Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Medicare Noncovered Investigational Services

Effective: March 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☒ No ☐
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care Plan – A dual-eligible product; 857-304-6304

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☒ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☒ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

For the purposes of this document, this date refers to the date when the list was updated with the addition or deletion of items/services. Please see specific item to determine when that item was placed on noncovered status.

Overview

The Plan uses the Member's Evidence of Coverage and guidance from the Centers for Medicare and Medicaid Services (CMS) for its Medicare Advantage plan members and CMS and MassHealth for coverage determinations for its Dual Product Eligible plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations to support the determination that something is investigational and not medically necessary. When CMS and MassHealth do not provide guidance, or evidence supports non coverage, the Plan may elect to not cover a service that it deems as investigational and not medically necessary.

Title XVIII of the Social Security Act, §1862(a)(1)(A) prohibits Medicare coverage for items and services which are not "reasonable and necessary" for the diagnosis and treatment of an injury or illness or to improve the functioning of a malformed body member. According to the Medicare Claims Processing Manual, Chapter 23, §30.A, if a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered because it is not reasonable and necessary to treat illness or injury.

The Plan uses a medical technology assessment process and restricts coverage to certain devices, treatments, or procedures for which the safety and efficacy have been proven, or where the clinical evidence is such that the treatment is at least as beneficial as any established evidence-based alternatives. Any device, medical treatment, supply or procedure for which safety and efficacy has not been established and proven is considered investigational (unproven) and therefore not medically necessary and is excluded from coverage.

To determine whether a device, medical treatment, supply or procedure is proven safe and effective the following hierarchy of reliable evidence is used:

1. Published formal technology assessments and/or high-quality meta-analyses
2. Well-designed randomized studies published in credible, peer-reviewed literature
3. High quality case-control or cohort studies
4. Historical control studies, or case reports and/or case series
5. Reports of expert opinion from national professional medical societies or national medical policy organizations

The use of these determinations in the utilization management process will ensure access to services that are evidence based and clinically appropriate. For all investigational determinations the decision is made based upon medical technology assessment committee review using the above criteria in the evaluation of the service.

For the services listed below, evidence is insufficient for coverage and is therefore considered investigational and not medical necessary. This list is not all inclusive.

Clinical Coverage Criteria

Title XVIII of the Social Security Act, §1862(a)(1)(A) prohibits Medicare coverage for items and services which are not "reasonable and necessary" for the diagnosis and treatment of an injury or illness or to improve the functioning of a malformed body member. According to the Medicare Claims Processing Manual, Chapter 23, §30.A, if a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered because it is not reasonable and necessary to treat illness or injury. Medicare indicates that the following CPT/HCPCS procedure codes are considered investigational and unproven and are therefore not covered based on Medicare coverage determinations.

Note: "No specific code available' indicates an "unlisted code" or "miscellaneous code."

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
0335T	Insertion of sinus tarsi implant	L35490	4/1/2025	12/17/2025
0510T	Removal of sinus tarsi implant	L35490	4/1/2025	12/17/2025
0511T	Removal and reinsertion of sinus tarsi implant	L35490	4/1/2025	12/17/2025
0723T	Quantitative magnetic resonance cholangiopancreatography (qmrcp) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (mri) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	L35490	4/1/2025	12/17/2025
0724T	Quantitative magnetic resonance cholangiopancreatography (qmrcp) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (mri) examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	L35490	4/1/2025	12/17/2025
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	L35490	4/1/2025	12/17/2025
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	L35490	4/1/2025	12/17/2025
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	L35490	4/1/2025	12/17/2025
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters	L35490	4/1/2025	12/17/2025
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling,	L35490	4/1/2025	12/17/2025

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
	burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters			
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	L35490	4/1/2025	12/17/2025
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	L35490	4/1/2025	12/17/2025
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	L35490	4/1/2025	12/17/2025
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	L35490	4/1/2025	12/17/2025
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	L35490	4/1/2025	12/17/2025
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (rems), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	L35490	4/1/2025	12/17/2025
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	L35490	4/1/2025	12/17/2025
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	L35490	4/1/2025	12/17/2025
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	L35490	4/1/2025	12/17/2025
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	L35490	4/1/2025	12/17/2025
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	L35490	4/1/2025	12/17/2025
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, saccomanno technique) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0848T	Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, initial single probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0849T	Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, each additional single probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
0850T	Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, each multiplex probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	L35490	4/1/2025	12/17/2025
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	L35490	4/1/2025	12/17/2025
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	L35490	4/1/2025	12/17/2025
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	L35490	4/1/2025	12/17/2025
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	L35490	4/1/2025	12/17/2025
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	L35490	4/1/2025	12/17/2025
0865T	Quantitative magnetic resonance image (mri) analysis of the brain with comparison to prior magnetic resonance (mr) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic mri examination of the brain during the same session	L35490	4/1/2025	12/17/2025
0866T	Quantitative magnetic resonance image (mri) analysis of the brain with comparison to prior magnetic resonance (mr) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic mri examination of the brain (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 ml	L35490	4/1/2025	12/17/2025

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	L35490	4/1/2025	12/17/2025
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	L35490	4/1/2025	12/17/2025
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	L35490	4/1/2025	12/17/2025
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	L35490	4/1/2025	12/17/2025
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	L35490	4/1/2025	12/17/2025
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	L35490	4/1/2025	12/17/2025
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	L35490	4/1/2025	12/17/2025
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	L35490	4/1/2025	12/17/2025
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	L35490	4/1/2025	12/17/2025
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	L35490	4/1/2025	12/17/2025
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	L35490	4/1/2025	12/17/2025
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	L35490	4/1/2025	12/17/2025
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation derived from a structural and resting-state functional mri, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	L35490	4/1/2025	12/17/2025
0890T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	L35490	4/1/2025	12/17/2025
0891T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	L35490	4/1/2025	12/17/2025
0892T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and	L35490	4/1/2025	12/17/2025

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
	management, subsequent motor threshold redetermination with delivery and management, per treatment day			
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	L35490	4/1/2025	12/17/2025
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	L35490	4/1/2025	12/17/2025
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate ph, hemodynamic parameters, bile production, bile ph, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	L35490	4/1/2025	12/17/2025
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate ph, hemodynamic parameters, bile production, bile ph, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/17/2025
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	L39828, A59712	4/1/2025	12/17/2025
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	L39828, A59712	4/1/2025	12/17/2025
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	L39828, A59712	4/1/2025	12/17/2025
C9364	Porcine implant, permacol, per square centimeter	L39828, A59712	4/1/2025	12/17/2025

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Note: "No specific code available' indicates an "unlisted code" or "miscellaneous code."

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	N/A	4/1/2025	12/17/2025
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	N/A	4/1/2025	12/17/2025
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	N/A	4/1/2025	12/17/2025
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	N/A	4/1/2025	12/17/2025
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	N/A	4/1/2025	12/17/2025

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	N/A	4/1/2025	12/17/2025
92972	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)	N/A	4/1/2025	12/17/2025
93702	Bioimpedance spectroscopy (bis), extracellular fluid analysis for lymphedema assessment(s)	N/A	4/1/2025	12/17/2025
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	N/A	4/1/2025	12/17/2025
0445U	B-amyloid (abeta42) and phospho tau (181p) (ptau181), electrochemiluminescent immunoassay (eclia), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	N/A	4/1/2025	12/17/2025
0457U	Perfluoroalkyl substances (pfas) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 pfas compounds by lc-ms/ms, plasma or serum, quantitative	N/A	4/1/2025	12/17/2025
0459U	B-amyloid (abeta42) and total tau (ttau), electrochemiluminescent immunoassay (eclia), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	N/A	4/1/2025	12/17/2025
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (elisa), saliva, screening/preliminary	N/A	4/1/2025	12/17/2025
0472U	Carbonic anhydrase vi (ca vi), parotid specific/secretory protein (psp) and salivary protein (sp1) igg, igm, and iga antibodies, enzyme-linked immunosorbent assay (elisa), semiqualitative, blood, reported as predictive evidence of early sjogren syndrome	N/A	4/1/2025	12/17/2025
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (mcg/mL)	N/A	4/1/2025	12/17/2025
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (mcg/mL)	N/A	4/1/2025	12/17/2025
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	N/A	4/1/2025	12/17/2025
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	N/A	4/1/2025	12/17/2025
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	N/A	4/1/2025	12/17/2025
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	N/A	4/1/2025	12/17/2025
E0735	Non-invasive vagus nerve stimulator	N/A	4/1/2025	12/17/2025
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	N/A	4/1/2025	12/17/2025
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	N/A	4/1/2025	12/17/2025
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	N/A	4/1/2025	12/17/2025
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	N/A	4/1/2025	12/17/2025

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	N/A	4/1/2025	12/17/2025
E1812	Dynamic knee, extension/flexion device with active resistance control	N/A	4/1/2025	12/17/2025
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	N/A	4/1/2025	12/17/2025
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	N/A	4/1/2025	12/17/2025
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	N/A	4/1/2025	12/17/2025
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	N/A	4/1/2025	12/17/2025
S2117	Arthroereisis, subtalar	N/A	4/1/2025	12/17/2025
S4988	Penile contracture device, manual, greater than 3 lbs traction force	N/A	4/1/2025	12/17/2025
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	N/A	4/1/2025	12/17/2025
No Specific Code	Autologous Serum Eye Drops (Autologous Serum Tears)	N/A	4/1/2025	12/17/2025
No Specific Code	StabiLink MIS Interlaminar Spinal Fixation System	N/A	4/1/2025	12/17/2025
No Specific Code	Pulsed Radiofrequency Treatment of Chronic Shoulder Pain	N/A	4/1/2025	12/17/2025
No Specific Code	AlzoSure Predict – Alzheimer's Early Prediction Blood Test	N/A	4/1/2025	12/17/2025
No Specific Code	ThetaBurst Stimulation for Treatment Resistant Unipolar Depression in Adults	N/A	4/1/2025	12/17/2025
No Specific Code	ViviStim Paired Vagus Nerve Stimulation	N/A	4/1/2025	12/17/2025
No Specific Code	Hybrid Autologous Chondrocyte Implantation With Osteochondral Autograft Transfer System for Treatment of Osteochondral Defects of the Knee	N/A	4/1/2025	12/17/2025
No Specific Code	Non-Pulsed (Thermal) Percutaneous Radiofrequency Ablation for the Treatment of Occipital Neuralgia	N/A	4/1/2025	12/17/2025
No Specific Code	Anterior Scoliosis Correction	N/A	4/1/2025	12/17/2025
No Specific Code	HistoSonics' Image Guided Sonic Beam Therapy System	N/A	4/1/2025	12/17/2025
No Specific Code	Alpha-Stim for Treatment of Chronic Pain	N/A	4/1/2025	12/17/2025
No Specific Code	Radiofrquency Ablation of Cluneal Nerves for Treatment of Chronic Low Back Pain	N/A	4/1/2025	12/17/2025
No Specific Code	External Beam Radiation Therapy for Treatment of Dupuytren's Contracture	N/A	4/1/2025	12/17/2025
No Specific Code	Posterior Vertebral Body Tethering	N/A	4/1/2025	12/17/2025
No Specific Code	Relieve VRx	N/A	4/1/2025	12/17/2025
No Specific Code	Xenotransplantation	N/A	4/1/2025	12/17/2025
No Specific Code	Misha Knee System	N/A	4/1/2025	12/17/2025
No Specific Code	Transcranial Direct Current Stimulation	N/A	4/1/2025	12/17/2025

References

1. Centers for Medicare & Medicaid Services. Medicare Coverage Database. https://www.cms.gov/medicare-coverage-database/search.aspx. Accessed January 10, 2025.
2. Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf. Accessed January 10, 2025.
3. Medicare Benefit Policy Manual, Chapter 14 - Medical Devices, §10 - Coverage of Medical Devices. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c14.pdf. Accessed January 10, 2025.
4. MassHealth. Guidelines for Medical Necessity Determination. Available at: https://www.mass.gov/lists/masshealth-guidelines-for-medical-necessity-determination. Accessed January 10, 2025.

Approval And Revision History

December 13, 2024: Reviewed by the Joint Medical Policy and Health Care Services Utilization Management Committee

December 18, 2024: Reviewed by the Medical Policy Approval Committee (MPAC), effective April 1, 2025

Subsequent endorsement dates and change(s) made:

- July 25, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for CareLink removed
- December 8, 2025: Reviewed by UM Committee, code 27278 removed from NCIS and moved to covered effective February 1, 2026
- December 17, 2025: Reviewed by MPAC, code 27278 removed from NCIS and moved to covered effective February 1, 2026
- December 2025: Administrative updates effective February 1, 2026
- January 21, 2026: Reviewed by MPAC, all codes for Skin Substitutes removed from the Medical Necessity Guideline. Codes will be covered without PA, effective March 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.