                                                                                            |
| 0306U                                                                                          | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD                                                                                                                                                     |
| 0307U                                                                                          | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD                                                                                                                                     |
| 0308U                                                                                          | Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD                                                                                                                                                     |
| 0309U                                                                                          | Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event                                                                                                                   |
| 0310U                                                                                          | Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD                                                                                                                                                                                                  |
| 0311U                                                                                          | Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified                                                                                                                                                                   |
| 0312U                                                                                          | Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment |
| 0313U                                                                                          | Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)                                                                                 |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                     |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                         |
| 0314U                                                                                          | Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)                                                                                                                     |
| 0315U                                                                                          | Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)                                                                                                     |
| 0316U                                                                                          | Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine                                                                                                                                                                                                                                                                                                                 |
| 0317U                                                                                          | Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer                                                                                                                                                                                        |
| 0318U                                                                                          | Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood                                                                                                                                                                                                                                                           |
| 0319U                                                                                          | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection                                                                                                                                                                                                |
| 0320U                                                                                          | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection                                                                                                                                                                                            |
| 0321U                                                                                          | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique                                                                                                                                          |
| 0322U                                                                                          | Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD                                                                                 |
| 0323U                                                                                          | Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, Cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites or fungi                                                                                                                                                    |
| 0328U                                                                                          | Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient adverse event, per date of service                                                      |
| 0329U                                                                                          | Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with and DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations |
| 0330T                                                                                          | Tear film imaging, unilateral or bilateral, with interpretation and report                                                                                                                                                                                                                                                                                                          |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 0330U                                                                                          | Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab                                                                                                                                                                                                                                                                                                                               |
| 0331U                                                                                          | Oncology (hematolymphoid neoplasia), optical for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alternations                                                                                                                                                                                                                                                                                                |
| 0332T                                                                                          | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT                                                                                                                                                                                                                                                                                                                                                                     |
| 0332U                                                                                          | Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy                                                                                                                                                                                                                                             |
| 0333U                                                                                          | Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in highrisk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gammaprothrombin (DCP), algorithm reported as normal or abnormal result                                                                                                                                                                                      |
| 0335T                                                                                          | Insertion of sinus tarsi implant                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 0335U                                                                                          | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants                                         |
| 0336U                                                                                          | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) |
| 0337U                                                                                          | Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood                                                                                                                                                                                                          |
| 0338T                                                                                          | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral                                                                                              |
| 0338U                                                                                          | Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood                                                                                                                                                                              |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                          |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                              |
| <b>0339T</b>                                                                                   | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral |
| <b>0339U</b>                                                                                   | Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer                                                                                                                                                |
| <b>0340U</b>                                                                                   | Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate                                                                                       |
| <b>0341U</b>                                                                                   | Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid                                                                                                                                                                       |
| <b>0342U</b>                                                                                   | Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline                                                                                        |
| <b>0343U</b>                                                                                   | Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer                                                                                                                           |
| <b>0344U</b>                                                                                   | Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH                                                                                                                                 |
| <b>0345U</b>                                                                                   | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6                                                                                                                                                                                           |
| <b>0347U</b>                                                                                   | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes                                                                                                                                                                                                                         |
| <b>0348U</b>                                                                                   | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes                                                                                                                                                                                                                         |
| <b>0349U</b>                                                                                   | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions                                                                                                                                                                              |
| <b>0350U</b>                                                                                   | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes                                                                                                                                                                                                                         |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>0351U</b>                                                                                   | Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C- reactive protein, serum, or venous whole blood, algorithm reported as likelihood of bacterial infection                                                                                                                                                                                                                |
| <b>0352U</b>                                                                                   | Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphaera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected |
| <b>0355U</b>                                                                                   | APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>0356U</b>                                                                                   | Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence                                                                                                                                                                                                                                                                                                                  |
| <b>0358U</b>                                                                                   | Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative                                                                                                                                                                                                                                                                                                              |
| <b>0359U</b>                                                                                   | Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer                                                                                                                                                                                                                                                                                                                            |
| <b>0360U</b>                                                                                   | Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy                                                                                                                                                                                                                                                                                          |
| <b>0362U</b>                                                                                   | Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes fine needle aspiration or formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes                                                                                                                                                                                                                                 |
| <b>0363U</b>                                                                                   | Oncology (urothelial), mRNA, geneexpression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma                                                                                                                                                                                                  |
| <b>0365U</b>                                                                                   | Oncology (bladder), 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1, and VEGFA) by immunoassays, urine, diagnostic, algorithm including patient's age, race and gender reported as a probability of harboring urothelial cancer                                                                                                                                                                                                                                                |
| <b>0366U</b>                                                                                   | Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer                                                                                                                                                                                                                                                                                             |



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| <b>0367U</b>                                                                                   | Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection                                                                  |
| <b>0371U</b>                                                                                   | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine                                                                                               |
| <b>0372U</b>                                                                                   | Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score                                                                                                                                                                                 |
| <b>0375U</b>                                                                                   | Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score                                                                                     |
| <b>0376U</b>                                                                                   | Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score                                                                                     |
| <b>0377U</b>                                                                                   | Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)                                                                                                                                                              |
| <b>0378U</b>                                                                                   | RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab                                                                                                                                                                                                                        |
| <b>0379U</b>                                                                                   | Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden                                                                                |
| <b>0384U</b>                                                                                   | Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LCMS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease                                       |
| <b>0385U</b>                                                                                   | Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease |
| <b>0387U</b>                                                                                   | Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (AMLo) by immunohistochemistry, formalinfixed paraffin-embedded (FFPE) tissue, report for risk of progression                                                                                                                                                                         |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>0389U</b>                                                                                   | Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>0390U</b>                                                                                   | Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>0391U</b>                                                                                   | "Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score"                                                                                                                                                                                                                                                                                                                                                               |
| <b>0392U</b>                                                                                   | "Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>0393U</b>                                                                                   | SYNTap® Biomarker Test by Amprion Clinical Laboratory. The lab, this chemistry test aids in the diagnosis of synucleinopathies (e.g., Parkinson's disease, Lewy body dementia, multiple system atrophy (MSA), Lewy body variant of Alzheimer's disease) and differential diagnosis of other movement and cognitive disorders. A CSF specimen is subjected to qualitative seed amplification assay assessment for detection of misfolded aggregates of $\alpha$ -synuclein protein                                                                                                                                                                                                                                                                               |
| <b>0394U</b>                                                                                   | PFAS Testing & PFASure™, by National Medical Services (NMS Labs). Per the lab, this chemistry quantitative toxicology test, monitors for Perfluoroalkyl Substances, (eg. perfluorooctanoic acid, perfluorooctane sulfonic acid). Plasma or serum is analyzed by HPLC/Tandem Mass Spectrometry (LC-MS/MS) for 16 PFAS compounds and reported with a calculated NASEM Summation value (National Academies of Science, Engineering and Medicine guidance value). The US Department of Defense, Lab Corp (and other large national clinical laboratories) and individual State-Level agencies will order this testing in Serum/Plasma matrix to monitor for exposure to PFAS. NMS Labs anticipates that testing will begin in Q1 2023. Testing will be high volume. |
| <b>0395U</b>                                                                                   | "Oncology (lung), multi-omics (microbial DNA by shotgun next generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>0397T</b>                                                                                   | Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                 |
| 0398U                                                                                          | "Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer"                                                                                                                   |
| 0399U                                                                                          | Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgGbinding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected                                 |
| 0400U                                                                                          | Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative                                                                                                                                                       |
| 0401U                                                                                          | Cardiology (coronary heart disease [-CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event                                                                                                                                                              |
| 0403U                                                                                          | Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer                                                                                                                                                                     |
| 0404U                                                                                          | Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression                                                                                                                                                                                                         |
| 0405U                                                                                          | Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected                                                                                                                                                                                                       |
| 0406U                                                                                          | Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer                                                                                                                                                                                |
| 0407U                                                                                          | Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function |
| 0408U                                                                                          | Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])                                                                                                                                                                               |
| 0410U                                                                                          | Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected                                                                                                                                                                                   |
| 0411U                                                                                          | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 (For additional PLA code with identical clinical descriptor, see 0345U. See Appendix O to determine appropriate code assignment)                             |
| 0412U                                                                                          | Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology                                                                     |

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| 0413U                                                                                          | Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations                                                                                                                                                                            |
| 0414U                                                                                          | Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffinembedded (FFPE) tissue, reported as positive or negative for each biomarker                                                                                                               |
| 0415U                                                                                          | Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS                                                                                                                                  |
| 0417U                                                                                          | Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclearencoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants |
| 0418U                                                                                          | Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score                                                                                                                                                                                                                                     |
| 0419U                                                                                          | Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype                                                                                                                                                                                                                                             |
| 0420U                                                                                          | Oncology (bladder), mRNA expression profiling by real time quantitative PCR of 5 genes (MDK, HOXA13, CDC2, IGFBP5, and CXCR2) in combination with ddPCR analysis of 6 single nucleotide polymorphisms in two genes (TERT and FGFR3) utilizing a midstream voided urine sample, algorithm reported as a risk score of having urothelial carcinoma                                                           |
| 0421U                                                                                          | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, and EGLN2) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result                                                                                                                                           |
| 0422T                                                                                          | Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral                                                                                                                                                                                                                                                                                                                          |
| 0422U                                                                                          | Oncology (pan-cancer), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate                                                 |
| 0424U                                                                                          | Oncology (prostate) analysis of 53 small noncoding RNAs (sncRNAs), extracted from urinary exosomes, by quantitative real time polymerase chain reaction (rt-qPCR), reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer                                                                                                                                                  |
| 0427U                                                                                          | Monocyte distribution width, whole blood (list separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                                       |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 0429U                                                                                          | Infectious disease (viral), real-time PCR testing for 14 high-risk HPV types using oropharyngeal swab                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 0430U                                                                                          | Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 0431U                                                                                          | Glycine Receptor Alpha1 IgG, serum or cerebrospinal fluid (CSF), live Cell-Binding Assay (LCBA), qualitative                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 0432U                                                                                          | Kelch-Like Protein 11 (KLHL11) Antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 0433U                                                                                          | Oncology (prostate) 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 0434U                                                                                          | Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 0435U                                                                                          | Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations                                                                                                                                                                                                                                                                                                                                  |
| 0436U                                                                                          | Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy.                                                                                                                                                                                                                                                                                                                                                                                            |
| 0437U                                                                                          | Psychiatry (anxiety disorders), mRNA gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 0438U                                                                                          | Drug Metabolism (adverse drug reactions and drug response) buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions                                                                                                                                                                                                                                                                                                                              |
| 0439U                                                                                          | Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD                                                                          |
| 0440U                                                                                          | Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1], cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD |
| 0441T                                                                                          | Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                      |
| 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.                                                                                      |
| 0442U                                                                                          | Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent                                                                                                    |
| 0443U                                                                                          | Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid                                                                                                                                                                                                       |
| 0444U                                                                                          | Oncology (solid organ neoplasia), targeted genomic sequence panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (DDPE) tumor tissue, report of clinically significant variant(s)                        |
| 0445U                                                                                          | Bamyloid (Abeta42) and Phospho Tau (181P) (pTau181), electrochemiluminescence immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology                                                                                                           |
| 0446U                                                                                          | Autoimmune diseases (systemic lupus erythematosus) [SLE], analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity                                                                 |
| 0447U                                                                                          | Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare                                                   |
| 0449U                                                                                          | Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemias) regardless of race or self-identified ancestry, genomic sequence analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2) |
| 0452U                                                                                          | Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer                                                                                                        |
| 0453U                                                                                          | Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)                                                                           |
| 0457U                                                                                          | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative                                                                                                                                        |
| 0458U                                                                                          | Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score                                                                                                                                               |
| 0460U                                                                                          | Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes                                                                                                                                 |
| 0461U                                                                                          | Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes                                                         |

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| <b>0462U</b>                                                                                   | Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>0463U</b>                                                                                   | Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker                                                                                                                                                                                                                                     |
| <b>0465U</b>                                                                                   | Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>0466U</b>                                                                                   | Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease                                                                                                                                                                                                                                                                                                                                             |
| <b>0467U</b>                                                                                   | Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>0468U</b>                                                                                   | Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>0469U</b>                                                                                   | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination |
| <b>0470U</b>                                                                                   | Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>0472U</b>                                                                                   | 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                                                                                                                                                                                                                                                                                                                                                              |
| <b>0474U</b>                                                                                   | Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene                                                                                                                                                                                                                                                     |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                        |
| 0475U                                                                                          | Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer |
| 0476U                                                                                          | Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes                                                                                                        |
| 0477U                                                                                          | Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes                                                             |
| 0479U                                                                                          | Tau, phosphorylated, pTau217                                                                                                                                                                                                                                                                                                                                                                       |
| 0482U                                                                                          | Obstetrics (preeclampsia), biochemical assay of soluble fms-like tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF), serum, ratio reported for sFlt-1/PlGF, with risk of progression for preeclampsia with severe features within 2 weeks                                                                                                                                               |
| 0483U                                                                                          | Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral/rectal/vaginal swab, algorithm reported as probability of fluoroquinolone resistance                                                                                                                                                                                            |
| 0484U                                                                                          | Infectious disease (Mycoplasma genitalium), macrolide sensitivity, (23S rRNA point mutation), oral/rectal/vaginal swab, algorithm reported as probability of macrolide resistance                                                                                                                                                                                                                  |
| 0485U                                                                                          | Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability and tumor mutational burden.                                                    |
| 0486U                                                                                          | Oncology (pan-solid tumor), nextgeneration sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction                                                                                                                                                             |
| 0487U                                                                                          | Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidycorrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability                                                                                                                                  |
| 0488U                                                                                          | Obstetrics (fetal antigen noninvasive prenatal test), cellfree DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected                                                                                                        |



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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>0489U</b>                                                                                   | Obstetrics (single-gene noninvasive prenatal test), cellfree DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia) |
| <b>0490U</b>                                                                                   | Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma associated antigen, CD34 and CD45 protein biomarkers, peripheral blood                                                                                                                                                                                                                                                |
| <b>0491U</b>                                                                                   | Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood                                                                                                                                                                           |
| <b>0492U</b>                                                                                   | Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood                                                                                                                                                                                            |
| <b>0493U</b>                                                                                   | Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using nextgeneration sequencing, plasma, reported as percentage of donor derived cell-free DNA                                                                                                                                                                                                                                                                                                                             |
| <b>0494U</b>                                                                                   | Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative                                                                                                                                                                                                                                                                                              |
| <b>0495U</b>                                                                                   | Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer                                                                                                                                                                |
| <b>0496U</b>                                                                                   | Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk                                                                                                                                                                                                                                                         |
| <b>0497U</b>                                                                                   | Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 6 genes (FOX1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer                                                                                                                                                                                                                                                        |
| <b>0498U</b>                                                                                   | Oncology (colorectal), next generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation                                                                                                                                                                                                                                                        |
| <b>0499U</b>                                                                                   | Oncology (colorectal and lung), DNA from formalin-fixed paraffin embedded (FFPE) tissue, next generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection                                                                                                                                                                                                                                                                                                 |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                              |
| 0500U                                                                                          | Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118- 9_118-2del, S56F, S621C)                                                                                                                                                                |
| 0501U                                                                                          | Oncology (colorectal), blood, cell free DNA (cfDNA)                                                                                                                                                                                                                                                                                      |
| 0502U                                                                                          | Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV                                                                                                 |
| 0503U                                                                                          | Neurology (Alzheimer disease), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/nptau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques |
| 0504U                                                                                          | Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real-time PCR, reported as positive or negative for each organism                                                                                                                                                                        |
| 0505U                                                                                          | Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism                                                                                                                                                                               |
| 0506T                                                                                          | Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report                                                                                                                                                                                               |
| 0506U                                                                                          | Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus                                                                                                      |
| 0507T                                                                                          | Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report                                                                                                                                                                        |
| 0507U                                                                                          | Oncology (ovarian), DNA, whole genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected                                                                                                                                                      |
| 0509T                                                                                          | Electroretinography (ERG) with interpretation and report, pattern (PERG)                                                                                                                                                                                                                                                                 |
| 0510T                                                                                          | Removal of sinus tarsi implant                                                                                                                                                                                                                                                                                                           |
| 0510U                                                                                          | Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA whole transcriptome data, reported as probability of predicted molecular subtype                                                                                                                                               |
| 0511T                                                                                          | Removal and reinsertion of sinus tarsi implant                                                                                                                                                                                                                                                                                           |
| 0511U                                                                                          | Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug                                                                                                                                                                                            |
| 0512T                                                                                          | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound                                                                                                                                                                                                                |
| 0512U                                                                                          | Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffin embedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)                                                           |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                |
| 0513T                                                                                          | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)                                                                                                                              |
| 0513U                                                                                          | Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker |
| 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 (µg/mL)                                                              |
| 0515T                                                                                          | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])                                                             |
| 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 (µg/mL)                                                              |
| 0516T                                                                                          | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only                                                                                                                           |
| 0516U                                                                                          | Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status                                                                                                                                                                               |
| 0517T                                                                                          | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only                                                                        |
| 0517U                                                                                          | Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications                                                                                                   |
| 0518T                                                                                          | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only                                                                                                                                                                                                             |
| 0518U                                                                                          | Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications                                                                                                      |
| 0519T                                                                                          | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)                                                                                                                          |
| 0519U                                                                                          | Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LCMS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation                                             |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                        |
| 0520T                                                                                          | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only                                                                                                                                                     |
| 0520U                                                                                          | Therapeutic drug monitoring, 200 or more drugs or substances, LCMS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications                                                                                                                                     |
| 0521T                                                                                          | 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                                                                                                                     |
| 0522T                                                                                          | 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 ventricular pacing                                                |
| 0523T                                                                                          | 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) intervention (List separately in addition to code for primary procedure) |
| 0524T                                                                                          | 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                                                                                               |
| 0524U                                                                                          | Obstetrics (preeclampsia), sFlt1/PlGF ratio, immunoassay, utilizing serum or plasma, reported as a value                                                                                                                                                                                                                           |
| 0525T                                                                                          | 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)                                                                                        |
| 0525U                                                                                          | "Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug"                                                                               |
| 0526T                                                                                          | 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                                                                                                                             |
| 0526U                                                                                          | "Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time"                                                                                                                                                                        |
| 0527T                                                                                          | 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                                                                                                                   |
| 0528T                                                                                          | Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report                                                                                                                                                             |
| 0529T                                                                                          | Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report                                                                                                                                                                                                           |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                    |
| 0529U                                                                                          | "Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE"                                                                                                                                          |
| 0530T                                                                                          | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)                                                                                                                                                                                                  |
| 0531T                                                                                          | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only                                                                                                                                                                                                                                       |
| 0531U                                                                                          | Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma                                                                                                                                                                                                                                            |
| 0532T                                                                                          | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only                                                                                                                                                                                                                             |
| 0533U                                                                                          | Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function                                                                                       |
| 0534U                                                                                          | Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score                                                                                                                                                                                                 |
| 0535U                                                                                          | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative                                                                                                                                                                 |
| 0536U                                                                                          | Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status                                                                                                                              |
| 0537U                                                                                          | Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative                                                                                                                                                |
| 0538U                                                                                          | Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant |
| 0539U                                                                                          | Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant      |
| 0541T                                                                                          | 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 clinical scoring, and automated report generation, single study;                                  |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                             |
| 0541U                                                                                          | Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score                                                           |
| 0542T                                                                                          | 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 clinical scoring, and automated report generation, single study; interpretation and report |
| 0542U                                                                                          | Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status                                |
| 0543T                                                                                          | Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae                                                                                                                                                                                                               |
| 0545T                                                                                          | Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach                                                                                                                                                                                                               |
| 0546T                                                                                          | Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report                                                                                                                                                                                                                                |
| 0546U                                                                                          | Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative                                                                                                                                                                                            |
| 0547T                                                                                          | Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score                                                                                                                                                                                                                                                  |
| 0547U                                                                                          | Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative                                                                                                                                                                                                                                                              |
| 0548U                                                                                          | Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma                                                                                                                                                                                                                                                               |
| 0549U                                                                                          | Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)                                                                                                                    |
| 0554T                                                                                          | 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 mineral density, interpretation and report                                              |
| 0555T                                                                                          | 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                                                                                                                                                 |
| 0556T                                                                                          | 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                                                                                                                      |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                   |
| 0557T                                                                                          | 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                                                                                                         |
| 0558T                                                                                          | Computed tomography scan taken for the purpose of biomechanical computed tomography analysis                                                                                                                                                                                                  |
| 0558U                                                                                          | Oncology (colorectal), quantitative enzyme-linked immunoassay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression                                            |
| 0559T                                                                                          | Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure                                                                                                                                                                |
| 0559U                                                                                          | Oncology (breast), quantitative enzyme-linked immunoassay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression                                                          |
| 0560T                                                                                          | 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)                                                                                          |
| 0561T                                                                                          | Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide                                                                                                                                                                                                           |
| 0562T                                                                                          | Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)                                                                                                                                     |
| 0562U                                                                                          | Oncology (solid tumor) targeted genomic sequence analysis, 33 genes, detection of single nucleotide variants (SNVs), insertions and deletions, copy number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants |
| 0563T                                                                                          | Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral                                                                                                                                               |
| 0564T                                                                                          | 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                                          |
| 0565T                                                                                          | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation                                                                                                                                     |
| 0566T                                                                                          | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral                                                                                             |
| 0566U                                                                                          | "Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result"                                             |
| 0567T                                                                                          | Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound                                                                                                                                                              |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>0567U</b>                                                                                   | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis combination of short and long reads, for single nucleotide variants, deletions/insertions and characterized intronic variants, copy number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants |
| <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>0568U</b>                                                                                   | Neurology (dementia), beta amyloid (AB40, AB42, AB42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology                                                                                                                                                                                                                                 |
| <b>0569T</b>                                                                                   | Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>0569U</b>                                                                                   | Oncology (solid tumor) next-generation sequencing analysis of tumor methylation markers (>20,000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate                                                                                                                                                                                                                                                                                     |
| <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>0570U</b>                                                                                   | Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1), immunoassay, whole blood or plasma, individual components reported with overall result of elevated or not elevated based on threshold comparison                                                                                                                                                                                                                                                                                  |
| <b>0571U</b>                                                                                   | Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, reported as clinically actionable variants                                                                                                                                                                                                                                                                                                      |
| <b>0572U</b>                                                                                   | Oncology (prostate), high-throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>0573U</b>                                                                                   | Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastrin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>0574U</b>                                                                                   | Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography-mass spectrometry (LC-MS)                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>0575U</b>                                                                                   | Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection                                                                                                                                                                                                                                                                                                                                           |



| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                         |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                             |
| <b>0576U</b>                                                                                   | Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score |
| <b>0578U</b>                                                                                   | Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence |
| <b>0579U</b>                                                                                   | Nephrology (diabetic chronic kidney disease), enzyme linked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline                     |
| <b>0580U</b>                                                                                   | Borrelia burgdorferi (Lyme disease), antibody detection of 31 recombinant protein groups, by immunoassay, IgG                                                                                                                                                                                           |
| <b>0581T</b>                                                                                   | Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral                                                                                                                                                                                   |
| <b>0581U</b>                                                                                   | Transplantation medicine, antibody to non-human leukocyte antigens (nonHLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported                                                                                                        |
| <b>0582T</b>                                                                                   | Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance                                                                                                                                                      |
| <b>0583T</b>                                                                                   | Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia                                                                                                                                                                         |
| <b>0586U</b>                                                                                   | Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene                                                                                 |
| <b>0587T</b>                                                                                   | Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve                            |
| <b>0587U</b>                                                                                   | Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LCMS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score predicted for adverse drug effects          |
| <b>0588T</b>                                                                                   | Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve                           |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>0588U</b>                                                                                   | Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by split well multiplex reverse transcription loop-mediated isothermal amplification (RTLAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days                                                                                                                             |
| <b>0589T</b>                                                                                   | Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (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, posterior tibial nerve, 1-3 parameters        |
| <b>0589U</b>                                                                                   | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative                                                                                                                                                                                                                                                                                          |
| <b>0590T</b>                                                                                   | Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (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, posterior tibial nerve, 4 or more parameters |
| <b>0590U</b>                                                                                   | Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism                                                                                                                                                                                                                                                                                                                                             |
| <b>0591U</b>                                                                                   | Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), plasma, serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant prostate cancer                                                                                                                                                                                                                                            |
| <b>0592U</b>                                                                                   | Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected                                                                                                                                                                                                                                                                                                                             |
| <b>0593U</b>                                                                                   | Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected                                                                                                                                                                                                                                                                                                                             |
| <b>0594T</b>                                                                                   | Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device                                                                                                                                                                                                                                           |
| <b>0594U</b>                                                                                   | Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis                                                                                                                                                                                                                                                                                                                                                                              |
| <b>0596T</b>                                                                                   | Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement                                                                                                                                                                                                                                                                                                                                                                                                     |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                        |
| 0597T                                                                                          | Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement                                                                                                                                                                                                                                                                                                                                                    |
| 0597U                                                                                          | "Oncology (breast), RNA expression profiling of 329 genes by targeted next generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score"                                                                                                                                                                   |
| 0598T                                                                                          | Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; first anatomic site (eg, lower extremity, right leg)                                                                                                                                                                                                                           |
| 0598U                                                                                          | Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by, enzyme-linked immunosorbent assay (ELISA), whole blood or serum, report as elevated (positive) or normal (negative) antibody levels                                                                                                                                                                                                               |
| 0599T                                                                                          | Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; each additional anatomic site (eg, upper extremity, left leg) (List separately in addition to code for primary procedure)                                                                                                                                                      |
| 0599U                                                                                          | Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative                                                                                                                                                                                                                                                                        |
| 0600U                                                                                          | Infectious disease (wound infection), identification of 65 organisms and 30 antibiotic resistance genes, wound swab, real-time PCR, reported as positive or negative for each organism                                                                                                                                                                                                                                             |
| 0601U                                                                                          | Infectious disease (periprosthetic joint infection), analysis of 11 biomarkers (alpha defensins 1-3, C-reactive protein, microbial antigens for Staphylococcus [SPA, SPB], Enterococcus, Candida, and C. acnes, total nucleated cell count, percent neutrophils, RBC count, and absorbance at 280 nm) using immunoassays, hematology, clinical chemistry, synovial fluid, and diagnostic algorithm reported as a probability score |
| 0602T                                                                                          | Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent                                                                                                                                                                                                                                                                         |
| 0602U                                                                                          | Endocrinology (diabetes), insulin (INS) gene methylation using digital droplet PCR, insulin, and C-peptide immunoassay, serum, Hemoglobin A1c immunoassay, whole blood, algorithm reported as diabetes-risk score                                                                                                                                                                                                                  |
| 0603T                                                                                          | Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours                                                                                                                                                                                                                                                         |
| 0604T                                                                                          | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment                                                                                                                                                                                         |

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| <b>0605T</b>                                                                                   | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days                                                                                                                                        |
| <b>0606T</b>                                                                                   | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days                                                                                               |
| <b>0607T</b>                                                                                   | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment                                                                   |
| <b>0607U</b>                                                                                   | Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 31 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations                                                                                                                                                                                               |
| <b>0608T</b>                                                                                   | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional |
| <b>0608U</b>                                                                                   | Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 10 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations                                                                                                                                                                                               |
| <b>0609T</b>                                                                                   | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs                                                                                                                                       |
| <b>0609U</b>                                                                                   | Infectious disease (antimicrobial susceptibility), phenotypic antimicrobial susceptibility testing of positive blood culture using microfluidic sensor technology to quantify bacterial growth response to multiple antibiotic types, reporting categorical susceptibility (susceptible, susceptible dose dependent, intermediate, resistant), minimum inhibitory concentration, and interpretive comments                         |
| <b>0610T</b>                                                                                   | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis                                                                                                                                                                                                                                                           |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 0610U                                                                                          | Infectious disease (antimicrobial susceptibility), phenotypic antimicrobial susceptibility testing of positive blood culture using microfluidic sensor technology to quantify bacterial growth response to multiple antibiotic types, reporting categorical susceptibility (susceptible, susceptible dose dependent, intermediate, resistant), minimum inhibitory concentration, and interpretive comments                                                   |
| 0611T                                                                                          | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs                                                                                                                                                                                                               |
| 0611U                                                                                          | Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result                                                                                                                                                                                                                                                                                                                          |
| 0612T                                                                                          | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report                                                                                                                                                                                                                                                                                                                |
| 0612U                                                                                          | Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result                                                                                                                                                                                                                                                                                                                          |
| 0613T                                                                                          | Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed                                                                                                                                                                                                                                         |
| 0613U                                                                                          | Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma                                                                                                                                |
| 0614T                                                                                          | Removal and replacement of substernal implantable defibrillator pulse generator                                                                                                                                                                                                                                                                                                                                                                              |
| 0614U                                                                                          | Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 4 enzyme complexes by stained blue native polyacrylamide gel electrophoresis (PAGE), frozen tissue (muscle, liver, heart, cultured skin fibroblasts), diagnostic qualitative result                                                                                                                                                                                    |
| 0615T                                                                                          | Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report                                                                                                                                                                                                                                                         |
| 0615U                                                                                          | Borrelia burgdorferi (Lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, IgM                                                                                                                                                                                                                                                                                                                                                |
| 0620T                                                                                          | Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed |
| 0616U                                                                                          | Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                                                                                                                                                                                                                                       |
| 0617U                                                                                          | Cardiovascular (atherosclerotic cardiovascular disease), [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                                                                                                                                                                                          |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                              |
| 0618U                                                                                          | Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                          |
| 0619U                                                                                          | Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk                                                                               |
| 0620U                                                                                          | Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                     |
| 0621T                                                                                          | Trabeculectomy ab interno by laser                                                                                                                                                                                                                       |
| 0621U                                                                                          | Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                  |
| 0622T                                                                                          | Trabeculectomy ab interno by laser; with use of ophthalmic endoscope                                                                                                                                                                                     |
| 0622U                                                                                          | Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                 |
| 0623U                                                                                          | Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                         |
| 0624U                                                                                          | Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                  |
| 0625U                                                                                          | Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                            |
| 0626U                                                                                          | Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                          |
| 0627T                                                                                          | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level                                                                       |
| 0627U                                                                                          | Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk                                                                                                             |
| 0628T                                                                                          | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) |
| 0628U                                                                                          | Nephrology (kidney disease-related genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic, variants of uncertain significance, or risk alleles    |
| 0629U                                                                                          | Infectious disease (tuberculosis), DNA, analysis of 1 target by PCR with clustered regularly interspaced short palindromic repeat (CRISPR)-based probe detection, plasma or serum, qualitative report as detected or not detected                        |
| 0629T                                                                                          | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level                                                                                 |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                     |
| <b>0630T</b>                                                                                   | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)                                                                                                                  |
| <b>0630U</b>                                                                                   | Oncology (breast), mRNA, gene expression profiling by micro-array of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffin-embedded tissue (FFPE), algorithm reported as index that is diagnostic of a molecular subtype (luminal, basal, Her2)                                                                                         |
| <b>0631U</b>                                                                                   | Oncology (solid tumor), DNA, sequence analysis of 15 genes including BRCA1 and BRCA2 for identification of clonal hematopoiesis, blood, reported as tumor-derived or nontumor-derived                                                                                                                                                                           |
| <b>0632T</b>                                                                                   | Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance                                                                                                                                                                      |
| <b>0633T</b>                                                                                   | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material                                                                                                                                                                                                                                                      |
| <b>0633U</b>                                                                                   | Obstetrics (single-gene noninvasive prenatal test), cell-free DNA (cfDNA), next-generation sequencing (NGS) analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants and to determine fetal inheritance of maternal mutation, using maternal blood sample, algorithm reported as a fetal risk score |
| <b>0634T</b>                                                                                   | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)                                                                                                                                                                                                                                                      |
| <b>0634U</b>                                                                                   | Oncology (breast cancer), cell-free DNA (cfDNA), evaluation of 11 ESR1 variants (E380Q, S463P, L536R, Y537C, Y537N, Y537S, D538G, V422del, L536H, L536P, Y537D) using droplet digital PCR (ddPCR), plasma, reported as positive or negative                                                                                                                     |
| <b>0635T</b>                                                                                   | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)                                                                                                                                                                                                                             |
| <b>0635U</b>                                                                                   | Autoimmune (atopic dermatitis), mRNA, next-generation sequencing (NGS), gene expression profiling of 487 genes, noninvasive skin-surface scraping, algorithm reported as likelihood of response to therapy                                                                                                                                                      |
| <b>0636T</b>                                                                                   | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)                                                                                                                                                                                                                                                    |
| <b>0636U</b>                                                                                   | Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgG                                                                                                                                                                                                                                                                  |
| <b>0637T</b>                                                                                   | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)                                                                                                                                                                                                                                                       |
| <b>0637U</b>                                                                                   | Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgM                                                                                                                                                                                                                                                                  |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                       |
| <b>0638T</b>                                                                                   | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)                                                                                                                                                                                                                |
| <b>0638U</b>                                                                                   | Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgG                                                                                                                                                                                                                                              |
| <b>0639T</b>                                                                                   | Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed                                                                                                                                                                                         |
| <b>0639U</b>                                                                                   | Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgM                                                                                                                                                                                                                                              |
| <b>0640T</b>                                                                                   | 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; first anatomic site                                                                                      |
| <b>0640U</b>                                                                                   | Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential CD318(CDCP1), SUSD2, CD340(erbB2/HER2), HGFR/cMET, FOLR1, EGFR, N cadherin, MUC1, EpCAM, and TROP2 antibody biomarkers, cerebrospinal fluid, reported as detection and quantification of tumor cells                  |
| <b>0641U</b>                                                                                   | Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment                                                                                                                                                     |
| <b>0642U</b>                                                                                   | Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level                                                                                                                                        |
| <b>0643U</b>                                                                                   | Oncology (genitourinary cancer), cell-free circulating tumor DNA (ctDNA), 200 genes, next-generation sequencing (NGS), interrogation for single-nucleotide variants (SNVs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutation burden, using urine, identify and report mutations with clinical actionability |
| <b>0643T</b>                                                                                   | Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach                                                                                                                                                                         |
| <b>0644U</b>                                                                                   | Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification                                                                                                                                                                                     |
| <b>0645U</b>                                                                                   | Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance                                                                                                                                                       |



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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                              |
| <b>0646T</b>                                                                                   | Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed                                                                            |
| <b>0646U</b>                                                                                   | Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA, whole blood, and formalin-fixed paraffin-embedded (FFPE) tumor tissue DNA, baseline assessment                                                                                                                                                     |
| <b>0647T</b>                                                                                   | Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report                                                                                                                                                                                                         |
| <b>0647U</b>                                                                                   | Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA (cfDNA), whole blood, assessment utilizing patient-specific tumor information, reported as negative or percent circulating tumor DNA (ctDNA)                                                                                                        |
| <b>0648U</b>                                                                                   | Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formalin-fixed paraffin-embedded (FFPE) tissue                                  |
| <b>0649U</b>                                                                                   | Neurology (Alzheimer disease), DNA, targeted next-generation sequencing (NGS) of AD-1 and AD-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status                                                                                                                              |
| <b>0650U</b>                                                                                   | Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function                                                                                                                |
| <b>0651T</b>                                                                                   | Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report                                                                                                                                                                                   |
| <b>0651U</b>                                                                                   | Oncology (hereditary cancer), genomic DNA, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (NGS) and digital multiplex ligation-dependent probe amplification for variants, small indels (<40 base pairs), using saliva, whole blood or nail clipping, interpretive clinical report with variant classification |
| <b>0652T</b>                                                                                   | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)                                                                                                                                                                            |
| <b>0652U</b>                                                                                   | Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status                                                                                                                                                                     |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                 |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                     |
| <b>0653T</b>                                                                                   | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple                                                                                                                                                                                                                                                                                               |
| <b>0653U</b>                                                                                   | Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants                                                                                 |
| <b>0654T</b>                                                                                   | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter                                                                                                                                                                                                                                                                               |
| <b>0654U</b>                                                                                   | Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result                                                                                                                                                                                 |
| <b>0655T</b>                                                                                   | Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging                                                                                                                                                                                                              |
| <b>0655U</b>                                                                                   | Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result                                                                                                                                                                     |
| <b>0656T</b>                                                                                   | Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments                                                                                                                                                                                                                                                                                           |
| <b>0656U</b>                                                                                   | Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result                                                                                                                                                                           |
| <b>0657T</b>                                                                                   | Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments                                                                                                                                                                                                                                                                                         |
| <b>0657U</b>                                                                                   | Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by next-generation sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results                                                                                                                         |
| <b>0658T</b>                                                                                   | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score                                                                                                                                                                                                                                                                                   |
| <b>0658U</b>                                                                                   | Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants |
| <b>0659T</b>                                                                                   | Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation                                                                                      |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                          |
| <b>0659U</b>                                                                                   | Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants |
| <b>0660T</b>                                                                                   | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach                                                                                                                                                                                                                                                                                 |
| <b>0661T</b>                                                                                   | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant                                                                                                                                                                                                                                                                                     |
| <b>0664T</b>                                                                                   | Donor hysterectomy (including cold preservation); open, from cadaver donor                                                                                                                                                                                                                                                                                                           |
| <b>0665T</b>                                                                                   | Donor hysterectomy (including cold preservation); open, from living donor                                                                                                                                                                                                                                                                                                            |
| <b>0666T</b>                                                                                   | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor                                                                                                                                                                                                                                                                                         |
| <b>0667T</b>                                                                                   | Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor                                                                                                                                                                                                                                                            |
| <b>0668T</b>                                                                                   | Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary                                                                                                                                          |
| <b>0669T</b>                                                                                   | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each                                                                                                                                                                                                                                                              |
| <b>0670T</b>                                                                                   | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each                                                                                                                                                                                                                                                            |
| <b>0672T</b>                                                                                   | Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence                                                                                                                                                                                                                     |
| <b>0673T</b>                                                                                   | Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance                                                                                                                                                                                                                                                                                                  |
| <b>0674T</b>                                                                                   | Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)                                                                                                                                                         |
| <b>0675T</b>                                                                                   | Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead                                                                                                                                     |
| <b>0676T</b>                                                                                   | Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)                                                               |
| <b>0677T</b>                                                                                   | Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead                                                                                                                                          |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                           |
| <b>0678T</b>                                                                                   | Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)                                                                     |
| <b>0679T</b>                                                                                   | Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function                                                                                                                                                                                                                               |
| <b>0680T</b>                                                                                   | Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)                                                                                                                                                                                       |
| <b>0681T</b>                                                                                   | Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads                                                                                                                                                                                                  |
| <b>0682T</b>                                                                                   | Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads                                                                                                                                                                                                  |
| <b>0683T</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, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function |
| <b>0684T</b>                                                                                   | Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function                                        |
| <b>0685T</b>                                                                                   | Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function                                                            |
| <b>0686T</b>                                                                                   | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance                                                                                                                                                                                                                                                      |
| <b>0687T</b>                                                                                   | Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session                                                                                                                                                                                                                                                                        |
| <b>0688T</b>                                                                                   | Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month                                                                                                                                                                                  |
| <b>0689T</b>                                                                                   | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)                                                                                                                                                         |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                         |
| <b>0690T</b>                                                                                   | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)                                                                                                              |
| <b>0691T</b>                                                                                   | Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report                                                                                                                                                                                                            |
| <b>0693T</b>                                                                                   | Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report                                                                                                                                                                                                                                                                                               |
| <b>0694T</b>                                                                                   | 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative                                                                                                                                                                             |
| <b>0695T</b>                                                                                   | Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement                                                                                                                         |
| <b>0696T</b>                                                                                   | Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation                                                                                       |
| <b>0697T</b>                                                                                   | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs                                  |
| <b>0698T</b>                                                                                   | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) |
| <b>0700T</b>                                                                                   | Molecular fluorescent imaging of suspicious nevus; first lesion                                                                                                                                                                                                                                                                                                                                     |
| <b>0701T</b>                                                                                   | Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                               |
| <b>0704T</b>                                                                                   | Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment                                                                                                                                                                                                                                                             |
| <b>0705T</b>                                                                                   | Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days                                                                                                                                                                                                      |
| <b>0706T</b>                                                                                   | Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month                                                                                                                                                                                                                                  |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                         |
| 0707T                                                                                          | Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization                                                                                                                          |
| 0708T                                                                                          | Intradermal cancer immunotherapy; preparation and initial injection                                                                                                                                                                                                                                                                                                                 |
| 0709T                                                                                          | Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                             |
| 0710T                                                                                          | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report |
| 0711T                                                                                          | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission                                                                                                                                                                                                                     |
| 0712T                                                                                          | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability                                                                                      |
| 0713T                                                                                          | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report                                                                                                                                                                                                                |
| 0714T                                                                                          | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL                                                                                                                                                                                                                                                           |
| 0716T                                                                                          | Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score                                                                                                                                                                                                                                                                    |
| 0717T                                                                                          | "Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs                                                                                                  |
| 0718T                                                                                          | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral                                                                                                                                                                                                  |
| 0719T                                                                                          | Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment                                                                                                                                                                                                               |
| 0721T                                                                                          | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging                                                                                                                                                                 |
| 0722T                                                                                          | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)                                                                                          |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                            |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                |
| 0723T                                                                                          | Quantitative magnetic resonance cholangiopancreatography (QMRC) 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                                  |
| 0724T                                                                                          | Quantitative magnetic resonance cholangiopancreatography (QMRC) 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) |
| 0725T                                                                                          | Vestibular device implantation, unilateral                                                                                                                                                                                                                                                                                                 |
| 0726T                                                                                          | Removal of implanted vestibular device, unilateral                                                                                                                                                                                                                                                                                         |
| 0727T                                                                                          | Removal and replacement of implanted vestibular device, unilateral                                                                                                                                                                                                                                                                         |
| 0728T                                                                                          | Diagnostic analysis of vestibular implant, unilateral; with initial programming                                                                                                                                                                                                                                                            |
| 0729T                                                                                          | With subsequent programming (For initial and subsequent diagnostic analysis and programming of cochlear implant)                                                                                                                                                                                                                           |
| 0730T                                                                                          | Trabeculotomy by laser, including optical coherence tomography (OCT) guidance                                                                                                                                                                                                                                                              |
| 0731T                                                                                          | Augmentative AI-based facial phenotype analysis with report                                                                                                                                                                                                                                                                                |
| 0732T                                                                                          | Immunotherapy administration with electroporation, intramuscular                                                                                                                                                                                                                                                                           |
| 0733T                                                                                          | Remote therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days                                                                                                                                                                                                               |
| 0734T                                                                                          | Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days; treatment management services by a physician or other qualified health care professional, per calendar month"                                                      |
| 0735T                                                                                          | "Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)                                                                                                                  |
| 0736T                                                                                          | Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter                                                                                                                                                                                                                   |
| 0737T                                                                                          | Xenograft implantation into the articular surface                                                                                                                                                                                                                                                                                          |
| 0738T                                                                                          | Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination                                                                                                                                                                   |
| 0739T                                                                                          | Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation                                      |
| 0740T                                                                                          | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education                                                                                                                                                                                                   |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                  |
| 0741T                                                                                          | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education; provision of software, data collection, transmission, and storage, each 30 days                                                                                                                                                                                                    |
| 0742T                                                                                          | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)                                                                                                                                                                                   |
| 0743T                                                                                          | Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report |
| 0744T                                                                                          | Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed                                                                                                                                                                                             |
| 0745T                                                                                          | Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance                                                                                                           |
| 0746T                                                                                          | Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan                                                                                                                                                                                                                             |
| 0747T                                                                                          | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia                                                                                                                                                                                                                                                                                                                 |
| 0748T                                                                                          | Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)                                                                                                                                                                                                                                                 |
| 0749T                                                                                          | Bone strength and fracture-risk assessment using digital X-ray radiogrammetrybone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report                                                                                                   |
| 0750T                                                                                          | Bone strength and fracture-risk assessment using digital X-ray radiogrammetrybone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD          |
| 0751T                                                                                          | Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                      |



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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                             |
| <b>0752T</b>                                                                                   | Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)                                                                                                                                                |
| <b>0753T</b>                                                                                   | Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)                                                                                                                                                 |
| <b>0754T</b>                                                                                   | Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)                                                                                                                                                  |
| <b>0755T</b>                                                                                   | Digitization of glass microscope slide for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)                                                                                                                                                  |
| <b>0756T</b>                                                                                   | Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)                                                                                             |
| <b>0757T</b>                                                                                   | Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure) |
| <b>0758T</b>                                                                                   | Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)                                                                                                                  |
| <b>0759T</b>                                                                                   | Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)                                                                                                                          |
| <b>0760T</b>                                                                                   | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)                                                                                                              |
| <b>0761T</b>                                                                                   | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)                                                                                                      |
| <b>0762T</b>                                                                                   | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)                                                                                                              |
| <b>0763T</b>                                                                                   | Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)        |
| <b>0764T</b>                                                                                   | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)                                 |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>0765T</b>                                                                                   | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram                                                                                                                                                                                                                                                                                       |
| <b>0766T</b>                                                                                   | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve                                                                                                                                                                                                                            |
| <b>0767T</b>                                                                                   | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)                                                                                                                                                      |
| <b>0770T</b>                                                                                   | Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>0771T</b>                                                                                   | Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older                                  |
| <b>0772T</b>                                                                                   | Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| <b>0773T</b>                                                                                   | Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older                                                                                                                                             |
| <b>0774T</b>                                                                                   | Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)                                                                                                            |
| <b>0776T</b>                                                                                   | Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment                                                                                                                                                                                                                                  |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 0777T                                                                                          | Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                                                                     |
| 0778T                                                                                          | Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function                                                                                                                                                                                                                                                           |
| 0779T                                                                                          | Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report                                                                                                                                                                                                                                                                                                                                                |
| 0780T                                                                                          | Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract                                                                                                                                                                                                                                                                                                                                                      |
| 0781T                                                                                          | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi                                                                                                                                                                                                                  |
| 0782T                                                                                          | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus                                                                                                                                                                                                                |
| 0783T                                                                                          | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment                                                                                                                                                                                                                                                                                                                                           |
| 0790T                                                                                          | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed                                                                                                                                                                                                                                                                                |
| 0791T                                                                                          | Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                              |
| 0792T                                                                                          | Application of silver diamine fluoride 38%, by a physician or other qualified health care professional                                                                                                                                                                                                                                                                                                                                              |
| 0793T                                                                                          | Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance                                                                                                                                                                                                                                                             |
| 0794T                                                                                          | Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately                                                                                                                         |
| 0795T                                                                                          | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)                                                                           |
| 0796T                                                                                          | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system) |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                           |
| <b>0797T</b>                                                                                   | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)               |
| <b>0798T</b>                                                                                   | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)                                                                                          |
| <b>0799T</b>                                                                                   | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component                                                                                                                                         |
| <b>0800T</b>                                                                                   | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)                                                                            |
| <b>0801T</b>                                                                                   | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; dual-chamber system (i.e., right atrial and right ventricular pacemaker components)           |
| <b>0802T</b>                                                                                   | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component                                                              |
| <b>0803T</b>                                                                                   | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) |
| <b>0804T</b>                                                                                   | Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers                                                                         |
| <b>0805T</b>                                                                                   | Transcatheter superior and/or inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); percutaneous femoral vein approach                                                                                                                                                                                                                                            |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                    |
| <b>0806T</b>                                                                                   | Transcatheter superior and/or inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); open femoral vein approach                                                                                                                                                                                                                                             |
| <b>0807T</b>                                                                                   | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report                                                    |
| <b>0808T</b>                                                                                   | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report         |
| <b>0811T</b>                                                                                   | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); setup and patient education on use of equipment                                                                                                                                                                                                                                                                   |
| <b>0812T</b>                                                                                   | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days                                                                                                                                                                                                                                                     |
| <b>0813T</b>                                                                                   | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon                                                                                                                                                                                                                                                                                      |
| <b>0814T</b>                                                                                   | Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral                                                                                                                                                                                                                                                         |
| <b>0815T</b>                                                                                   | Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bonedensity study and fracture-risk assessment, 1 or more sites, hips, pelvis or spine                                                                                                                                                                                                                                  |
| <b>0820T</b>                                                                                   | 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                                                                                                                                                                            |
| <b>0821T</b>                                                                                   | 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)                                  |
| <b>0822T</b>                                                                                   | 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) |
| <b>0827T</b>                                                                                   | 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) (Use 0827T in conjunction with 88104)                                                                                                                                            |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                             |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                 |
| <b>0828T</b>                                                                                   | 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) (Use 0828T in conjunction with 88106)                                                           |
| <b>0829T</b>                                                                                   | Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure) (Use 0829T in conjunction with 88108)                                                                                 |
| <b>0830T</b>                                                                                   | Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure) (Use 0830T in conjunction with 88112)                           |
| <b>0831T</b>                                                                                   | 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) (Use 0831T in conjunction with 88141)                                                                              |
| <b>0832T</b>                                                                                   | Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure) (Use 0832T in conjunction with 88160)                                                                                                         |
| <b>0833T</b>                                                                                   | Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure) (Use 0833T in conjunction with 88161)                                                                                            |
| <b>0834T</b>                                                                                   | 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) (Use 0834T in conjunction with 88162)                                                                        |
| <b>0835T</b>                                                                                   | 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) (Use 0835T in conjunction with 88172)                    |
| <b>0836T</b>                                                                                   | 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) (Use 0836T in conjunction with 88177) |
| <b>0837T</b>                                                                                   | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure) (Use 0837T in conjunction with 88173)                                                                                                  |
| <b>0838T</b>                                                                                   | Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure) (Use 0838T in conjunction with 88321)                                                                                                                 |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                        |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                            |
| <b>0839T</b>                                                                                   | 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) (Use 0839T in conjunction with 88323)                                                                                                             |
| <b>0840T</b>                                                                                   | 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) (Use 0840T in conjunction with 88325)                                                                                      |
| <b>0841T</b>                                                                                   | 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) (Use 0841T in conjunction with 88331)                                                                                       |
| <b>0842T</b>                                                                                   | 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) (Use 0842T in conjunction with 88332)                                                                                               |
| <b>0843T</b>                                                                                   | 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) (Use 0843T in conjunction with 88333)                                                                   |
| <b>0844T</b>                                                                                   | 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) (Use 0844T in conjunction with 88334)                                                           |
| <b>0845T</b>                                                                                   | Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure) (Use 0845T in conjunction with 88346)                                                                                                                |
| <b>0846T</b>                                                                                   | Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) (Use 0846 Cystourethroscopy, with urethral mechanical dilation and drug delivery by drug-coated balloon catheterT in conjunction with 88350) |
| <b>0847T</b>                                                                                   | 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) (Use 0847T in conjunction with 88363)                                               |
| <b>0848T</b>                                                                                   | 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) (Use 0848T in conjunction with 88365)                                                                                                     |
| <b>0849T</b>                                                                                   | 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) (Use 0849T in conjunction with 88364)                                                                                             |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                    |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                        |
| <b>0850T</b>                                                                                   | 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) (Use 0850T in conjunction with 88366)                                                                                                 |
| <b>0851T</b>                                                                                   | 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) (Use 0851T in conjunction with 88368)                                          |
| <b>0852T</b>                                                                                   | 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) (Use 0852T in conjunction with 88369)                                  |
| <b>0853T</b>                                                                                   | 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) (Use 0853T in conjunction with 88377)                                          |
| <b>0854T</b>                                                                                   | Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure) (Use 0854T in conjunction with 85060)                                                                                                             |
| <b>0855T</b>                                                                                   | Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure) (Use 0855T in conjunction with 85097)                                                                                                                                                    |
| <b>0856T</b>                                                                                   | Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure) (Use 0856T in conjunction with 88348)                                                                                                                                                      |
| <b>0857T</b>                                                                                   | Opto-acoustic imaging, breast, unilateral, including axilla when performed, realtime with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure) (Use 0857T in conjunction with 76641, 76642)                                                                           |
| <b>0858T</b>                                                                                   | Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report (Do not report 0858T in conjunction with 95836, 95957, 95961, 95965, 95966)                                                                                                                  |
| <b>0859T</b>                                                                                   | 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) |
| <b>0860T</b>                                                                                   | 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                                       |
| <b>0861T</b>                                                                                   | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)                                                                                                                                                                                                  |



| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>0862T</b>                                                                                   | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only                                                                                                                                                                                                                                                                                                                                               |
| <b>0863T</b>                                                                                   | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only                                                                                                                                                                                                                                                                                                                                           |
| <b>0864T</b>                                                                                   | Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy (Do not report 0864T in conjunction with 0101T when treating the same area)                                                                                                                                                                                                                                                                                                                                             |
| <b>0865T</b>                                                                                   | 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 (Do not report 0865T in conjunction with 70551, 70552, 70553)                   |
| <b>0866T</b>                                                                                   | 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) (Use 0866T in conjunction with 70551, 70552, 70553) |
| <b>0867T</b>                                                                                   | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL                                                                                                                                                                                                                                                                                                                                                                             |
| <b>0868T</b>                                                                                   | High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>0870T</b>                                                                                   | 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                                                                                                                                                                                                                                               |
| <b>0871T</b>                                                                                   | Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed                                                                                                                                                                                                                                                                                                           |
| <b>0872T</b>                                                                                   | 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                                                                                                                                                                                                                                                                                              |
| <b>0873T</b>                                                                                   | 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                                                                                                                                                                                                                                                                                             |
| <b>0874T</b>                                                                                   | Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters                                                                                                                                                                                                                                                                                                                                                                        |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                             |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                 |
| <b>0875T</b>                                                                                   | Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional                                                                                                                                             |
| <b>0876T</b>                                                                                   | Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)                                                                                                                                             |
| <b>0877T</b>                                                                                   | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging |
| <b>0878T</b>                                                                                   | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure                                                   |
| <b>0879T</b>                                                                                   | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission                                                                  |
| <b>0880T</b>                                                                                   | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report                                 |
| <b>0881T</b>                                                                                   | 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                                                                        |
| <b>0882T</b>                                                                                   | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)                                 |
| <b>0883T</b>                                                                                   | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, , minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)                       |
| <b>0884T</b>                                                                                   | 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           |
| <b>0885T</b>                                                                                   | 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                           |
| <b>0886T</b>                                                                                   | 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                         |
| <b>0887T</b>                                                                                   | End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)                                                                                                                    |
| <b>0888T</b>                                                                                   | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance                                                                                                                                                   |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                         |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                             |
| <b>0889T</b>                                                                                   | 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                               |
| <b>0890T</b>                                                                                   | 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                                                                                                                                                                       |
| <b>0891T</b>                                                                                   | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day                                                                                                                                                                                                                              |
| <b>0892T</b>                                                                                   | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day                                                                                                                                                            |
| <b>0893T</b>                                                                                   | Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report                                                                                                                                                                                                                |
| <b>0894T</b>                                                                                   | Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion                                                                                                                                                                                                                         |
| <b>0895T</b>                                                                                   | 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)                                        |
| <b>0896T</b>                                                                                   | 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) |
| <b>0897T</b>                                                                                   | Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report                                                                                                    |
| <b>0898T</b>                                                                                   | Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report                                                                                                                                                    |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                             |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>0899T</b>                                                                                   | Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)                      |
| <b>0900T</b>                                                                                   | Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)                              |
| <b>0901T</b>                                                                                   | Placement of bone marrow sampling port, including imaging guidance when performed                                                                                                                                                                                                                                                                                                                           |
| <b>0902T</b>                                                                                   | QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device                                                                                                                                                                                                                                                                                    |
| <b>0903T</b>                                                                                   | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report                                                                                                                                                                                                                                                                                            |
| <b>0904T</b>                                                                                   | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only                                                                                                                                                                                                                                                                                                              |
| <b>0905T</b>                                                                                   | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only                                                                                                                                                                                                                                                                                            |
| <b>0906T</b>                                                                                   | Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm                                                                                                                                                                                                                               |
| <b>0907T</b>                                                                                   | Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)                                                                                                                                                         |
| <b>0908T</b>                                                                                   | Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed                                                                                                                                                                                                                                                                                    |
| <b>0909T</b>                                                                                   | Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed                                                                                                                                                                                                                                                                                          |
| <b>0910T</b>                                                                                   | Removal of integrated neurostimulation system, vagus nerve                                                                                                                                                                                                                                                                                                                                                  |
| <b>0911T</b>                                                                                   | Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional                                                                                                                                                                                                                                              |
| <b>0912T</b>                                                                                   | Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional                                                                                                                                                                                                                                          |
| <b>0913T</b>                                                                                   | Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>0914T</b>                                                                                   | Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention) |
| <b>0915T</b>                                                                                   | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)                                                                                                                                                                                                                                                                                                                                                                          |
| <b>0916T</b>                                                                                   | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>0917T</b>                                                                                   | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>0918T</b>                                                                                   | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>0919T</b>                                                                                   | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>0920T</b>                                                                                   | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>0921T</b>                                                                                   | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>0922T</b>                                                                                   | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>0923T</b>                                                                                   | Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>0924T</b>                                                                                   | Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>0925T</b>                                                                                   | Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                    |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                        |
| <b>0926T</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, implantable cardiac contractility modulation-defibrillation system                                                                                                     |
| <b>0927T</b>                                                                                   | Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system                                                                                                                                                                       |
| <b>0928T</b>                                                                                   | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional                                                                                                                                                                                     |
| <b>0929T</b>                                                                                   | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results                                                                                                                                                           |
| <b>0930T</b>                                                                                   | Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator                                        |
| <b>0931T</b>                                                                                   | Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator                                     |
| <b>0932T</b>                                                                                   | Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional                                                                                                                                                            |
| <b>0933T</b>                                                                                   | Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation                                                                                                                |
| <b>0934T</b>                                                                                   | Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional |
| <b>0935T</b>                                                                                   | Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral                                                                                                            |
| <b>0936T</b>                                                                                   | Photobiomodulation therapy of retina, single session                                                                                                                                                                                                                                                                                                                                               |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                            |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                |
| 0937T                                                                                          | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional                                        |
| 0938T                                                                                          | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)                                                                                                                          |
| 0939T                                                                                          | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report                                                                                                                                                   |
| 0940T                                                                                          | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional                                                                                            |
| 0941T                                                                                          | Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization                                                                                                                                                                        |
| 0942T                                                                                          | Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold                                                                                                                                                                                                                   |
| 0943T                                                                                          | Cystourethroscopy, flexible; with removal of prostatic urethral scaffold                                                                                                                                                                                                                                   |
| 0944T                                                                                          | 3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation                                                                                                                                                                                             |
| 0945T                                                                                          | Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)                                                                                        |
| 0946T                                                                                          | Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)                         |
| 0947T                                                                                          | Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed |
| 0948T                                                                                          | "Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional"                                                                                                  |
| 0949T                                                                                          | "Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results"                                                                                |
| 0950T                                                                                          | Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance<br>► (For ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound [HIFU], including ultrasound guidance, use 55880)                       |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                  |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                      |
| <b>0951T</b>                                                                                   | Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor                                                                                                                                                                                                |
| <b>0952T</b>                                                                                   | Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor                                                                                                                                                                                                            |
| <b>0953T</b>                                                                                   | Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor                                                                                                                                                                                                         |
| <b>0954T</b>                                                                                   | Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers                                                                                                                                                                                                              |
| <b>0955T</b>                                                                                   | Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components                                                                                                                                                                                                                  |
| <b>0956T</b>                                                                                   | "Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance"                                                                                                 |
| <b>0957T</b>                                                                                   | Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance<br>► (Do not report 0957T in conjunction with 0958T, 0960T)                                                                                                                                               |
| <b>0958T</b>                                                                                   | Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance<br>► (Do not report 0958T in conjunction with 0957T, 0960T)                                                                                                           |
| <b>0959T</b>                                                                                   | Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance                                                                                                                                                                               |
| <b>0960T</b>                                                                                   | "Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance<br>► (Do not report 0960T in conjunction with 0957T, 0958T)"                                                                         |
| <b>0961T</b>                                                                                   | "Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)<br>► (Use 0961T in conjunction with 88307, 88309)<br>► (Do not report more than 1 unit of 0961T for each specimen)" |
| <b>0962T</b>                                                                                   | Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional                                                                 |
| <b>0963T</b>                                                                                   | Anoscopy with directed submucosal injection of bulking agent into anal canal<br>► (Do not report 0963T in conjunction with 46600) ◄                                                                                                                                                                                                              |



| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>0964T</b>                                                                                   | Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism                                                                                                                                                                                                                                                                                                           |
| <b>0965T</b>                                                                                   | Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism                                                                                                                                                                                                                                                                                    |
| <b>0966T</b>                                                                                   | Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism                                                                                                                                                                                                                                                                                        |
| <b>0967T</b>                                                                                   | Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system                                                                                                                                                                                                                                                                                     |
| <b>0968T</b>                                                                                   | "Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array<br>▶ (For insertion of cranial neurostimulator pulse generator or receiver other than skull mounted, see 61885, 61886)<br>▶ (For revision of cranial neurostimulator pulse generator or receiver other than skull mounted, use 61888)<br>▶ (For insertion of skull-mounted cranial neurostimulator pulse generator or receiver, use 61889)" |
| <b>0969T</b>                                                                                   | "Removal of epicranial neurostimulator system<br>▶ (For removal of cranial neurostimulator pulse generator or receiver other than skull mounted, use 61888)<br>▶ (For removal of skull-mounted cranial neurostimulator pulse generator or receiver, use 61892)"                                                                                                                                                                                                                               |
| <b>0970T</b>                                                                                   | "Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor<br>▶ (Do not report 0970T in conjunction with 76641, 76642, 76940, 76942)<br>▶ (Report 0970T only once per tumor)<br>▶ (For cryosurgical ablation of fibroadenoma, use 19105)<br>▶ (For cryoablation of malignant breast tumor[s], use 0581T)<br>▶ (For laser ablation of malignant breast tumor[s], use 0971T)"                                                |
| <b>0971T</b>                                                                                   | "Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral<br>▶ (Do not report 0971T in conjunction with 76641, 76642, 76940, 76942)<br>▶ (Report 0971T only once per breast)<br>▶ (For cryoablation of breast fibroadenoma[s], use 19105)<br>▶ (For cryosurgical ablation of malignant breast tumor[s], use 0581T)<br>▶ (For laser ablation of benign breast tumor, use 0970T)"                                                        |
| <b>0972T</b>                                                                                   | "Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report"                                                                                                                                                                                                                                                  |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>0973T</b>                                                                                   | "Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm"                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>0974T</b>                                                                                   | <p>"Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; each additional 100 sq cm (List separately in addition to code for primary procedure)</p> <p>► (Use 0974T in conjunction with 0973T)</p> <p>► (Do not report 0973T, 0974T in conjunction with 11042, 11043, 11044, 11045, 11046, 11047, 97597, 97598, for selective enzymatic debridement of the same wound during the same session)</p> <p>► (For nonselective enzymatic debridement, use 97602)"</p>                                |
| <b>0975T</b>                                                                                   | "Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm"                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>0976T</b>                                                                                   | <p>"Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; each additional 100 sq cm (List separately in addition to code for primary procedure)</p> <p>► (Use 0976T in conjunction with 0975T)</p> <p>► (Do not report 0975T, 0976T in conjunction with 11042, 11043, 11044, 11045, 11046, 11047, 97597, 97598, for selective enzymatic debridement of the same wound during the same session)</p> <p>► (For nonselective enzymatic debridement, use 97602)"</p> |
| <b>0977T</b>                                                                                   | "Upper gastrointestinal blood detection, sensor capsule, with interpretation and report"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>0978T</b>                                                                                   | Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>0979T</b>                                                                                   | Submucosal cryolysis therapy; soft palate only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>0980T</b>                                                                                   | Submucosal cryolysis therapy; base of tongue, and lingual tonsil only<br>► (Do not report 0979T, 0980T in conjunction with 0978T)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>0981T</b>                                                                                   | <p>"Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed</p> <p>► (Do not report 0981T in conjunction with 36010, 36013, 37252, 37253, 75825, 76000, 93451, 93453, 93456, 93460, 93461, 93566, 93593, 93594, 93596, 93597)</p> <p>► (For implantation of wireless pulmonary artery sensor, use 33289)</p> <p>► (For remote monitoring of an implantable inferior vena cava pressure sensor, use 0982T)"</p>                      |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>0982T</b>                                                                                   | "Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment<br>► (Do not report 0982T more than once per episode of care)<br>► (Do not report 0982T for monitoring of less than 16 days)"                                                                                                         |
| <b>0983T</b>                                                                                   | "Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional ► (Report 0983T only once per 30 days)"                                                                                                                                                     |
| <b>0984T</b>                                                                                   | "Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)<br>► (Use 0984T in conjunction with 36221, 36222, 36225, 36226, 37215, 37216) ► (Report 0984T once per session)"                          |
| <b>0985T</b>                                                                                   | "Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)<br>► (Use 0985T in conjunction with 0984T)"                                                                                       |
| <b>0986T</b>                                                                                   | "Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure) ► (Use 0986T in conjunction with 36223, 36224, 36225, 36226, 61624, 61630, 61635, 61640, 61645, 61650) ► (Report 0986T once per session)" |
| <b>0987T</b>                                                                                   | "Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure) ► (Use 0987T in conjunction with 0986T)"                                                                                          |
| <b>0988T</b>                                                                                   | 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 and subfascial                                                                                                                                                            |
| <b>0989T</b>                                                                                   | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous and subfascial                                                                                                                                                                                                                                                               |
| <b>0990T</b>                                                                                   | Transcervical instillation of biodegradable hydrogel materials, intrauterine                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>0991T</b>                                                                                   | Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging                                                                                                                                                                                                                                                                                                                                                           |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>0992T</b>                                                                                   | Noninvasive assessment of cardiac risk derived from augmentative software analysis of perivascular fat without concurrent computed tomography (CT) scan of the heart, including patient-specific clinical factors, with interpretation and report by a physician or other qualified health care professional                                                                                                                                                     |
| <b>0993T</b>                                                                                   | Noninvasive assessment of cardiac risk derived from augmentative software analysis of perivascular fat with concurrent computed tomography scan of the heart, including patient-specific clinical factors, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)                                                                                                 |
| <b>0994T</b>                                                                                   | Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; percutaneous                                                                                                                                                                                                     |
| <b>0995T</b>                                                                                   | Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; open                                                                                                                                                                                                             |
| <b>0996T</b>                                                                                   | Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed                                                                                                                                                                                                                                          |
| <b>0997T</b>                                                                                   | Precuneus magnetic stimulation; treatment planning using magnetic resonance imaging-guided neuronavigation to determine optimal location, dose, and intensity for magnetic stimulation therapy, derived from evoked potentials from single pulses of electromagnetic energy recorded by 64-channel electroencephalogram, including automated data processing, transmission, analysis, generation of treatment parameters with review, interpretation, and report |
| <b>0998T</b>                                                                                   | Precuneus magnetic stimulation; personalized treatment delivery of magnetic stimulation therapy to a prespecified target area derived from analysis of evoked potentials within the precuneus, utilizing magnetic resonance imaging-based neuronavigation, with management, per day                                                                                                                                                                              |
| <b>0999T</b>                                                                                   | Autologous muscle cell therapy, harvesting of muscle progenitor cells, including ultrasound guidance, when performed                                                                                                                                                                                                                                                                                                                                             |
| <b>1000T</b>                                                                                   | Autologous muscle cell therapy, administration of muscle progenitor cells into the urethral sphincter, including cystoscopy and post-void residual ultrasound, when performed                                                                                                                                                                                                                                                                                    |
| <b>1001T</b>                                                                                   | Autologous muscle cell therapy, injection of muscle progenitor cells into the external anal sphincter, including ultrasound guidance, when performed                                                                                                                                                                                                                                                                                                             |
| <b>1002T</b>                                                                                   | Air displacement plethysmography, whole-body composition assessment, with interpretation and report                                                                                                                                                                                                                                                                                                                                                              |
| <b>1003T</b>                                                                                   | Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)                                                                                                                                                                                                                                                                                                    |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                         |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                             |
| 1004T                                                                                          | Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; without programming                                                                                                                                                                   |
| 1005T                                                                                          | Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; with programming, first 15 minutes face-to-face time with physician or other qualified health care professional                                                                       |
| 1006T                                                                                          | Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; with programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) |
| 1007T                                                                                          | Electroencephalogram from implanted sub-scalp continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video                                                                                             |
| 1008T                                                                                          | Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment                                                                                                                                                                                                 |
| 1009T                                                                                          | Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video                                                                                                |
| 1010T                                                                                          | Computerized ophthalmic analysis of monocular eye movements using retinal-based eye-tracking without spatial calibration, including fixation, microsaccades, drift, and horizontal saccades, when performed, unilateral or bilateral, with interpretation and report                                                                                                                                    |
| 1011T                                                                                          | Photobiomodulation (PBM) therapy of oral cavity, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device                                                                                                                                                                                                                                    |
| 1012T                                                                                          | Motorized ab interno trephination of sclera (sclerostomy), or trabecular meshwork (trabeculostomy), 1 or more, including injection of antifibrotic agents, when performed                                                                                                                                                                                                                               |
| 1013T                                                                                          | Laparoscopy, surgical, implantation or replacement of lower esophageal sphincter neurostimulator electrode array and neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver, including cruroplasty and/or electronic analysis, when performed                                                                    |
| 1014T                                                                                          | Laparoscopic revision or removal, lower esophageal sphincter neurostimulator electrodes                                                                                                                                                                                                                                                                                                                 |
| 1015T                                                                                          | Revision or removal, lower esophageal sphincter neurostimulator pulse generator or receiver                                                                                                                                                                                                                                                                                                             |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                      |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                          |
| 1016T                                                                                          | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; intraoperative, with programming       |
| 1017T                                                                                          | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; subsequent, without reprogramming      |
| 1018T                                                                                          | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; subsequent, with reprogramming         |
| 1020T                                                                                          | Raman spectroscopy of 1 or more skin lesions, with probability score for malignant risk derived by algorithmic analysis of data from each lesion                                                                                                                                                                                                                     |
| 1021T                                                                                          | Active thoracic irrigation (separate procedure)                                                                                                                                                                                                                                                                                                                      |
| 1025T                                                                                          | Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification                                                                                                                                                                                                         |
| 1026T                                                                                          | Transvaginal laser photobiomodulation therapy of pelvis, provided by a physician or other qualified health care professional                                                                                                                                                                                                                                         |
| 1027T                                                                                          | Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the superior vena cava, with verification of capture of phrenic nerves, mapping and programming, and delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning when performed, including imaging guidance |
| 1028T                                                                                          | Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning and verification of left phrenic nerve capture, per session                                                                                                                                            |
| 1029T                                                                                          | Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, without catheter repositioning, per session                                                                                                                                                                               |
| 1030T                                                                                          | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; initial 30 minutes                                                                                                                                                                                    |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>1031T</b>                                                                                   | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                  |
| <b>1032T</b>                                                                                   | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; initial 60 minutes                                                                                                                                                                                                                                                                                               |
| <b>1033T</b>                                                                                   | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)                                                                                                                                                                                                                           |
| <b>1034T</b>                                                                                   | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; initial 90 minutes                                                                                                                                                                                                          |
| <b>1035T</b>                                                                                   | Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)                                                                                                                                      |
| <b>1036T</b>                                                                                   | Noninvasive hemodynamic assessment with pulmonary pressures and ejection fraction when performed, including passive acquisition of acoustic and electrical signals, augmentative algorithmic analysis, and generation of a clinical report with review, interpretation, and clinical integration by a physician or other qualified health care professional                                                                                                                                            |
| <b>1037T</b>                                                                                   | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance                                                                                                                                                                                                                                                                                                                                                                         |
| <b>1038T</b>                                                                                   | Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed                                                                                                                                                                                                                                                                                                                                                                       |
| <b>1039T</b>                                                                                   | Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physician or other qualified health care professional (QHP) analysis of software- and physician-generated structural and functional maps for integration of cortical grey matter correlation based on resting state functional MRI and mapping of white matter connectivity based on diffusion weighted MRI relative to brain regions, with physician or other QHP interpretation and report |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>1040T</b>                                                                                   | Bronchoscopy, flexible, with bronchial cryotherapy, 1 lung, including trachea, when performed                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>1041T</b>                                                                                   | Augmentative algorithmic analysis of encephalographic waveforms to identify the source and propagation of epileptiform activity, including artifact reduction with analysis of 3D localization of spike sources throughout the examination, 3D animations over time of high-amplitude event locations, high-frequency activity locations, and temporal relationships among locations, with interpretation and report by physician or other qualified health care professional, related to a previously performed electroencephalogram (EEG) |
| <b>1042T</b>                                                                                   | Implantation of absorbable urologic scaffold for prosthetic urethra restoration of reconstructed bladder neck and urethral anastomosis (                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>1043T</b>                                                                                   | Quantitative magnetic resonance, without imaging, for analysis of liver tissue, including assessment of 1 or more parameters (eg, proton density fat fraction [PDFF], water diffusion, T1-water relaxation time), with automatically generated report                                                                                                                                                                                                                                                                                       |
| <b>1044T</b>                                                                                   | Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>1045T</b>                                                                                   | Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; each additional 5 sq cm, or part thereof (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                                              |
| <b>1046T</b>                                                                                   | Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body area of infants and children                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>1047T</b>                                                                                   | Autologous heterogeneous skin-construct graft application, trunk, arms, legs; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)                                                                                                                                                                                                                                                                                           |
| <b>1048T</b>                                                                                   | Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 50 sq cm or less, or 0.5% of body area of infants and children                                                                                                                                                                                                                                                                                                            |
| <b>1049T</b>                                                                                   | Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)                                                                                                                                                                                                             |



| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                 |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                     |
| <b>1050T</b>                                                                                   | Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds                                                                                                                                                                                                           |
| <b>1051T</b>                                                                                   | Removal of subcutaneous heart failure decompensation monitor                                                                                                                                                                                                                                                                                                                                    |
| <b>1052T</b>                                                                                   | Interrogation device evaluation(s), (in person or remote) up to 30 days, insertable subcutaneous heart failure decompensation monitor, analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report, review and interpretation by a physician or other qualified health care professional |
| <b>1053T</b>                                                                                   | Programming device evaluation (in person or remote) of subcutaneous heart failure decompensation monitor, with analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report and review and interpretation by a physician or other qualified health care professional                      |
| <b>15011</b>                                                                                   | Harvest of skin for autograft; first                                                                                                                                                                                                                                                                                                                                                            |
| <b>15012</b>                                                                                   | Harvest of skin for autograft; each additional 25 sq cm                                                                                                                                                                                                                                                                                                                                         |
| <b>15013</b>                                                                                   | Preparation of skin autograft, requiring enzymatic processing;; first 25 sq cm or less                                                                                                                                                                                                                                                                                                          |
| <b>15014</b>                                                                                   | Preparation of skin autograft, requiring enzymatic processing;; each additional 25 sq cm                                                                                                                                                                                                                                                                                                        |
| <b>15015</b>                                                                                   | Application of skin autograft; first 480 sq cm or less                                                                                                                                                                                                                                                                                                                                          |
| <b>15016</b>                                                                                   | Application of skin autograft; each additional 480 sq cm                                                                                                                                                                                                                                                                                                                                        |
| <b>15017</b>                                                                                   | Application of skin autograft; first 480 sq cm or less                                                                                                                                                                                                                                                                                                                                          |
| <b>15018</b>                                                                                   | Application of skin autograft; each additional 480 sq cm                                                                                                                                                                                                                                                                                                                                        |
| <b>20560</b>                                                                                   | Needle insertion(s) without injection(s); 1 or 2 muscle(s)                                                                                                                                                                                                                                                                                                                                      |
| <b>20561</b>                                                                                   | Needle insertion(s) without injection(s); 3 or more muscles                                                                                                                                                                                                                                                                                                                                     |
| <b>22526</b>                                                                                   | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level                                                                                                                                                                                                                                                                     |
| <b>22527</b>                                                                                   | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)                                                                                                                                                                                          |
| <b>22836</b>                                                                                   | Vertebral body tethering; up to 7 vertebral segments                                                                                                                                                                                                                                                                                                                                            |
| <b>22837</b>                                                                                   | Vertebral body tethering; 8 or more vertebral segments                                                                                                                                                                                                                                                                                                                                          |
| <b>22838</b>                                                                                   | Revision, replacement, or removal of vertebral body tethering                                                                                                                                                                                                                                                                                                                                   |
| <b>22857</b>                                                                                   | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar                                                                                                                                                                                                                              |
| <b>22860</b>                                                                                   | Total disc arthroplasty, anterior approach, including discectomy; second lumbar interspace                                                                                                                                                                                                                                                                                                      |
| <b>22862</b>                                                                                   | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar                                                                                                                                                                                                                                                                       |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                               |
| <b>22867</b>                                                                                   | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level                                                                                                   |
| <b>22868</b>                                                                                   | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)                                       |
| <b>22869</b>                                                                                   | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level                                                                                                      |
| <b>22870</b>                                                                                   | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)                                          |
| <b>27278</b>                                                                                   | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing                                                                       |
| <b>28890</b>                                                                                   | Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia                                                                          |
| <b>30468</b>                                                                                   | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)                                                                                                                                                                                                       |
| <b>30469</b>                                                                                   | Nasal valve collapse repair using low energy, temperature-controlled remodeling                                                                                                                                                                                                           |
| <b>31242</b>                                                                                   | Surgical nasal/sinus endoscopy; radiofrequency ablation, posterior nasal nerve                                                                                                                                                                                                            |
| <b>31243</b>                                                                                   | Surgical nasal/sinus endoscopy; cryoablation, posterior nasal nerve                                                                                                                                                                                                                       |
| <b>31647</b>                                                                                   | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe                                                                        |
| <b>31648</b>                                                                                   | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe                                                                                                                                                        |
| <b>31649</b>                                                                                   | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)                                                                                    |
| <b>31651</b>                                                                                   | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s]) |
| <b>31660</b>                                                                                   | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe                                                                                                                                                                     |
| <b>31661</b>                                                                                   | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes                                                                                                                                                            |
| <b>33275</b>                                                                                   | Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed                                                                                           |
| <b>33276</b>                                                                                   | Phrenic nerve stimulator system placement, initial analysis with diagnostic mode activation, when performed                                                                                                                                                                               |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                   |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                       |
| 33277                                                                                          | Phrenic nerve stimulator transvenous lead placement (List separately in addition to code for primary procedure)                                                                                                                                                                                                                   |
| 33278                                                                                          | Phrenic nerve stimulator removal                                                                                                                                                                                                                                                                                                  |
| 33279                                                                                          | Phrenic nerve stimulator removal; transvenous stimulation or sensing lead(s) only                                                                                                                                                                                                                                                 |
| 33280                                                                                          | Phrenic nerve stimulator removal; pulse generator only                                                                                                                                                                                                                                                                            |
| 33281                                                                                          | Phrenic nerve stimulator transvenous lead repositioning                                                                                                                                                                                                                                                                           |
| 33287                                                                                          | Phrenic nerve stimulator, removal and replacement; pulse generator                                                                                                                                                                                                                                                                |
| 33288                                                                                          | Phrenic nerve stimulator removal and replacement; transvenous stimulation or sensing lead                                                                                                                                                                                                                                         |
| 33289                                                                                          | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed |
| 33370                                                                                          | Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)                                                           |
| 33548                                                                                          | Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)                                                                                                                                                                                    |
| 36473                                                                                          | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated                                                                                                                                                                   |
| 36474                                                                                          | Subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)                                                                                                                                                                                  |
| 36836                                                                                          | Upper extremity, single access percutaneous arteriovenous fistula creation                                                                                                                                                                                                                                                        |
| 36837                                                                                          | Upper extremity, separate access percutaneous arteriovenous fistula creation                                                                                                                                                                                                                                                      |
| 37262                                                                                          | Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)                                               |
| 37279                                                                                          | Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)                               |
| 41512                                                                                          | Tongue base suspension, permanent suture technique                                                                                                                                                                                                                                                                                |
| 43206                                                                                          | Esophagoscopy, flexible, transoral; with optical endomicroscopy                                                                                                                                                                                                                                                                   |
| 43252                                                                                          | Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy                                                                                                                                                                                                                                                      |
| 43284                                                                                          | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed                                                                                                                                                          |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                  |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                      |
| 43285                                                                                          | Removal of esophageal sphincter augmentation device                                                                                                                                                                                                                              |
| 43290                                                                                          | Esophagogastroduodenoscopy, with deployment of balloon                                                                                                                                                                                                                           |
| 43291                                                                                          | Esophagogastroduodenoscopy, with removal of balloon                                                                                                                                                                                                                              |
| 43497                                                                                          | Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])                                                                                                                                                                                                      |
| 43647                                                                                          | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum                                                                                                                                                                                 |
| 43648                                                                                          | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum                                                                                                                                                                                         |
| 43881                                                                                          | Implantation or replacement of gastric neurostimulator electrodes, antrum, open                                                                                                                                                                                                  |
| 43882                                                                                          | Revision or removal of gastric neurostimulator electrodes, antrum, open                                                                                                                                                                                                          |
| 43889                                                                                          | Gastric restrictive procedure, transoral, endoscopic sleeve gastropasty (ESG), including argon plasma coagulation, when performed                                                                                                                                                |
| 46707                                                                                          | Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])                                                                                                                                                                                              |
| 47371                                                                                          | Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical                                                                                                                                                                                                        |
| 47381                                                                                          | Ablation, open, of 1 or more liver tumor(s); cryosurgical                                                                                                                                                                                                                        |
| 47383                                                                                          | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation                                                                                                                                                                                                                   |
| 47384                                                                                          | Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous                                                                                                                                                                        |
| 51721                                                                                          | Transurethral ablation transducer insertion for delivery of thermal ultrasound for prostate                                                                                                                                                                                      |
| 52284                                                                                          | Cystourethroscopy, with urethral mechanical dilation and drug delivery by drug-coated balloon catheter                                                                                                                                                                           |
| 52443                                                                                          | Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed |
| 53451                                                                                          | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance                                                                                                                                           |
| 53452                                                                                          | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance                                                                                                                                          |
| 53453                                                                                          | Periurethral transperineal adjustable balloon continence device; removal, each balloon                                                                                                                                                                                           |
| 53454                                                                                          | Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume                                                                                                                                                              |
| 53865                                                                                          | Insertion of temporary device with cystourethroscopy for ischemic remodeling of bladder neck and prostate                                                                                                                                                                        |
| 53866                                                                                          | Catheterization with removal of temporary device for ischemic remodeling of bladder neck and prostate                                                                                                                                                                            |
| 55880                                                                                          | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance                                                                                                                                                 |
| 55881                                                                                          | Transurethral ablation of prostate tissue, using thermal ultrasound                                                                                                                                                                                                              |
| 55882                                                                                          | Transurethral ablation of prostate tissue, using thermal ultrasound; with insertion of ultrasound transducer                                                                                                                                                                     |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                          |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                              |
| <b>60660</b>                                                                                   | Percutaneous ablation of 1 or more thyroid nodule(s)                                                                                                                                                                                                                                                                                                                     |
| <b>60661</b>                                                                                   | Percutaneous ablation of additional lobe of thyroid nodule(s)                                                                                                                                                                                                                                                                                                            |
|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |
| <b>61736</b>                                                                                   | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion                                                                                                                                                                               |
| <b>61737</b>                                                                                   | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)                                                                                                                                                             |
| <b>62263</b>                                                                                   | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days                                                                                                             |
| <b>62264</b>                                                                                   | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day                                                                                                                      |
| <b>62287</b>                                                                                   | Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar                                |
| <b>62380</b>                                                                                   | Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar                                                                                                                                                                       |
| <b>62330</b>                                                                                   | Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar                                                                                                                                                              |
| <b>62331</b>                                                                                   | Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)                                                                                        |
| <b>63032</b>                                                                                   | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure) |
| <b>64454</b>                                                                                   | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed                                                                                                                                                                                                                                                   |
| <b>64505</b>                                                                                   | Injection, anesthetic agent; sphenopalatine ganglion                                                                                                                                                                                                                                                                                                                     |
| <b>64555</b>                                                                                   | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)                                                                                                                                                                                                                                                                   |
| <b>64575</b>                                                                                   | Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)                                                                                                                                                                                                                                                                           |
| <b>64624</b>                                                                                   | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed                                                                                                                                                                                                                                                                     |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                        |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                            |
| <b>64625</b>                                                                                   | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)                                                                                                                                                                                         |
| <b>64654</b>                                                                                   | Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming                     |
| <b>64655</b>                                                                                   | Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only                                                                                                                                                                         |
| <b>64656</b>                                                                                   | Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only                                                                                                                                                              |
| <b>64657</b>                                                                                   | Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator                                                                                                                                                                                                     |
| <b>64658</b>                                                                                   | Removal of baroreflex activation therapy (BAT) modulation system; lead only                                                                                                                                                                                                                                            |
| <b>64659</b>                                                                                   | Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only                                                                                                                                                                                                                                 |
| <b>64728</b>                                                                                   | Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance                                                                                                                                                                                |
| <b>66683</b>                                                                                   | Iris prosthesis Implantation                                                                                                                                                                                                                                                                                           |
| <b>75577</b>                                                                                   | Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional |
| <b>76120</b>                                                                                   | Cineradiography/videoradiography, except where specifically included                                                                                                                                                                                                                                                   |
| <b>76125</b>                                                                                   | Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)                                                                                                                                                                                         |
| <b>77085</b>                                                                                   | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment                                                                                                                                                         |
| <b>77086</b>                                                                                   | Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)                                                                                                                                                                                                                                               |
| <b>77089</b>                                                                                   | Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk                                                                                     |
| <b>77090</b>                                                                                   | Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere                                                                                                                                                 |
| <b>77091</b>                                                                                   | Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only                                                                                                                                                                                                            |
| <b>77092</b>                                                                                   | Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional                                                                                                                                           |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                     |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                         |
| <b>78835</b>                                                                                   | Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)                                                                                                                                                                                                                           |
| <b>81195</b>                                                                                   | Cytogenomic analysis, optical genome mapping                                                                                                                                                                                                                                                                                                        |
| <b>81277</b>                                                                                   | Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities                                                                                                                                                                         |
| <b>81354</b>                                                                                   | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)                                                                                                                                                                                 |
| <b>81449</b>                                                                                   | Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes RNA analysis                                                                                                                                                                                                                                                             |
| <b>81451</b>                                                                                   | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis                                                                                                      |
| <b>81456</b>                                                                                   | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis                                                                               |
| <b>81524</b>                                                                                   | Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed |
| <b>81529</b>                                                                                   | Osteogenesis stimulator, electrical, noninvasive, other than spinal applications                                                                                                                                                                                                                                                                    |
| <b>81539</b>                                                                                   | Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score                                                                                                                          |
| <b>81558</b>                                                                                   | Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling                                                                                                                                                                                                                                                             |
| <b>81560</b>                                                                                   | Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score                                                                                                        |
| <b>82107</b>                                                                                   | Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)                                                                                                                                                                                                                                                                    |
| <b>82172</b>                                                                                   | Apolipoprotein, each                                                                                                                                                                                                                                                                                                                                |
| <b>82233</b>                                                                                   | Beta-amyloid; 1-40                                                                                                                                                                                                                                                                                                                                  |
| <b>82234</b>                                                                                   | Beta-amyloid; 1-42                                                                                                                                                                                                                                                                                                                                  |
| <b>82523</b>                                                                                   | Collagen cross links, any method                                                                                                                                                                                                                                                                                                                    |
| <b>82664</b>                                                                                   | Electrophoretic technique, not elsewhere specified                                                                                                                                                                                                                                                                                                  |
| <b>83006</b>                                                                                   | Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)                                                                                                                                                                                                                                                                            |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                |
| <b>83516</b>                                                                                   | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method                                                                                                                            |
| <b>83695</b>                                                                                   | Lipoprotein (a)                                                                                                                                                                                                                                                            |
| <b>83722</b>                                                                                   | Lipoprotein, direct measurement; small dense LDL cholesterol                                                                                                                                                                                                               |
| <b>83884</b>                                                                                   | Neurofilament light chain (NfL)                                                                                                                                                                                                                                            |
| <b>83937</b>                                                                                   | Osteocalcin (bone g1a protein)                                                                                                                                                                                                                                             |
| <b>83987</b>                                                                                   | pH; exhaled breath condensate                                                                                                                                                                                                                                              |
| <b>84080</b>                                                                                   | Phosphatase, alkaline; isoenzymes                                                                                                                                                                                                                                          |
| <b>84393</b>                                                                                   | Tau, phosphorylated                                                                                                                                                                                                                                                        |
| <b>84394</b>                                                                                   | Tau, total                                                                                                                                                                                                                                                                 |
| <b>86305</b>                                                                                   | Human epididymis protein 4 (HE4)                                                                                                                                                                                                                                           |
| <b>87182</b>                                                                                   | Susceptibility studies, antimicrobial agent; carbapenemase enzyme detection (eg, Klebsiella pneumoniae carbapenemase [KPC], New Delhi metallo-beta-lactamase [NDM], Verona integron-encoded metallo-beta-lactamase [VIM]), multiplex immunoassay, qualitative, per isolate |
| <b>87183</b>                                                                                   | Susceptibility studies, antimicrobial agent; carbapenem resistance genes (eg, blaKPC, blaNDM, blaVIM, blaOXA-48, blaIMP), amplified probe technique, per isolate                                                                                                           |
| <b>87627</b>                                                                                   | Infectious agent detection by nucleic acid (DNA or RNA); joint space pathogens and drug resistance genes, multiplex amplified probe technique, 26 or more targets                                                                                                          |
| <b>88375</b>                                                                                   | Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session                                                                                                                                                                |
| <b>90382</b>                                                                                   | Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use                                                                                                                                                                             |
| <b>90584</b>                                                                                   | Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use                                                                                                                                                                                                  |
| <b>90612</b>                                                                                   | Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use                                                                    |
| <b>90613</b>                                                                                   | Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use                                                                    |
| <b>90616</b>                                                                                   | Influenza virus vaccine, trivalent (tIRV), mRNA, 37.5 mcg/0.38 mL dosage, for intramuscular use                                                                                                                                                                            |
| <b>90639</b>                                                                                   | Influenza virus vaccine, quadrivalent (qIRV), mRNA; 50 mcg/0.5 mL dosage, for intramuscular use                                                                                                                                                                            |
| <b>90624</b>                                                                                   | Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use                                                                                                 |



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|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                     |
| 90631                                                                                          | Influenza virus vaccine (IIV), H5, pandemic formulation, split virus, adjuvanted, for intramuscular use                                                                                                                                         |
| 91111                                                                                          | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report                                                                                                                                  |
| 91300                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use                            |
| 91301                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use                                                  |
| 91303                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use      |
| 91305                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use                        |
| 91306                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use                                                 |
| 91307                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use |
| 91308                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use  |
| 91309                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use                                                  |
| 91311                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use                                                 |
| 91323                                                                                          | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use                                                                                     |
| 92145                                                                                          | Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report                                                                                                                           |
| 92548                                                                                          | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;        |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>92549</b>                                                                                   | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)                                                                                                                                                                                                                          |
| <b>92572</b>                                                                                   | Staggered spondaic word test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>92576</b>                                                                                   | Synthetic sentence identification test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>93050</b>                                                                                   | Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive                                                                                                                                                                                             |
| <b>93145</b>                                                                                   | Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming                                                             |
| <b>93146</b>                                                                                   | Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting |
| <b>93150</b>                                                                                   | Therapy activation of phrenic nerve stimulator system                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>93151</b>                                                                                   | Interrogation and programming of phrenic nerve stimulator system                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>93152</b>                                                                                   | Interrogation and programming of phrenic nerve stimulator system done at the same time as a polysomnography                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>93153</b>                                                                                   | Interrogation without programming of phrenic nerve stimulator system                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>93264</b>                                                                                   | Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional                                                                                                                                                                                                                                              |
| <b>93356</b>                                                                                   | Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)                                                                                                                                                                                                                                                                                                                                                           |
| <b>93701</b>                                                                                   | Bioimpedance-derived physiologic cardiovascular analysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>95012</b>                                                                                   | Nitric oxide expired gas determination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>95803</b>                                                                                   | Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>95905</b>                                                                                   | Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report                                                                                                                                                                                                                                                                                                                      |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                        |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                            |
| <b>95957</b>                                                                                   | Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)                                                                                                                                                                                                                                      |
| <b>96000</b>                                                                                   | Comprehensive computer-based motion analysis by videotaping and 3D kinematics;                                                                                                                                                                                                                                         |
| <b>96001</b>                                                                                   | Comprehensive computer-based motion analysis by videotaping and 3D kinematics; with dynamic plantar pressure measurements during walking                                                                                                                                                                               |
| <b>96002</b>                                                                                   | Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles                                                                                                                                                                                                                          |
| <b>96004</b>                                                                                   | Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report |
| <b>97033</b>                                                                                   | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes                                                                                                                                                                                                                                           |
| <b>97533</b>                                                                                   | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes                                                                                                                                             |
| <b>97610</b>                                                                                   | Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day                                                                                                                                                   |
| <b>97799</b>                                                                                   | Unlisted physical medicine/rehabilitation service or procedure                                                                                                                                                                                                                                                         |
| <b>98984</b>                                                                                   | Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period                                                                            |
| <b>98985</b>                                                                                   | Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period                                                                        |
| <b>98986</b>                                                                                   | Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period                                                                  |
| <b>98978</b>                                                                                   | Remote therapeutic monitoring; device supply, recording, transmission to monitor cognitive behavioral therapy, each 30 days                                                                                                                                                                                            |
| <b>98979</b>                                                                                   | Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes                                         |
| <b>99445</b>                                                                                   | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period                                                                                          |
| <b>99470</b>                                                                                   | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes                                         |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                      |
| A2001                                                                                          | Innovamatrix ac, per square centimeter (add-on, list separately in addition to primary procedure)                |
| A2002                                                                                          | Mirrugen advanced wound matrix, per square centimeter (add-on, list separately in addition to primary procedure) |
| A2004                                                                                          | Xcellstem, 1 mg                                                                                                  |
| A2005                                                                                          | Microlite matrix, per square centimeter (add-on, list separately in addition to primary procedure)               |
| A2006                                                                                          | Novosorb synpath dermal matrix, per square centimeter (add-on, list separately in addition to primary procedure) |
| A2007                                                                                          | Restrata, per square centimeter (add-on, list separately in addition to primary procedure)                       |
| A2008                                                                                          | Theragenesis, per square centimeter (add-on, list separately in addition to primary procedure)                   |
| A2009                                                                                          | Symphony, per square centimeter (add-on, list separately in addition to primary procedure)                       |
| A2010                                                                                          | Apis, per square centimeter (add-on, list separately in addition to primary procedure)                           |
| A2013                                                                                          | Innovamatrix fs, per square centimeter (add-on, list separately in addition to primary procedure)                |
| A2014                                                                                          | Omeza collagen matrix or omeza complete matrix, per 100 mg                                                       |
| A2015                                                                                          | Phoenix wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)           |
| A2016                                                                                          | Permeaderm b, per square centimeter (add-on, list separately in addition to primary procedure)                   |
| A2017                                                                                          | Permeaderm glove, each                                                                                           |
| A2018                                                                                          | Permeaderm c, per square centimeter (add-on, list separately in addition to primary procedure)                   |
| A2019                                                                                          | Kerecis omega3 marigen shield, per square centimeter (add-on, list separately in addition to primary procedure)  |
| A2020                                                                                          | Ac5 advanced wound system (ac5)                                                                                  |
| A2021                                                                                          | Neomatrix, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| A2022                                                                                          | Innovaburn or innovamatrix xl, per square centimeter (add-on, list separately in addition to primary procedure)  |
| A2023                                                                                          | Innovamatrix pd, 1 mg                                                                                            |
| A2024                                                                                          | Resolve matrix or xenopatch, per square centimeter (add-on, list separately in addition to primary procedure)    |
| A2025                                                                                          | Miro3d, per cubic centimeter (add-on, list separately in addition to primary procedure)                          |
| A2026                                                                                          | Restrata minimatrix, 5 mg                                                                                        |
| A2027                                                                                          | Matriderm, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| A2028                                                                                          | Micromatrix flex, per mg                                                                                         |
| A2029                                                                                          | Mirotract wound matrix sheet, per cubic centimeter (add-on, list separately in addition to primary procedure)    |
| A2030                                                                                          | Miro3d fibers, per milligram                                                                                     |
| A2031                                                                                          | Mirodry wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)           |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                            |
| A2032                                                                                          | Myriad matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                        |
| A2033                                                                                          | Myriad morcells, 4 milligrams                                                                                                          |
| A2034                                                                                          | Foundation drs solo, per square centimeter (add-on, list separately in addition to primary procedure)                                  |
| A2035                                                                                          | Corplex p or theracor p or allacor p, per milligram                                                                                    |
| A2036                                                                                          | Cohealyx collagen dermal matrix, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| A2037                                                                                          | G4derm plus/suprello, per milliliter                                                                                                   |
| A2038                                                                                          | Marigen pacto, per square centimeter (add-on, list separately in addition to primary procedure)                                        |
| A2039                                                                                          | Innovamatrix fd, per square centimeter (add-on, list separately in addition to primary procedure)                                      |
| A2040                                                                                          | Microlyte painguard, per square centimeter                                                                                             |
| A2041                                                                                          | Foundation drs+ duo, per square centimeter                                                                                             |
| A2042                                                                                          | Foundation drs+ solo, per square centimeter                                                                                            |
| A2043                                                                                          | Biobrane, per square centimeter                                                                                                        |
| A2044                                                                                          | Biobrane glove, each                                                                                                                   |
| A2045                                                                                          | Novashield or novogen wound matrix, per square centimeter                                                                              |
| A4318                                                                                          | Female external urinary collection cup, with or without ring attachment, per day                                                       |
| A4341                                                                                          | Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each                                          |
| A4342                                                                                          | Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each                           |
| A4438                                                                                          | Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each                                      |
| A4479                                                                                          | Electronic transanal irrigation system, includes electronic pump, water reservoir, tubing, and accessories, without catheter, any type |
| A4540                                                                                          | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm                                       |
| A4541                                                                                          | Monthly supplies for use of device coded at E0733                                                                                      |
| A4542                                                                                          | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist                               |
| A4543                                                                                          | Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month                                 |
| A4544                                                                                          | Electrode for external lower extremity nerve stimulator for restless legs syndrome                                                     |
| A4545                                                                                          | Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month          |
| A4560                                                                                          | Neuromuscular electrical stimulator (nmes), disposable, replacement only                                                               |
| A4563                                                                                          | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each          |
| A4575                                                                                          | Topical hyperbaric oxygen chamber, disposable                                                                                          |
| A4593                                                                                          | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime                                                            |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                        |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                            |
| <b>A4594</b>                                                                                   | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each                                                                           |
| <b>A4596</b>                                                                                   | Cranial electrotherapy stimulation (ces) system supplies and accessories, per month                                                                                    |
| <b>A6548</b>                                                                                   | Accessory to custom gradient compression garment, silicone band, any size                                                                                              |
| <b>A6566</b>                                                                                   | Gradient compression garment, neck/head, each                                                                                                                          |
| <b>A6567</b>                                                                                   | Gradient compression garment, neck/head, custom, each                                                                                                                  |
| <b>A6590</b>                                                                                   | External urinary catheters; disposable, with wicking material, for use with suction pump, per month                                                                    |
| <b>A6591</b>                                                                                   | External urinary catheter; non-disposable, for use with suction pump, per month                                                                                        |
| <b>A7021</b>                                                                                   | Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter) |
| <b>A7023</b>                                                                                   | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical                                                                                          |
| <b>A7049</b>                                                                                   | Expiratory positive airway pressure intranasal resistance valve                                                                                                        |
| <b>A8005</b>                                                                                   | Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted                        |
| <b>A8006</b>                                                                                   | Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only                                                               |
| <b>A9268</b>                                                                                   | Programmer for transient, orally ingested capsule                                                                                                                      |
| <b>A9269</b>                                                                                   | Programable, transient, orally ingested capsule, for use with external programmer, per month                                                                           |
| <b>A9291</b>                                                                                   | Prescription digital behavioral therapy, FDA-cleared, per course of treatment                                                                                          |
| <b>A9292</b>                                                                                   | Prescription digital visual therapy, software-only, fda cleared, per course of treatment                                                                               |
| <b>A9294</b>                                                                                   | Prescription digital cognitive and/or behavioral therapy, biofeedback, fda cleared, per course of treatment                                                            |
| <b>A9507</b>                                                                                   | Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries                                                                                     |
| <b>A9603</b>                                                                                   | Injection, pafolacianine, 0.1 mg                                                                                                                                       |
| <b>A9609</b>                                                                                   | Gradient compression bandaging supply, not otherwise specified                                                                                                         |
| <b>A9610</b>                                                                                   | Xenon xe-129 hyperpolarized gas, diagnostic, per study dose                                                                                                            |
| <b>A9611</b>                                                                                   | Gradient compression wrap with adjustable straps, above knee, each, custom                                                                                             |
| <b>C1600</b>                                                                                   | Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)                                                                          |
| <b>C1609</b>                                                                                   | Vertebral device, motion-preserving, with screw fixation                                                                                                               |
| <b>C1734</b>                                                                                   | Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)                                                                           |
| <b>C1735</b>                                                                                   | Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components                                                           |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                           |
| <b>C1736</b>                                                                                   | Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components                                                                                                                                                                                              |
| <b>C1737</b>                                                                                   | Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)                                                                                                                                                                                             |
| <b>C1738</b>                                                                                   | Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device                                                                                                                                                                                                                      |
| <b>C1821</b>                                                                                   | Interspinous process distraction device (implantable)                                                                                                                                                                                                                                                 |
| <b>C1823</b>                                                                                   | Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads                                                                                                                                                                                             |
| <b>C1825</b>                                                                                   | Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)                                                                                                                                                                                         |
| <b>C1826</b>                                                                                   | Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system                                                                                                                                           |
| <b>C1827</b>                                                                                   | Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller                                                                                                                                                              |
| <b>C1832</b>                                                                                   | Autograft suspension, including cell processing and application, and all system components                                                                                                                                                                                                            |
| <b>C1833</b>                                                                                   | Monitor, cardiac, including intracardiac lead and all system components (implantable)                                                                                                                                                                                                                 |
| <b>C2614</b>                                                                                   | Probe, percutaneous lumbar discectomy                                                                                                                                                                                                                                                                 |
| <b>C7501</b>                                                                                   | Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)      |
| <b>C7502</b>                                                                                   | Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code) |
| <b>C8000</b>                                                                                   | Support device, extravascular, for arteriovenous fistula (implantable)                                                                                                                                                                                                                                |
| <b>C8001</b>                                                                                   | 3d anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy                                                                                         |
| <b>C8002</b>                                                                                   | Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)                                                                                                                                 |
| <b>C8003</b>                                                                                   | Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy)                                                                  |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>C8004</b>                                                                                   | Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors                                                                                                                                                                                                   |
| <b>C8005</b>                                                                                   | Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (pef) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s) |
| <b>C8937</b>                                                                                   | Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)                                                                                                                                                                                                                                                         |
| <b>C9300</b>                                                                                   | Injection, indigotindisulfonate sodium, 1 mg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>C9354</b>                                                                                   | Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>C9356</b>                                                                                   | Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>C9358</b>                                                                                   | Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>C9360</b>                                                                                   | Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>C9362</b>                                                                                   | Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>C9363</b>                                                                                   | Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>C9364</b>                                                                                   | Porcine implant, Permacol, per sq cm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>C9758</b>                                                                                   | Blind procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study                                                                                                                                                        |
| <b>C9759</b>                                                                                   | Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed                                                                                                                                                                                                                                                                                                                  |
| <b>C9760</b>                                                                                   | Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study                                                                                                |



| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                 |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                     |
| <b>C9762</b>                                                                                   | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging                                                                                                                                    |
| <b>C9763</b>                                                                                   | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging                                                                                                                                    |
| <b>C9764</b>                                                                                   | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed                                                      |
| <b>C9765</b>                                                                                   | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed                 |
| <b>C9766</b>                                                                                   | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed                                      |
| <b>C9767</b>                                                                                   | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed |
| <b>C9772</b>                                                                                   | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed                                                                              |
| <b>C9773</b>                                                                                   | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed                                         |
| <b>C9774</b>                                                                                   | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed                                                              |
| <b>C9775</b>                                                                                   | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed                         |
| <b>C9777</b>                                                                                   | Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy                                                                                                                                   |
| <b>C9780</b>                                                                                   | Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance                                                                                             |
| <b>C9781</b>                                                                                   | Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed                                      |
| <b>C9785</b>                                                                                   | Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components                                                                                      |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>C9791</b>                                                                                   | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent                                                                                                                                                                                                                                                                                                                             |
| <b>C9792</b>                                                                                   | Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study) |
| <b>C9796</b>                                                                                   | Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])                                                                                                                                                                                                                                                                                                                    |
| <b>C9797</b>                                                                                   | Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction                                                                                                                            |
| <b>E0201</b>                                                                                   | Penile contracture device, manual, greater than 3 lbs traction force                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>E0218</b>                                                                                   | Fluid circulating cold pad with pump, any type                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>E0236</b>                                                                                   | Pump for water circulating pad                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>E0468</b>                                                                                   | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions                                                                                                                                                                                                                                                                                        |
| <b>E0469</b>                                                                                   | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device                                                                                                                                                                                                                                                                                                                                                                       |
| <b>E0490</b>                                                                                   | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote                                                                                                                                                                                                                                                                                                      |
| <b>E0491</b>                                                                                   | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply                                                                                                                                                                                                                                                             |
| <b>E0492</b>                                                                                   | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application                                                                                                                                                                                                                                                                                                    |
| <b>E0493</b>                                                                                   | 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                                                                                                                                                                                                                                                           |
| <b>E0530</b>                                                                                   | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type                                                                                                                                                                                                                                                                                                                                               |
| <b>E0658</b>                                                                                   | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest                                                                                                                                                                                                                                                                                                                                                                    |
| <b>E0659</b>                                                                                   | Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest                                                                                                                                                                                                                                                                                                                                                                     |
| <b>E0677</b>                                                                                   | Non-pneumatic sequential compression garment, trunk                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>E0683</b>                                                                                   | Non-pneumatic, non-sequential, peristaltic wave compression pump                                                                                                                                                                                                                                                                                                                                                                                                      |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                    |
| E0711                                                                                          | Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion                                                                                                                             |
| E0715                                                                                          | Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises                                                                                                                                         |
| E0716                                                                                          | Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises                                                                                                            |
| E0721                                                                                          | Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region                                                                                                                                         |
| E0732                                                                                          | Cranial electrotherapy stimulation (ces) system, any type                                                                                                                                                                      |
| E0733                                                                                          | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve                                                                                                                                  |
| E0734                                                                                          | External upper limb tremor stimulator of the peripheral nerves of the wrist                                                                                                                                                    |
| E0736                                                                                          | Transcutaneous tibial nerve stimulator                                                                                                                                                                                         |
| E0737                                                                                          | Transcutaneous tibial nerve stimulator, controlled by phone application                                                                                                                                                        |
| E0738                                                                                          | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories                                                                    |
| E0739                                                                                          | Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors                                              |
| E0740                                                                                          | Nonimplanted pelvic floor electrical stimulator, complete system                                                                                                                                                               |
| E0743                                                                                          | External lower extremity nerve stimulator for restless legs syndrome, each                                                                                                                                                     |
| E0746                                                                                          | Electromyography (EMG), biofeedback device                                                                                                                                                                                     |
|                                                                                                |                                                                                                                                                                                                                                |
| E0761                                                                                          | Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device                                                                                                                           |
| E0762                                                                                          | Transcutaneous electrical joint stimulation device system, includes all accessories                                                                                                                                            |
| E0764                                                                                          | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program |
| E0767                                                                                          | External lower extremity nerve stimulator for restless legs syndrome, each                                                                                                                                                     |
| E0769                                                                                          | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified                                                                                                                                     |
| E0770                                                                                          | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified                                                                                 |
| E0936                                                                                          | Continuous passive motion exercise device for use other than knee                                                                                                                                                              |
| E1700                                                                                          | Jaw motion rehabilitation system                                                                                                                                                                                               |
| E1701                                                                                          | Replacement cushions for jaw motion rehabilitation system, package of 6                                                                                                                                                        |
| E1702                                                                                          | Replacement measuring scales for jaw motion rehabilitation system, package of 200                                                                                                                                              |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                    |
| <b>E1801</b>                                                                                   | Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories                                                                                       |
| <b>E1806</b>                                                                                   | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories                                                                                                                         |
| <b>E1811</b>                                                                                   | Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories                                                                                        |
| <b>E1816</b>                                                                                   | Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories                                                                                       |
| <b>E1818</b>                                                                                   | Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories                                                                                        |
| <b>E1821</b>                                                                                   | Replacement soft interface material/cuffs for bi-directional static progressive stretch device                                                                                                                                                                                 |
| <b>E1831</b>                                                                                   | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories                                                                                                                           |
| <b>E1841</b>                                                                                   | Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories                                                                                                              |
| <b>E1905</b>                                                                                   | Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software                                                                                                                                                                           |
| <b>E2001</b>                                                                                   | Suction pump, home model, portable or stationary, electric, any type, for use with external urine/or fecal management system                                                                                                                                                   |
| <b>E3200</b>                                                                                   | Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only                                                                                                                                |
| <b>G0166</b>                                                                                   | External counterpulsation, per treatment session                                                                                                                                                                                                                               |
| <b>G0183</b>                                                                                   | Quantitative software measurements of cardiac volume, cardiac chambers volumes and left ventricular wall mass derived from ct scan(s) data of the chest/heart (with or without contrast)                                                                                       |
| <b>G0255</b>                                                                                   | Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve                                                                                                                                                                                         |
| <b>G0276</b>                                                                                   | Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial                                                                              |
| <b>G0295</b>                                                                                   | Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses                                                                                                                                                                  |
| <b>G0327</b>                                                                                   | Colorectal cancer screening; blood-based biomarker                                                                                                                                                                                                                             |
| <b>G0329</b>                                                                                   | Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                                                                                                                                                  |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                                                                                                                                                      |
| <b>G0465</b>                                                                                   | Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)                                                                                                                                                      |
| <b>G0555</b>                                                                                   | Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring                                                                                                                                                                                                                                         |
| <b>G0566</b>                                                                                   | 3d radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy                                                                                                                                                                                                                                                          |
| <b>G0577</b>                                                                                   | Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction performed in the non-facility setting |
| <b>G2000</b>                                                                                   | Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, noncovered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session                                                                                                       |
| <b>G9143</b>                                                                                   | Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)                                                                                                                                                                                                                                                                                 |
| <b>G9147</b>                                                                                   | Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration                                                                                                 |
| <b>K1004</b>                                                                                   | Low frequency ultrasonic diathermy treatment device for home use                                                                                                                                                                                                                                                                                                                 |
| <b>K1007</b>                                                                                   | Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors                                                                                                                         |
| <b>K1030</b>                                                                                   | External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only                                                                                                                                                                                                                                            |
| <b>K1036</b>                                                                                   | Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month                                                                                                                                                                                                                                                                   |
| <b>K1037</b>                                                                                   | Docking station for use with oral device/appliance used to reduce upper airway collapsibility                                                                                                                                                                                                                                                                                    |
| <b>L1007</b>                                                                                   | Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated                                                                                                                                                                                        |
| <b>L2221</b>                                                                                   | Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source                                                                                                                                                                                                                                  |
| <b>L5992</b>                                                                                   | All lower extremity prosthesis, foot shell for modular foot/non-solid ankle cushion heel (sach) replacement only                                                                                                                                                                                                                                                                 |
| <b>L8608</b>                                                                                   | Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System                                                                                                                                                                                                                                                                        |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                                                                                       |
| L8678                                                                                          | Electrical stimulator supplies (external) for use with implantable neurostimulator, per month                                                                                                                                                     |
| L8720                                                                                          | External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg                                                                                                                             |
| L8721                                                                                          | Receptor sole for use with L8720, replacement, each                                                                                                                                                                                               |
| M0076                                                                                          | Prolotherapy                                                                                                                                                                                                                                      |
| M0248                                                                                          | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency |
| P2031                                                                                          | Hair analysis (excluding arsenic)                                                                                                                                                                                                                 |
| P9020                                                                                          | Platelet rich plasma, each unit                                                                                                                                                                                                                   |
| P9027                                                                                          | Red blood cells, leukocytes reduced, oxygen/ carbon dioxide reduced, each unit                                                                                                                                                                    |
| Q1005                                                                                          | New technology, intraocular lens, category 5 as defined in Federal Register notice                                                                                                                                                                |
| Q4103                                                                                          | Oasis burn matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                               |
| Q4104                                                                                          | Integra bilayer matrix wound dressing (bmwd), per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                    |
| Q4110                                                                                          | Primatrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                       |
| Q4111                                                                                          | Gammagraft, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                      |
| Q4112                                                                                          | Cymetra, injectable, 1 cc                                                                                                                                                                                                                         |
| Q4113                                                                                          | GRAFTJACKET XPRESS, injectable, 1 cc                                                                                                                                                                                                              |
| Q4115                                                                                          | Alloskin, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                        |
| Q4117                                                                                          | Hyalomatrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                     |
| Q4118                                                                                          | MatriStem micromatrix, 1 mg                                                                                                                                                                                                                       |
| Q4123                                                                                          | Alloskin rt, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                     |
| Q4124                                                                                          | Oasis ultra tri-layer wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                              |
| Q4125                                                                                          | Arthroflex, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                      |
| Q4126                                                                                          | Memoderm, dermaspan, tranzgraft or integuply, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                    |
| Q4127                                                                                          | Talymed, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                         |
| Q4130                                                                                          | Strattice tm, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                    |
| Q4134                                                                                          | Hmatrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                         |
| Q4135                                                                                          | Mediskin, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                                                                        |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                      |
| Q4136                                                                                          | Ez-derm, per square centimeter (add-on, list separately in addition to primary procedure)                                                        |
| Q4141                                                                                          | Alloskin ac, per square centimeter (add-on, list separately in addition to primary procedure)                                                    |
| Q4142                                                                                          | Xcm biologic tissue matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                     |
| Q4143                                                                                          | Repriza, per square centimeter (add-on, list separately in addition to primary procedure)                                                        |
| Q4146                                                                                          | Tensix, per square centimeter (add-on, list separately in addition to primary procedure)                                                         |
| Q4147                                                                                          | Architect, architect px, or architect fx, extracellular matrix, per square centimeter (add-on, list separately in addition to primary procedure) |
| Q4149                                                                                          | Excellagen, 0.1 cc                                                                                                                               |
| Q4152                                                                                          | Dermapure, per square centimeter (add-on, list separately in addition to primary procedure)                                                      |
| Q4158                                                                                          | Kerecis omega3, per square centimeter (add-on, list separately in addition to primary procedure)                                                 |
| Q4161                                                                                          | Bio-connekt wound matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                       |
| Q4164                                                                                          | Helicoll, per square centimeter (add-on, list separately in addition to primary procedure)                                                       |
| Q4165                                                                                          | Keramatrix or kerasorb, per square centimeter (add-on, list separately in addition to primary procedure)                                         |
| Q4166                                                                                          | Cytal, per square centimeter (add-on, list separately in addition to primary procedure)                                                          |
| Q4167                                                                                          | Truskin, per square centimeter (add-on, list separately in addition to primary procedure)                                                        |
| Q4179                                                                                          | Flowerderm, per square centimeter (add-on, list separately in addition to primary procedure)                                                     |
| Q4182                                                                                          | Transcyte, per square centimeter (add-on, list separately in addition to primary procedure)                                                      |
| Q4193                                                                                          | Coll-e-derm, per square centimeter (add-on, list separately in addition to primary procedure)                                                    |
| Q4196                                                                                          | Puraply am, per square centimeter (add-on, list separately in addition to primary procedure)                                                     |
| Q4199                                                                                          | Cygnus matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                  |
| Q4200                                                                                          | Skin te, per square centimeter (add-on, list separately in addition to primary procedure)                                                        |
| Q4202                                                                                          | Keroxx (2.5 g/cc), 1 cc                                                                                                                          |
| Q4203                                                                                          | Derma-gide, per square centimeter (add-on, list separately in addition to primary procedure)                                                     |
| Q4222                                                                                          | Progenamatrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                  |
| Q4236                                                                                          | Carepatch, per square centimeter (add-on, list separately in addition to primary procedure)                                                      |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                             |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                 |
| Q4251                                                                                          | Vim, per square centimeter (add-on, list separately in addition to primary procedure)                                       |
| Q4252                                                                                          | Vendaje, per square centimeter (add-on, list separately in addition to primary procedure)                                   |
| Q4253                                                                                          | Zenith amniotic membrane, per square centimeter (add-on, list separately in addition to primary procedure)                  |
| Q4259                                                                                          | Celera dual layer or celera dual membrane, per square centimeter (add-on, list separately in addition to primary procedure) |
| Q4260                                                                                          | Signature apatch, per square centimeter (add-on, list separately in addition to primary procedure)                          |
| Q4261                                                                                          | Tag, per square centimeter (add-on, list separately in addition to primary procedure)                                       |
| Q4262                                                                                          | Dual layer impax membrane, per square centimeter (add-on, list separately in addition to primary procedure)                 |
| Q4263                                                                                          | Surgraft tl, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4264                                                                                          | Cocoon membrane, per square centimeter (add-on, list separately in addition to primary procedure)                           |
| Q4265                                                                                          | Neostim tl, per square centimeter (add-on, list separately in addition to primary procedure)                                |
| Q4266                                                                                          | Neostim membrane, per square centimeter (add-on, list separately in addition to primary procedure)                          |
| Q4267                                                                                          | Neostim dl, per square centimeter (add-on, list separately in addition to primary procedure)                                |
| Q4268                                                                                          | Surgraft ft, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4269                                                                                          | Surgraft xt, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4270                                                                                          | Complete sl, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4271                                                                                          | Complete ft, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4272                                                                                          | Esano a, per square centimeter (add-on, list separately in addition to primary procedure)                                   |
| Q4273                                                                                          | Esano aaa, per square centimeter (add-on, list separately in addition to primary procedure)                                 |
| Q4274                                                                                          | Esano ac, per square centimeter (add-on, list separately in addition to primary procedure)                                  |
| Q4275                                                                                          | Esano aca, per square centimeter (add-on, list separately in addition to primary procedure)                                 |
| Q4276                                                                                          | Orion, per square centimeter (add-on, list separately in addition to primary procedure)                                     |
| Q4278                                                                                          | Epieffect, per square centimeter (add-on, list separately in addition to primary procedure)                                 |
| Q4279                                                                                          | Vendaje ac, per square centimeter (add-on, list separately in addition to primary procedure)                                |
| Q4280                                                                                          | Xcell amnio matrix, per square centimeter (add-on, list separately in addition to primary procedure)                        |



| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                     |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                         |
| Q4281                                                                                          | Barrera sl or barrera dl, per square centimeter (add-on, list separately in addition to primary procedure)          |
| Q4282                                                                                          | Cygnus dual, per square centimeter (add-on, list separately in addition to primary procedure)                       |
| Q4283                                                                                          | Biovance tri-layer or biovance 3l, per square centimeter (add-on, list separately in addition to primary procedure) |
| Q4284                                                                                          | Dermabind sl, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| Q4285                                                                                          | Nudyn dl or nudyn dl mesh, per square centimeter (add-on, list separately in addition to primary procedure)         |
| Q4286                                                                                          | Nudyn sl or nudyn slw, per square centimeter (add-on, list separately in addition to primary procedure)             |
| Q4287                                                                                          | Dermabind dl, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| Q4288                                                                                          | Dermabind ch, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| Q4289                                                                                          | Revoshield + amniotic barrier, per square centimeter (add-on, list separately in addition to primary procedure)     |
| Q4290                                                                                          | Membrane wrap-hydro, per square centimeter (add-on, list separately in addition to primary procedure)               |
| Q4291                                                                                          | Lamellas xt, per square centimeter (add-on, list separately in addition to primary procedure)                       |
| Q4292                                                                                          | Lamellas, per square centimeter (add-on, list separately in addition to primary procedure)                          |
| Q4294                                                                                          | Amnio quad-core, per square centimeter (add-on, list separately in addition to primary procedure)                   |
| Q4295                                                                                          | Amnio tri-core amniotic, per square centimeter (add-on, list separately in addition to primary procedure)           |
| Q4296                                                                                          | Rebound matrix, per square centimeter (add-on, list separately in addition to primary procedure)                    |
| Q4297                                                                                          | Emerge matrix, per square centimeter (add-on, list separately in addition to primary procedure)                     |
| Q4298                                                                                          | Amniocore pro, per square centimeter (add-on, list separately in addition to primary procedure)                     |
| Q4299                                                                                          | Amniocore pro+, per square centimeter (add-on, list separately in addition to primary procedure)                    |
| Q4300                                                                                          | Acesso tl, per square centimeter (add-on, list separately in addition to primary procedure)                         |
| Q4301                                                                                          | Activate matrix, per square centimeter (add-on, list separately in addition to primary procedure)                   |
| Q4302                                                                                          | Complete aca, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| Q4303                                                                                          | Complete aa, per square centimeter (add-on, list separately in addition to primary procedure)                       |
| Q4304                                                                                          | Grafix plus, per square centimeter (add-on, list separately in addition to primary procedure)                       |
| Q4305                                                                                          | American amnion ac tri-layer, per square centimeter (add-on, list separately in addition to primary procedure)      |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                                                            |
| Q4306                                                                                          | American amnion ac, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                   |
| Q4307                                                                                          | American amnion, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                      |
| Q4308                                                                                          | Sanopellis, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                           |
| Q4309                                                                                          | Via matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                           |
| Q4310                                                                                          | Procenta, per 100 mg                                                                                                                                                                   |
| Q4311                                                                                          | Acesso, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                               |
| Q4312                                                                                          | Acesso ac, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                            |
| Q4313                                                                                          | Dermabind fm, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                         |
| Q4314                                                                                          | Reeva FT, per sq cm (add-on, list separately in addition to primary procedure)                                                                                                         |
| Q4315                                                                                          | Regenelink amniotic membrane allograft, per square centimeter (add-on, list separately in addition to primary procedure)                                                               |
| Q4316                                                                                          | Amchoplast, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                           |
| Q4317                                                                                          | Vitograft, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                            |
| Q4318                                                                                          | E-graft, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                              |
| Q4319                                                                                          | Sanograft, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                            |
| Q4320                                                                                          | Pellograft, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                           |
| Q4321                                                                                          | Renograft, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                            |
| Q4322                                                                                          | Caregraft, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                            |
| Q4323                                                                                          | Alloply, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                              |
| Q4324                                                                                          | Amniotx, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                              |
| Q4325                                                                                          | Acapatch, per square centimeter (add-on, list separately in addition to primary procedure) Woundplus, per square centimeter (add-on, list separately in addition to primary procedure) |
| Q4326                                                                                          | Woundplus, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                            |
| Q4327                                                                                          | Duoamnion, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                            |
| Q4328                                                                                          | Most, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                                 |
| Q4329                                                                                          | Singlay, per square centimeter (add-on, list separately in addition to primary procedure)                                                                                              |

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|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                       |
| Q4330                                                                                          | per square centimeter (add-on, list separately in addition to primary procedure)                                                  |
| Q4331                                                                                          | Axolotl graft, per square centimeter (add-on, list separately in addition to primary procedure)                                   |
| Q4332                                                                                          | Axolotl dualgraft, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4333                                                                                          | Ardeograft, per square centimeter (add-on, list separately in addition to primary procedure)                                      |
| Q4334                                                                                          | Amnioplast 1, per square centimeter (add-on, list separately in addition to primary procedure)                                    |
| Q4335                                                                                          | Amnioplast 2, per square centimeter (add-on, list separately in addition to primary procedure)                                    |
| Q4336                                                                                          | Artacent c, per square centimeter (add-on, list separately in addition to primary procedure)                                      |
| Q4337                                                                                          | Artacent trident, per square centimeter (add-on, list separately in addition to primary procedure)                                |
| Q4338                                                                                          | Artacent velos, per square centimeter (add-on, list separately in addition to primary procedure)                                  |
| Q4339                                                                                          | Artacent vericlen, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4340                                                                                          | Simpligraft, per square centimeter (add-on, list separately in addition to primary procedure)                                     |
| Q4341                                                                                          | Simplimax, per square centimeter (add-on, list separately in addition to primary procedure)                                       |
| Q4342                                                                                          | Theramend, per square centimeter (add-on, list separately in addition to primary procedure)                                       |
| Q4343                                                                                          | Dermacyte ac matrix amniotic membrane allograft, per square centimeter (add-on, list separately in addition to primary procedure) |
| Q4344                                                                                          | Tri-membrane wrap, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4345                                                                                          | Matrix hd allograft dermis, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| Q4346                                                                                          | Shelter dm matrix, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4347                                                                                          | Rampart dl matrix, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4348                                                                                          | Sentry sl matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                |
| Q4349                                                                                          | Mantle dl matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                |
| Q4350                                                                                          | Palisade dm matrix, per square centimeter (add-on, list separately in addition to primary procedure)                              |
| Q4351                                                                                          | Enclose tl matrix, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4352                                                                                          | Overlay sl matrix, per square centimeter (add-on, list separately in addition to primary procedure)                               |
| Q4353                                                                                          | Xceed tl matrix, per square centimeter (add-on, list separately in addition to primary procedure)                                 |

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|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                |
| Q4354                                                                                          | Palingen dual-layer membrane and dual-layer palingen xmembrane, per square centimeter                                                      |
| Q4355                                                                                          | Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure) |
| Q4356                                                                                          | Abiomend membrane and abiomend hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)             |
| Q4357                                                                                          | Xwrap plus, per square centimeter (add-on, list separately in addition to primary procedure)                                               |
| Q4358                                                                                          | Xwrap dual, per square centimeter (add-on, list separately in addition to primary procedure)                                               |
| Q4359                                                                                          | Choriply, per square centimeter (add-on, list separately in addition to primary procedure)                                                 |
| Q4360                                                                                          | Amchoplast fd, per square centimeter (add-on, list separately in addition to primary procedure)                                            |
| Q4361                                                                                          | Epixpress, per square centimeter (add-on, list separately in addition to primary procedure)                                                |
| Q4362                                                                                          | Cygnus disk, per square centimeter (add-on, list separately in addition to primary procedure)                                              |
| Q4363                                                                                          | Amnio burgeon membrane and hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)                 |
| Q4364                                                                                          | Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter (add-on, list separately in addition to primary procedure)     |
| Q4365                                                                                          | Amnio burgeon dual-layer membrane, per square centimeter (add-on, list separately in addition to primary procedure)                        |
| Q4366                                                                                          | Dual layer amnio burgeon x-membrane, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| Q4367                                                                                          | Amniocore sl, per square centimeter (add-on, list separately in addition to primary procedure)                                             |
| Q4368                                                                                          | Amchothick, per square centimeter (add-on, list separately in addition to primary procedure)                                               |
| Q4369                                                                                          | Amnioplast 3, per square centimeter (add-on, list separately in addition to primary procedure)                                             |
| Q4370                                                                                          | Aeroguard, per square centimeter (add-on, list separately in addition to primary procedure)                                                |
| Q4371                                                                                          | Neoguard, per square centimeter (add-on, list separately in addition to primary procedure)                                                 |
| Q4372                                                                                          | Amchoplast excel, per square centimeter (add-on, list separately in addition to primary procedure)                                         |
| Q4373                                                                                          | Membrane wrap lite, per square centimeter (add-on, list separately in addition to primary procedure)                                       |
| Q4375                                                                                          | Duograft ac, per square centimeter (add-on, list separately in addition to primary procedure)                                              |
| Q4376                                                                                          | Duograft aa, per square centimeter (add-on, list separately in addition to primary procedure)                                              |
| Q4377                                                                                          | Trigraft ft, per square centimeter (add-on, list separately in addition to primary procedure)                                              |

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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                               |
| Q4378                                                                                          | Renew ft matrix, per square centimeter (add-on, list separately in addition to primary procedure)         |
| Q4379                                                                                          | Amniodefend ft matrix, per square centimeter (add-on, list separately in addition to primary procedure)   |
| Q4380                                                                                          | Advograft one, per square centimeter (add-on, list separately in addition to primary procedure)           |
| Q4382                                                                                          | Advograft dual, per square centimeter (add-on, list separately in addition to primary procedure)          |
| Q4383                                                                                          | Axolotl graft ultra, per square centimeter (add-on, list separately in addition to primary procedure)     |
| Q4384                                                                                          | Axolotl dualgraft ultra, per square centimeter (add-on, list separately in addition to primary procedure) |
| Q4385                                                                                          | Apollo ft, per square centimeter (add-on, list separately in addition to primary procedure)               |
| Q4386                                                                                          | Acesso trifaca, per square centimeter (add-on, list separately in addition to primary procedure)          |
| Q4387                                                                                          | Neothelium ft, per square centimeter (add-on, list separately in addition to primary procedure)           |
| Q4388                                                                                          | Neothelium 4l, per square centimeter (add-on, list separately in addition to primary procedure)           |
| Q4389                                                                                          | Neothelium 4l+, per square centimeter (add-on, list separately in addition to primary procedure)          |
| Q4390                                                                                          | Ascendion, per square centimeter (add-on, list separately in addition to primary procedure)               |
| Q4391                                                                                          | Amnioplast double, per square centimeter (add-on, list separately in addition to primary procedure)       |
| Q4392                                                                                          | Grafix duo, per square centimeter (add-on, list separately in addition to primary procedure)              |
| Q4393                                                                                          | Surgraft ac, per square centimeter (add-on, list separately in addition to primary procedure)             |
| Q4394                                                                                          | Surgraft aca, per square centimeter (add-on, list separately in addition to primary procedure)            |
| Q4395                                                                                          | Acelagraft, per square centimeter (add-on, list separately in addition to primary procedure)              |
| Q4396                                                                                          | Natalin, per square centimeter (add-on, list separately in addition to primary procedure)                 |
| Q4397                                                                                          | Summit aaa, per square centimeter (add-on, list separately in addition to primary procedure)              |
| Q4398                                                                                          | Summit ac, per square centimeter (add-on, list separately in addition to primary procedure)               |
| Q4399                                                                                          | Summit fx, per square centimeter (add-on, list separately in addition to primary procedure)               |
| Q4400                                                                                          | Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)       |
| Q4401                                                                                          | Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)        |
| Q4402                                                                                          | Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)               |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                      |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                          |
| Q4403                                                                                          | Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)                                    |
| Q4404                                                                                          | Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)                                   |
| Q4405                                                                                          | Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)                                |
| Q4406                                                                                          | Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)                                     |
| Q4407                                                                                          | Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)                                       |
| Q4408                                                                                          | Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)                                        |
| Q4409                                                                                          | Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)                                     |
| Q4410                                                                                          | Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)                                      |
| Q4411                                                                                          | Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)                                     |
| Q4412                                                                                          | Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)                                          |
| Q4413                                                                                          | Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)                                        |
| Q4415                                                                                          | Alexiguard sl-t, per square centimeter (add-on, list separately in addition to primary procedure)                                    |
| Q4416                                                                                          | Alexiguard tl-t, per square centimeter (add-on, list separately in addition to primary procedure)                                    |
| Q4417                                                                                          | Alexiguard dl-t, per square centimeter (add-on, list separately in addition to primary procedure)                                    |
| Q4418                                                                                          | Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)                          |
| Q4419                                                                                          | Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)                     |
| Q4420                                                                                          | Nuform, per square centimeter (add-on, list separately in addition to primary procedure)                                             |
| Q4421                                                                                          | Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)                          |
| Q4422                                                                                          | A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)                                           |
| Q4423                                                                                          | Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)                      |
| Q4424                                                                                          | Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)                                          |
| Q4425                                                                                          | Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)                                          |
| Q4426                                                                                          | Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)                   |
| Q4427                                                                                          | Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure) |

| The following codes will be considered investigational when applicable criteria have been met. |                                                                                                                                                   |
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| CPT®/HCPCS Code                                                                                | CPT®/HCPCS Code Description                                                                                                                       |
| Q4428                                                                                          | Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)              |
| Q4429                                                                                          | Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)                                |
| Q4431                                                                                          | Pma skin substitute product, not otherwise specified (list in addition to primary procedure)                                                      |
| Q4432                                                                                          | 510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)                                                   |
| Q4433                                                                                          | 361 hct/p skin substitute product, not otherwise specified (list in addition to primary procedure)                                                |
| Q4435                                                                                          | Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)                                                 |
| Q4436                                                                                          | Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)                                              |
| Q4437                                                                                          | Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)                                                      |
| Q4438                                                                                          | Prelect, per square centimeter (add-on, list separately in addition to primary procedure)                                                         |
| Q4439                                                                                          | Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)                                                      |
| Q4440                                                                                          | Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)                                                      |
| S0596                                                                                          | Phakic intraocular lens for correction of refractive error                                                                                        |
| S1091                                                                                          | Stent, noncoronary, temporary, with delivery system (Propel)                                                                                      |
| S2117                                                                                          | Arthroereisis, subtalar                                                                                                                           |
| S2230                                                                                          | Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear                                                   |
| S2348                                                                                          | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar |
| S3722                                                                                          | Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil                                                           |
| S4024                                                                                          | Air polymer-type a intrauterine foam, per study dose                                                                                              |
| S4988                                                                                          | Penile contracture device, manual, greater than 3 lbs traction force                                                                              |
| S8040                                                                                          | Topographic brain mapping                                                                                                                         |
| S8130                                                                                          | Interferential current stimulator, 2 channel                                                                                                      |
| S8131                                                                                          | Interferential current stimulator, 4 channel                                                                                                      |
| S8930                                                                                          | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient                               |
| S9002                                                                                          | Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device                                            |
| S9090                                                                                          | Vertebral axial decompression, per session                                                                                                        |
| V2787                                                                                          | Astigmatism correcting function of intraocular lens                                                                                               |
| V2788                                                                                          | Presbyopia correcting function of intraocular lens                                                                                                |
| V2799                                                                                          | Vision item or service, miscellaneous                                                                                                             |