

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

Original Issue Date (Created):	July 1, 2002
Most Recent Review Date (Revised):	March 25, 2014
Effective Date:	June 1, 2014

[POLICY
RATIONALE
DISCLAIMER
POLICY HISTORY](#)

[PRODUCT VARIATIONS
DEFINITIONS
CODING INFORMATION](#)

[DESCRIPTION/BACKGROUND
BENEFIT VARIATIONS
REFERENCES](#)

I. POLICY

Capital BlueCross considers the following procedures and diagnostic lab tests to be of “Questionable Current Usefulness”, and are considered not medically necessary unless medical necessity can be established on an individual basis. The following list is not an all inclusive list. Capital Blue Cross will continually add any obsolete procedures or diagnostic tests:

- Amylase, blood isoenzymes, electrophoretic
- Anastomosis, arterial extracranial - intracranial (e.g., middle cerebral/cortical) arteries (when performed to treat or prevent cerebral ischemia in patients with arteriosclerotic disease in the carotid and middle cerebral arteries)
- Animal inoculation, small animal; with observation
- Animal inoculation, small animal; with observation and dissection
- Arsenic
- Bendien’s test for cancer and tuberculosis
- Bolen’s test for cancer
- Brain imaging, limited procedure; static
- Brain imaging, complete study static
- Calcium, feces, 24-hour quantitative
- Calcium saturation clotting time
- Capillary fragility test (Rumple-Leede)
- Cardiontegram (or omnicardiogram)
- Cellular therapy
- Cephalin flocculation

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

- Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic SPECT
- Chromium, blood
- Chymotrypsin, duodenal contents
- Circulation time, one test
- Clot retraction study (Bolen's clot retraction test for cancer [CRT])
- Clot Retraction
- Coccygectomy, primary
- Collodial gold
- Congo red, blood
- Contrast or chain urethrocystography
- Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical (when performed for cerebral palsy)
- Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical (when performed for cerebral palsy)
- Craniotomy for lobotomy, including cingulotomy (when performed for relief of mental disturbances)
- Cystotomy or cystotomy with cryosurgery, fulguration and/or insertion of radioactive material
- Cystourethroscopy with insertion of radioactive substance
- Cystourethroscopy with ejaculatory duct catheterization, with or without irrigation instillation, or duct radiography, exclusive of radiologic service
- Displacement therapy (Proetz type)
- Dynamic posturography
- Eustachian tube inflation; transnasal; with catheterization
- Excision coccygeal pressure ulcer, with coccygectomy; with flap closure
- Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
- Fascia lata graft; by incision and area exposure, complex or sheet (when performed to treat low back pain)
- Fascia lata graft; by stripper (when performed to treat low back pain)
- Gastric analysis, pepsin

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

- Gastric analysis, tubeless
- Guanase, blood
- Hair analysis
- Heart catheterization by left ventricular puncture
- Hormones, adrenocorticotropin quantitative *animal* tests
- Hormones, adrenocorticotropin quantitative bioassay
- Incisional biopsy of the prostate
- Injection procedure and placement of chain for contrast and/or chain urethrocytography
- Interruption, partial or complete of femoral vein, by ligature, intravascular device; (when performed to treat post-phlebitis syndrome)
- Intestinal plication, complete (Noble type operation) (separate procedure)
- Master two step
- Mechanical fragility test, red blood cells
- MicroNutrient testing (formerly functional intracellular analysis [FIA])
- Mucoprotein, blood (seromucoid)
- Open biopsy or excision of internal mammary nodes
- Penile revascularization, artery, with or without vein graft
- Prostatotomy for external drainage of prostate abscess
- Radiation therapy for the following conditions: acne, psoriasis, the tineas, furunculosis, eczema, contact dermatitis, herpes zoster, plantar verrucae, verrucae vulgaris, keratosis, bursitis, tendonitis, spurs, pterygium (except Strontium 90 application), pinquecula, sclerosis (post fracture) and otitis media
- Rehfuss test for gastric acidity
- Serum glutamate dehydrogenase
- Serum seromucoid assay for cancer and other diseases
- Skin test, actinomycosis
- Skin test, brucellosis
- Skin test, cat scratch fever
- Skin test, lymphopathia venereum

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

- Skin test, psittacosis
- Skin test, trichinosis
- Starch, feces, screening
- Sympathectomy, lumbar (when performed to treat hypertension)
- Sympathectomy, thoracolumbar (when performed to treat hypertension)
- Thymol turbidity, blood
- Transection or avulsion of phrenic nerve
- Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments
- Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy (presacral neurectomy)
- Zinc sulphate turbidity, blood

Cardiovascular tests

- Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)
- Phonocardiogram: tracing only, without interpretation and report (e.g., when equipment is supplied by the hospital, clinic),
- Phonocardiogram; interpretation and report,
- Phonocardiogram with ECG lead, with indirect carotid artery and/or jugular vein tracing, and/or apex cardiogram; with interpretation and report,
- Phonocardiogram; without interpretation and report only,
- Vectorcardiogram (VCG), with or without ECG; with interpretation and report, and
- Vectorcardiogram; interpretation and report only.

Cross-reference:

NA

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

II. PRODUCT VARIATIONS

[TOP](#)

[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

[N] Capital Cares 4 Kids

[N] Indemnity

[N] PPO

[N] SpecialCare

[N] HMO

[N] POS

[N] SeniorBlue HMO

[Y] FEP PPO*

[N] SeniorBlue PPO

* The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity.

III. DESCRIPTION/BACKGROUND

[TOP](#)

A procedure that is considered obsolete, outdated, or discredited is considered a Procedure of Questionable Current Usefulness (POQCU).

IV. RATIONALE

NA

[TOP](#)

V. DEFINITIONS

[TOP](#)

MEDICAL NECESSITY - Capital defines “medical necessity or medically necessary” to mean the following:

- Services or supplies that a physician exercising prudent clinical judgment would provide to a Plan Member for the diagnosis and/or the direct care and treatment of the Plan Member’s medical condition, disease, illness, or injury that are necessary; and
- In accordance with accepted standards of good medical practice; and
- Clinically appropriate for the Plan Member’s condition, disease, illness or injury; and
- Not primarily for the convenience of the Plan Member and/or Plan Member’s family, physician, or other health care provider; and

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

- Not more costly than alternative services or supplies at least as likely to produce equivalent results for the Plan Member's condition, disease, illness or injury.

For these purposes, "generally accepted standards of good medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, national Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other clinically relevant factors.

VI. BENEFIT VARIATIONS

[TOP](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VII. DISCLAIMER

[TOP](#)

Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

[TOP](#)

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.

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

Unless medical necessity has been established on an individual basis following plan review of related clinical documentation, the following procedures and laboratory tests of questionable current usefulness are not medically necessary; therefore not covered:

CPT Codes®								
15920	15922	20920	20922	27080	30210	37650	37788	38530
43754	44680	51020	51605	52010	52250	55705	55720	55725
58400	58410	61490	61680	61711	61875	64746	64809	64818
69400	78600	78605	80172	82150	82175	82495	82552	82664
82930	84999	85170	85547	85999	86486	87001	87003	88348
93799	94669	95921	95922					

Current Procedural Terminology (CPT) copyrighted by American Medical Association. All Rights Reserved.

HCPSC Code	Description
M0075	CELLULAR THERAPY
P2028	CEPHALIN FLOCCULATION, BLOOD
P2029	CONGO RED, BLOOD
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)
P2033	THYMOL TURBIDITY, BLOOD
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)
S3904	MASTERS TWO STEP
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM

Investigational; therefore not covered:

CPT Codes ®							
78647	92548						

IX. REFERENCES

[TOP](#)

American Academy of Otolaryngology-Head and Neck Surgery Foundation.

Posturography.12/27/07. [Website]:

<http://www.entnet.org/Practice/policyPosturography.cfm>.

Accessed January 16, 2014.

Badke MB, Miedaner JA, Shea TA, et al. Effects of vestibular and balance rehabilitation on sensory organization and dizziness handicap. Ann Otol Rhinol Laryngol 2005; 114(1 Pt 1): 48-54.

BCBSA 1996 TEC Assessment; Tab 11.

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

- Bergson E, Sataloff RT. Preoperative computerized dynamic posturography as a prognostic indicator of balance function in patients with acoustic neuroma. *Ear, Nose, & Throat Journal* 2005; 84(3): 154-6.
- Bhattacharyya N, Baugh RF, Orvidas L et al.; American Academy of Otolaryngology-Head and Neck Surgery Foundation. Clinical practice guideline: benign paroxysmal positional vertigo. *Otolaryngol Head Neck Surg* 2008; 139(5 Suppl 4):S47-81.
- Brown KE, Whitney SL, Marchetti GF, et al. Physical therapy for central vestibular dysfunction. *Arch Phys Med Rehabil* 2006; 87(1): 76-81.
- Buatois S, Gueguen R, Gauchard GC, et al. Posturography and risk of recurrent falls in healthy non-institutionalized persons aged over 65. *Gerontology* 2006; 52(6): 345-52.
- Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) 300.1, Obsolete or Unreliable Diagnostic Tests. 6/19/06. CMS [Website]: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=204&ncdver=2&DocID=300.1&bc=gAAAAABAAAA&>. Accessed January 16, 2014.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination NCD 20.27 Cardiointegram (CIG) as an Alternative to Stress Test or Thallium Stress Test. CMS [Website]: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=259&ncdver=1&DocID=20.27&bc=gAAAAABAAAA&> Accessed January 16, 2014.
- Chaudhry H, Findley T, Quigley KS, et al. Postural stability index is a more valid measure of stability than equilibrium score. *J Rehabil Res Dev* 2005; 42(4): 547-56.
- Fletcher, H. Coccydynia. In: *UpToDate Online Journal* [serial online]. Waltham, MA: UpToDate; updated March 23, 2012. [Website]: www.uptodate.com. Accessed January 16, 2014.
- Honaker JA, Converse CM, Shepard NT. Modified head shake computerized dynamic posturography *Am J Audiol* 2009; 18(2):108-13.
- Nocera J, Horvat M, Ray CT. Effects of home-based exercise on postural control and sensory organization in individuals with Parkinson disease. *Parkinsonism Relat Disord* 2009 Jul 27.
- SpectraCell. MicroNutrient Testing. [Website]: <http://www.spectracell.com/mnt/> Accessed January 16, 2014.
- Teggi R, Caldirola D, Fabiano B et al. Rehabilitation after acute vestibular disorders. *J Laryngol Otol* 2009; 123(4):397-402.
- Visser JE, Oude Nijhuis LB, Janssen L et al. Dynamic posturography in Parkinson's disease: diagnostic utility of the "first trial effect". *Neuroscience* 2010; 168(2):387-94.
- Whitney SL, Marchetti GF, Schade AI. The relationship between falls history and computerized dynamic posturography in persons with balance and vestibular disorders. *Arch Phys Med Rehabil* 2006; 87(3): 402-7.

POLICY TITLE	PROCEDURES OF QUESTIONABLE CURRENT USEFULNESS
POLICY NUMBER	MP-4.009

X. POLICY HISTORY

[Top](#)

MP 4.009	CAC 6/29/04
	CAC 7/26/05
	CAC 8/30/05
	CAC 7/25/06
	CAC 10/31/06
	CAC 9/25/07
	CAC 5/27/08
	CAC 11/25/08
	CAC 1/26/10 Added MicroNutrient testing to list of procedures and laboratory tests of questionable current usefulness.
	CAC 4/26/11 Minor revision. Policy updated with additional obsolete procedures and tests.
	CAC 7/30/13. Consensus review. References updated but no changes to the policy statements.
	12/23/2013- New 2014 code added to policy
	CAC 3/25/14 Consensus. No change to policy statements. References updated. Deleted codes removed from policy

[Top](#)

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