

CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU)

Policy Number: CPCP028

Version: 2.0

Medical Policy Review Committee Approval Date: June 7, 2021

Effective Date: August, 15, 2021 (Blue Cross and Blue Shield of Texas Only)

Description

The purpose of this policy is to outline services (procedures codes or categories of codes) that are not reimbursable because they are explicitly determined, as indicated in the Coverage Statement of the Medical Policy, to be experimental/investigational/or unproven and do not require clinical review to determine coverage. The following list of codes includes CPT Category I codes, HCPCS and CPT Category III codes (the temporary code set for emerging technology, services, procedures, and service paradigms) which will be denied as non-reimbursable when submitted on a claim.

Reimbursement Information:

The following list of procedure codes identifies the services that are not reimbursable based on the member's plan documents. This list may not be all inclusive.



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-----------------------------------|----------------|----------|
| 17340 | CRYOTHERAPY OF SKIN | 12/01/2020 | |
| 20560 | NDL INSJ W O NJX 1 OR 2 MUSC | 12/01/2020 | |
| 20561 | NDL INSJ W O NJX 3 MUSC | 12/01/2020 | |
| 20985 | CPTR-ASST DIR MS PX | 09/01/2020 | |
| 22586 | PRESCR L FUSE W/ INSTR L5-S1 | 09/01/2020 | |
| 28890 | HI ENRGY ESWT PLANTAR FASCIA | 09/01/2020 | |
| 30468 | RPR NSL VLV COLLAPSE W/IMPLT | 05/15/2021 | |
| 36473 | ENDOVENOUS MCHNCHEM 1ST VEIN | 12/01/2020 | |
| 36474 | ENDOVENOUS MCHNCHEM ADD ON | 12/01/2020 | |
| 41530 | SUBMUCOSAL ABLTJ TONGUE RF 1 SITE | 12/01/2020 | |
| 43206 | ESOPH OPTICAL ENDOMICROSCOPY | 09/01/2020 | |
| 43252 | EGD OPTICAL ENDOMICROSCOPY | 09/01/2020 | |
| 46707 | REPAIR ANORECTAL FIST W/PLUG | 09/01/2020 | |
| 53860 | TRANSURETHRAL RF TREATMENT | 09/01/2020 | |
| 61630 | INTRACRANIAL ANGIOPLASTY | 12/01/2020 | |
| 82523 | COLLAGEN CROSSLINKS | 09/01/2020 | |
| 83695 | ASSAY OF LIPOPROTEIN(A) | 09/01/2020 | |
| 83698 | ASSAY LIPOPROTEIN PLA2 | 09/01/2020 | |
| 83701 | LIPOPROTEIN BLD HR FRACTION | 09/01/2020 | |
| 83704 | LIPOPROTEIN BLD QUAN PART | 09/01/2020 | |
| 83722 | LIPOPRTN DIR MEAS SD LDL CHL | 09/01/2020 | |
| 83937 | ASSAY OF OSTEOCALCIN | 09/01/2020 | |
| 83987 | EXHALED BREATH CONDENSATE | 12/01/2020 | |
| 84112 | EVAL AMNIOTIC FLUID PROTEIN | 09/01/2020 | |
| 84431 | THROMBOXANE URINE | 09/01/2020 | |
| 86001 | ALLERGEN SPECIFIC IGG | 12/01/2020 | |
| 86343 | LEUKOCYTE HISTAMINE RELEASE | 12/01/2020 | |
| 88375 | OPTICAL ENDOMICROSCOPY INTERP | 09/01/2020 | |
| 91065 | BREATH HYDROGEN METHANE TEST | 12/01/2020 | |
| 91111 | ESOPHAGEAL CAPSULE ENDOSCOPY | 12/01/2020 | |
| 91112 | GI WIRELESS CAPSULE MEASURE | 09/01/2020 | |
| 91132 | ELECTROGASTROGRAPHY | 09/01/2020 | |
| 91133 | ELECTROGASTROGRAPHY W/TEST | 09/01/2020 | |
| 92132 | CMPTR OPHTH DX IMG ANT SEGMENT | 09/01/2020 | |
| 92145 | CORNEAL HYSTERESIS DETER | 12/01/2020 | |
| 92512 | NASAL FUNCTION STUDIES | 09/01/2020 | |
| 92517 | VEMP TEST I&R CERVICAL | 05/15/2021 | |



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|------------|
| 92518 | VEMP TEST I&R OCULAR | 05/15/2021 | |
| 92519 | VEMP TST I&R CERVICAL&OCULAR | 05/15/2021 | |
| 92548 | CDP SOT 6 COND W I R | 12/01/2020 | |
| 92549 | CDP SOT 6 COND W I R MCT ADT | 12/01/2020 | |
| 93050 | ART PRESSURE WAVEFORM ANALYS | 09/01/2020 | |
| 93702 | BIS XTRACELL FLUID ANALYSIS | 12/01/2020 | |
| 93740 | TEMPERATURE GRADIENT STUDIES | 09/01/2020 | |
| 94014 | PATIENT RECORDED SPIROMETRY | 09/01/2020 | |
| 94015 | PATIENT RECORDED SPIROMETRY | 09/01/2020 | |
| 94016 | REVIEW PATIENT SPIROMETRY | 09/01/2020 | |
| 95060 | EYE ALLERGY TESTS | 12/01/2020 | |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE TESTS | 12/01/2020 | |
| 95905 | MOTOR &/ SENS NRVE CNDJ TEST | 09/01/2020 | |
| 97024 | DIATHERMY EG MICROWAVE | 12/01/2020 | 06/30/2021 |
| 97610 | LOW FREQUENCY NON-THERMAL US | 09/01/2020 | |
| 0052U | LPOPRTN BLD W/5 MAJ CLASSES | 09/01/2020 | |
| 0054T | BONE SRGRY CMPTR FLUOR IMAGE | 09/01/2020 | |
| 0055T | BONE SRGRY CMPTR CT/MRI IMAG | 09/01/2020 | |
| 0062U | AI SLE IGG IGM ALYS 80 BMRK | 12/01/2020 | |
| 0063U | NEURO AUTISM 32 AMINES ALG | 12/01/2020 | |
| 0066U | PAMG-1 IA CERVICO-VAG FLUID | 09/01/2020 | |
| 0100T | PROSTH RETINA RECEIVE GEN | 12/01/2020 | |
| 0101T | EXTRACORP SHOCKWV TX HI ENRG | 09/01/2020 | |
| 0102T | EXTRACORP SHOCKWV TX ANESTH | 09/01/2020 | |
| 0106T | TOUCH QUANT SENSORY TEST | 09/01/2020 | |
| 0106U | GASTRIC EMPTYING SERIAL COLLECTION | 12/01/2020 | |
| 0107T | VIBRATE QUANT SENSORY TEST | 09/01/2020 | |
| 0108T | COOL QUANT SENSORY TEST | 09/01/2020 | |
| 0109T | HEAT QUANT SENSORY TEST | 09/01/2020 | |
| 0110T | NOS QUANT SENSORY TEST | 09/01/2020 | |
| 0111T | RBC MEMBRANES FATTY ACIDS | 09/01/2020 | 12/31/2020 |
| 0139U | NEURO AUSTM MEAS 6 C METABLT | 12/01/2020 | |
| 0198T | OCULAR BLOOD FLOW MEASURE | 12/01/2020 | |
| 0202T | POSTERIOR VERTEBRAL JOINT S ARTHRO | 12/01/2020 | |
| 0207T | CLEAR EYELID GLAND W/HEAT | 09/01/2020 | |
| 0219T | PLACEMENT OF A POSTERIOR INTRAFACET | 12/01/2020 | |
| 0220T | PLMT POST FACET IMPLT THOR | 12/01/2020 | |



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|------------|
| 0221T | PLACEMENT OF A POSTERIOR INTRAFACET | 12/01/2020 | |
| 0222T | PLACEMENT OF A POSTERIOR INTRAFACET | 12/01/2020 | |
| 0232T | NJX PLATELET PLASMA | 12/01/2020 | |
| 0263T | IM B1 MRW CEL THER CMPL | 09/01/2020 | |
| 0264T | IM B1 MRW CEL THER XCL HRVST | 09/01/2020 | |
| 0265T | IM B1 MRW CEL THER HRVST ONL | 09/01/2020 | |
| 0278T | TEMPR | 12/01/2020 | |
| 0330T | TEAR FILM IMG UNI/BI W/I&R | 09/01/2020 | |
| 0335T | INSERTION OF SINUS TARSI IMPLANT | 12/01/2020 | |
| 0338T | TRNSCTH RENAL SYMP DENRV UNL | 09/01/2020 | |
| 0339T | TRNSCTH RENAL SYMP DENRV BIL | 09/01/2020 | |
| 0347T | INS BONE DEVICE FOR RSA | 09/01/2020 | |
| 0348T | RSA SPINE EXAM | 09/01/2020 | |
| 0349T | RSA UPPER EXTR EXAM | 09/01/2020 | |
| 0350T | RSA LOWER EXTR EXAM | 09/01/2020 | |
| 0355T | GASTROINTESTINAL TRACT IMAGING INT | 12/01/2020 | |
| 0358T | BIA WHOLE BODY | 12/01/2020 | |
| 0378T | VISUAL FIELD ASSESSMENT WITH CONCU | 12/01/2020 | |
| 0379T | VISUAL FIELD ASSESSMENT WITH CONCU | 12/01/2020 | |
| 0396T | INTRAOP KINETIC BALNCE SENSR | 09/01/2020 | 12/31/2020 |
| 0397T | ERCP W/OPTICAL ENDOMICROSCPY | 09/01/2020 | |
| 0423T | ASSAY SECRETORY TYPE II PLA2 | 09/01/2020 | |
| 0444T | INITIAL PLACEMENT OF A DRUG ELUTING | 12/01/2020 | |
| 0445T | SBSQT PLMT DRUG ELUT OC INS | 12/01/2020 | |
| 0464T | VISUAL EP TEST FOR GLAUCOMA | 12/01/2020 | |
| 0465T | SUPCHRDJL NJX RX W/O SUPPLY | 09/01/2020 | |
| 0472T | PRGRMG IO RTA ELTRD RA | 12/01/2020 | |
| 0473T | REPRGRMG IO RTA ELTRD RA | 12/01/2020 | |
| 0485T | OCT MID EAR I R UNILATERAL | 12/01/2020 | |
| 0486T | OPTICAL COHERENCE TOMOGRAPHY OCT | 12/01/2020 | |
| 0493T | NEAR INFRARED SPECTROSCOPY STUDIES | 12/01/2020 | |
| 0499T | CYSTO F URTL STRIX STENOSIS | 12/01/2020 | |
| 0507T | NEAR IFR 2IMG MIBMN GLND I&R | 09/01/2020 | |
| 0508T | PLS ECHO US B1 DNS MEAS TIB | 12/01/2020 | |
| 0509T | PATTERN ERG W/I&R | 05/15/2021 | |
| 0511T | REMOVAL AND REINSERTION OF SINUS TA | 12/01/2020 | |
| 0512T | ESW INTEG WND HLG 1ST WND | 09/01/2020 | |



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|---|----------------|----------|
| 0513T | ESW INTEG WND HLG EA ADDL | 09/01/2020 | |
| 0533T | CONT REC MVMT DO 6 10 DAYS | 12/01/2020 | |
| 0534T | CONT REC MVMT DO SETUP TRAIN | 12/01/2020 | |
| 0535T | CONT REC MVMT DO REPRT CNFIG | 12/01/2020 | |
| 0536T | CONT REC MVMT DO DL W I R | 12/01/2020 | |
| 0548T | TRANSPERINEAL PERIURETHRAL BALLOON | 12/01/2020 | |
| 0549T | TPRNL BALO CNTNC DEV UNI | 12/01/2020 | |
| 0550T | TPRNL BALO CNTNC DEV RMVL EA | 12/01/2020 | |
| 0551T | TPRNL BALO CNTNC DEV ADJMT | 12/01/2020 | |
| 0563T | EVACUATION OF MEIBOMIAN GLANDS USI | 12/01/2020 | |
| 0565T | AUTOL CELL IMPLT ADPS HRVG | 08/15/2021 | |
| 0566T | AUTOL CELL IMPLT ADPS NJX | 08/15/2021 | |
| 0602T | TRANSDERMAL GFR MEARUSREMENTS | 04/01/2021 | |
| 0603T | TRANSDERMAL GFR MONITORING | 04/01/2021 | |
| 0615T | EYE MVMT ALYS W/O CALBRJ I&R | 05/15/2021 | |
| 0620T | EVASC VEN ARTLZ TIBL/PRNL VN | 01/01/2021 | |
| 0621T | TRABECULOSTOMY INTERNO LASER | 01/01/2021 | |
| 0622T | TRABECULOSTOMY INT LSR W/SCP | 01/01/2021 | |
| 0623T | AUTO QUANTIFICATION C PLAQUE | 01/01/2021 | |
| 0624T | AUTO QUAN C PLAQ DATA PREP | 01/01/2021 | |
| 0625T | AUTO QUAN C PLAQ CPTR ALYS | 01/01/2021 | |
| 0626T | AUTO QUAN C PLAQ I&R | 01/01/2021 | |
| 0627T | PERQ NJX ALGC FLUOR LMBR 1ST | 01/01/2021 | |
| 0628T | PERQ NJX ALGC FLUOR LMBR EA | 01/01/2021 | |
| 0629T | PERQ NJX ALGC CT LMBR 1ST | 01/01/2021 | |
| 0630T | PERQ NJX ALGC CT LMBR EA | 01/01/2021 | |
| 0631T | TC VIS LIT HYPERSPECTRAL IMG | 01/01/2021 | |
| 0632T | PERQ TCAT US ABLTJ NRV P-ART | 01/01/2021 | |
| 0639T | WRLS SKN SNR ANISOTROPY MEAS | 01/01/2021 | |
| 0640T | NONCONTACT NEAR-INFRARED SPECTROSCOPY INTERP AND REPORT, EACH | 07/01/2021 | |
| 0641T | NONCONTACT NEAR-INFRARED SPECTROSCOPY IMAGE ACQUISITION ONLY, EACH | 07/01/2021 | |
| 0642T | NONCONTACT NEAR-INFRARED SPECTROSCOPY INTERP AND REPORT ONLY, EACH | 07/01/2021 | |
| 0656T | VERTEBRAL BODY 7 SEGMENTS | 07/01/2021 | |
| 0657T | VERTEBRAL BODY 8 OR MORE SEGMENTS | 07/01/2021 | |
| 0664T | DONOR HYST CADAVER DONOR | 08/15/2021 | |



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|---|----------------|------------|
| 0665T | DONOR HYST LIVING DONOR | 08/15/2021 | |
| 0666T | DONOR HYST LAP ROBOTIC LIVING DONOR | 08/15/2021 | |
| 0667T | DONOR HYST RECIPIENT TX CADAVER OR LIVING DONOR | 08/15/2021 | |
| 0668T | BACKBENCH CADAVER OR LIVING DONOR UTERINE ALLOGRAFT | 08/15/2021 | |
| 0669T | BACKBENCH CADAVER OR LIVING DONOR UTERUS ALLOGRAFT VENOUS ANASTOMOSIS | 08/15/2021 | |
| 0670T | BACKBENCH CADAVER OR LIVING DONOR UTERUS ALLOGRAFT ARTERIAL ANASTOMOSIS | 08/15/2021 | |
| A4575 | TOPICAL HYPERBACI OXYGEN CHAMBER D | 12/01/2020 | |
| A4639 | INFRARED HT SYS REPLCMNT PAD | 09/01/2020 | |
| A6000 | WOUND WARMING WOUND COVER | 09/01/2020 | |
| A9285 | INVERSION EVERSION COR DEVIC | 12/01/2020 | |
| C1052 | HEMOSTATIC AGENT, GI, TOPIC | 05/15/2021 | |
| C1841 | RETINAL PROSTH INT EXT COMP | 12/01/2020 | |
| C1842 | RETINAL PROSTH ADD ON | 12/01/2020 | |
| C9354 | ACELLULAR PERICARDIAL TISSUE MATRIX | 12/01/2020 | |
| C9356 | TENOGLIDE TENDON PROT CM2 | 12/01/2020 | |
| C9358 | DERMAL SUBSTITUTE NATIVE NON DENA | 12/01/2020 | |
| C9360 | DERMAL SUBSTITUTE NATIVE NON DENA | 12/01/2020 | |
| C9363 | INTEGRA MESHED BIL WOUND MAT | 05/15/2021 | |
| C9364 | PORCINE IMPLANT PERMACOL | 12/01/2020 | |
| C9745 | NASAL ENDO EUSTACHIAN TUBE | 12/01/2020 | 12/31/2020 |
| C9749 | REPAIR NASAL STENOSIS W IMP | 12/01/2020 | 12/31/2020 |
| C9768 | ENDO US-GUIDE HEP PORTO GRAD | 03/01/2021 | |
| C9771 | NSL/SINS CRYO POST NASAL TIS | 07/15/2021 | |
| C9772 | REVASC LITHOTRIP TIBI/PERONE | 08/15/2021 | |
| C9773 | REVASC LITHOTR-STENT TIB/PER | 08/15/2021 | |
| C9774 | REVASC LITHOTR-ATHER TIB/PER | 08/15/2021 | |
| C9775 | REVASC LITH-STEN-ATH TIB/PER | 08/15/2021 | |
| C9777 | ESOPHAG MUCOSAL INTEG ADD-ON | 08/15/2021 | |
| E0221 | INFRARED HEATING PAD SYSTEM | 09/01/2020 | |
| E0231 | WOUND WARMING DEVICE | 09/01/2020 | |
| E0232 | WARMING CARD FOR NWT | 09/01/2020 | |
| E0487 | ELECTRONIC SPIROMETER | 09/01/2020 | |
| E0675 | PNEUMATIC COMPRESSION DEVICE | 12/01/2020 | |
| E0740 | NON-IMPLANT PELV FLR E-STIM | 09/01/2020 | |



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|--|----------------|-----------|
| E0762 | TRANS ELEC JT STIM DEV SYS | 09/01/2020 | |
| E0764 | FUNCTIONAL NEUROMUSCULARSTIM | 09/01/2020 | 6/30/2021 |
| E0769 | ELECTRIC WOUND TREATMENT DEV | 09/01/2020 | |
| E0830 | AMBULATORY TRACTION DEVICE | 09/01/2020 | |
| E0840 | TRACT FRAME ATTACH HEADBOARD | 09/01/2020 | |
| E0849 | CERVICAL PNEUM TRAC EQUIP | 09/01/2020 | |
| E0850 | TRACTION STAND FREE STANDING | 09/01/2020 | |
| E0855 | CERVICAL TRACTION EQUIPMENT | 09/01/2020 | |
| E0856 | CERVIC COLLAR W AIR BLADDERS | 09/01/2020 | |
| E0860 | TRACT EQUIP CERVICAL TRACT | 09/01/2020 | |
| E0890 | TRACTION FRAME ATTACH PELVIC | 09/01/2020 | |
| E0936 | CPM DEVICE OTHER THAN KNEE | 12/01/2020 | |
| E0942 | CERVICAL HEAD HARNESS/HALTER | 09/01/2020 | |
| E0944 | PELVIC BELT/HARNESS/BOOT | 09/01/2020 | |
| G0255 | CURRENT PERCEP THRESHOLD TST | 09/01/2020 | |
| G0281 | ELEC STIM UNATTEND FOR PRESS | 09/01/2020 | |
| G0282 | ELECT STIM WOUND CARE NOT PD | 09/01/2020 | |
| G0295 | ELECTROMAGNETIC THERAPY ONC | 09/01/2020 | |
| G0329 | ELECTROMAGNTIC TX FOR ULCERS | 09/01/2020 | |
| G0428 | COLLAGEN MENISCUS IMPLANT PROCEDURE | 12/01/2020 | |
| G0460 | AUTOLOGOUS PRP FOR ULCERS | 12/01/2020 | |
| G9147 | OUTPATIENT INTRAVENOUS INSULIN TREATMENT | 12/01/2020 | |
| K1002 | CRANIAL ELECTROTHERAPY STIMULATION | 12/01/2020 | |
| K1004 | LO FREQ US DIATHERMY DEVICE | 12/01/2020 | |
| K1007 | BIL HKAF PC S/D MICRO SENSOR | 03/01/2021 | |
| K1009 | SPEECH VOLUME MODULATION SYS | 03/01/2021 | |
| K1018 | EXT UP LIMB TREMOR STIM WRIS | 08/15/2021 | |
| K1019 | MONTHLY SUPP USE WITH K1018 | 08/15/2021 | |
| L8605 | INJECTABLE BULKING AGENT DEXTRANOM | 12/01/2020 | |
| L8608 | ARG II EXT COM SUP ACC MISC | 12/01/2020 | |
| P9020 | PLAELET RICH PLASMA UNIT | 12/01/2020 | |
| Q4103 | OASIS BURN MATRIX | 05/15/2021 | |
| Q4104 | INTEGRA BMWD | 05/15/2021 | |
| Q4110 | PRIMATRIX | 05/15/2021 | |
| Q4111 | GAMMAGRAFT | 05/15/2021 | |
| Q4112 | CYMETRA INJECTABLE | 05/15/2021 | |



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|----------|
| Q4113 | GRAFTJACKET XPRESS | 05/15/2021 | |
| Q4115 | ALLOSKIN | 05/15/2021 | |
| Q4117 | HYALOMATRIX | 05/15/2021 | |
| Q4118 | MATRISTEM MICROMATRIX | 05/15/2021 | |
| Q4121 | THERASKIN | 05/15/2021 | |
| Q4122 | DERMACELL, AWM, POROUS SQ CM | 04/01/2021 | |
| Q4123 | ALLOSKIN | 05/15/2021 | |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MATRIX | 05/15/2021 | |
| Q4125 | ARTHROFLEX | 05/15/2021 | |
| Q4126 | MEMODERM/DERMA/TRANZ/INTEGUP | 05/15/2021 | |
| Q4127 | TALYMED | 05/15/2021 | |
| Q4130 | STRATTICE TM | 05/15/2021 | |
| Q4134 | HMATRIX | 05/15/2021 | |
| Q4135 | MEDISKIN | 05/15/2021 | |
| Q4136 | EZDERM | 05/15/2021 | |
| Q4137 | AMNIOEXCEL BIODEXCEL 1SQ CM | 12/01/2020 | |
| Q4138 | BIODFENCE DRYFLEX PER SQUARE CENTIM | 12/01/2020 | |
| Q4139 | AMNIOMATRIX OR BIODMATRIX, INJECTAB | 12/01/2020 | |
| Q4140 | BIODFENSE, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4141 | ALLOSKIN AC, 1 CM | 05/15/2021 | |
| Q4142 | XCM BIOLOGIC TISS MATRIX 1CM | 05/15/2021 | |
| Q4143 | REPRIZA, 1CM | 05/15/2021 | |
| Q4145 | EPIFIX, INJECTABLE, 1 MG | 12/01/2020 | |
| Q4146 | TENSIX, 1CM | 05/15/2021 | |
| Q4147 | ARCHITECT ECM PX FX 1 SQ CM | 05/15/2021 | |
| Q4148 | NEOX 1K PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4149 | EXCELLAGEN, 0.1 CC | 05/15/2021 | |
| Q4150 | ALLOWRAP DS OR DRY 1 SQ CM | 12/01/2020 | |
| Q4152 | DERMAPURE 1 SQUARE CM | 05/15/2021 | |
| Q4153 | DERMAVEST AND PLURIVEST, PER SQUARE | 12/01/2020 | |
| Q4155 | NEOXFLO OR CLARIXFLO 1 MG | 12/01/2020 | |
| Q4156 | NEOX 100 1 SQUARE CM | 12/01/2020 | |
| Q4157 | REVITALON 1 SQUARE CM | 12/01/2020 | |
| Q4158 | KERECIS OMEGA3, PER SQ CM | 05/15/2021 | |
| Q4159 | AFFINITY1 SQUARE CM | 12/01/2020 | |
| Q4160 | NUSHIELD 1 SQUARE CM | 12/01/2020 | |
| Q4161 | BIO-CONNKT PER SQUARE CM | 05/15/2021 | |



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|-----------|-------------------------------------|----------------|----------|
| Q4162 | AMNIOPRO FLOW, BIOSKIN FLOW, BIOREN | 12/01/2020 | |
| Q4163 | AMNIOPRO, BIOSKIN, BIORENEW, WOUNDE | 12/01/2020 | |
| Q4164 | HELICOLL, PER SQUARE CM | 05/15/2021 | |
| Q4165 | KERAMATRIX, KERASORB SQ CM | 05/15/2021 | |
| Q4166 | CYTAL, PER SQUARE CENTIMETER | 05/15/2021 | |
| Q4167 | TRUSKIN, PER SQ CENTIMETER | 05/15/2021 | |
| Q4169 | ARTACENT WOUND, PER SQUARE CENTIMET | 12/01/2020 | |
| Q4170 | CYGNUS, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4171 | INTERFYL, 1 MG | 12/01/2020 | |
| Q4173 | PALINGEN OR PALINGEN XPLUS PER SQU | 12/01/2020 | |
| Q4174 | PALINGEN OR PROMATRX 0 36 MG PER 0 | 12/01/2020 | |
| Q4175 | MICRODERM | 04/01/2021 | |
| Q4176 | NEOPATCH OR THERION, PER SQUARE CEN | 12/01/2020 | |
| Q4177 | FLOWERAMNIOFLO, 0.1 CC | 12/01/2020 | |
| Q4178 | FLOWERAMNIOPATCH, PER SQUARE CENTIM | 12/01/2020 | |
| Q4179 | FLOWERDERM, PER SQ CM | 05/15/2021 | |
| Q4180 | REVITA, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4181 | AMNIO WOUND, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4182 | TRANSCYTE, PER SQ CENTIMETER | 05/15/2021 | |
| Q4183 | SURGIGRAFT PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4184 | CELLESTA OR CELLESTA DUO, PER SQUAR | 12/01/2020 | |
| Q4185 | CELLESTA FLOWABLE AMNION (25 MG PER | 12/01/2020 | |
| Q4188 | AMNIOARMOR PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4189 | ARTACENT AC 1 MG | 12/01/2020 | |
| Q4190 | ARTACENT AC PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4191 | RESTORIGIN PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4192 | RESTORIGIN 1 CC | 12/01/2020 | |
| Q4193 | COLL-E-DERM 1 SQ CM | 05/15/2021 | |
| Q4194 | NOVACHOR PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4195 | PURAPLY 1 SQ CM | 05/15/2021 | |
| Q4196 | PURAPLY AM 1 SQ CM | 05/15/2021 | |
| Q4197 | PURAPLY XT PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4198 | GENESIS AMNIOTIC MEMBRANE PER SQUA | 12/01/2020 | |
| Q4200 | SKIN TE 1 SQ CM | 05/15/2021 | |
| Q4201 | MATRION PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4202 | KEROXX (2.5G/CC), 1CC | 05/15/2021 | |
| Q4203 | DERMA-GIDE, 1 SQ CM | 05/15/2021 | |



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|--------------------------------------|----------------|----------|
| Q4204 | XWRAP PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4205 | MEMBRANE GRAFT OR MEMBRANE WRAP, PE | 12/01/2020 | |
| Q4206 | FLUID FLOW OR FLUID GF, 1 CC | 12/01/2020 | |
| Q4208 | NOVAFIX, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4209 | SURGRAFT, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4210 | AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, | 12/01/2020 | |
| Q4211 | AMNION BIO OR AXOBIO MEMBRANE, PER S | 12/01/2020 | |
| Q4212 | ALLOGEN, PER CC | 12/01/2020 | |
| Q4213 | ASCENT, 0.5 MG | 12/01/2020 | |
| Q4214 | CELLESTA CORD, PER SQUARE CENTIMETE | 12/01/2020 | |
| Q4215 | AXOLOTL AMBIENT OR AXOLOTL CRYO, 0. | 12/01/2020 | |
| Q4216 | ARTACENT CORD, PER SQUARE CENTIMETE | 12/01/2020 | |
| Q4217 | WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, | 12/01/2020 | |
| Q4218 | SURGICORD, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4219 | SURGIGRAFT-DUAL, PER SQUARE CENTIME | 12/01/2020 | |
| Q4220 | BELLACELL HD, SUREDERM SQ CM | 05/15/2021 | |
| Q4221 | AMNIOWRAP2, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4222 | PROGENAMATRIX, PER SQ CM | 05/15/2021 | |
| Q4227 | AMNIOCORE, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4228 | BIONEXTPATCH, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4229 | COGENEX AMNIOTIC MEMBRANE, PER SQUA | 12/01/2020 | |
| Q4230 | COGENEX FLOWABLE AMNION, PER 0.5 CC | 12/01/2020 | |
| Q4231 | CORPLEX P, PER CC | 12/01/2020 | |
| Q4232 | CORPLEX, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4233 | SURFACTOR OR NUDYN, PER 0.5 CC | 12/01/2020 | |
| Q4234 | XCELLERATE, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4235 | AMNIOREPAIR OR ALTIPLY, PER SQUARE | 12/01/2020 | |
| Q4236 | CAREPATCH, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4237 | CRYO-CORD, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4239 | AMNIO-MAXX OR AMNIO-MAXX LITE, PER | 12/01/2020 | |
| Q4240 | CORECYTE, FOR TOPICAL USE ONLY, PER | 12/01/2020 | |
| Q4241 | POLYCYTE, FOR TOPICAL USE ONLY, PER | 12/01/2020 | |
| Q4242 | AMNIOCYTE PLUS, PER 0.5 CC | 12/01/2020 | |
| Q4244 | PROCENTA, PER 200 MG | 12/01/2020 | |
| Q4245 | AMNIOTEXT, PER CC | 12/01/2020 | |
| Q4246 | CORETEXT OR PROTEXT, PER CC | 12/01/2020 | |
| Q4247 | AMNIOTEXT PATCH, PER SQUARE CENTIME | 12/01/2020 | |



| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|----------|
| Q4248 | DERMACYTE AMNIOTIC MEMBRANE ALLOGRA | 12/01/2020 | |
| Q4249 | AMNIPLY, PER SQ CM | 03/01/2021 | |
| Q4250 | AMNIOAMP-MP PER SQ CM | 03/01/2021 | |
| Q4254 | NOVAFIX DL PER SQ CM | 03/01/2021 | |
| Q4255 | REQUARD, TOPICAL USE PER SQ | 03/01/2021 | |
| S2117 | ARTHROEREISIS SUBTALAR | 12/01/2020 | |
| S2300 | ARTHROSCOPY SHOULDER SURGI | 12/01/2020 | |
| S3650 | SALIVA TEST HORMONE LEVEL DURING | 12/01/2020 | |
| S3652 | SALIVA TEST HORMONE LEVEL TO ASSE | 12/01/2020 | |
| S3900 | SURFACE EMG | 09/01/2020 | |
| S8130 | INTERFERENTIAL STIM 2 CHAN | 09/01/2020 | |
| S8131 | INTERFERENTIAL STIM 4 CHAN | 09/01/2020 | |
| S8940 | HIPPOTHERAPY PER SESSION | 09/01/2020 | |
| S9001 | HOME UTERINE MONITOR WITH OR | 09/01/2020 | |
| S9056 | COMA STIMULATION PER DIEM | 12/01/2020 | |
| S9090 | VERTEBRAL AXIAL DECOMPRESSION | 09/01/2020 | |

References

[Medical Policies site](#)

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Policy Update History:

| Approval Date | Description |
|---------------|--|
| 05/28/2020 | New policy Codes Effective 9/1/2020 |
| 08/13/2020 | Removal of CPT/HCPCS Code |
| 08/25/2020 | Added CPT/HCPCS codes effective 12/1/2020 |
| 10/01/2020 | Removal of CPT/HCPCS Code |
| 10/30/2020 | Added/Removed CPT/HCPCS Code Effective 3/1/2021 |
| 11/05/2020 | Added/Removed CPT/HCPCS Code (AMA changes effective 1/1/2021) |
| 01/28/2021 | Added CPT/HCPCS Codes Effective 5/15/2021; Removed CPT/HCPCS Codes (AMA/HCPCS end-dated 12/31/2020) |
| 05/12/2021 | Added CPT/HCPCS Codes Effective 8/15/2021 |
| 06/07/2021 | Added CPT/HCPCS Codes effective 8/15/2021 (AMA changes effective 7/1/2021); Removed CPT/HCPCS code eff 6/30/2021 |



**CPCP028 Addendum: Blue Cross Blue Shield of TX
Additional EIU Codes**

| Code | Description | Effective Date |
|-------------|------------------------------------|-----------------------|
| J7607 | LEVALBUTEROL COMP CON | 12/01/2020 |
| J7609 | ALBUTEROL COMP UNIT | 12/01/2020 |
| J7610 | ALBUTEROL COMP CON | 12/01/2020 |
| J7615 | LEVALBUTEROL COMP UNIT | 12/01/2020 |
| J7622 | BECLOMETHASOME INHALATION SOLUTION | 12/01/2020 |
| J7624 | BETAMETHASOME INHALATION SOLUTION | 12/01/2020 |
| J7627 | BUDESONIDE COMP UNIT | 12/01/2020 |
| J7629 | BITOLTEROL MESYLATE INHALATION SOL | 12/01/2020 |
| J7634 | BUDESONIDE INHALATION SOLUTION CO | 12/01/2020 |
| J7636 | ATROPINE INHALATION SOLUTION ADMIN | 12/01/2020 |
| J7637 | DEXAMETHASONE COMP CON | 12/01/2020 |
| J7638 | DEXAMETHASONE COMP UNIT | 12/01/2020 |
| J7640 | FORMOTEROL COMP UNIT | 12/01/2020 |
| J7642 | GLYCOPYRROLATE COMP CON | 12/01/2020 |
| J7643 | GLYCOPYRROLATE COMP UNIT | 12/01/2020 |
| J7645 | IPRATROPIUM BROMIDE COMP | 12/01/2020 |
| J7660 | ISOPROTERENOL HCL INHALATION SOLUT | 12/01/2020 |
| J7670 | METAPROTERENOL SULFATE INHALATION | 12/01/2020 |
| J7676 | PENTAMIDINE COMP UNIT DOSE | 12/01/2020 |
| J7680 | TERBUTALINE SULF COMP CON | 12/01/2020 |
| J7681 | TERBUTALINE SULFATE INHALATION SOL | 12/01/2020 |
| J7683 | TRIAMCINOLONE COMP CON | 12/01/2020 |
| J7684 | TRIAMCINOLONE COMP UNIT | 12/01/2020 |



**CPCP028 Addendum: Blue Cross Blue Shield of TX
Additional EIU Codes, cont.**

| | | |
|-------|-------------------------------------|------------|
| J7604 | ACETYLCYSTEINE COMP UNIT | 12/01/2020 |
| J7628 | BITOLTEROL MESYLATE, INHALATION SOL | 12/01/2020 |
| J7632 | CROMOLYN SODIUM COMP UNIT | 12/01/2020 |
| J7635 | ATROPINE, INHALATION SOLUTION ADMIN | 12/01/2020 |
| J7641 | FLUNISOLIDE, INHALATION SOLUTION AD | 12/01/2020 |
| J7647 | ISOETHARINE HCL, INHALATION SOLUTIO | 12/01/2020 |
| J7650 | ISOETHARINE HCL, INHALATION SOLUTIO | 12/01/2020 |
| J7657 | ISOPROTERENOL HCL, INHALATION SOLUT | 12/01/2020 |
| J7667 | METAPROTERENOL SULFATE, INHALATION | 12/01/2020 |
| J7685 | TOBRAMYCIN, INHALATION SOLUTION, CO | 12/01/2020 |