

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

CLINICAL BENEFIT	☒ MINIMIZE SAFETY RISK OR CONCERN. ☒ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☒ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective date:	8/1/2026

POLICY

A service or supply, including, but not limited to, a drug, treatment, device, or procedure is considered **experimental or investigational** if any of the following criteria are met:

- It cannot be lawfully marketed without the approval of the Food and Drug Administration (FDA) and final approval is not granted at the time of its use or proposed use;
- It is the subject of a current investigational new drug or new device application on file with the FDA;
- The predominant opinion among experts as expressed in medical literature is that usage should be largely confined to research settings;
- The predominant opinion among experts as expressed in medical literature is that further research is needed in order to define safety, toxicity, effectiveness or effectiveness compared with other approved alternatives; or
- It is not investigational in itself but would not be medically necessary except for its use with a drug, device, treatment or procedure that is investigational or experimental.

When determining whether a drug, treatment, device, or procedure is **experimental or investigational**, the following information may be considered:

- The member's medical record;
- The protocol(s) pursuant to which the treatment is to be delivered;
- Any consent document the patient has signed or will be asked to sign, in order to undergo the procedure;
- The referenced medical or scientific literature regarding the procedure at issue as applied to the injury or illness at issue;
- Regulations and other official actions and publications issued by the federal government; and
- The opinion of a third-party medical expert in the field, obtained by Capital Blue Cross, with respect to whether a treatment or procedure is experimental or investigational.

Cross-References:

MP 2.103 Off-Label Use of Medications

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>.

DESCRIPTION/BACKGROUND

Experimental and investigational services (e.g., devices, drugs, procedures, supplies, technologies, treatments) are services whose safety or efficacy is not known or are services that are used in a way that departs from generally accepted standards of practice in the medical community.

RATIONALE

NA

DEFINITIONS

NA

DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

The following procedure codes are denied as experimental/investigational based on the guidelines of this policy:

Procedure Codes: Cardiac							
33267	33269	33370	75577	0331T	0332T	0345T	0505T
0531T	0532T	0541T	0542T	0543T	0544T	0545T	0569T
0570T	0613T	0620T	0643T	0644T	0645T	0695T	0696T
0716T	0744T	0745T	0746T	0747T	0764T	0765T	0793T
0805T	0806T	0893T	0897T	0899T	0900T	0902T	0903T
0904T	0905T	0932T	0937T	0938T	0939T	0940T	0962T
0981T	0982T	0983T	0992T	0993T	C1761	C8010	C9760
C9782	C9783	C9792	S9025	1050T	1051T	1052T	1053T

Procedure Codes: Endocrinology							
0602T	0603T	0686T					

Procedure Codes: Eyes							
0100T	0329T	0439T	0444T	0445T	0469T	0472T	0473T
0506T	0660T	0661T	0730T	0810T	0936T	L8608	

Procedure Codes: Face, Head, Neck							
30468	30469	31242	31243	0583T	0639T	0725T	0726T
0727T	0728T	0729T	0951T	0952T	0953T	0954T	0955T
0978T	0979T	0980T					

Procedure Codes: Gastroenterology							
43754	53451	53452	53453	53454	0652T	0653T	0654T
0736T	0884T	0885T	A9268	A9269	C9796	E0350	E0352

Procedure Codes: Genitourinary							
51020	52250	52443	0596T	0597T	0664T	0665T	0666T
0667T	0668T	0669T	0670T	0714T	0738T	0867T	0870T
0871T	0872T	0873T	0874T	0875T	0886T	0888T	0898T
0935T	0990T	0991T	A6590	A6591	E0715	S9002	

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

Procedure Codes: Injections								
51605	0481T	0627T	0628T	0629T	0630T	0708T	0709T	0732T
0748T	0814TT	0869T	J1726	J3570	J3575			

Procedure Codes: Integumentary								
0598T	0599T	C8002						

Procedure Codes: Lab Services								
90584	91132	91133	94690					

Procedure Codes: Miscellaneous								
15920	27080	30210	37650	0234T	0235T	0236T	0237T	0238T
0403T	0437T	0731T	0733T	0734T	0737T	0740T	0741T	0749T
0750T	0766T	0767T	0770T	0771T	0772T	0773T	0774T	0776T
0777T	0791T	0792T	0826T	0868T	0882T	0883T	0956T	0957T
0958T	0959T	0960T	0967T	0968T	0969T	0994T	0995T	1002T
1004T	1005T	1006T	1007T	1008T	1009T	1013T	1014T	1015T
1016T	1017T	1018T	1020T	1025T	A4544	A4594	A9291	A9294
C1600	C1831	C7500	C9764	C9765	C9766	C9767	C9772	C9773
C9774	C9775	E0738	E0739	E0743	E0767	E1905	E3200	G0276
G0680	G9147	L8720	L8721	M0075	S2103	S2107	S2400	S3904
1027T	1028T	1029T	1030T	1031T	1032T	1033T	1034T	1035T
1036T	1037T	1038T	1039T	1040T	1041T	1042T		

Procedure Codes: Musculoskeletal								
0547T	0554T	0555T	0557T	0691T	0717T	0718T	0719T	0743T
0778T	0779T	0815T	0901T	0946T	0999T	1000T	1001T	A8005
A8006	C9781							

Procedure Codes: Radiology								
----------------------------	--	--	--	--	--	--	--	--

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

0347T	0348T	0349T	0350T	0351T	0352T	0353T	0354T	0358T
0422T	0443T	0558T	0559T	0560T	0561T	0562T	0635T	0636T
0637T	0638T	0648T	0649T	0689T	0690T	0694T	0697T	0698T
0710T	0711T	0712T	0713T	0721T	0723T	0857T	0865T	0866T
0876T	0997T	0998T	A9586	C9762	G0566	77089	77090	77091
77092	1043T	C8001	C9793					

Procedure Codes: Respiratory								
0174T	0175T	0632T	0781T	0782T	0807T	0808T	0877T	0878T
0879T	0880T	A7021	E0469	31660	31661			

Procedure Codes: Vaccines								
90584	90637	90638	90381	90612	90613	90631	90616	90639

REFERENCES

- Centers for Medicare and Medicaid Services (CMS) Medicare Benefit Policy Manual. Publication 100-02. Chapter 14. Medical Devices. Rev. 1. Effective 10/01/03.

POLICY HISTORY

MP 4.002	05/29/2020 Administrative Update. Added new codes effective 07/01/2020: C1748, C1849, C9059, C9061, C9063, C9122, C9760, C9762, C9763, C9764, C9765, C9766, C9767, 0596T, 0597T, 0598T, 0599T, 0602T, 0603T, 0613T, 0616T, 0619T
	09/08/2020 Administrative Update. Deleted Codes: C9059, C9061, C9063. Added codes: 0015M, 0210U, 0214U, 0215U, 0216U, 0217U, 0218U, 0220U, 0221U, 0222U, C9768, K1007, K1009, K1010, K1011, K1012
	11/30/2020 Administrative Update. Added new codes 0623T, 0624T, 0625T, 0626T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T. Effective 01/01/2021.
	12/14/2020 Administrative Update. Added new codes C9772, C9773, C9774 and C9775. Revised code C9760. Deleted codes 0124U, 0125U, 0126U, 0127U, 0128U, 0405T and C9745. Effective 01/01/2021.
	01/06/2021 Administrative Update. Revised code L8701 and L8702
	03/18/2021 Administrative Update. Added CPT codes 0243U and 0247U. Deleted codes 0098U, 0099U, 0100U, K1010, K1011, K1012. Effective 04/01/2021

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

	07/01/2021 Administrative Update. The following new codes added to the policy 0251U, 0643T, 0644T, 0645T, 0646T, 0648T, 0649T, 0652T, 0653T, 0654T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, 90626, 90627, 90671, 90677, C1761 and G0237.
	08/31/2021 Administrative Update. Removed codes 90619, 90697, 0565T, and 0566T. Effective 10/01/2021.
	10/12/2021 Administrative Update. Removed code 0484T. Effective 11/01/2021.
	10/13/2021 Minor Review. Coding reviewed and updated. Policy statement unchanged. Updated references. Effective date 04/01/2022
	11/02/2021 Administrative Update. Removed code 0356T. Effective date 12/01/2021.
	11/17/2021 Administrative Update. Updated code G0237 to G0327 as this was an error. Effective date 12/01/2021.
	12/01/2021 Administrative Update. Removed codes 0139U, 0356T, 0423T, 0548T, 0549T, 0550T, 0551T, C9752, C9753. Added codes 0285U, 0288U, 0295U, 0296U, 0303U, 0304U, 0305U, 0646T, 0686T, 0689T, 0690T, 0691T, 0693T, 0694T, 0695T, 0696T, 0697T, 0698T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, 53452, 53453, 53454, 77089, 77090, 77091, 77092, 81560, 83529, 0297U, 0298U, 0299U, 0300U. Effective Date 01/01/2022
	01/05/2022 Administrative Update. Removed codes 0489T-0490T. Effective date 02/01/2022.
	03/11/2022 Administrative Update. Removed deleted code 0151U. Added new codes 0308U, 0309U, 0310U, 0312U, 0316U, 0319U, 0320U, 0321U, A9291, C9781, C9782 and C9783. Effective 04/01/2022.
	04/07/2022 Administrative Update. Removed CPT 81514. Effective 05/01/2022
	06/09/2022 Administrative Update. Added CPT 0323U-0328U, 0331U, 0714T-0719T, 0721T-0734T, 0736T, 0737T, 90584. Effective 07/01/2022
	06/23/2022 Minor Review. Coding reviewed and updated. Policy statement unchanged. Effective 11/01/2022
	09/14/2022 Administrative Update. Added CPT 0345U-0350U, 0353U, 0354U, C1834. Effective 10/01/2022
	12/02/2022 Administrative Update. Added 30469, 87467, 90678, 0356U, 0361U, 0363U, 0738T-0750T, 0764T-0782T, C1747, C7500. Deleted 0475T-0478T, 0491T-0493T, 0499T, 0514T, Q0222, M0222, M0223. Effective 01/01/2023
	01/12/2023 Administrative Update. Removed codes 0722T, 0724T, 0742T, and 0775T. Effective 04/01/2023. Removed Deleted codes 0324U, 0325U, C1834 & added new codes; 0369U-0374U, 0376U, 0377U, 0384U-0386U, A6590, A6591 & E1905 Effective 04/01/23.
	01/17/2023 Administrative Update. Added 0004A, 0054A, 0064A, 0074A, 0083A, 0094A. Effective 03/01/2023
	04/03/2023 Administrative Update. Added 0088U. Effective 05/01/2023

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

	05/08/2023 Administrative Update. Added J1726. Effective 06/01/2023
	06/05/2023 Administrative Update. Removed 0715T. Added 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0071A, 0072A, 0073A, 0081A, 0082A, 0091A, 0092A, 0093A, 0111A, 0112A, 0113A, 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91309, and 91311. Added 91303, 0031A, and 0034A. Effective 07/01/2023
	06/14/2023 Administrative Update. Added 0387U, 0389U, 0390U, 0394U, 0395U, 0398U, 0399U, 0401U, 0791T, 0792T, 0793T, 0794T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0805T, 0806T, 0807T, 0808T, 0810T, C9786, C9787. Effective 07/01/2023.
	07/06/2023 Administrative Update. Removed 0363U. Added 90380,903851. Effective 08/01/2023.
	08/04/2023 Administrative Update. Removed 0354U, 0328U. Added Q0221. Effective 09/01/2023
	09/07/2023 Administrative Update. Removed 90678, 90380, 90381. Added 0061U, C9157, 0019M, 0402U, 0404U, 0406U, 0407U, 0412U, 0415U,0416U, 0418U, A9268, A9269, C9790, C9792. Effective 10/01/2023.
	10/05/2023 Administrative Update. Removed 0308U, 0309U, 0369U, 0370U, 0371U, 0373U, 0374U, 0399U. Effective 11/01/2023.
	10/12/2023 Minor Review. Removed CPT Codes A4563, 0693T, 0523T, 0353U, 0349U, 0348U, 0347U, 0319U, 0316U, 0323U,0320U, 0319U, 0316U, 0296U, 0202U, 0164U, 0112U, 0109U, 92519,92518, 92517, 83529, 81560, 77092, 77091, 77090, 77089.
	12/13/2023 Administrative Update. Added 0421U, 0422U, 0429U, 0435U, 0814T, 0815T, 0823T, 0824T, 0825T, 0826T, 0857T, 0861T, 0862T, 0863T, 0865T, 0866T, 31242, 31243, 52284, 90589, 90623, 90683, C1600. Deleted 0508T, 0533T, 0534T, 0535T, 0536T, 0768T,0769T, C7561, C9157, C9788, K1009 91300, 0001A - 0004A, 91305, 0051A - 0054A, 91307, 0071A - 0074A, 91308, 0081A - 0083A, 91301, 0011A - 0013A, 91306, 0064A, 91308, 0091A - 0094A, 91311, 0111A - 0113A, 91303, 0031A, 0034A, 0041A, 0042A, 0044A. Effective 01/01/2024.
	03/15/2024 Administrative Update. Deleted 0416U. Added 0439U, 0440U, 0441U, 0443U, 0446U, 0447U, A4593, A4594, C9796, E0738, E0739, S9002 effective 04/01/2024
	04/09/2024 Administrative Update. Added 0331T, 0332T effective 06/01/2024.
	06/05/2024 Administrative Update. Added 0660T, 0661T. Removed 90589, 90623. Effective 07/01/2024
	06/10/2024 Administrative Update. Deleted codes 03523U, C9787, C9790. Added codes 0020M, 0450U-0452U, 0456U-0458U, 0462U-0464U, 04666U, 0472U, 0867T-0880T, 0882T-0886T, 0888T-0893T, 0897T-0900T, 90637-8, C1605, J7355. Effective 07/01/2024.

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

07/08/2024 Administrative Update. Removed code 0402U. Effective 08/01/2024.
09/18/2024 Administrative Update. New codes 0480U, 0482U, 0483U, 0484U, 0496U, 0500U, 0501U, 0502U, 0504U, 0506U, 0508U, 0509U, 0511U, 0512U, 0517U, 90624, E0715, E0716, E0767, E3200, L8720, L8721, A4544, E0743, 0487U, E0469, A7021 added effective 10/01/2024.
10/16/2024 Minor Review. Removed codes 0088U, 0350U, 0377U, 0412U, 0421U, 0422U, 0440T, 0442T, C1600, C1747, C1748, C1749, 90683, 0066U, 0386U, 0416U, 0508T, L8701, L8702.
12/11/2024 Administrative Update. Added 0521U 0522U, 0524U-0526U, 0528U, 0901T-0905T, 0932T, 0935T-0940T, 0946T 15011-15018, 81558, 82233, 83884, C1735, C1736, C8002, G0561, 0100T, 0472T, 0473T, L8608. Removed 0346U, 0456U, 0553T, 0567T, 0568T, 0616T, C9786, 90683. Effective 01/01/2025.
01/07/2025 Administrative Update. Removed G0561. Added 0484U effective 02/01/2025.
01/10/2025 Administrative Update. Added J9037 effective 03/01/2025.
01/22/2025 Administrative Update. Removed 0376U as this code is now in MP 2.280. Effective 05/01/2025.
03/12/2025 Administrative Update. Added codes 0531U, 0532U, 0537U, 0540U, 0541U, 0542U, 0544U, 0545U, 0546U, 0547U, G0566, 33267, 33269, 33370, 0544T, 0345T. Removed 0646T, 0795T-0803T, 0823T-0825T, 0861T-0863T, 0435U, 0019M, 0415U, 0429U, 0285U, J9037, M0222, M0223, Q0221, Q0222. Effective 04/01/2025.
05/01/2025 Administrative Update. Added codes 87003, 85170, 62292, 27080, 51605, 51020, 52250, 30210, 15920, 55705, 37650, 85547, 55720, 55725, 43754, 82965, 64818, 64809, 64746, 58400, 58410, S9025, M0075, P2028, P2029, J3570, S3904, P2038, E0350, E0352, P2033. Effective 06/01/2025
06/02/2025 Administrative Update. Added code 94690. Effective date 09/01/2025
06/10/2025 Administrative Update. Removing the Benefit Variations and updating the Disclaimer.
06/10/2025 Administrative Update. Added codes C1604, 0558U, 0559U 0563U, 0564U, 0570U, 0573U, 0951T-0960T, 0962T, 0967T-0983T, 90382, 90612, 90613
07/15/2025 Minor Review. No changes to policy statement.
09/09/2025 Administrative Update. Added codes A2036, A2037, A2038, A2039, Q4383, Q4384, Q4385, Q4386, Q4393, Q4394, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4395, Q4396, Q4397, 0577U, 0579U, 0580U, 0581U, 0587U, 0588U, 0589U, 0590U, 0591U, 0593U, 0599U, 290U. Deleted 0450U, 0451U, E0716. Effective 10/01/2025.
11/07/2025 Administrative Update. Removed code 90382. Effective 12/01/2025

MEDICAL POLICY

POLICY TITLE	EXPERIMENTAL AND INVESTIGATIONAL PROCEDURES
POLICY NUMBER	MP 4.002

12/12/2025 Administrative Update. Deleted 0361U, 0508U, 0509U, 0544U, 0619T, 0624T. Added A2008, A2019, 0601U, 0604U, 0607U, 0608U, 0990T, 0991T, 0992T, 0993T, 0994T, 0995T, 0997T, 0998T, 0999T, 1000T, 1001T, 1002T, 1004T, 1006T, 1006T, 1007T, 1008T, 1009T, 1013T, 1014T, 1015T, 1016T, 1017T, 1018T, 1020T, 1025T, 52443, 75577, 90631, 0376U, 0478U, E0446, 93025, A4638. Effective 01/01/2026
02/03/2026 Administrative Update. Added 31660, 31661, 51020. Removed 0590U, 0593U, 0707T. Effective 03/01/2026
03/09/2026 Administrative update. Added 77089-7092, 0615U-0617U, 0620U, 0623U-0626U, 0628U-0630U, 0618U, 0619U, G0680, A9294, A8005, A8006, C8010. Removed 83884, 0338T, 0339T, C1735, C1736. Effective 04/01/2026
04/22/2026 Administrative update. Removed 90624. Effective 05/01/2026
02/24/2026 Minor Review. Removed codes 82965 83884, 85170, 85547, 87003, 87467, 0015M, 0020M, 0025U, 0061U, 0063U, 0067U, 0077U, 0095U, 0105U, 0106U, 0107U, 0110U, 0115U, 0116U, 0117U, 0119U, 0121U, 0122U, 0123U, 0220U, 0221U, 0243U, 0247U, 0288U, 0290U, 0295U, 0303U, 0304U, 0305U, 0310U, 0331U, 0345U, 0356U, 0372U, 0384U, 0385U, 0387U, 0389U, 0390U, 0394U, 0395U, 0398U, 0401U, 0404U, 0406U, 0407U, 0418U, 0439U, 0440U, 0443U, 0457U, 0458U, 0463U, 0464U, 0466U, 0472U, 0482U, 0483U, 0484U, 0487U, 0496U, 0500U, 0501U, 0502U, 0506U, 0511U, 0512U, 0522U, 0524U, 0531U, 0532U, 0535U, 0537U, 0541U, 0542U, 0545U, 0546U, 0547U, 0548U, 0558U, 0559U, 0563U, 0564U, 0570U, 0573U, 0577U, 0579U, 0580U, 0581U, 0587U-0591U, 0593U, 0599U, 0601U, 0604U, 607U, 0608U, 0794T, A2036, A2037, A2038, A2039, Q4383-Q4397, 0338T, 0339T, C1735, C1736, 0707T, 0739T, 0804T, 0889T-0892T, P2028, P2029, P2031, P2033
06/05/2026 Administrative Update. Added codes 1027T-1043T, 1050T-1053T, 90616, 90639. Effective 07/01/2026.
07/13/2026 Administrative Update. Added coded C8001, C9793. Effective 08/01/2026.

Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross BlueShield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.