

NEW AND EMERGING TECHNOLOGIES COVERAGE STATUS



New and emerging medical procedures, medications, treatments and technologies are often prescribed by physicians and/or marketed to the public before FDA or other governmental agency approval, or research is available in the peer reviewed literature to document efficacy, safety, and long term positive outcomes.

New technologies are reviewed by the New Technologies and Operational Criteria (NTOC) committee and Health Services department, and a recommendation is made regarding PacificSource coverage based upon literature reviews, standards of care and coverage, consultations with advisors and experts as needed, and other authoritative sources, as well as PacificSource group and individual contracts. Procedures are written when necessary to outline and clarify coverage criteria. Because of the changing nature of medicine, this list is subject to revision and update.

If you have any questions about coverage for the procedures listed below, you are welcome to contact our Health Services Department at (541) 684-5584 or toll free at (888) 691-8209.

PROCEDURE	CPT HCPCS	COVERAGE STATUS
Actigraphy Testing , recording, analysis, interpretation, and report	95803	Not covered (experimental/investigational).
Alair Bronchial Thermoplasty System (Asthmatx, Inc.)	C9730 C9731	Not covered (experimental/investigational).
AlphaStim – for craniotherapy, back pain, post CVA pain.	No specific code E1399	Not covered (experimental/investigational).
Annulotomy (coblation assisted microdiscectomy)	62287	Code is not specific to annulotomy. Requires Preauthorization
Anodyne Therapy System	No specific code. E0221 97799	Not covered. E/I due to lack of controlled studies and long term evidence. 97026 (infrared therapy) and 97032 (electrical stimulation) <u>covered</u> when used as PT modalities.
Artificial Intervertebral Disc (SB Charite III, Prodisc, Bryan Disc)	0092T-0098T 0163T-0165T 22856- 22865	Reviewed on a case-by-case basis. Requires preauthorization. Covered only when the criteria are met.
Axia-Lif (Axial Lumbar Interbody Fusion) indicated for use in degenerative disc disease, pseudoarthroses (unsuccessful previous fusion) and spondylolisthesis.	0195T-0196T	Not covered (experimental/investigational).
Balloon Sinuplasty – nasal/sinus endoscopy, with inflatable device	31295 31296 31297	Not covered (experimental/investigational).

BART genetic screening– BRAC Analysis Rearrangement Test (Myriad Genetic Lab Inc.)	No specific code 83891 83898 83904 83909 83912	Reviewed on a case-by-case basis (experimental/investigational).
Berkley HeartLabs	0111T 83698 83701 83704 83719	Requires preauthorization. Reviewed on a case-by-case basis.
Botox for soft tissue pain	J0585 J0587	Not covered (experimental/investigational).
Brachytherapy, Electronic	0182T	Not covered (experimental/investigational).
Brain Perfusion CT Scan	CPT 0042T	Not covered (experimental/investigational). Reviewed on a case-by-case basis if done in Emergency Department – provider must submit chart notes
Breast Thermography	Code not specific to breast: 93740	Not covered (experimental/investigational).
Chelation therapy Also see the Health Services Procedure: Chelation Therapy	Code not specific: 90780-90784 M0300	Requires preauthorization. Reviewed on a case-by-case basis.
CellSearch Circulating Tumor Cell Test	S3711	Not covered (experimental/investigational).
Computerized thermal imaging		93760 (cephalic thermogram) and 93762 (peripheral thermogram) NOT covered (experimental/investigational), except for certain specialized breast diagnostics
Computed Tomography (CT) of the Knee for pre-operative mapping or planning	No specific code 73700-73702	Not covered (experimental/investigational).
Continuous Passive Motion (CPT) for joints other than knee	E0396	Not covered (experimental/investigational).
Coronary CT, w/o contrast material	75571	Not covered (experimental/investigational).
Craniotherapy; craniosacral therapy	No specific code 97799	Not covered (experimental/investigational).
Cryotherapy- percutaneous renal tumor	50593	Reviewed on a case-by-case basis. (experimental/investigational)
Decision DX-UM (Castle Biosciences) gene expression profile test	No specific code	Not covered (experimental/investigational).
Defibrillators for home use	E0617	Not covered (contract exclusion).
Digital epiluminescence microscopy (DELM) (Mole Mapping)(MelaFind) (Total body photography/dermoscopy for melanoma screening).	96904	Not covered (experimental/investigational).

Dynesys Spinal System Flexible spinal stabilization device	No specific code Hospital will bill with implants rev code 278	Not covered (experimental/investigational).
EBT (electron beam tomography)	S8092	Not covered (experimental/investigational).
Epidural Adhesiolysis (Racz procedure)	62263 62234	Not covered (experimental/investigational).
Extracorporeal shock wave therapy (ESWT) for conditions other than kidney or gall stones, such as plantar fasciitis, epicondylitis, non-union of fractures, etc.	0019T 0101T-0102T 28890	Not covered (experimental/investigational). Requests/claims for shock wave lithotripsy for gall stones should be pended for medical review.
Focused Ultrasound for treatment of uterine fibroids	0071T-0072T	Not covered (experimental/investigational).
Genityte laser treatment for urinary incontinence	No specific code 99199	Not covered (experimental/investigational).
Grenz Ray radiation treatment delivery, superficial and/or ortho voltage	No specific code 77499	Reviewed on a case-by-case basis. (experimental/investigational)
IDET (intradiscal electrothermal therapy) Also see the Health Services Department Procedure: Intradiscal Electrothermal Therapy	22526-22527	Reviewed on a case-by-case basis. Requires preauthorization. Covered only when the criteria are met.
Inflammatory Bowel Disease Markers pANCA (perinuclear anti-neutrophil cytoplasmic antibodies) and ASCA (anti-saccharomyces cerevisae antibodies) See Health Services Department Procedure: Inflammatory Bowel Disease Serological Testing	No specific codes 86255-86256	Not covered (experimental/investigational). Metabolite (6-TGN, 6-MMPN, TPMT) and genetic markers for TPMT deficiency covered when criteria are met. Subject to retrospective review.
INTACS corneal ring segments	0099T	Also known as Intrastomal corneal ring segments (ICRS) . Approval for Keratoconus reviewed on case-by-case basis, subject to preauthorization.
Lightwave Therapy (Low Level Laser and Light Emitting Diode)	No specific code E1399	Not covered (experimental/investigational).
Metal-on-metal hip -Resurfacing (and other experimental/investigational hip implants or prosthesis)	S2118 or may bill with unlisted procedure 27299	Reviewed on a case by case basis. Requires preauthorization.
Minimally Invasive Lumbar Decompression (MILD procedure)	0275T (Effective 7/1/11)	Not covered (experimental/investigational).
Mist Therapy Ultrasound for wound healing	0183T	Not covered (experimental/investigational).
Morphometric analysis of tumors (e.g. Extreme Drug Resistance Assay (EDR) by Oncotech).	88358	Not covered (experimental/investigational). Used for testing sensitivity to chemo.
MRI full body scan	No specific code 76498	Not covered (experimental/investigational).
Neuromuscular Electrical Stimulators (NMES)	E0744 E0745	Not covered (experimental/investigational) in the home setting.
Neutralizing Antibody Testing in Multiple Sclerosis	No specific codes	Not covered (experimental/investigational).

	87253 86382 86384	
OATS and Mosaicplasty	28446 29868	Covered for knees only. Not covered for other joints (experimental/investigational).
Oral Appliance: Nociceptive Trigeminal Inhibition Tension Suppression System for migraine.	21110 (not specific to device)	Not covered (experimental/investigational).
Oncotype DX Colon Cancer Assay	No specific code 84999	Not covered (experimental/investigational)
OncoVue Breast Cancer Risk Test	No specific code	Not covered (experimental/investigational).
OVA1TM test for ovarian cancer	No specific code 84999	Not covered (experimental/investigational).
Pathfinder TG topographic genotyping (Redpath Integrated Pathology)	No specific code 84999	Not covered (experimental/investigational).
Percutaneous Discectomy using the Stryker Dekompressor tm or ArthroCare Spine Wand TM	62287	Code is not specific, requires Preauthorization
Placental alpha microglobulin-1 (AmniSure) rapid slide test for presence of amniotic fluid	84412 S3628	Not covered (experimental/investigational).
Platelet-Rich-Plasma (PRP) Injections	0232T	Not covered (experimental/investigational).
Procalcitonin (PCT)	84145	Not covered (experimental/investigational).
Prolotherapy	M0076	Not covered (experimental/investigational).
Recessa (Novasys Medical) Transurethral radiofrequency remodeling for urinary incontinence	53860	Not covered (experimental/investigational).
Resperate breathing device	No specific code E1399	Not covered (experimental/investigational, not least costly alternative.)
Saliva and Urine Hormone testing	No specific code - uses same code as serum	Not covered (experimental/investigational). Medical literature doesn't support this for diagnostic screening or disease management.
Scintimammography (may also be called nuclear breast imaging or "mira luna", or Breast Specific Gamma Imaging)	S8080 or non-specific codes 78195 78800-78803	Not covered (experimental/investigational).
ScoliScore (Axial Biotech Inc.) multigene test	No specific codes	Not covered (experimental/investigational).
SilverHawk Plaque Excision System (FoxHollow Technologies, Inc.) for peripheral vascular disease	No specific code 37799	Not covered (experimental/investigational).
Sleep apnea surgeries: Pillar Palatal Implant System Cautery-assist palatal stiffening (CAPSO) RF volumetric tissue reduction (coblation, somnoplasty)	C9727 41530	Not covered (experimental/investigational).

Repose device tongue base suspension LAUP:laser-assist uvulopalatoplasty	41512 S2080	
Stem Cell Therapy for Peripheral Artery Disease (i.e., SmartPReP , Fibrinet)	0263T 0264T 0265T	Not covered (experimental/investigational).
Surface electromyography (SEMG; Myovision – chiropractic technique that applies surface electrodes to skin which record a specific muscle or muscle group’s electrical potential.)	S3900 96002 Or non-specific codes: 95999 97799 99199	Not covered (experimental/investigational).
Synvisc injection	J7322 (not specific to knee)	Cover as appropriate for osteoarthritis of the knee <u>only</u> .
Total Ankle Replacement (arthroplasty, with implant or revision)_	27700 27702 27703	Not covered (experimental/investigational).
Transcutaneous pulsed electrical joint stimulation (BioniCare Bio 1000 System)	E7062	Covered only for osteoarthritis. Not covered for other conditions (experimental/investigational).
Transoral Incisionless Fundoplication (TIF) or EsophyX	No specific CPT Provider may bill: 43201 or 43499	Not covered (experimental/investigational).
Vagus Nerve Stimulator (VNS) for treatment of Depression	No specific code. Hospital will bill with rev code 278	Not covered (experimental/investigational).
Vertebral Artery Angioplasty and/or Stenting	0075T 0076T (code not specific to vertebral artery)	Not covered (experimental/investigational).
Vertebral axial decompression (Lordex; VAX-D; DRX at Back-2-Backs clinic, Med-X, and IDD (Internal disc decompression therapy)	S9090	Not covered (experimental/investigational).
Wireless capsule endoscopy	91110	Covered only when criteria are met for imaging of small bowel. Considered experimental/investigational for colon or esophagus.
X-Stop Spinal Decompression for lumbar stenosis spinal stabilization device	0171T-0172T	Not covered (experimental/investigational).