MEDICAL MUTUAL®

MedicalPolicy

SERVICES LISTED IN THIS CORPORATE MEDICAL POLICY ARE CONSIDERED INVESTIGATIONAL/EXPERIMENTAL

Medical Necessity: Based upon our findings, the Company has determined that the following services have not demonstrated equivalence or superiority to currently accepted standard means of treatment or standard diagnostic technique. The Company considers the following services as indicated by the Applicable Code(s) or other related code(s) not listed here **investigational** and **not** eligible for reimbursement:

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
2003-C	Electrical Stimulation for Treatment of Dysphagia	Transcutaneous electrical stimulation (neuromuscular electrostimulation; transcutaneous electrical stimulation) of muscles coordinating swallowing is a noninvasive therapy reported to be utilized for treatment of oropharyngeal dysphagia. A hand-held electrical stimulator (e.g. VitalStim) is connected to a pair of external electrodes positioned to deliver electric current to swallowing muscles of the neck. The device provides external electrical stimulation to pharyngeal swallowing musculature in an attempt to strengthen neuromuscular pathways involved in the swallow reflex.	CPT Codes 97014, 97032 and 97039† HCPCS Code E0745 †*When unlisted modality (specify type and time if constant attendance) (97039) is determined to be electrical stimulation for treatment of dysphagia.*	05/16/2018
2005-D	Percutaneous neuromodulation therapy	Percutaneous neuromodulation therapy is a minimally invasive therapy reported to be effective in chronic spinal pain treatment. The procedure involves insertion of pairs of fine-gauge, filament electrodes into the skin of the lower back region with the intent of stimulating nerve fibers that lie deep within the tissue. Treatment may be administered several times per week, typically performed in 30 minute intervals procedure.	CPT 64999† †When *unlisted procedure, nervous system* (64999) is determined to be percutaneous neuromodulation therapy.	05/16/2018
2005-E	Pulsed Electrical	Pulsed electrical stimulation (PES) or	CPT Code 97799†	05/26/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
	Stimulation	transcutaneous electrical joint stimulation is a non-invasive, adjunctive therapy utilized to reduce pain associated with musculoskeletal disorders. Pulsed electrical stimulation is hypothesized to facilitate bone formation and cartilage repair and alter inflammatory cell function. BioniCare® Knee Device (ArthroWave Medical Technologies, LLC, Sparks, MD) and the J-Stim1000 (Pain Management Technologies, Inc., Akron, OH) are examples of PES/ transcutaneous electrical joint stimulation devices that are intended to reduce pain and improve function associated with osteoarthritis and rheumatoid arthritis. These devices deliver low-amplitude, electrical pulses to surface electrodes attached to the skin. The devices are usually worn six to 10 hours, often during sleep.	HCPCS Code E0762 †Considered investigational and not eligible for reimbursement when *unlisted physical medicine/rehabilitation service or procedure* (97799) is determined to be pulsed electrical stimulation.	
2005-J	Mechanized Vertebral Axial Spinal Distraction Therapy Devices	Mechanized vertebral axial spinal distraction therapy devices (e.g., VAX-D®, Accu-SPINA system etc.) is performed using computer controlled tables to apply distractive tension, or stretching, along the spinal column. These devices are promoted as non-invasive, non-surgical procedures which treat low back pain due to conditions such as lumbar disc herniation, degenerative disc disease, posterior facet syndrome,	HCPCS S9090	10/26/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		sciatica or radiculopathy.		
2006-D	Radiofrequency Microtenotomy	Radiofrequency microtenotomy (radiofrequency-based microtenotomy) is a minimally invasive procedure for treatment of chronic tendinosis. Coblation® (ArthroCare® Corporation, Sunnyvale, CA) technology, a controlled, non-heat driven process, uses radiofrequency energy in an attempt to stimulate healing by initiating an inflammatory response in damaged tissue. A damaged tendon is surgically exposed and radiofrequency energy is directly applied to the tendon surface with a TOPAZ® MicroDebrider probe (ArthroCare® Corporation, Sunnyvale, CA) at 0.5 second intervals. Radiofrequency microtenotomy has been evaluated for the treatment of chronic tendinosis refractory to conventional therapy, including the supraspinatus tendon, forearm extensor muscle aponeurosis (at lateral epicondyle), patellar tendon, Achilles tendon and plantar fascia.	CPT Codes 23929†, 24999†, 27599†, 27899† and 28899† †When *unlisted procedure - shoulder* (23929), *unlisted procedure, humerus or elbow* (24999), *unlisted procedure, femur or knee* (27599), *unlisted procedure, leg or ankle* (27899) or *unlisted procedure, foot or toes* (28899) is determined to be radiofrequency microtenotomy for tendinosis.	07/27/2017
2006-G	Fluid-Ventilated Gas-Permeable Scleral Lenses	Fluid-ventilated, gas-permeable scleral lenses (e.g., Boston® Scleral Lenses, Polymer Technology Corp., Rochester, NY) are utilized for management of irregular corneal astigmatism that is unable to be corrected with traditional contact lenses or for treatment of severe diseases of the corneal surface.	CPT 92499 HCPCS S0515	10/26/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		These devices can be custom-fitted and sized to rest largely on the surrounding sclera, creating a fluid-filled space overlying the cornea, which optically neutralizes corneal surface irregularities. The fluid-filled space protects the corneal surface from atmospheric desiccation, reduces the intensity of ocular pain and may facilitate healing of persistent epithelial defects.		
2007-C	Endobronchial Valves for Treatment of Severe Emphysema and Bronchopleural Fistulas	Endobronchial valves permit air trapped within an isolated lung segment to vent during expiration and prevent air re-accumulation during inspiration. Endobronchial valve(s) insertion represents a less invasive approach for severe emphysema treatment. They are also reported to be effective in the management of bronchopleural fistulas when conventional medical therapy has failed and surgical intervention would not be medically advisable. The IBV® Valve System (Spiration, Inc.) has been approved by the U.S. Food and Drug Administration (FDA) in this product classification under the regulations for Humanitarian Device Exemptions (HDE).	CPT 31647, 31648, 31649, 31651 and 31899† †When *unlisted procedure, trachea, bronchi* (31899) is determined to be an endobronchial valve for treatment of bronchopleural fistula. ICD-10-CM 0BH38GZ, 0BH48GZ, 0BH58GZ, 0BH68GZ, 0BH78GZ, 0BH88GZ, 0BH98GZ, 0BHB8GZ, 0WPQ83Z, 0WPQ8YZ, 0BH082Z, 0BH083Z, 0BH08DZ, 0WHQ83Z and 0WHQ8YZ	06/26/2018

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
2007-E	Uterine-Sparing Fibroid Treatments: - Magnetic Resonance Imaging-Guided High-Intensity Focused Ultrasound Ablation - Radiofrequency Volumetric Thermal Ablation	Noninvasive or minimally invasive uterine-sparing fibroid techniques are intended to treat symptomatic uterine fibroids. These procedures are purported to represent an effective, safer alternative for uterine fibroid tissue ablation in symptomatic pre/peri-menopausal women desiring a uterus-sparing procedure. Magnetic resonance imaging (MRI)-guided high-intensity focused ultrasound ablation (MRgFUS): Magnetic resonance imaging-guided high-intensity focused ultrasound ablation (ExAblate®, InSightec, Dallas, TX) is a noninvasive procedure utilized for uterine fibroid destruction. Radiofrequency (RF) volumetric thermal ablation (RFVTA): Radiofrequency volumetric thermal ablation (Acessa™ system, Halt Medical Inc., Brentwood, CA) is a minimally invasive laprascopic procedure utilized for uterine fibroid destruction.	CPT Category III Codes 0071T, 0072T, and 0404T CPT Codes 58578†, 58674, 58999† †When *unlisted procedure*, (58578 and 58999) is determined to be radiofrequency volumetric thermal ablation.	06/26/2018
2009-C	Anal Fistula Plug	An anal fistula plug (e.g., Surgisis® AFP™ Anal Fistula Plug, Cook Anal Fistula Plug, Gore Anal Fistula Plug) is a freeze-dried bioabsorbable xenograft formulated from porcine small intestinal submucosa, which is intended as a minimally invasive treatment for anorectal or rectovaginal fistulas.	CPT Code 46707	05/30/2018

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
2009-D	Microcurrent Electrical Therapy	Microcurrent electrical therapy (microcurrent skin patch, cranial electrotherapy stimulation, microcurrent electrical nerve stimulation) is the transcutaneous application of low levels of electrical current (<1 milliampere) in the treatment of chronic conditions including, but not limited to, migraine headaches, dementia, insomnia, depression, cognitive dysfunction, fibromyalgia and multiple sclerosis. Examples of commercially available microcurrent electrical therapy devices include Alpha-Stim® PPM (Electromedical Products International, Inc., Mineral Wells, TX) for pain management and the Alpha-Stim® 100 and NET-3000 Microcurrent Stimulator (Auri-Stim Medical, Inc., Boulder, CO) for cranial electrotherapy stimulation.	HCPCS E1399	09/21/2017
2010-B	Tumor Chemosensitivity and Chemoresistance Assays	Tumor chemosensitivity and chemoresistance assays are in vitro assays intended to predict in vivo response of a specific cancer to chemotherapeutic agents. The ChemoFx® Assay (Helomics Corporation, Pittsburgh, PA) is a commercially available chemosensitivity assay used to determine tumor cell chemotherapeutic agent sensitivity for ovarian cancer.	CPT Codes 81535, 81536, 89240† †When *unlisted miscellaneous pathology test* (89240) is determined to be tumor chemosensitivity and chemoresistance assays.	09/13/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
2011-B	Bioimpedance Spectroscopy - Lymphedema	Bioimpedance spectroscopy (BIS) is a noninvasive technique utilized in the measurement of extracellular fluid volume differences between the arms and has been reported to aid in detection of unilateral arm lymphedema in women. A small electrical current is passed through electrodes attached to the wrists to measure resistance (impedance) to current. A device is utilized to record impedance at varying frequencies (e.g., ImpediMED L-Dex U400 BIS Extra Cellular Fluid Analyzer, ImpediMed Limited, Queensland Australia; San Diego, CA). Results are analyzed to determine if more fluid exists as compared to the contralateral limb. This technique has been proposed as an alternative to circumferential measurements and water immersion methods to indicate trends toward the potential development of lymphedema.	CPT 93702	06/21/2017
2011-C	Wireless Gastrointestinal Motility Monitoring System -Suspected Gastric Motility Disorders	Wireless gastrointestinal motility monitoring systems (e.g., SmartPill® GI Monitoring System, SmartPill Corporation, Buffalo, NY) have been proposed as an alternative testing method for evaluation of suspected gastrointestinal motility disorders (e.g., gastroparesis). The system senses and records temperature, pH and pressure measurements via sensors contained within an ingestible capsule as it travels through the entire length of the gastrointestinal tract. Measurements	CPT Code 91112	03/11/2019

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		are transmitted from the capsule within the gastrointestinal tract via a radiofrequency signal to an external data receiver and subsequently downloaded to a personal computer for analysis and review by a physician.		
2011-E	Suit Therapy	Suit therapy is a form of physical and occupational therapy that includes specialized resistance training through the use of specific mechanical devices, including home use of a suit therapy device (e.g., Adeli® suit, NeuroSuit, Penguin suit, TheraSuit™, TheraTogs™). Proponents of this type of high frequency intervention program maintain that this approach can produce faster and more substantial improvements in motor skills and muscle strength in children and young adults with certain disabilities (e.g., cerebral palsy, gait rehabilitation).	CPT 97039†, 97139† †When *unlisted modiality, specify place and time* (97039) or *therapeutic procedure, each 15 min; unlisted procedure* (97139) are determined to be suit therapy.	06/11/2018
2011-F	Ovarian Adnexal Mass Assessment Score Test Systems	Proteomics-based ovarian adnexal mass assessment score test systems (e.g., OVA1™ Test, ROMA™ test) measure one or more serum proteins believed to preoperatively predict the likelihood that an ovarian adnexal mass represents ovarian cancer. These systems have been proposed as being useful in the preoperative assessment of a pelvic mass suspicious for ovarian cancer and have been reported to augment identification of individuals requiring gynecologic oncology	CPT 81500 and 81503	06/21/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		surgical expertise.		
2012-A	Interferential Therapy	Interferential stimulation (IFS) is a transcutaneous electrical stimulation technique whereby two different, medium-frequency (4,000 Hz and 150 Hz) alternating currents (e.g., Medstar™ 100, RS-4i Sequential Stimulator) are simultaneously applied to the target area via electrodes. Interferential stimulation is reported to be beneficial in reducing pain, edema and muscle spasm associated with musculoskeletal disorders and promote healing of soft tissue injuries, surgical wounds and bone fractures.	HCPCS S8130 and S8131	12/11/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
2012-B	Bronchial Thermoplasty - Asthma	Bronchial thermoplasty (Alair® Bronchial Thermoplasty System, Boston Scientific, Sunnyvale, CA) is a procedure purported to weaken and partially destroy the airway smooth muscle responsible for the bronchoconstriction associated with asthma attacks. A course of bronchial thermoplasty usually consists of several treatment sessions performed under moderate sedation by a pulmonologist for adults with severe persistent asthma that has not been well controlled by conventional medical therapy, including optimal doses of long-acting bronchodilators and glucocorticoids.	CPT 31660 and 31661	04/27/2017
2013-B	Bulking Agents for Fecal Incontinence - Solesta®	Solesta® (Oceana Therapeutics, Inc., Edison, NJ) is a biocompatible bulking agent administered by submucosal transanal injection. Solesta® reportedly enhances perianal tissue bulking, resulting in narrowing of the anal opening and improving muscle control, thereby reducing involuntary loss of feces (fecal incontinence). Solesta® is intended for individuals 18 years and older who have failed conventional therapy for fecal incontinence.	CPT 46999†, Category III 0377T and HCPCS L8605 †When *unlisted procedure – anus* (46999) is determined to be injection of bulking agents for fecal incontinence (Solesta®)	05/22/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
2013-C	Tenex Health TX Procedure	Tenex Health TX Procedure employs a minimally invasive technique intended to treat symptomatic tendon and soft tissue injuries that are unresponsive to conventional medical therapy. The procedure involves percutaneous insertion of the TX1 MicroTip™ through a 3mm incision near a tendon or soft tissue injury site (i.e., lateral or medial epicondyle, patellar tendon, rotator cuff, plantar fascia or Achilles tendon) under ultrasonic guidance. The probe ultrasonically emulsifies and removes tendon scar tissue, thereby reportedly alleviating tendon pain.	CPT Code 20999†, 23929†, 24999†, 27599†, 27899† and 28899† †When unlisted procedure-musculoskeletal system, general (20999), unlisted procedure, shoulder (23929), unlisted procedure, humerus or elbow (24999), unlisted procedure, femur or knee (27599), unlisted procedure, leg or ankle (27899) or unlisted procedure, foot or toes (28899) is determined to be focused aspiration of scar tissue.	11/28/2017
2013-D	Electrical Stimulation and Electromagnetic Therapy - Chronic, Nonhealing Dermal Ulcers	Electrical stimulation and electromagnetic therapy (pulsed electromagnetic field therapy) are noninvasive, adjunctive therapies utilized to accelerate improvement and stimulate healing in chronic, nonhealing dermal ulcers unresponsive to conventional wound therapy.	HCPCS E0769, G0281, G0282, G0295 and G0329	06/08/2018
2014-A	Oral Pressure Therapy	Oral pressure therapy (Winx Sleep Therapy System, Apnicure Inc.) involves the use of an intraoral negative pressure gradient device intended to improve airflow by	HCPCS A7002†, A7047† and E0600† † When *tubing used with suction pump, each* (A7002) or *oral interface used with respiratory suction pump,*	05/16/2018

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		increasing airway size for the treatment of obstructive sleep apnea.	*each* (A7047) or *respiratory suction pump, home model, portable or stationary, electric* (E0600) is determined to be oral pressure therapy for treatment of obstructive sleep apnea.	
2015-C	Computer-aided Detection/Evaluation of Breast MRI	Computer-aided detection/evaluation (CAD/CAE) systems are designed to aid in distinguishing normal and malignant breast tissue by interpreting patterns of contrast enhancement and washout across a set of images generated through MRI.	Category III 0159T	05/29/2018
2015-D	Hydrogen Breath Test for Irritable Bowel Syndrome	Hydrogen breath tests (HBTs) can be assessed by obtaining breath samples before and after the ingestion of various carbohydrate substrates (lactulose, lactose, glucose, sucrose, fructose, xylose, rice flour). Malabsorption of the substrate in the small intestine, or an excess of bacteria in the small bowel can produce large amounts of hydrogen (H_2), which is absorbed into the bloodstream and then expired through the breath. Breath samples are analyzed for H_2 content by gas chromatography. Detection of expelled H_2 can be symptomatic of malabsorption, small intestinal bacterial overgrowth (SIBO), or carbohydrate intolerance.	CPT 91065† †When *91065* is determined to be Hydrogen breath tests for the detection of Irritable Bowel Syndrome.	12/22/2017
2016-A	Radiofrequncy Ablation for Tumors	Radiofrequency ablation (RFA) is utilized for treatment of tumors in nonsurgical candidates or as an alternative to surgery for operable	CPT Codes 32994 and 32998	1/1/2018

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		tumors. Treatment involves percutaneous, laparoscopic or open placement of an electrode directly into the tumor or lesion. High frequency, electrical current is applied to the targeted area, resulting in local thermal destruction of tissue by coagulative necrosis. Radiofrequency ablation is intended to control local disease, relieve symptoms and prolong survival in high-risk surgical candidates and unresectable tumors. The Company considers radiofrequency ablation for treatment of these tumors **investigational** and **not** eligible for reimbursement including, but not limited to, ***any*** of the following: • Adrenal cancer; or • Breast cancer; or • Breast fibroadenomas; or • Chordomas; or • Head and neck cancers; or • Tumors of the lung; or • Ovarian cancer; or • Pelvic/abdominal metastasis of unspecified origin; or • Prostate.		
2016-B	Myoelectric Mobility Systems – Upper Extremity	Myoelectric orthotic mobility systems (e.g., MyoPro®, Myomo e100, mPower 1000, Myomo, Inc., Cambridge, MA) of the upper extremity are designed to provide limb and joint support, while also producing electromechanically powered range of motion. Elbow	HCPCS A9300, E1399, L3999 and L7499	06/15/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		flexion and extension functions can be enhanced by these systems to compensate for muscle weakness and disability resulting from cerebrovascular disease, neuromuscular disorders and injuries. Sensors are placed on the skin to detect weak muscle signals. Microprocessors, muscle sensors and an electric motor assist arm movement by detecting and amplifying weak muscle signals initiated by the individual and providing a signal to the motorized elbow brace which assists in the desired motion. Myoelectric orthotic mobility systems are purported to enable weak or paralyzed individuals to regain function and perform activities of daily living.		
2016-C	V-Go Disposable Insulin Delivery Device	The V-Go Disposable Insulin Delivery Device (Valeritas Inc., Bridgewater, NJ) is a mechanical, single-use (24-hour period) disposable insulin infusion device designed for subcutaneous infusion of insulin with a stainless steel subcutaneous needle integrated within the device. Activating the device leads to continuous insulin delivery at a fixed rate or bolus doses to supplement daily basal insulin requirements for insulin-dependent diabetes mellitus management.	HCPCS A9274† †When *A9274* is determined to be for the V-Go Disposable Insulin Delivery Device.	11/15/2017
2016-D	Transcatheter	Transcatheter mitral valve repair	CPT 0345T, 0483T,	1/1/2018

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
	Mitral Valve Repair (TMVR)	(TMVR) is a minimally invasive treatment for severe, symptomatic mitral regurgitation when conventional surgery is not an option. The MitraClip Mitral Valve Repair System (Abbott Vascular Inc.) and the Carillon Mitral Contour System (Cardiac Dimensions Inc.) are devices used to repair a damaged or leaking mitral valve. These devices involve implanting a clip to a portion of the valve leaflets as treatment for reducing mitral regurgitation. The goal is to restore valve function without the need for open heart surgery.	0484T, 33418 and 33419	
200135	Surgical Treatment of Chronic Headaches	Migraine, cluster and other headache syndromes are common, often debilitating, primary headache disorders. Surgical interventions have been proposed for the prevention, reduction or elimination of these headaches types. Similar therapies have been proposed for tension-type headaches and occipital neuralgia. Examples of these procedures include: resection or manipulation of facial muscles or soft tissue from the forehead, periorbital, occipital or other facial or scalp areas; resection of the trigeminal nerve or its branches; surgical modification of the sinuses; and patent foramen ovale closure.	CPT 15824, 15826, 30130, 30140, 30520, 31200, 31201, 31205, 31254, 31255, 31257, 31259, 64505†, 64722†, 64732, 64734,64742, 64744, 64771, 64999†, 67900, 93580 †When *decompression; unspecified nerve(s) (specify)* (64722), injection, anesthetic agent; sphenopalatine ganglion (64505), or *unlisted procedure, nervous system* (64999) is determined to be surgical treatment of migraine headaches. CPT Category III 0406T ICD-10-CM	2/14/2018

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
			Procedure: 02U53JZ-02U54JZ 095U0ZZ-095V4ZZ 09BL0ZZ-09BL8ZZ 09BM0ZZ-09BM4ZZ 09BU0ZZ-09BV4ZZ 09DL0ZZ-09DL8ZZ 09DU0ZZ-09DV4ZZ 09TU0ZZ-09TV4ZZ	
200139	Extracorporeal Shock Wave Therapy for Musculoskeletal Conditions	Extracorporeal shock wave therapy (ESWT) is a noninvasive technique that directs low or high energy pulses towards a specific, painful tissue area. Application of sonic shock waves to a target tissue is purported to break down calcium deposits, decrease scar tissue and reduce inflammation, thereby reportedly decreasing pain and promoting healing at the affected site. Musculoskeletal Conditions include Plantar Fasciitis, Shoulder Tendonitis, and Lateral Epicondylitis.	CPT 23929, 24999, 28890 and 28899 Category III 0019T, 0101T, 0102T, 0299T and 0300T	04/30/2018
200211	Breast Cancer Screening and Diagnostic Procedures (Breast Ductal Lavage and Fiberoptic Ductoscopy)	Breast ductal lavage, fiberoptic ductoscopy, mammary ductoscopy and breast duct endoscopy (i.e Acueity System, Acueity, Inc., Larkspur, CA) are utilized to evaluate individuals at high risk for breast cancer. These procedures are intended to be utilized in conjunction with routine clinical breast examination and mammography for early detection and histopathologic diagnosis of nonpalpable breast cancers. Breast ductal lavage is a technique in which epithelial cells (nipple aspirate	CPT 19499† †When *unlisted procedure, breast* (19499) is determined to be breast ductal lavage or fiberoptic ductoscopy.	11/30/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		fluid) are collected from the breast ductal system for cytological analysis. Mild suction is applied to the nipple to identify fluid-yielding duct(s). A microcatheter is then advanced through a duct orifice into the duct(s) and a saline solution is introduced. Saline and cellular material are withdrawn through the catheter and collected in a syringe for cytologic examination. Ductal fluid is analyzed to detect cytological abnormalities suggestive of breast cancer. Fiberoptic ductoscopy is performed by inserting a fiberoptic microendoscope into a ductal orifice and advancing the scope under direct visualization. Abnormal intraductal areas are either biopsied or marked for image-guided core biopsy.		
200224	Sublingual Immunotherapy	Sublingual immunotherapy (SLIT) is a form of allergy treatment that utilizes repeated, sublingual placement of diluted allergen extract drops as an allergen delivery system. Gradually increased doses of the allergen are administered in an effort to achieve tolerance to the allergy-causing substance. Theoretical advantages include a lower risk of serious side effects and better patient acceptance.	CPT Code 95199† †When *unlisted allergy/clinical immunologic service or procedure* (95199) is determined to be sublingual (allergy) immunotherapy.	04/24/2017
200310	Gastroesophageal Reflux Disease: Endoscopic and	Gastroesophageal reflux disease (GERD) is the chronic abnormal reflux of gastric contents into the esophagus,	CPT 43201, 43210, 43236, 43284, 43289, 43257, 0392T, 43499†	10/27/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
	Laparoscopic Therapies	often resulting in symptoms of heartburn and/or regurgitation. This gastric content reflux may at times result in mucosal injury with esophagitis or other complications. Endoscopic and laparoscopic therapies have been developed to treat gastroesophageal reflux disease by altering gastroesophageal junction structure in an attempt to diminish proximal migration of gastric contents, decrease reflux and regurgitation symptoms, resolving esophagitis. Endoscopic and laparoscopic therapies may be classified into four basic categories as outlined below: • Radiofrequency energy o Stretta® • Endoscopic plication/suturing o Bard® EndoCinch™ Suturing System o NDO Surgical Endoscopic Plication™ System o The EndoGastric Solutions (EGS) Transoral Incisionless Fundoplication (TIF) EsophyX™ with SeroFuse™ Fastener • Polymer injection o Ethylene-vinyl alcohol co-polymer (Enteryx®) o Hydrogel prosthesis (Gatekeeper™ Reflux Repair System • Laparoscopic magnetic sphincter augmentation	and 43999† HCPCS C9724 †When *unlisted procedure, esophagus* (43499) or *unlisted procedure, stomach* (43999) is determined to be endoscopic plication/suturing for treatment of gastroesophageal reflux disease.	

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		LINX device (LINX™ Reflux Management System)		
201618	Per-oral Endoscopic Myotomy (POEM) for treatment of esophageal achalasia	Esophageal achalasia (EA) is an esophageal motile function disorder of unknown etiology. EA is characterized by increased pressure of the lower esophageal sphincter and esophageal aperistalsis. Per-oral Endoscopic Myotomy (POEM) is a minimally invasive treatment for esophageal achalasia. The POEM technique involves an endoscopic incision of the mucosa that allows access to the lower esophagus and gastroesophageal junction. The muscle fibers of the lower esophagus and proximal stomach are then cut to complete the surgical myotomy.	CPT Code 43499† †When *unlisted procedure, esophagus* (43499) is determined to be Per-oral Endoscopic Myotomy (POEM) for treatment of esophageal achalasia.	11/24/2017
201718	Percutaneous left atrial appendage closure (LAAC) for non-valvular atrial fibrillation (NVAF)	Atrial fibrillation (AF) is an accelerated heart rhythm caused by aberrant atrial activation and contraction. AF is associated with a significantly increased risk of stroke due to thrombus formation in the left atrial appendage (LAA). Therefore, closure of the left atrial appendage, via percutaneous cardiac devices (Amplatzer cardiac plug, Amulet, AtriClip device, the Lariat snare device, the PLAATO device, Watchman device, WaveCrest device) has been proposed to reduce the risk of stroke in AF. Medical Mutual considers cardiac devices for occlusion of the LAA experimental and investigational for the prevention of	CPT Codes: 33340 and 93318† †When *procedure,* (93318) is determined to be use in Percutaneous left atrial appendage closure.	04/05/2017

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
		stroke and all other indications because the evidence supporting this procedure is limited.		
2017-A	Electromagnetic Navigational Bronchoscopy	Electromagnetic navigational bronchoscopy is an image-guided localization system that is designed to increase pulmonary tissue accessibility to trans-bronchial needle aspiration and biopsy. Chest computed tomography (CT) is performed to create a 3-dimensional (3D) map of the bronchial tree. Using a "Locatable Guide" sensor attached to a standard bronchoscope, the precise anatomic position of the bronchoscope can be determined as it receives electromagnetic signals from a "Localization Board" placed beneath the individual. A computer screen displays a 3-dimensional real-time map of the lung, including the location of the tip of the bronchoscope, purported to allow more precise navigation into the targeted area.	CPT Code 31627	05/01/2018
2017-B	Micra™ Transcatheter Pacing System	The Micra™ Transcatheter Pacing System (TPS) is a miniaturized (0.8 cc), leadless, full featured single chamber ventricular pacemaker that is implanted directly in the right ventricle. It provides a treatment option for patients with Class I or Class II indication for bradycardia pacing therapy.	CPT 0387T, 0388T, 0389T, 0390T and 0391T	05/04/2017
2018 -A	Implanted Continuous glucose monitor	Continuous glucose monitoring is intended to guide diabetes mellitus management by identifying blood	HCPCS Codes A9274†, A9276†, A9277†, A9278†,	09/07/2018

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
	(CGM) devices	glucose fluctuations that are not detected by intermittent glucose monitoring. Implanted Continuous glucose monitor (CGM) devices are CGMs that include a fully implantable glucose sensor. The CGM System consists of three components (1) an implantable fluorescence-based cylindrical glucose sensor measuring 3 mm × 16 mm, (2) a wearable smart transmitter, and (3) a handheld device running a mobile medical application. Examples include: Eversense implantable CGM sensor and the GlySens ICGM system.	K0553† and K0554† †*When determined to be for an implanted Continuous glucose monitor*.	
2018-B	Relizorb	Relizorb is a digestive enzyme cartridge that is designed to be used in conjunction with enteral tube feeding. It is meant to break down fats in enteral formulas to allow for their absorption and utilization by the body.	HCPCS Code Q9994† †When *enzyme cartridge enteral nut* (Q9994) is determined to be Relizorb.	12/12/2018
2018-C	Actigraphy	Actigraphy involves monitoring motor activity with a portable device over an extended period of time. Devices include a small accelerometer that is typically worn on the wrist to record movement during sleep and may be used in a facility-based laboratory or in the home setting. Actigraphy has been proposed as a useful technique in combination with, or in place of, polysomnography to detect sleep disorders, such as obstructive sleep apnea.	CPT Code 95803	10/03/2018

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODE(S)	EFFECTIVE/ REVISED DATE
2018-D	Varicose Vein Treatment Procedures: Endovenous Mechanochemical Ablation and Medical Adhesive Therapies	There are several treatment options available for varicose veins including: Endovenous mechanochemical ablation (e.g. ClariVein Infusion Catheter) - this procedure involves the infusion of a problematic vein with a sclerosing agent by means of a catheter. The vein is then sealed and the sclerosis of the vein activates the clotting system which may result in occlusion of the vessel. Cyanoacrylate tissue adhesion (e.g. VenaSeal Closure System; VariClose Vein Sealing System) - this medical adhesive is used to permanently close problematic veins in patients with venous reflux disease. Both of these procedures require further evidence of the long-term safety and efficacy for treatment of varicose veins.	CPT Codes 36473, 36474, 36482, 36483	11/02/2018
2019-A	Wireless pulmonary artery pressure monitoring (CardioMEMS)	The CardioMEMS HF System is approved for wirelessly monitoring pulmonary artery pressure and heart rate in New York Heart Association class III heart failure patients who have been hospitalized for heart failure in the previous year.	CPT Codes 33289, 93264	01/01/2019

Documentation Requirements

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include

patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.