



## **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: 5.0**

**Clinical Payment and Coding Policy Committee Approval Date: August 13, 2020**

**Effective Date: September 1, 2020 (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.



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

<b>CPT/HCPCS</b>	<b>DESCRIPTION</b>
0052U	LPOPRTN BLD W/5 MAJ CLASSES
0054T	BONE SRGRY CMPTR FLUOR IMAGE
0055T	BONE SRGRY CMPTR CT/MRI IMAG
0066U	PAMG-1 IA CERVICO-VAG FLUID
0101T	EXTRACORP SHOCKWV TX HI ENRG
0102T	EXTRACORP SHOCKWV TX ANESTH
0106T	TOUCH QUANT SENSORY TEST
0107T	VIBRATE QUANT SENSORY TEST
0108T	COOL QUANT SENSORY TEST
0109T	HEAT QUANT SENSORY TEST
0110T	NOS QUANT SENSORY TEST
0111T	RBC MEMBRANES FATTY ACIDS
0207T	CLEAR EYELID GLAND W/HEAT
0263T	IM B1 MRW CEL THER CMPL
0264T	IM B1 MRW CEL THER XCL HRVST
0265T	IM B1 MRW CEL THER HRVST ONL
0330T	TEAR FILM IMG UNI/BI W/I&R
0338T	TRNSCTH RENAL SYMP DENRV UNL
0339T	TRNSCTH RENAL SYMP DENRV BIL
0347T	INS BONE DEVICE FOR RSA
0348T	RSA SPINE EXAM
0349T	RSA UPPER EXTR EXAM
0350T	RSA LOWER EXTR EXAM
0396T	INTRAOP KINETIC BALNCE SENSR
0397T	ERCP W/OPTICAL ENDOMICROSCPY
0423T	ASSAY SECRETORY TYPE II PLA2
0465T	SUPCHRDL NJX RX W/O SUPPLY
0507T	NEAR IFR 2IMG MIBMN GLND I&R
0512T	ESW INTEG WND HLG 1ST WND
0513T	ESW INTEG WND HLG EA ADDL
20985	CPTR-ASST DIR MS PX
22586	PRESCRL FUSE W/ INSTR L5-S1
28890	HI ENRGY ESWT PLANTAR FASCIA
43206	ESOPH OPTICAL ENDOMICROSCOPY
43252	EGD OPTICAL ENDOMICROSCOPY



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

CPT/HCPCS	DESCRIPTION
46707	REPAIR ANORECTAL FIST W/PLUG
53855	INSERT PROST URETHRAL STENT
53860	TRANSURETHRAL RF TREATMENT
82523	COLLAGEN CROSSLINKS
83695	ASSAY OF LIPOPROTEIN(A)
83698	ASSAY LIPOPROTEIN PLA2
83701	LIPOPROTEIN BLD HR FRACTION
83704	LIPOPROTEIN BLD QUAN PART
83722	LIPOPRTN DIR MEAS SD LDL CHL
83937	ASSAY OF OSTEOCALCIN
84112	EVAL AMNIOTIC FLUID PROTEIN
84431	THROMBOXANE URINE
88375	OPTICAL ENDOMICROSCOPY INTERP
91112	GI WIRELESS CAPSULE MEASURE
91117	COLON MOTILITY 6 HR STUDY
91132	ELECTROGASTROGRAPHY
91133	ELECTROGASTROGRAPHY W/TEST
92132	CMPTR OPPTH DX IMG ANT SEGMENT
92512	NASAL FUNCTION STUDIES
93050	ART PRESSURE WAVEFORM ANALYS
93740	TEMPERATURE GRADIENT STUDIES
94014	PATIENT RECORDED SPIROMETRY
94015	PATIENT RECORDED SPIROMETRY
94016	REVIEW PATIENT SPIROMETRY
95905	MOTOR &/ SENS NRVE CNDJ TEST
97610	LOW FREQUENCY NON-THERMAL US
A4639	INFRARED HT SYS REPLCMNT PAD
A6000	WOUND WARMING WOUND COVER
E0221	INFRARED HEATING PAD SYSTEM
E0231	WOUND WARMING DEVICE
E0232	WARMING CARD FOR NWT
E0487	ELECTRONIC SPIROMETER
E0740	NON-IMPLANT PELV FLR E-STIM
E0762	TRANS ELEC JT STIM DEV SYS
E0764	FUNCTIONAL NEUROMUSCULARSTIM
E0769	ELECTRIC WOUND TREATMENT DEV
E0830	AMBULATORY TRACTION DEVICE

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

<b>CPT/HCPCS</b>	<b>DESCRIPTION</b>
E0840	TRACT FRAME ATTACH HEADBOARD
0849	CERVICAL PNEUM TRAC EQUIP
E0850	TRACTION STAND FREE STANDING
E0855	CERVICAL TRACTION EQUIPMENT
E0856	CERVIC COLLAR W AIR BLADDERS
E0860	TRACT EQUIP CERVICAL TRACT
E0890	TRACTION FRAME ATTACH PELVIC
E0942	CERVICAL HEAD HARNESS/HALTER
E0944	PELVIC BELT/HARNESS/BOOT
G0255	CURRENT PERCEP THRESHOLD TST
G0281	ELEC STIM UNATTEND FOR PRESS
G0282	ELECT STIM WOUND CARE NOT PD
G0295	ELECTROMAGNETIC THERAPY ONC
G0329	ELECTROMAGNTIC TX FOR ULCERS
S3900	SURFACE EMG
S8130	INTERFERENTIAL STIM 2 CHAN
S8131	INTERFERENTIAL STIM 4 CHAN
S8940	HIPPOTHERAPY PER SESSION
S9001	HOME UTERINE MONITOR WITH OR
S9090	VERTEBRAL AXIAL DECOMPRESSION

**References**

[Medical Policies site](#)

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**Policy Update History:**

<b>Approval Date</b>	<b>Description</b>
05/28/2020	New policy
08/13/2020	Removal of CPT/HCPCS Code