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Non-covered Medical Procedures and Services MP9415

Prevea360 Health Plan Medical Policy:

1.0 **Table 1.0** lists **some** procedures and services that are not covered by The Health Plan because they: (1) failed to meet the 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
Automated speech audiometry thresholds performed using a computer-assisted device and evaluation (0210T, 0211T, 0212T)	All indications	E/I
Body Surface-Activation Mapping of Pacemaker or Pacing Cardio-defibrillator (0695T, 0696T)	All indications	E/I
Breast CT including 3D Rendering (0633T, 0634T, 0635T, 0636T, 0637T, 0638T))	All indications	E/I
Cardiac focal ablation utilizing radiation therapy (0745T 0746T 0747T)	For arrhythmia and all other indications	E/I
Computed Tomographic Angiography (CTA), coronary atherosclerotic plaque (0623T, 0624T, 0625T, 0626T)	Severity of coronary disease and all other indications	E/I
Electrical impedance spectroscopy of 1 or more skin lesions (0658T) (e.g. Nevisense)	For automated melanoma risk score and all other indications	E/I
Endoscopic laser foraminoplasty (22899, 64999)	All indications	E/I
Intravertebral body fracture augmentation with implantable DME (e.g. KIVA, Vertebral Body Stent, V-Strut) (C1062)	All indications	E/I
Kinematic and Kinetic Motion Analysis Markless 3D (e.g. DARI Motion) (0693T)	All indications	E/I
Minimally invasive facet fusion with allograft. (e.g. TruFuse, Fusio, NuFix) (0219T, 0220T, 0221T, 0222T)	All indications	E/I

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Procedure Description	Indication	Reason Not Covered
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
Noncontact normothermic wound therapy (A6000, E0231, E0232)	For healing chronic wounds and all other 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
Therapeutic induction of intra-brain hypothermia (0776T) (e.g., Pro2Cool)	For the treatment of concussion and all other indications	E/I
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
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 Auricular Neurostimulation (0783T) (e.g. Sparrow Therapy) (e.g. pro2cool)	For the treatment of pain associated with opioid withdrawal and all other indications	E/I
Transcutaneous electric nerve stimulator (e.g., IB-Stim) (E1399, 64999)	For treatment of functional abdominal pain and all other 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
Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture with selective catheter placement (0338T, 0339T)	All indications	E/I

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Procedure Description	Indication	Reason Not Covered
Vertebral body tethering (e.g. The Tether) (0656T, 0657T)	For the treatment of pediatric and adolescent idiopathic scoliosis and all other indications	E/I
Voiding Prosthesis (e.g. inFlow Intraurethral Valve) (0596T, 0597T)	Impaired detrusor contractility or any other indication	E/I

2.0 **Medically Necessary Definition** - The Health Plan benefit certificate defines medical necessary care as those treatment, services or supplies provided by a 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 Health Plan 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 Health Plan, Inc. 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.

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 The Health Plan. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

	Committee/Source	Date(s)
Document Created:	Medical Director Committee/ Medical Affairs	March 24, 2011
Revised:	Medical Director Committee/Medical Affairs	September 28, 2011
	Medical Director Committee/Medical Affairs	January 18, 2012
	Medical Director Committee/Medical Affairs	March 21, 2012
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Revised:	Medical Director Committee/Medical Affairs	April 15, 2015
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