

If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU)

Policy Number: CPCP028

Version: 1.0

Medical Policy Review Committee Approval Date: October 1, 2025

Effective Date: January 1, 2026

Description

The purpose of this policy is to outline services (procedures codes or categories of codes) that are not reimbursable because they are determined, as indicated in the Coverage Statement of the applicable Medical Policy, to be experimental/investigational/or unproven (EIU) and do not require clinical review to determine coverage, including CPT Category III codes designated by the American Medical Association (AMA) to be temporary and intended for the use of data collection for emerging technologies, services, procedures, and service paradigms.

The policy's accompanying list of codes includes CPT Category I codes, HCPCS and CPT Category III codes (defined above) which will be denied as non-reimbursable when submitted on a claim. Refer to the 'Non-Reimbursable EIU Services Code List' posted directly under the policy for a list of EIU procedure codes that are not reimbursable based on the member's plan documents. The list may not be all inclusive.

Additional Resources

Medical Policy site

Non-Reimbursable EIU Services Code List

References

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Healthcare Common Procedure Coding System HCPCS.

Policy Update History

| Approval Date | Description |
|---------------|---|
| 10/01/2025 | Grammatical updates in the Description section. Effective date 1/1/2026. |
| 02/05/2025 | Moved code list to separate attachment 'Non-Reimbursable EIU Services Code List'. New codes added effective 5/15/2025. Codes end-dated 61783, 0100T, 0472T, 0473T, L8608, Q413. |
| 06/21/2024 | Added CPT/HCPCS codes eff. 10/01/2024 |
| 06/21/2024 | Added CPT/HCPCS codes eff. 07/01/2024 |
| 03/20/2024 | Added CPT/HCPCS codes eff. 07/01/2024 |
| 03/20/2024 | Added HCPCS code eff 04/01/2024; End-dated code 03/31/2024 |

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| 02/07/2024 | Added CPT/HCPCS codes eff 05/15/2024; End-dated code 01/31/2024; End-dated CPT/HCPCS codes 12/31/2023 (AMA/HCPCS end-dated 12/31/2023); Removed codes end-dated in 2020 and 2021. |
| 09/27/2023 | Added HCPCS codes eff 01/15/2024 and 02/01/2024 |
| 09/27/2023 | Added HCPCS codes eff 10/01/2023 |
| 08/07/2023 | End-dated codes 06/30/2023; Added HCPCS codes eff 12/01/2023. |
| 05/25/2023 | Added HCPCS codes eff 09/01/2023 |
| 05/26/2023 | Added new CPT/HCPCS codes eff 07/01/2023; Revised effective date of CPT/HCPCS codes from 07/01/2023 to 09/01/2023 |
| 05/26/2023 | End-dated code 06/30/2023; Added CPT/HCPCS codes effective 06/01/2023 |
| 03/24/2023 | Added CPT/HCPCS codes effective 07/01/2023; Removed CPT/HCPCS codes (AMA/HCPCS end-dated 12/31/2020, 09/30/2021, 12/31/2021, 12/31/2022) |
| 12/20/2022 | End-dated codes 12/31/2022; Added new CPT/HCPCS codes effective 01/01/2023; and CPT/HCPCS codes 04/01/2023 |
| 09/22/2022 | Added CPT/HCPCS codes effective 01/01/2023 |
| 04/22/2022 | Added CPT/HCPCS codes effective 08/01/2022 |
| 03/29/2022 | Added HCPCS codes effective 04/01/2022 |
| 01/27/2022 | Code end-dated 01/31/2022 |
| 01/10/2022 | Added CPT/HCPCS codes effective 04/15/22; Code end-dated 10/14/2021 |
| 05/12/2021 | Added CPT/HCPCS Codes Effective 8/15/2021 |
| 01/28/2021 | Added CPT/HCPCS Codes Effective 5/15/2021; Removed CPT/HCPCS Codes (AMA/HCPCS end-dated 12/31/2020) |
| 11/05/2020 | Added/Removed CPT/HCPCS Code (AMA changes effective 1/1/2021) |
| 10/30/2020 | Added/Removed CPT/HCPCS Code Effective 3/1/2021 |
| 10/01/2020 | Removal of CPT/HCPCS Code |
| 08/25/2020 | Added CPT/HCPCS codes effective 12/1/2020 |
| 08/13/2020 | Removal of CPT/HCPCS Code |
| 05/28/2020 | New policy Codes Effective 9/1/2020 |