If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case, including but not limited to maintaining compliance with Texas Insurance Code for applicable plans administered by BCBSTX. 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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: 1.0

Medical Policy Review Committee Approval Date: Oct. 1, 2025

Effective Date: Jan. 1, 2026

Note: Effective May 1, 2022, this policy does not apply to health plans subject to Texas Insurance Code.

Description

The purpose of this policy is to outline services (procedures codes or categories of codes) that are not reimbursable because they are determined, as indicated in the Coverage Statement of the applicable Medical Policy, to be experimental/investigational/or unproven (EIU) and do not require clinical review to determine coverage, including CPT Category III codes designated by the American Medical Association (AMA) to be temporary and intended for the use of data collection for emerging technologies, services, procedures, and service paradigms.

The policy's accompanying list of codes includes CPT Category I codes, HCPCS and CPT Category III codes (defined above) which will be denied as non-reimbursable when submitted on a claim. Refer to the 'Non-Reimbursable EIU Services Code List' posted directly under the policy for a list of EIU procedure codes that are not reimbursable based on the member's plan documents. The list may not be all inclusive.

Additional Resources

Medical Policy site
Non-Reimbursable EIU Services Code List

References

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Healthcare Common Procedure Coding System HCPCS.

Policy Update History

Approval Date	Description
10/01/2025	Grammatical updates in the Description section. Effective date 1/1/2026.
02/05/2025	Moved code list to separate attachment 'Non-Reimbursable EIU Services Code List'. New codes added effective 5/15/2025. Codes end-dated 61783, 0100T, 0472T, 0473T, L8608, Q413.
06/21/2024	Added CPT/HCPCS codes eff. 10/01/2024
06/21/2024	Added CPT/HCPCS codes eff. 07/01/2024
03/20/2024	Added CPT/HCPCS codes eff. 07/01/2024
03/20/2024	Added HCPCS code eff 04/01/2024; End-dated code

	03/31/2024
02/07/2024	Added CPT/HCPCS codes eff 05/15/2024; End-dated code 01/31/2024; End-dated CPT/HCPCS codes 12/31/2023 (AMA/HCPCS end-dated 12/31/2023); Removed codes end-dated in 2020 and 2021.
09/27/2023	Added HCPCS codes eff 01/15/2024 and 02/01/2024
09/27/2023	Added HCPCS codes eff 10/01/2023
08/07/2023	End-dated codes 06/30/2023; Added HCPCS codes eff 12/01/2023.
05/25/2023	Added HCPCS codes eff 09/01/2023
05/26/2023	Added new CPT/HCPCS codes eff 07/01/2023; Revised effective date of CPT/HCPCS codes from 07/01/2023 to 09/01/02023
05/26/2023	End-dated code 06/30/2023; Added CPT/HCPCS codes effective 06/01/2023
03/24/2023	Added CPT/HCPCS codes effective 07/01/2023; Removed CPT/HCPCS codes (AMA/HCPCS end-dated 12/31/2020, 09/30/2021, 12/31/2021, 12/31/2022)
12/20/2022	End-dated codes 12/31/2022; Added new CPT/HCPCS codes effective 01/01/2023; and CPT/HCPCS codes 04/01/2023
09/22/2022	Added CPT/HCPCS codes effective 01/01/2023
04/22/2022	Added CPT/HCPCS codes effective 08/01/2022
03/29/2022	Added HCPCS codes effective 04/01/2022
01/27/2022	Code end-dated 01/31/2022
01/10/2022	Added CPT/HCPCS codes effective 04/15/22; Code end-dated 10/14/2021
05/12/2021	Added CPT/HCPCS Codes Effective 8/15/2021
01/28/2021	Added CPT/HCPCS Codes Effective 5/15/2021; Removed CPT/HCPCS Codes (AMA/HCPCS end-dated 12/31/2020)
11/05/2020	Added/Removed CPT/HCPCS Code (AMA changes effective 1/1/2021)
10/30/2020	Added/Removed CPT/HCPCS Code Effective 3/1/2021
10/01/2020	Removal of CPT/HCPCS Code
08/25/2020	Added CPT/HCPCS codes effective 12/1/2020
08/13/2020	Removal of CPT/HCPCS Code
05/28/2020	New policy Codes Effective 9/1/2020