

Current Effective Date: 8/27/25

Status New Policy: Approved

Reviewed by Medical Policy Subcommittee: 8/27/25

Reviewed Dates: 8/14/25

INSTRUCTIONS FOR USE DISCLAIMER:

SummaCare posts policies relating to coverage and medical necessity issues to assist members and providers in administering member benefits. These policies do not constitute a contract or agreement between SummaCare and any member or provider. The policies are guidelines only and are intended to assist members and providers with coverage issues. SummaCare is not a health care provider, does not provide or assist with health care services or treatment, and does not make guarantees as to the effectiveness of treatment administered by providers. The treatment of members is the sole responsibility of the treating provider, who is not an employee of SummaCare, but is an independent contractor in private practice. The policies posted to this site may be updated and are subject to change without prior notice to members or providers.

Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

New Technology Policy for 2025

Indication/Usage: SummaCare Medical Policies include services and procedures that are considered medically necessary, cosmetic, or experimental and unproven. SummaCare policies are approved using the following:

- Peer-reviewed, medical journal publications
- Guidelines from nationally recognized health care organizations
- Evidence-based consensus statements
- Expert opinions of health care professionals
- Coverage decisions made from CMS, Hayes and industry standards research

Medical Indications for Authorization Commercial and Medicare Members

The following procedure codes are considered experimental, investigational and unproven unless otherwise specified because the effectiveness of these procedures have not been established.

There are currently no NCD or LCD per CMS

CPT Codes

- 0948T:** Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional
- 0949T:** Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results
- 0950T:** Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance
- 0956T:** Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance
- 0956T:** Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance
- 0957T:** Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance
- 0958T:** Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance
- 0959T:** Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance
- 0960T:** Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance
- 0961T:** Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (list separately in addition to code for primary procedure)
- 0962T:** Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (e.g., reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional
- 0963T:** Anoscopy with directed submucosal injection of bulking agent into anal canal
- 0964T:** Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism
- 0965T:** Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism
- 0966T:** Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism

- 0967T:** Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system
- 0968T:** Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array
- 0969T:** Removal epicranial neurostimulator system
- 0970T:** Ablation, benign breast tumor (e.g., fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor
- 0971T:** Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral
- 0972T:** Assistive algorithmic classification of burn healing (i.e., healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report
- 0973T:** Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (i.e., general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm
- 0974T:** Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (i.e., general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; each additional 100 sq cm (list separately in addition to code for primary procedure)
- 0975T:** Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (i.e., general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm
- 0976T:** Selective enzymatic debridement, partial thickness and/or full-thickness burn eschar, requiring anesthesia (i.e., general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; each additional 100 sq cm (list separately in addition to code for primary procedure)
- 0977T:** Upper gastrointestinal blood detection, sensor capsule, with interpretation and report
- 0978T:** Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil
- 0979T:** Submucosal cryolysis therapy; soft palate only
- 0980T:** Submucosal cryolysis therapy; base of tongue and lingual tonsil only
- 0981T:** Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed
- 0982T:** Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment
- 0983T:** Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional
- 0984T:** Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (list separately in addition to code for primary procedure)
- 0985T:** Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (list separately in addition to code for primary procedure)

- 0986T:** Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (list separately in addition to code for primary procedure)
- 0987T:** Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (list separately in addition to code for primary procedure)

Limitations

The codes listed above are excluded from coverage due to lack of literature establishing clinical efficacy, safety, or applicability to clinical practice.

Coverage Decisions

Coverage decisions made per CMS, Hayes and industry standards research

Plans Covered by This Policy

Commercial and Medicare

Considered experimental and investigational for all lines of business

Sources Reviewed

CMS

[MCD Search](#)

Hayes

<https://evidence.hayesinc.com/>