



List of Investigational Procedures

Initial Date: August 2004

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**This list is subject to the terms in the
IMPORTANT NOTICE
at the end of this document**

Disclaimer

This list is not all inclusive and is subject to member evidence of coverage guidelines.

For **Medicaid** members, when state Medicaid coverage provisions conflict with the coverage provisions on this list, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this list.

For **Medicare** members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs and Medicare Coverage Articles should be utilized. Refer to the CMS website at <https://www.cms.gov/> for additional information.

Definition

A technology is considered experimental or investigational if it meets any of the following criteria:

1. It is currently the subject of active and credible evaluation (e.g., clinical trials or research) to determine:
 - a. Clinical efficacy;
 - b. Therapeutic value or beneficial effects on health outcomes;
 - c. Benefits beyond any established medical based alternatives;
2. The most recent peer-reviewed scientific studies published or accepted for publication by nationally recognized medical journals do not conclude, or are inconclusive in finding, that the service is safe and effective for the treatment of the condition for which authorization of the service is requested.

A

Acoustic heart sound recording, computer analysis and interpretation
Acoustic rhinometry
Active Specific Immunotherapy with Therapeutic Melanoma Vaccines
Aerosolized Anti-infective Treatment for Sinusitis (AdhesENT)
Applied Kinesiology
ARISk Autism Risk Assessment Test
Aromatherapy
Avisé test for systemic lupus erythematosus
Axial lumbar interbody fusion (AxiaLIF)

B

Bioimpedance for assessment of lymphedema
Biomagnetic Therapy, Bioelectromagnetic Therapy
Blood-brain barrier disruption for treatment of malignant brain tumors
Blood product injections for tendonopathies
Breast Elastography

C

Carbogen therapy
Cautery-Assisted Palatal Stiffening (CAPSO)
Cefaly device for migraines
Chronic Intermittent Intravenous Insulin Therapy (CIIT), (also know as hepatic activation therapy, metabolic activation therapy, pulse insulin therapy, and pulsatile intravenous insulin therapy)
CO2 laser for the treatment of breast cancer
Collagen nerve conduit
Computer-Aided Semen Analysis (CASA) for the Diagnosis of Male Infertility
Computerized Dynamic Posturography
Conexa Reconstructive Matrix
Confocal Microendoscopy (e.g. Cell-viZio, image enhanced endoscopy)
CorMatrix pericardial patch
Cranial electrotherapy stimulation (Alpha Stim 100, Alpha Stim SCS)
Craniosacral therapy
Cryoablation of sural nerve
Current Perception Threshold Testing/Sensory Nerve Conduction Threshold

D

Digital Mole Mapping
Ductal Lavage for Breast Cancer Screening
Dune Margin Probe

E

Electrical impedance scan of the breast
Electrocardiographic Body Surface Mapping
Electrothermal coagulation of knee, wrist, ankle and elbow joints (thermal shrinkage)
Enzyme-potentiated desensitization
E-tegrity Test for Evaluation of Uterine Receptivity
eVox system (Evoke Neuroscience)
Exhaled Breath Condensate pH Testing for Asthma Management
Extracorporeal shock wave therapy (ESWT) for Peyronie's disease

F

Fecal analysis for diagnosis of intestinal dysbiosis

G

Galvanic stimulation devices

GenoType IL-1 testing for periodontal disease

H

Hair analysis (except for diagnosis of heavy metal poisoning)
Healthy Weight DNA Insight
HemiCap patello-femoral resurfacing system (Knee joint patello-femoral resurfacing prosthesis)
High powered therapeutic laser therapy for pain (K-Laser)
Histamine desensitization therapy for headaches
Hivamat Therapy
H-Wave electrical stimulation device for home use

I

IBD sgi Diagnostic Test for Inflammatory Bowel Disease
Ilizarov technique for the treatment of short stature (cosmetic)
Immunoaugmentive therapy
Infrared light therapy (Anodyne Therapy) for treatment of pain or neuropathy, intraepithelial lesions (HSIL) with anal carcinoma
Injection snoreplasty for the treatment of obstructive sleep apnea
Interferential current therapy, interferential stimulation
ImmuKnow
Iontophoresis for Epicondylitis
Intravascular near infrared spectroscopy (e.g LipiScan Coronary Imaging System, InfraReDx)

J

K

L

Lokomat (Hocoma AG) Driven Gait Orthosis (DGO) for Use in Children with Cerebral Palsy
Laser ablation (Interstitial Laser Coagulation) for treatment of localized breast cancer
Laser photocoagulation for macular drusen
Laser treatment of onychomycosis
Laser vitreolysis for treatment of vitreous floaters of the eye
Low Level Laser therapy for pain (except for mucositis)
Low pressure pulse generator (Meniett Pressure Therapy)

M

Micronutrient Panel Testing
MicroVas
Microwave thermotherapy for breast cancer
MindStreams Cognitive Health Assessment for Assessing Mild Cognitive Impairment
Monochromatic infrared energy (MIRE) therapy
Multifunction Cardiogram

N

NanoKnife System for Irreversible Electroporation Treatment of Pancreatic and Liver Cancer
Neural Therapy
Neutralizing antibody testing in multiple sclerosis
NeuraGen Nerve Guide (Integra LifeSciences Corp.) for Repair of Severed Peripheral Nerves of the Upper Extremity
NutrEval test

O

Ocular Blood flow analyzer
Optical Coherence Tomography for Coronary Artery Plaque Characterization and Stent Evaluation for assessment of intracoronary plaques and stents
OrthAdapt Bioimplant

P

Paraspinal surface electromyography
Permacol Biologic Implant
Physiologic recording of tremor using accelerometer(s) and gyroscope(s), (including frequency and amplitude including interpretation and report
Pillar Palatal Implant System for treatment of obstructive sleep apnea
Plasma kinetic vaporization of prostate (also known as bipolar vaporization)
Prometheus Liver Support System
P Stim auricular stimulation

Q

Quantitative Sensory Thermal Testing (QST)

R

Reflexology
Reiki (Energy Healing, Biofield Therapeutics, Palm Healing, Tenohira)
Rhinomanometry

S

Saliva hormone levels for menopause and aging (e.g., cortisol, DHEA, estradiol, estriol, estrone, progesterone, testosterone)
ScoliScore Adolescent Idiopathic Scoliosis (AIS) Prognostic Test
Signal-Averaged Electrocardiography
Skin Autofluorescence (AFR) to Aid in Assessing Diabetes-Related Complications
SpeechEasy fluency device
Sperm Hyaluronan binding assay
Subtalar Implant for Pes Planus
Suit Therapy for cerebral palsy
Sural nerve graft with radical prostatectomy
Surgical deactivation of refractory migraine headache
Surgical Decompression for treatment of diabetic neuropathy (not medically necessary)
Surgical Repair of athletic pubalgia

Sympathetic therapy

T

T codes unless otherwise specified

TenoGlide tendon protector sheet (Tendon Wrap tendon protector) for the management and protection of tendon injuries or for any other indications

Thermal shrinkage of knee, wrist, ankle and elbow joints

Thermography

Tinnitus maskers

Tinnitus retraining therapy

TMR device for chronic pain

Topaz microdebrider for musculoskeletal conditions

Transmeatal laser irradiation for treatment of tinnitus

Trufuse Facet Fusion for Spinal Instability (not medically necessary)

U

Unicondylar Interpositional Spacer

Urinary Cross-Linked N-Telopeptide of Type I Collagen Biomarker for Diagnosis of Osteoporosis and Fracture Risk Assessment

V

Vacuum therapy for treatment of female sexual dysfunction

Vertebral Axial Decompression (VAX-D)

Vision therapy for the treatment of learning disabilities and mild traumatic brain injury, including:

- Training glasses
- Prism glasses
- Tinted or colored lens

VitalStim therapy

W

Whole Body CT Scan for screening

Whole body DEXA for body composition studies

Whole body hyperthermia

X

Z

General Purpose.

Medical Policies (the "Policies") are developed to assist Health Net in administering plan benefits and determining whether a particular procedure, drug, service or supply is medically necessary. The Policies are based upon a review of the available clinical information including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the drug or device, evidence-based guidelines of governmental bodies, and evidence-based guidelines and positions of select national health professional organizations. Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract, including medical necessity requirements. Health Net may use the Policies to determine whether under the facts and circumstances of a particular case, the proposed procedure, drug, service or supply is medically necessary. The conclusion that a procedure, drug, service or supply is medically necessary does not constitute coverage. The member's contract defines which procedure, drug, service or supply is covered, excluded, limited, or

subject to dollar caps. The policy provides for clearly written, reasonable and current criteria that have been approved by Health Net's Medical Advisory Council (MAC). The clinical criteria and medical policies provide guidelines for determining the medical necessity criteria for specific procedures, equipment, and services. In order to be eligible, all services must be medically necessary and otherwise defined in the member's benefits contract as described in this "Important Notice" disclaimer. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to practice medicine.

Policy Effective Date and Defined Terms.

The date of posting is not the effective date of the Policy. The Policy is effective as of the date determined by Health Net. All policies are subject to applicable legal and regulatory mandates and requirements for prior notification. If there is a discrepancy between the policy effective date and legal mandates and regulatory requirements, the requirements of law and regulation shall govern. * In some states, new or revised policies require prior notice or posting on the website before a policy is deemed effective. For information regarding the effective dates of Policies, contact your provider representative. The Policies do not include definitions. All terms are defined by Health Net. For information regarding the definitions of terms used in the Policies, contact your provider representative.

Policy Amendment without Notice.

Health Net reserves the right to amend the Policies without notice to providers or Members. In some states, new or revised policies require prior notice or website posting before an amendment is deemed effective.

No Medical Advice.

The Policies do not constitute medical advice. Health Net does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

No Authorization or Guarantee of Coverage.

The Policies do not constitute authorization or guarantee of coverage of particular procedure, drug, service or supply. Members and providers should refer to the Member contract to determine if exclusions, limitations, and dollar caps apply to a particular procedure, drug, service or supply.

Policy Limitation: Member's Contract Controls Coverage Determinations.

The determination of coverage for a particular procedure, drug, service or supply is not based upon the Policies, but rather is subject to the facts of the individual clinical case, terms and conditions of the member's contract, and requirements of applicable laws and regulations. The contract language contains specific terms and conditions, including pre-existing conditions, limitations, exclusions, benefit maximums, eligibility, and other relevant terms and conditions of coverage. In the event the Member's contract (also known as the benefit contract, coverage document, or evidence of coverage) conflicts with the Policies, the Member's contract shall govern. Coverage decisions are the result of the terms and conditions of the Member's benefit contract. The Policies do not replace or amend the Member's contract. If there is a discrepancy between the Policies and the Member's contract, the Member's contract shall govern.

Policy Limitation: Legal and Regulatory Mandates and Requirements.

The determinations of coverage for a particular procedure, drug, service or supply is subject to applicable legal and regulatory mandates and requirements. If there is a discrepancy between the Policies and legal mandates and regulatory requirements, the requirements of law and regulation shall govern.

Policy Limitations: Medicare and Medicaid.

Policies specifically developed to assist Health Net in administering Medicare or Medicaid plan benefits and determining coverage for a particular procedure, drug, service or supply for Medicare or Medicaid members shall not be construed to apply to any other Health Net plans and members. The Policies shall not be interpreted to limit the benefits afforded Medicare and Medicaid members by law and regulation.