

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: 3.0

Medical Policy Review Committee Approval Date: March 20, 2024

Effective Date: July 1, 2024

Description

NOTE: Effective May 1, 2022, this policy applies ONLY to plans not subject to Texas Insurance Code administered by BCBSTX.

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	
22526	IDET SINGLE LEVEL	01/01/2023	
22527	IDET 1 OR MORE LEVELS	01/01/2023	
22586	PRESCLR FUSE W/ INSTR L5-S1	09/01/2020	
22836	ANT THRC VRT BODY TETHRG <7	05/15/2024	
22837	ANT THRC VRT BODY TETHRG 8+	05/15/2024	
22838	REV RPLC/RMV THRC VRT TETHRG	05/15/2024	
22867	INSJ STABLJ DEV W/DCMPRN	01/01/2023	
22868	INSJ STABLJ DEV W/DCMPRN	01/01/2023	
22869	INSJ STABLJ DEV W/O DCMPRN	01/01/2023	
22870	INSJ STABLJ DEV W/O DCMPRN	01/01/2023	
27278	ARTHRD SI JT PRQ WO TFXJ DEV	05/15/2024	
28890	HI ENRGY ESWT PLANTAR FASCIA	09/01/2020	
30468	RPR NSL VLV COLLAPSE W/IMPLT	05/15/2021	
30469	RPR NSL VLV COLLAPSE W/LOW ENRGY REMODEL	01/01/2023	
31242	NSL/SINUS NDSC RF ABLTJ PNN	05/15/2024	
31243	NSL/SINUS NDSC CRYOABL TJ PNN	05/15/2024	
33276	INSJ PHRNC NRV STIM SYS	05/15/2024	
33277	INSJ PHRNC NRV STIM TRANSVNS	05/15/2024	
33278	RMVL PHRNC NRV STIM SYS	05/15/2024	
33279	RMVL PHRNC NRV STIM TRANSVNS	05/15/2024	
33280	RMVL PHRNC NRV STIM PG ONLY	05/15/2024	
33281	REPOSG PHRNC NRV STIM TRNSVN	05/15/2024	
33287	RMV&RPLCMT PHRNC NRV STIM PG	05/15/2024	
33288	RMV&RPLCMT PHRNC NRV STIM LD	05/15/2024	
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	12/01/2020	
36474	ENDOVENOUS MCHNCHEM ADD ON	12/01/2020	
36836	UPPER EXT SGL PERC AV FISTULA	01/01/2023	
36837	UPPER EXT SEP ACC PERC AV FISTULA	01/01/2023	
41530	SUBMUCOSAL ABLTJ TONGUE RF 1 SITE	12/01/2020	03/31/2024
43206	ESOPH OPTICAL ENDOMICROSCOPY	09/01/2020	
43252	EGD OPTICAL ENDOMICROSCOPY	09/01/2020	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
43290	EDG W/BALLOON DEPLOY	01/01/2023	
43291	EGD W/BALLOON REMOVAL	01/01/2023	
46707	REPAIR ANORECTAL FIST W/PLUG	09/01/2020	
52284	CYSTO RX BALO CATH URTL STRX	05/15/2024	
53855	INSERT PROST URETHRAL STENT	05/15/2024	
53860	TRANSURETHRAL RF TREATMENT	09/01/2020	
61630	INTRACRANIAL ANGIOPLASTY	12/01/2020	
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	07/01/2024	
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	08/01/2022	
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	08/01/2022	
62287	DCMPRN PX PERQ 1/MLT LUMBAR	01/01/2023	
64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	08/01/2022	
64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	08/01/2022	
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	
86328	IA NFCT AB SARSCOV2 COVID19	06/01/2023	
86343	LEUKOCYTE HISTAMINE RELEASE	12/01/2020	
86408	NEUTRLZG ANTB SARSCOV2 SCR	06/01/2023	
86409	NEUTRLZG ANTB SARSCOV2 TITER	06/01/2023	
86413	SARS-COV-2 ANTB QUANTITATIVE	06/01/2023	
86769	SARS-COV-2 COVID-19 ANTIBODY	06/01/2023	
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	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
91113	GI TRC IMG INTRAL COLON I&R	01/01/2023	
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	
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	
93150	THERAPY ACTIVATION IPNSS	05/15/2024	
93151	INTERROG&PRGRMG IPNSS	05/15/2024	
93152	INTERROG&PRGRMG IPNSS POLYSM	05/15/2024	
93153	INTERROG W/O PRGRMG IPNSS	05/15/2024	
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	
95919	QUAN PUPILLOMETRY W/INTERP & REPORT	01/01/2023	
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	09/30/2023
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	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
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	
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	
0221T	PLACEMENT OF A POSTERIOR INTRAFACET	12/01/2020	
0222T	PLACEMENT OF A POSTERIOR INTRAFACET	12/01/2020	
0224U	ANTIBODY SARS-COV-2 TITER(S)	06/01/2023	
0226U	SVNT SARSCOV2 ELISA PLSM SRM	06/01/2023	
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	
0274T	PERQ LAMOT/LAM CRV/THRC	01/01/2023	
0275T	PERQ LAMOT/LAM LUMBAR	01/01/2023	
0278T	TEMPR	12/01/2020	
0330T	TEAR FILM IMG UNI/BI W/I&R	09/01/2020	
0322U	NEURO ASD MEAS 14 ACYL CARN	02/01/2024	
0335T	INSERTION OF SINUS TARSII 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	
0358T	BIA WHOLE BODY	12/01/2020	
0369U	IADNA GI PTHGN 31 ORG&21 ARG	05/15/2024	
0378T	VISUAL FIELD ASSESSMENT WITH CONCU	12/01/2020	
0379T	VISUAL FIELD ASSESSMENT WITH CONCU	12/01/2020	
0397T	ERCP W/OPTICAL ENDOMICROSCPY	09/01/2020	
0424T	INSJ/RPLC NSTIM APNEA COMPL	04/15/2022	12/31/2023
0425T	INSJ/RPLC NSTIM APNEA SEN LD	04/15/2022	12/31/2023
0426T	INSJ/RPLC NSTIM APNEA STM LD	04/15/2022	12/31/2023

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
0427T	INSJ/RPLC NSTIM APNEA PLS GN	04/15/2022	12/31/2023
0428T	RMVL NSTIM APNEA PLS GEN	04/15/2022	12/31/2023
0429T	RMVL NSTIM APNEA SEN LD	04/15/2022	12/31/2023
0430T	RMVL NSTIM APNEA STIMJ LD	04/15/2022	12/31/2023
0431T	RMVL/RPLC NSTIM APNEA PLS GN	04/15/2022	12/31/2023
0432T	REPOS NSTIM APNEA STIMJ LD	04/15/2022	12/31/2023
0433T	REPOS NSTIM APNEA SENSING LD	04/15/2022	12/31/2023
0434T	INTERRO EVAL NPGS APNEA	04/15/2022	12/31/2023
0435T	PRGRMG EVAL NPGS APNEA 1 SES	04/15/2022	12/31/2023
0436T	PRGRMG EVAL NPGS APNEA STUDY	04/15/2022	12/31/2023
0444T	INITIAL PLACEMENT OF A DRUG ELUTING	12/01/2020	12/31/2022
0445T	SBSQT PLMT DRUG ELUT OC INS	12/01/2020	12/31/2022
0464T	VISUAL EP TEST FOR GLAUCOMA	12/01/2020	
0465T	SUPCHRDL NJX RX W/O SUPPLY	09/01/2020	09/14/2022
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	12/31/2022
0499T	CYSTO F URTL STRIX STENOSIS	12/01/2020	12/31/2023
0507T	NEAR IFR 2IMG MIBMN GLND I&R	09/01/2020	
0508T	PLS ECHO US B1 DNS MEAS TIB	12/01/2020	12/31/2023
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	
0513T	ESW INTEG WND HLG EA ADDL	09/01/2020	
0533T	CONT REC MVMT DO 6 10 DAYS	12/01/2020	12/31/2023
0534T	CONT REC MVMT DO SETUP TRAIN	12/01/2020	12/31/2023
0535T	CONT REC MVMT DO REPRT CNFIG	12/01/2020	12/31/2023
0536T	CONT REC MVMT DO DL W I R	12/01/2020	12/31/2023
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	
0619T	CYSTO W/PRST8 COMMISSUROTOMY	07/01/2024	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
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	06/30/2023
0639T	WRLS SKN SNR ANISOTROPY MEAS	01/01/2021	
0640T	NCNTC NR IFR SPCTRSC WND	07/01/2021	
0641T	NCNTC NR IFR SPCTRSC WND IMG	07/01/2021	12/31/2023
0642T	NCNTC NR IFR SPCTRSC WND I&R	07/01/2021	12/31/2023
0651T	MAG CTRLD CAPSULE ENDOSCOPY	01/01/2023	
0656T	VRT BDY TETHERING ANT <7 SEG	07/01/2021	
0657T	VRT BDY TETHERING ANT 8+ SEG	07/01/2021	
0664T	DON HYSTERECTOMY OPEN CDVR	08/15/2021	
0665T	DON HYSTERECTOMY OPEN LIV	08/15/2021	
0666T	DON HYSTERECTOMY OPEN LIV	08/15/2021	
0667T	DON HYSTERECTOMY RCP UTER	08/15/2021	
0668T	BKBENCH PREP DON UTER ALGRFT	08/15/2021	
0669T	BKBENCH RCNSTJ DON UTER VEN	08/15/2021	
0670T	BKBENCH RCNSTJ DON UTER ARTL	08/15/2021	
0672T	NDOVAG CRYG RF REMDL TISS	01/01/2023	
0743T	BONE STRNGTH FX RISK ASSESS	01/01/2023	
0744T	INSJ BIOPROSTC VLV FEM VN	09/01/2023	
0748T	NJX STM CL PRDCT ANL SFT TIS	09/01/2023	
0766T	TC MAG STIMJ PN 1ST TX 1NRV	07/01/2023	
0767T	TC MAG STIMJ PN 1ST TX EA	07/01/2023	
0768T	TC MAG STIMJ PN SBSQ TX 1NRV	07/01/2023	12/31/2023
0769T	TC MAG STIMJ PN SBSQ TX EA	07/01/2023	12/31/2023
0770T	VR TECHNOLOGY ASSIST THERAPY	09/01/2023	
0771T	VR PX DISSOC SVC SM PHY 1ST	09/01/2023	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
0772T	VR PX DISSOC SVC SM PHY EA	09/01/2023	
0773T	VR PX DISSOC SVC OTH PHY 1ST	09/01/2023	
0774T	VR PX DISSOC SVC OTH PHY EA	09/01/2023	
0775T	ARTHRODESIS, SI JNT PERC W/IMG GUID, PLCMENT IA IMPLANT	01/01/2023	12/31/2023
0776T	THER INDCTJ NTRABRN HYPHTRM	09/01/2023	
0777T	R-T PRS SENSING EDRL GDN SYS	09/01/2023	
0778T	SMMG CNCRNT APPL IMU SNR	09/01/2023	
0779T	GI MYOELECTRICAL ACTV STUDY	09/01/2023	
0781T	BRNCHSC RF DSTRJ PULM NRV BI	09/01/2023	
0782T	BRNCHSC RF DSTRJ PLM NRV UNI	09/01/2023	
0783T	TRANSCUT AURICULAR NEUROSTIM	01/01/2023	
0790T	REVJ RPLCMT/RMVL VRT TETHRG	05/15/2024	
0791T	MOTR COG VR GAIT TRAIN EA 15	07/01/2023	
0807T	PULM TISS VNTJ ALYS PREV CT	07/01/2023	
0808T	PULM TISS VNTJ ALYS W/CT	07/01/2023	
0809T	ARTHRD SI JT PRQ TFX&IMPLT	12/01/2023	12/31/2023
0813T	EGD VOL ADJMT BARIATRIC BALO	07/01/2024	
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	07/01/2024	
0818T	REVJ/RMVL INS PTN SUBQ	07/01/2024	
0864T	LOW NTSTY ESWT CORPUS CVRNSM	07/01/2024	
A2001	INNOVAMATRIX AC, PER SQ CM	04/15/2022	
A2002	MIRRAGEN ADV WND MAT PER SQ	04/15/2022	
A2004	XCELLISTEM, PER SQ CM	04/15/2022	
A2005	MICROLYTE MATRIX, PER SQ CM	04/15/2022	
A2006	NOVOSORB SYNPATH PER SQ CM	04/15/2022	
A2007	RESTRATA, PER SQ CM	04/15/2022	
A2008	THERAGENESIS, PER SQ CM	04/15/2022	
A2009	SYMPHONY, PER SQ CM	04/15/2022	
A2010	APIS, PER SQUARE CENTIMETER	04/15/2022	
A2011	SUPRA SDRM, PER SQUARE CENTIMETER	04/01/2022	
A2012	SUPRATHEL, PER SQUARE CENTIMETER	04/01/2022	
A2013	INNOVAMATRIX FS, PER SQUARE CENTIMETER	04/01/2022	
A2014	OMEZA COLLAG PER 100 MG	04/01/2023	
A2015	PHOENIX WND MTRX, PER SQ CM	04/01/2023	
A2016	PERMEADERM B, PER SQ CM	04/01/2023	
A2017	PERMEADERM GLOVE, EACH	04/01/2023	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
A2018	PERMEADERM C, PER SQ CM	04/01/2023	
A2019	KERECIS MARIGEN SHLD SQ CM	09/01/2023	
A2020	AC5 WOUND SYSTEM	09/01/2023	
A2021	NEOMATRIX PER SQ CM	09/01/2023	
A2022	INNOVABURN OR INNOVAMATRIX XL, PER SQ CM	10/01/2023	
A2023	INNOVAMATRIX PD, 1 MG	10/01/2023	
A2024	RESOLVE MATRIX, PER SQ CM	10/01/2023	
A2025	MIRO3D, PER CUBIC CM	10/01/2023	
A2026	RESTRATA MINIMATRIX, 5 MG	04/01/2024	
A4540	TRANS ELEC NERV PERIPH NERV	5/15/2024	
A4542	SUPP EXT UP LIMB TREMOR STIM	5/15/2024	
A4560	NMES DISPOSABLE	01/15/2024	
A4575	TOPICAL HYPERBACI OXYGEN CHAMBER D	12/01/2020	
A4596	CES SYSTEM MONTHLY SUPP	04/01/2023	
A4639	INFRARED HT SYS REPLCMNT PAD	09/01/2020	
A6000	WOUND WARMING WOUND COVER	09/01/2020	
A7049	EPAP NASAL VALVE	09/01/2023	
A9285	INVERSION EVERSION COR DEVIC	12/01/2020	
A9291	PRESCRIPTION DIGITAL BEHAVIORAL THERAPY, FDA CLEARED, PER COURSE OF TREATMENT	04/01/2022	01/31/2024
C1052	HEMOSTATIC AGENT, GI, TOPIC	05/15/2021	
C1823	GEN, NEURO, TRANS SEN/STIM	04/15/2022	
C1827	GEN, NEURO, IMP LED, EX CNTR	09/01/2023	
C1832	AUTO CELL PROCESS SYS	05/15/2024	
C1841	RETINAL PROSTH INT EXT COMP	12/01/2020	12/31/2022
C1842	RETINAL PROSTH ADD ON	12/01/2020	12/31/2022
C9092	INJECTION, TRIAMCINOLONE ACETONIDE, SUPRACHOROIDAL (XIPERE), 1 MG	04/01/2022	06/30/2022
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	
C9757	SPINE/LUMBAR DISK SURGERY	08/01/2022	
C9768	ENDO US-GUIDE HEP PORTO GRAD	03/01/2021	
C9771	NSL/SINS CRYO POST NASAL TIS	07/15/2021	12/31/2023

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
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	
C9784	ENDO SLEEVE GASTRO W/TUBE	12/01/2023	
C9785	ENDO OUTLET RESTRICT W/TUBE	12/01/2023	
C9796	RPR INTST EXCL ANRECT FIST	07/01/2024	
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	
E0490	CONTROL UNIT NM HW REMOTE	10/01/2023	
E0491	ORAL DV NM MOUTHPC HW REMOTE	10/01/2023	
E0675	PNEUMATIC COMPRESSION DEVICE	12/01/2020	
E0732	CES SYSTEM	5/15/2024	
E0734	EXT UP LIMB TREMOR STIM WRIS	5/15/2024	
E0740	NON-IMPLANT PELV FLR E-STIM	09/01/2020	
E0762	TRANS ELEC JT STIM DEV SYS	09/01/2020	
E0764	FUNCTIONAL NEUROMUSCULARSTIM	04/15/2022	
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	
E1632	WEARABLE ARTIFICIAL KIDNEY	01/01/2023	
E3000	SPEECH VOLUME MODULATION SYS	5/15/2024	
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	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
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	
G0465	AUTOLOG PRP DIAB WOUND ULCER	04/15/2022	
G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT	12/01/2020	
K1002	CRANIAL ELECTROTHERAPY STIMULATION	12/01/2020	12/31/2023
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	12/31/2023
K1018	EXT UP LIMB TREMOR STIM WRIS	08/15/2021	12/31/2023
K1019	MONTHLY SUPP USE WITH K1018	08/15/2021	12/31/2023
K1023	TRANS ELEC NERV PERIPH NERV	04/15/2022	12/31/2023
K1024	NON PNEUM COMP CONTROL CAL	04/15/2022	06/30/2023
K1025	NON PNEUM COMPRESS FULL ARM	04/15/2022	06/30/2023
K1031	NON PNEUM COMPRESS CONTROLLER W/O CAL	04/01/2022	06/30/2023
K1032	NON PNEUM SEQ COMPRESS FULL LEG	04/01/2022	06/30/2023
K1033	NON PNEUM SEQ COMPRESS HALF LEG	04/01/2022	06/30/2023
K1036	SUPPLIES FOR ULTRA DIATHERM	10/01/2023	
L5991	LOW PROS EXT OSSEO CONNECTOR	10/01/2023	
L8603	COLLAGEN IMP URINARY 2.5 ML	5/15/2024	
L8605	INJECTABLE BULKING AGENT DEXTRANOM	12/01/2020	
L8608	ARG II EXT COM SUP ACC MISC	12/01/2020	
M0076	PROLOTHERAPY	01/01/2023	
M0240	CASIRI AND IMDEV REPEAT	06/01/2023	
M0241	CASIRI AND IMDEV REPEAT HM	06/01/2023	
M0243	CASIRIVI AND IMDEVI INJ	06/01/2023	
M0244	CASIRIVI AND IMDEVI INJ HM	06/01/2023	
M0245	BAMLAN AND ETESEV INFUSION	06/01/2023	
M0246	BAMLAN AND ETESEV INFUS HOME	06/01/2023	
P9020	PLAELET RICH PLASMA UNIT	12/01/2020	
Q0240	CASIRIVI AND IMDEVI 600MG	06/01/2023	
Q0243	CASIRIVIMAB AND IMDEVIMAB	06/01/2023	
Q0244	CASIRIVI AND IMDEVI 1200 MG	06/01/2023	
Q0245	BAMLANIVIMAB AND ETESEVIMA	06/01/2023	
Q4103	OASIS BURN MATRIX	05/15/2021	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
Q4104	INTEGRA BMWD	05/15/2021	
Q4110	PRIMATRIX	05/15/2021	
Q4111	GAMMAGRAFT	05/15/2021	
Q4112	CYMETRA INJECTABLE	05/15/2021	
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	
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	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
Q4159	AFFINITY1 SQUARE CM	12/01/2020	01/31/2022
Q4160	NUSHIELD 1 SQUARE CM	12/01/2020	
Q4161	BIO-CONNKT PER SQUARE CM	05/15/2021	
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	
Q4199	CYGNUS MATRIX, PER SQ CM	04/15/2022	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
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	
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 AXOBIOMEMBRANE, 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	
Q4224	HUMAN HEALTH FACTOR 10 AMNIOTIC PATCH (HHF10-P), PER SQUARE CENTIMETER	04/01/2022	
Q4225	AMNIOBIND, PER SQUARE CENTIMETER	04/01/2022	
Q4227	AMNIOCORE, 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	
Q4238	DERM-MAXX PER SQ CM	07/01/2022	
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE, PER	12/01/2020	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
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	
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	
Q4251	VIM, PER SQUARE CENTIMETER	04/15/2022	
Q4252	VENDAJE, PER SQUARE CENTIMETER	04/15/2022	
Q4253	ZENITH AMNIOTIC MEMBRANE PSC	04/15/2022	
Q4254	NOVAFIX DL PER SQ CM	03/01/2021	
Q4255	REQUARD, TOPICAL USE PER SQ	03/01/2021	
Q4256	MLG-COMPLETE, PER SQUARE CENTIMETER	04/01/2022	
Q4257	RELESE, PER SQUARE CENTIMETER	04/01/2022	
Q4258	ENVERSE, PER SQUARE CENTIMETER	04/01/2022	
Q4259	CELERA PER SQ CM	01/01/2023	
Q4260	SIGNATURE APATCH, PER SQ CM	01/01/2023	
Q4261	TAG, PER SQUARE CENTIMETER	01/01/2023	
Q4262	DUAL LAYER IMPAX, PER SQ CM	01/01/2023	
Q4263	SURGRAFT TL, PER SQ CM	01/01/2023	
Q4264	COCOON MEMBRANE, PER SQ CM	01/01/2023	
Q4265	NEOSTIM TL PER SQ CM	09/01/2023	
Q4266	NEOSTIM PER SQ CM	09/01/2023	
Q4267	NEOSTIM DL PER SQ CM	09/01/2023	
Q4268	SURGRAFT FT PER SQ CM	09/01/2023	
Q4269	SURGRAFT XT PER SQ CM	09/01/2023	
Q4270	COMPLETE SL PER SQ CM	09/01/2023	
Q4271	COMPLETE FT PER SQ CM	09/01/2023	
Q4272	ESANO A, PER SQ CM	12/01/2023	
Q4273	ESANO AAA, PER SQ CM	12/01/2023	
Q4274	ESANO AC, PER SQUARE CENTIMETER	12/01/2023	
Q4275	ESANO ACA, PER SQUARE CENTIMETER	12/01/2023	
Q4276	ORION, PER SQUARE CENTIMETER	12/01/2023	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
Q4277	WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQUARE CENTIMETER	12/01/2023	
Q4278	EPIEFFECT, PER SQUARE CENTIMETER	12/01/2023	
Q4279	VENDAJE AC, PER SQ CM	07/01/2024	
Q4280	XCELL AMNIO MATRIX, PER SQUARE CENTIMETER	12/01/2023	
Q4281	BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER	12/01/2023	
Q4282	CYGNUS DUAL, PER SQUARE CENTIMETER	12/01/2023	
Q4284	DERMABIND SL, PER SQUARE CENTIMETER	12/01/2023	
Q4285	NUDYN DL OR NUDYN DL MESH, PER SQ CM	10/01/2023	
Q4286	NUDYN SL OR NUDYN SLW, PER SQ CM	10/01/2023	
Q4287	DERMABIND DL, PER SQ CM	07/01/2024	
Q4288	DERMABIND CH, PER SQ CM	07/01/2024	
Q4289	REVOSHIELD+ AMNIO, PER SQ CM	07/01/2024	
Q4290	MEMBRANE WRAP HYDR PER SQ CM	07/01/2024	
Q4291	LAMELLAS XT, PER SQ CM	07/01/2024	
Q4292	LAMELLAS, PER SQ CM	07/01/2024	
Q4293	ACESSO DL, PER SQ CM	07/01/2024	
Q4294	AMNIO QUAD-CORE, PER SQ CM	07/01/2024	
Q4295	AMNIO TRI-CORE, PER SQ CM	07/01/2024	
Q4296	REBOUND MATRIX, PER SQ CM	07/01/2024	
Q4297	EMERGE MATRIX, PER SQ CM	07/01/2024	
Q4298	AMNICORE PRO, PER SQ CM	07/01/2024	
Q4299	AMNICORE PRO+, PER SQ CM	07/01/2024	
Q4300	ACESSO TL, PER SQ CM	07/01/2024	
Q4301	ACTIVATE MATRIX, PER SQ CM	07/01/2024	
Q4302	COMPLETE ACA, PER SQ CM	07/01/2024	
Q4303	COMPLETE AA, PER SQ CM	07/01/2024	
Q4305	AMER AM AC TRI-LAY PER SQ CM	04/01/2024	
Q4306	AMERIC AMNION AC PER SQ CM	04/01/2024	
Q4307	AMERICAN AMNION, PER SQ CM	04/01/2024	
Q4308	SANOPELLIS, PER SQ CM	04/01/2024	
Q4309	VIA MATRIX, PER SQ CM	04/01/2024	
Q4310	PROCENTA, PER 100 MG	04/01/2024	
S2117	ARTHROEREISIS SUBTALAR	12/01/2020	
S2300	ARTHROSCOPY SHOULDER SURGI	12/01/2020	
S3650	SALIVA TEST HORMONE LEVEL DURING	12/01/2020	

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE	END DATE
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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Healthcare Common Procedure Coding System HCPCS.

Policy Update History:

Approval Date	Description
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

**CPC028 Addendum
BCBSTX Additional EIU Codes**

Code	Description	Effective Date
J7604	ACETYLCYSTEINE COMP UNIT	12/01/2020
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
J7628	BITOLTEROL MESYLATE, INHALATION SOL	12/01/2020
J7629	BITOLTEROL MESYLATE INHALATION SOL	12/01/2020
J7632	CROMOLYN SODIUM COMP UNIT	12/01/2020
J7634	BUDESONIDE INHALATION SOLUTION CO	12/01/2020
J7635	ATROPINE, INHALATION SOLUTION ADMIN	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
J7641	FLUNISOLIDE, INHALATION SOLUTION AD	12/01/2020
J7642	GLYCOPYRROLATE COMP CON	12/01/2020
J7643	GLYCOPYRROLATE COMP UNIT	12/01/2020
J7645	IPRATROPIUM BROMIDE COMP	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
J7660	ISOPROTERENOL HCL INHALATION SOLUT	12/01/2020
J7667	METAPROTERENOL SULFATE, INHALATION	12/01/2020
J7670	METAPROTERENOL SULFATE INHALATION	12/01/2020

CPC028 Addendum
BCBSTX Additional EIU Codes

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
J7685	TOBRAMYCIN, INHALATION SOLUTION, CO	12/01/2020