

Investigational and Experimental Codes

Bright HealthCare does not provide coverage for services that are determined to be Investigational or Experimental. Bright HealthCare considers the following CPT/HCPCS procedure codes to be investigational and are therefore not covered.

CPT Code	Description
20560	Ndl insj w/o njx 1 or 2 musc
20561	Ndl insj w/o njx 3+ musc
22505	MANIPULATION, SPINE, REQUIRING ANESTHESIA, ANY REG
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
30468	Repair of nasal vestibular lateral wall stenosis with implant(s) now 30468 new cpt code
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
43206	Esoph optical endomicroscopy
43252	Egd optical endomicroscopy
53860	Transurethral rf treatment
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar. (Investigational)
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar (Investigational)

CPT Code	Description
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
64624	Dstrj nulyt agt gnclr nrv
64625	Rf abltj nrv nrvtg si jt
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
82777	Galectin-3
83006	Growth stimulation gene 2
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2 (LP-PLA2)
83987	PH; EXHALED BREATH CONDENSATE
86677	Helicobacter pylori antibody
88375	Optical endomicroscopy interp
92145	Corneal hysteresis deter
92548	Posturography
93050	Art pressure waveform analys
93702	Bis xtracell fluid analysis
93895	Carotid intima atheroma eval
95803	Actigraphy testing
96931	Rcm celulr subcelulr img skn
96932	Rcm celulr subcelulr img skn
96933	Rcm celulr subcelulr img skn
96934	Rcm celulr subcelulr img skn
96935	Rcm celulr subcelulr img skn
96936	Rcm celulr subcelulr img skn
A9285	Inversion eversion cor devic orthotic
A9584	Iodine i-123 ioflupane
C1748	ENDO 1-USE UPPER GI IMAG/ILLUM
C1823	GEN NEUROSTM NON-RECHRG TV S&S
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary arter
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
C9757	LAM HEMI DECOMP
C9759	TRANSCATH IO BLD VES MICROINFU
C9760	PC AVF DIR TISS APP TR E&SEC R
C9764	REV EVAR OPEN/PERQ ANY VES;IV
C9765	REV EVAR ANY VES;IV LITH&TL ST
C9766	REV EVAR ANY VES;IV LITHO&ATHE

CPT Code	Description
C9767	REV EVAR VES;IV LTHO&TL STNT&A
C9768	endoscopic ultrasound-guided direct measurement of hepatic porosystemic pressure gradient
E0221	INFRARED HEATING PAD SYSTEM
E0763	Trans elec jt stim dev sys
E0765	Trans elec jt stim dev sys
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve
G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281
G0295	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0329 OR FOR OTHER USES
G0428	Collagen meniscus implant
G9147	Outpt iv insulin tx any mea
J0591	INJECTION DEOXYCHOLIC ACID 1 M
M0076	Prolotherapy
P9020	Platelet rich plasma, each unit
S2117	Arthroereisis, subtalar
S3650	Saliva test, hormone level;Saliva test, hormone level; during menopause
S3652	Saliva test, hormone level;
S3722	Dose optimization auc - 5fuDose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil
S8080	Scintimammography Scintimammography (radioimmunoscentigraphy of the breast), unilateral, including supply of radiopharmaceutical
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)
S8940	Equestrian/hippotherapy, per session
S8948	Application of a modality (requiring constant provider attendance) to one or more areas, low-level laser; each 15 minutes
S9090	Vertebral axial decompression, per session
0085T	Breath test for heart transplant rejection
0100T	Prosth retina receive&gen
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
0126T	Chd risk imt study

CPT Code	Description
0159T	Cad breast mri
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
0222T	Plmt post facet implt addl
0263T	Im b1 mrw cel ther cmpl
0264T	Im b1 mrw cel ther xcl hrvt
0265T	Im b1 mrw cel ther hrvt onl
0266T	Implt/rpl crtd sns dev total
0267T	Implt/rpl crtd sns dev lead
0268T	Implt/rpl crtd sns dev gen
0269T	Rev/remvl crtd sns dev total
0270T	Rev/remvl crtd sns dev lead
0271T	Rev/remvl crtd sns dev gen
0272T	Interrogate crtd sns dev
0273T	Interrogate crtd sns w/pgrmg
0274T	Perq lamot/lam crv/thrc
0275T	Perq lamot/lam lumbar
0348T	Rsa spine exam
0349T	Rsa upper extr exam
0350T	Rsa lower extr exam