



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Non-covered Medical Procedures and Services

MP9415

WellFirst Health Medical Policy:

1.0 **Table 1.0** below lists **some** procedures and services that are not covered by WellFirst Health because they: (1) failed to meet the WellFirst definition of medical necessity; or (2) are considered investigational and/or experimental. The list is **not** all inclusive.

Table 1.0. Non-covered Medical Procedures and Services (Not An All Inclusive List)

Abbreviations: *NMN* = not medically necessary; *E/I* = experimental and/or investigational;

Procedure Description	Indication	Reason Not Covered
Acclarent Aera Eustachian Tube Balloon Dilation System (e.g. XprESS ENT Dilation System) (69705, 69706, 69799) except for chronic eustachian tube dysfunction	All indications other than treatment of chronic eustachian tube dysfunction	E/I
Annulous fibrosis repair devices (e.g. Xclose, Inclose, Barricaid Annular Closure Device) (64999, C9757)	All indications	E/I
Arthroscopy, shoulder with implantation of subacromial spacer (C9781)	All indications	E/i
Autologous chondrocyte transplantation (ACT) (0481T)	Osteochondral defects of all joints except the knee	NMN
Automated, non-invasive nerve conduction velocity testing point of care nerve conduction studies (95905)	All indications .	E/I
Axial Lumbar Interbody Fusion (AxiaLIF) (22586)	All indications	E/I
Biodex (Quantitative Muscle Testing device)	All indications	E/I
Bioimpedance Spectroscopy or Bioelectric Impedance Analysis (e.g. SOZO, ImpediMed L-Dex U400) (93702, 0358T)	Detection of lymphedema, measurement of total body water, extracellular and intracellular fluid volumes and all other indications	E/I
Body Surface-Activation Mapping of Pacemaker or Pacing Cardiodefibrillator (0695T, 0696T)	All indications	E/I
Brava Breast Expander	All indications including breast reconstruction following mastectomy	E/I

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Procedure Description	Indication	Reason Not Covered
Breast CT including 3D Rendering (0633T, 0634T, 0635T, 0636T, 0637T, 0638T))	All indications	E/I
Breast Ductal Lavage for Cytology (19499)	Women at high risk for breast cancer.	NMN
	For women with abnormal nipple discharge or as an intraoperative tool to guide surgery.	NMN
	For women at average risk for breast cancer; abnormal findings on clinical breast examination and/or mammography; or irradiation or surgery on the breast to be lavaged, or those receiving chemotherapy, tamoxifen, or selective estrogen receptor modulators.	E/I
Breast-specific gamma imaging (BSGI), Scintimammography and breast molecular breast imaging (A9500, S8080)	All indications	E/I
Breast Thermography	Screening for breast cancer and other breast diseases and all other indications.	E/I
Bronchial Thermoplasty (31660, 31661)	For treatment of asthma and all other indications	E/I
Carotid Intima Medial Thickness Measurement (CIMT) Ultrasound (93895, 0126T)	All indications	E/I
Cell Therapy (33999, 38999)	For the treatment of cardiac disease	E/I
Cervicography (58999)	All indications	E/I
Closed Loop Insulin Delivery System (e.g. artificial pancreas device system) (S1034, S1035, S1036, S1037))	All indications	E/I
Computed Tomographic Angiography (CTA), coronary atherosclerotic plaque (0623T, 0624T, 0625T, 0626T)	Severity of coronary disease and all other indications	E/I
Computer Based Treatment for Cognitive Behavioral Therapy (CBTCBT) for Substance Use Disorders (e.g. reSET and reSET-O) (A9291)	For treatment of substance use disorders and all other indications	E/I
Computerized Dynamic Posturography (92548)	All indications	E/I

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Procedure Description	Indication	Reason Not Covered
Confocal Laser Endomicroscopy (0397T)	For Barrett's esophagus and all other indications	E/I
Constraint Induced Movement Therapy	All indications other than treatment of upper limb hemiparesis	NMN
Cord blood harvesting for transplantation; allogeneic (S2140, S2142)	Prophylactic collection and storage of umbilical cord blood when proposed for an unspecified future use for an autologous stem cell transplant in the original donor or for an unspecified future use as an allogeneic stem cell transplant in a related or unrelated donor.	NMN
	For patients for whom a well-matched bone marrow donor is available.	NMN
	For patients not meeting patient selection criteria for AIBMT.	E/I
Cord blood storage (88240)	All indications	NMN
Corneal Hysteresis Assessment (92145)	All indications	E/I
Cranial Electrotherapy Stimulation (CES) (e.g. Alpha Stim) (E1399, K1002)	Behavioral disorders including, but not limited to, depression and anxiety and all other indications	E/I
Craniosacral Therapy (97139)	All indications	E/I
Cryoablation nasal tissue and/or nerves (e.g. Clarifix) (C9771)	Chronic sinusitis and all other indications	E/I
Cryogenic surgical device (e.g. iovera System) (0440T 0441T 0442T)	Relief of pain and symptoms associated with osteoarthritis of the knee and peripheral nerve pain and all other indications	E/I
Drug eluting sinus stents (e.g., Propel Sinus Implant) (S9101)	All indications	E/I
Dry Hydrotherapy	All indications	NMN
Elastography; parenchyma (e.g. FibroScan) (76981)	For any chronic liver disease; no other indications covered	E/I
Magnetic resonance (e.g. vibration) elastography (76391, 91200)	For chronic liver disease and need to assess for advanced fibrosis or cirrhosis or nonalcoholic fatty liver disease, and distinguishing hepatic cirrhosis from non-cirrhosis known or suspected, no other indications covered	

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Procedure Description	Indication	Reason Not Covered
Electrical impedance spectroscopy of 1 or more skin lesions (0658T) (e.g. Nevisense)	For automated melanoma risk score and all other indications	E/I
Electrical or electromagnetic stimulation for chronic wounds (E0761, E0769, E1399, G0281, G0282, G0295, G0329)	All indications	E/I
Endoscopic laser foraminoplasty	All indications	E/I
Endoscopic procedures for the treatment of Gastroesophageal Reflux Disease (GERD) (including Stretta, Esophyx, MUSE, and endoscopic implantation of plexiglass microspheres) (C9724)	All indications	E/I
Epidural lysis of adhesions (e.g., Racz Epidural Catheter) (62263, 62284)	All indications	E/I
Epiduroscopy	For the diagnosis and treatment of intractable low back pain and all other indications	E/I
Esophageal mucosal integrity testing by electrical impedance, transoral (e.g. MiVu) (C9777)	GERD or and all other indications	E/I
Excimer laser therapy	Atopic Dermatitis, lichen planus	E/I
External upper limb tremor stimulator of the peripheral nerves of the wrist (K1018) (Cala Trio)	For the treatment of essential tremor and all other indications	E/I
Extracorporeal Magnetic Stimulation (e.g. MyoTrac Infinity System) (53899)	Treatment of urinary incontinence and all other indications	E/I
Extracorporeal Shock Wave Therapy (ESWT) (e.g. OssaTron, Epos Ultra, Orthopec ESWT System, EMS Swiss Dolorclast, Orbasone Pain Relief System) (28890, 0101T, 0102T, 0512T, 0513T)	For musculoskeletal indications and soft tissue injuries and all other indications	E/I
EyeBOX System (Adjunctive Oculomotor Assessment Aid) (0615T)	For traumatic brain injury, concussion, and all other indications	E/I
Foot adductus positioning device (e.g. UNFO-S) (K1015)	For the treatment of metatarsus adductus and all other indications	E/I
Ganglion Impairment Block	All indications	E/I

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Procedure Description	Indication	Reason Not Covered
Gastrointestinal Monitoring System (e.g. SmartPill) (91112)	All indications	E/I
Glomerular Filtration Rate (GFR), Transdermal (0602T, 0603T)	All indications	E/I
Hand Rehabilitation System (H200 Wireless, Bioness) Functional E Stim (E0770)	All indications	E/I
Hydrodissection therapy	Pain treatment and all other indications	E/I
Hyperhomocysteinemia-MTHFR Gene mutation testing (81291)	All indications	NMN
Intense physical therapy suit (Suit Therapy)	All indications	E/I
Interferential current stimulation (e.g. Dynatron STS) (S8130, S8131, E1399)	All indications	E/I
Interleukin-6 (IL-6) (83529)	All indications	E/I
Interspinous Distraction Devices (includes XStop, Coflex, DIAM, Wallis) (C1821)	All indications	E/I
Intradiscal electrothermal annuloplasty (IEA) (e.g. SpineCATH, Oratec Interventions System) and intradiscal electrothermal therapy (IDET) (22526, 22527)	All indications	E/I
Insulin delivery system (V-GO) (A9274)	For the management of Diabetes and all other indications	E/I
Intense pulse light treatment (0507T, 17999) (e.g. Quadra Q4 Platinum System)	For dry eye disease and all other indications	E/I
Intra-atrial recording (e.g. AtriAmp) (93602)	All indications	E/I
Intravascular Lithotripsy (e.g. Shockwave Medical Peripheral IVL System) (C9772, C9773, C9774, C9775)	Lithotripsy enhanced balloon dilatation of peripheral arteries and all other indications	E/I
Intravertebral body fracture augmentation with implantable DME (e.g. KIVA, Vertebral Body Stent, V-Strut) (C1062)	All indications	E/I

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Procedure Description	Indication	Reason Not Covered
Iontophoresis	For indications other than hyperhidrosis when criteria is met	NMN
Iris Prosthesis (e.g. CUSTOMFLEX ARTIFICIAL/IRIS) (0616T, 0617T, 0618T, C1839)	All indications	E/I
Irreversible Electroporation (e.g. NanoKnife System) (0600T, 0601T)	All indications	E/I
Kinematic and Kinetic Motion Analysis Markless 3D (e.g. DARI Motion) (0693T)	All indications	E/I
Laser Interstitial Thermal Therapy (LITT) Intracranial (61736, 61737)	All indications	E/I
Laser therapy for nicotine dependence (S8948, 97039)	All indications	E/I
Laser therapy for treatment of pain (e.g. Acculaser Pro, Excalibur System) (S8948, 0552T, 97039)	All indications	E/I
Low-Pressure Pulse Generator (e.g. Menniect) (E2120)	For treatment of Meniere's Disease and all other indications	E/I
Lymphovenous Bypass Surgery (38308)	All indications	E/I
Macular degeneration home monitoring (e.g. ForseeHome AMD) (0378T, 0379T)	All indications	E/I
Magnetic Capsule Endoscopy (e.g. NaviCam) (0651T)	All indications	E/I
Magnetic Resonance Guided Focused Ultrasound Ablation of Uterine Leiomyomata (0071T, 0072T)	All indications	NMN
Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) and High Intensity Focused Ultrasound (HIFU) (e.g. Sonablate 450, Ablatherm) (0071T, 0072T, 55880, 55899, 0398T, C9734)	Covered for Medicare members with essential tremor meeting LCD criteria. Non-covered for all other lines of business MedicareMRgFUScriteria	E/I
Magnetic Resonance Neurography	All indications	E/I
Meibomian Gland Evacuation Therapies (e.g., iLux Thermal Pulsation System, LipiFlow Thermal	All indications	E/I

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Procedure Description	Indication	Reason Not Covered
Pulsation System) (0207T, 0563T, 67999)		
Micro Debridement (Topaz)	All indications	E/I
Migraine Headache Surgery	Migraine Headache and all other indications	E/I
Minimally invasive facet fusion with allograft. (e.g. TruFuse, Fusio, NuFix) (0219T, 0220T, 0221T, 0222T)	All indications	E/I
Nasal valve collapse repair subcutaneous/submucosal lateral wall implants (e.g. Latera absorbable nasal implant) (30468, 30999, C9749)	For treatment of nasal valve collapse and all other indications	E/I
Neurofeedback or biofeedback (with or without EEG guidance) (90875, 90876)	For any behavioral or substance abuse disorder	E/I
Neutron beam radiotherapy	All indications other than treatment of salivary gland tumors	E/I
Neuromonics tinnitus treatment	Tinnitus retraining therapy and all other indications	NMN
Neuromuscular electrical stimulation	Covered for diaphragm stimulation (e.g. ALS patients) and disuse atrophy. Non-covered for all other indications	NMN
Neurostimulator generator (implantable), with carotid sinus baroreceptor stimulation lead (e.g. BaroStim Therapy) (C1825, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T))	Heart failure and all other indications	E/I
Percutaneous arteriovenous fistula creation (AVF) by tissue approximation using thermal resistance energy (G2170) (e.g. Ellipsys) and using magnetic-guided arterial and venous catheters and radiofrequency energy (G2171) (e.g. Wavelin Q)	All indications	E/I
Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT), also known as percutaneous radiofrequency thermomodulation, Coblation	All indications	E/I

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Procedure Description	Indication	Reason Not Covered
percutaneous disk decompression or Nucleoplasty.(22526, 22527)		
Percutaneous Disc Decompression Procedure (e.g., automated percutaneous discectomy, percutaneous laser discectomy, Yeung Endoscopic Spinal Surgery System (Y.E.S.S.) (62287, S2348)	All indications	E/I
Percutaneous neuromodulation therapy (e.g. Vertis PNT) (64999)	For treatment of pain and all other indications	E/I
Percutaneous ultrasound ablation of soft tissue (TX1 Tissue Removal System and Tenex Health TX System) (23405, 23406, 24357, 27000, 27005, 27006, 27306, 27602)	All indications	E/I
Peripheral Nerve Stimulator (StimWave) (64555, 64575. 64585)	All indications	NMN
Preterm Labor Predictive-Risk Stratification (e.g. PreTRM) (0247U)	Spontaneous preterm birth and all other indications	E/I
Piriformis muscle injection	All indications	E/I
Platelet Rich Plasma/Platelet Rich Fibrin Matrix (0232T	For acute surgical wounds or chronic cutaneous wounds that have failed standard therapy.	E/I
	For all other indications	
Prolotherapy (20999, M0076)	All indications	E/I
Pulsed dye laser	Treatment of pseudofolliculitis	NMN
Quantitative magnetic resonance for the analysis of tissue composition (e.g. LiverMultiscan) (0648T, 0649T)	For the diagnosis of liver fibrosis and steatosis related to NAFLD and NASH, and all other indications	E/I
Quantitative sensory testing (0106T, 0107T, 0108T, 0109T, 0110T, G0255)	All indications	E/I
Sacroplasty (0200T, 0201T)	For osteoporotic sacral insufficiency fractures and all other indications	E/I
Scoliosis treatment protocols CLEAR Institute (St. Cloud, MN) including the VibeForHealth Scoliosis Traction Chair (E1399)	All indications	E/I

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Procedure Description	Indication	Reason Not Covered
Scrambler Pain Therapy (Transcutaneous Electrical Modulation Pain Reprocessing) (0278T)	All indications	E/I
Signal Averaged Electrocardiography (SAECG) (93278)	All indications	E/I
Sinus Tarsi Implant (e.g. subtalar implant) (0335T, 0510T, 0511T, S2117)	All indications	E/I
Sphenopalatine ganglion (SPG) block for the treatment of headache (e.g. Tx360 nasal applicator) (64505)	All indications, including chronic migraine	E/I
Stuttering treatment devices	Stuttering and all other indications	E/I
Subchondroplasty Procedure – Injection of bone substitute material into subchondral defect (0707T)	All indications	E/I
Submaximal Stress Testing	Testing to measure cardiorespiratory fitness and all other indications	NMN
Therapeutic Ultrafiltration (e.g. Aquadex SmartFlow System) (0692T)	All indications	E/I
Thermal anisotropy measurement and assessment of flow wireless skin sensor (e.g. Flowsense) (0639T)	Measurement/assessment of flow CSF shunt and all other indications	E/I
Thermosensor ShuntCheck	Assess shunt function and all other indications	E/I
Thoracic Electrical Bioimpedance (TEB) for Cardiac Output Measurement (93701)	All indications	E/I
Tinnitus retraining therapy	Behavioral training for the management of tinnitus and all other indications	E/I
Transcatheter Intracardiac Shunt (TIS) creation by sent placement (33745, 33746)	Congenital cardiac anomalies and all other indications	E/I
Transcatheter intracoronary infusion of supersaturated oxygen (e.g. TherOx DownStream System) (0659T)	In conjunction with percutaneous therapy revascularization for acute myocardial infarction and all other indications	E/I
Transcutaneous Electrical Modulation Pain Reprocessing (Scrambler Therapy) (0278T)	Chronic neuropathic pain and all other indications	E/I

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Procedure Description	Indication	Reason Not Covered
Transcutaneous electrical joint stimulation (Pulsed Electrical Stimulation) (E0762)	All indications	E/I
Transcutaneous visible light hyperspectral imaging measurement, extremity(e.g.TransQ) (0631T)	Measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation per extremity and all other indications	E/I
Trigeminal nerve stimulation system - external non-implantable (e.g. Monarch eTNS) (K1016)	Treatment of attention deficit hyperactivity disorder and all other indications	E/I
T-Wave Alternans (93025)	All indications	E/I
Uterine transplantation – donor hysterectomy (0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T)	For treatment of uterine factor infertility and all other indications	E/I
Vertebral body tethering (e.g. The Tether) (0655T, 0656T)	For the treatment of pediatric and adolescent idiopathic scoliosis and all other indications	E/I
Viscosupplementation Therapy	For the treatment of TMJ, and all other joints except the knee	E/I
Vision Therapy/Orthoptic Therapy	All indications other than convergence disorder	E/I
Vestibular autorotation, Ocular Vestibular Evoked Myogenic Potential (oVEMP),Cervical Vestibular Evoked Myogenic Potential (cVEMP) or Unilateral Centrifugation Test	Vestibular disorders, vestibular migraine, dizziness or any other indications	E/I
Voiding Prosthesis (e.g. inFlow Intraurethral Valve) (0596T, 0597T)	Impaired detrusor contractility or any other indication	E/I
Volara Oscillation and Lung Expansion System (E1399)	All indications	E/I
Wireless pulmonary artery pressure monitoring systems for monitoring heart failure (CardioMEMS) (33289, C2624, 93264)	All indications	E/I
Wilderness therapy – outdoor behavioral healthcare (T2036, T2037)	For behavioral health indications and all other indications	NC

2.0 Medically Necessary Definition - The WellFirst Health Insurance benefit certificate defines medical necessary care as those treatment, services or supplies provided by a

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hospital or health care provider that are required to identify or treat a member's illness or injury and which, as determined by our Health Services Division, are:

- 2.1 Consistent with the Member's illness or injury; and
- 2.2 In accordance with generally accepted standards of medical practice; and
 - 2.2.1 "Generally accepted standards of medical practice" means standards that are based on moderate or high quality scientific evidence published in peer-reviewed medical literature.
 - 2.2.2 Moderate or high quality scientific evidence consists primarily of comparison or placebo-controlled clinical trials that directly demonstrate the benefit of the intervention on patient-oriented health outcomes. Nonvalidated surrogate or disease end point controlled or uncontrolled trials, observational trials, partially controlled observational studies and uncontrolled clinical series may be suggestive, but do not by themselves establish sufficient strength of evidence to prove medical necessity.
- 2.3 Not solely for the convenience of a member, hospital, or other provider; and
- 2.4 The most appropriate supply or level of service that can be safely provided to the member in the most cost effective manner.
- 3.0 Psychological reactions to appearance or fear of disease do not constitute a basis for medical/surgical necessity, other than for behavioral health services. Services or plastic surgery are not a benefit unless they represent a functional medical necessity.
- 4.0 The fact that a physician has performed or prescribed a procedure or treatment does **not** mean that it is medically necessary.
- 5.0 **Experimental and/or Investigational** - According to the WellFirst benefit certificate, these are surgical procedures or medical procedures/treatments, supplies or devices, or drugs which at the time provided or sought to be provided, are in the judgment of the WellFirst Health Medical Directors not currently recognized as accepted medical practice and/or the procedure, treatment, supply, device or drug includes, but is not limited to, one of the following:
 - 5.1 Has not been approved by the appropriate governmental agency, such as, but not limited to, the U.S. Food and Drug Administration for the purpose it is being used for, which includes the patient's medical condition is not demonstrated to be as beneficial as established alternatives.
 - 5.2 Failure to demonstrate the procedure, treatment, supply, device or drug is safe and effective for the patient's medical condition.
 - 5.3 Based on a review of the current peer reviewed medical literature in the United States, there is a failure to demonstrate, at a minimum, an equivalent clinical outcome when compared to standard/conventional treatment for the condition.



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- 5.4 Requires a written investigational or research protocol. Is a treatment protocol based upon or similar to those used in on-going clinical trials.
- 5.5 Note: A procedure, treatment, supply, device or drug may be considered experimental or investigational even if the provider has performed, prescribed, recommended, ordered, or approved it, or if it is the only available procedure or treatment for the condition.

CPT/HCPCS Codes Related to MP9415

The list of codes (and their descriptors, if any) is provided for informational purposes only and may not be all inclusive or current. Listing of a code in this medical policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with WellFirst Health. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

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