



CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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 (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) 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: 10.0

Clinical Payment and Coding Policy Committee Approval Date: November 5, 2020

Effective Date: January 1, 2021 (Blue Cross and Blue Shield of Texas Only)

Description

The purpose of this policy is to outline services (procedures codes or categories of codes) that are not reimbursable because they are explicitly determined, as indicated in the Coverage Statement of the Medical Policy, to be experimental/investigational/or unproven and do not require clinical review to determine coverage. The following list of codes includes CPT Category I codes, HCPCS and CPT Category III codes (the temporary code set for emerging technology, services, procedures, and service paradigms) which will be denied as non-reimbursable when submitted on a claim.



Reimbursement Information:

The following list of procedure codes identifies the services that are not reimbursable based on the member's plan documents. This list may not be all inclusive.

CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE
17340	CRYOTHERAPY OF SKIN	12/01/2020
20560	NDL INSJ W O NJX 1 OR 2 MUSC	12/01/2020
20561	NDL INSJ W O NJX 3 MUSC	12/01/2020
20985	CPTR-ASST DIR MS PX	09/01/2020
22586	PRESCR L FUSE W/ INSTR L5-S1	09/01/2020
28890	HI ENRGY ESWT PLANTAR FASCIA	09/01/2020
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	12/01/2020
36474	ENDOVENOUS MCHNCHEM ADD ON	12/01/2020
41530	SUBMUCOSAL ABLTJ TONGUE RF 1 SITE	12/01/2020
43206	ESOPH OPTICAL ENDOMICROSCOPY	09/01/2020
43252	EGD OPTICAL ENDOMICROSCOPY	09/01/2020
46707	REPAIR ANORECTAL FIST W/PLUG	09/01/2020
53860	TRANSURETHRAL RF TREATMENT	09/01/2020
61630	INTRACRANIAL ANGIOPLASTY	12/01/2020
82523	COLLAGEN CROSSLINKS	09/01/2020
83695	ASSAY OF LIPOPROTEIN(A)	09/01/2020
83698	ASSAY LIPOPROTEIN PLA2	09/01/2020
83701	LIPOPROTEIN BLD HR FRACTION	09/01/2020
83704	LIPOPROTEIN BLD QUAN PART	09/01/2020
83722	LIPOPRTN DIR MEAS SD LDL CHL	09/01/2020
83937	ASSAY OF OSTEOCALCIN	09/01/2020
83987	EXHALED BREATH CONDENSATE	12/01/2020
84112	EVAL AMNIOTIC FLUID PROTEIN	09/01/2020
84431	THROMBOXANE URINE	09/01/2020
86001	ALLERGEN SPECIFIC IGG	12/01/2020
86343	LEUKOCYTE HISTAMINE RELEASE	12/01/2020
88375	OPTICAL ENDOMICROSCOPY INTERP	09/01/2020
91065	BREATH HYDROGEN METHANE TEST	12/01/2020
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	12/01/2020
91112	GI WIRELESS CAPSULE MEASURE	09/01/2020
91132	ELECTROGASTROGRAPHY	09/01/2020
91133	ELECTROGASTROGRAPHY W/TEST	09/01/2020
92132	CMPTR OPHTH DX IMG ANT SEGMENT	09/01/2020



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE
92145	CORNEAL HYSTERESIS DETER	12/01/2020
92512	NASAL FUNCTION STUDIES	09/01/2020
92548	CDP SOT 6 COND W I R	12/01/2020
92549	CDP SOT 6 COND W I R MCT ADT	12/01/2020
93050	ART PRESSURE WAVEFORM ANALYS	09/01/2020
93702	BIS XTRACELL FLUID ANALYSIS	12/01/2020
93740	TEMPERATURE GRADIENT STUDIES	09/01/2020
94014	PATIENT RECORDED SPIROMETRY	09/01/2020
94015	PATIENT RECORDED SPIROMETRY	09/01/2020
94016	REVIEW PATIENT SPIROMETRY	09/01/2020
95060	EYE ALLERGY TESTS	12/01/2020
95065	DIRECT NASAL MUCOUS MEMBRANE TESTS	12/01/2020
95905	MOTOR &/ SENS NRVE CNDJ TEST	09/01/2020
97024	DIATHERMY EG MICROWAVE	12/01/2020
97610	LOW FREQUENCY NON-THERMAL US	09/01/2020
0052U	LPOPRTN BLD W/5 MAJ CLASSES	09/01/2020
0054T	BONE SRGRY CMPTR FLUOR IMAGE	09/01/2020
0055T	BONE SRGRY CMPTR CT/MRI IMAG	09/01/2020
0062U	AI SLE IGG IGM ALYS 80 BMRK	12/01/2020
0063U	NEURO AUTISM 32 AMINES ALG	12/01/2020
0066U	PAMG-1 IA CERVICO-VAG FLUID	09/01/2020
0100T	PROSTH RETINA RECEIVE GEN	12/01/2020
0101T	EXTRACORP SHOCKWV TX HI ENRG	09/01/2020
0102T	EXTRACORP SHOCKWV TX ANESTH	09/01/2020
0106T	TOUCH QUANT SENSORY TEST	09/01/2020
0106U	GASTRIC EMPTYING SERIAL COLLECTION	12/01/2020
0107T	VIBRATE QUANT SENSORY TEST	09/01/2020
0108T	COOL QUANT SENSORY TEST	09/01/2020
0109T	HEAT QUANT SENSORY TEST	09/01/2020
0110T	NOS QUANT SENSORY TEST	09/01/2020
0111T	RBC MEMBRANES FATTY ACIDS	09/01/2020
0139U	NEURO AUSTM MEAS 6 C METABLT	12/01/2020
0198T	OCULAR BLOOD FLOW MEASURE	12/01/2020
0202T	POSTERIOR VERTEBRAL JOINT S ARTHRO	12/01/2020
0207T	CLEAR EYELID GLAND W/HEAT	09/01/2020
0219T	PLACEMENT OF A POSTERIOR INTRAFACET	12/01/2020
0220T	PLMT POST FACET IMPLT THOR	12/01/2020



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE
0221T	PLACEMENT OF A POSTERIOR INTRAFACET	12/01/2020
0222T	PLACEMENT OF A POSTERIOR INTRAFACET	12/01/2020
0232T	NJX PLATELET PLASMA	12/01/2020
0263T	IM B1 MRW CEL THER CMPL	09/01/2020
0264T	IM B1 MRW CEL THER XCL HRVST	09/01/2020
0265T	IM B1 MRW CEL THER HRVST ONL	09/01/2020
0278T	TEMPR	12/01/2020
0330T	TEAR FILM IMG UNI/BI W/I&R	09/01/2020
0335T	INSERTION OF SINUS TARSII IMPLANT	12/01/2020
0338T	TRNSCTH RENAL SYMP DENRV UNL	09/01/2020
0339T	TRNSCTH RENAL SYMP DENRV BIL	09/01/2020
0347T	INS BONE DEVICE FOR RSA	09/01/2020
0348T	RSA SPINE EXAM	09/01/2020
0349T	RSA UPPER EXTR EXAM	09/01/2020
0350T	RSA LOWER EXTR EXAM	09/01/2020
0355T	GASTROINTESTINAL TRACT IMAGING INT	12/01/2020
0358T	BIA WHOLE BODY	12/01/2020
0378T	VISUAL FIELD ASSESSMENT WITH CONCU	12/01/2020
0379T	VISUAL FIELD ASSESSMENT WITH CONCU	12/01/2020
0396T	INTRAOP KINETIC BALNCE SENSR	09/01/2020
0397T	ERCP W/OPTICAL ENDOMICROSCPY	09/01/2020
0423T	ASSAY SECRETORY TYPE II PLA2	09/01/2020
0444T	INITIAL PLACEMENT OF A DRUG ELUTING	12/01/2020
0445T	SBSQT PLMT DRUG ELUT OC INS	12/01/2020
0464T	VISUAL EP TEST FOR GLAUCOMA	12/01/2020
0465T	SUPCHRDNL NJX RX W/O SUPPLY	09/01/2020
0472T	PRGRMG IO RTA ELTRD RA	12/01/2020
0473T	REPRGRMG IO RTA ELTRD RA	12/01/2020
0485T	OCT MID EAR I R UNILATERAL	12/01/2020
0486T	OPTICAL COHERENCE TOMOGRAPHY OCT	12/01/2020
0493T	NEAR INFRARED SPECTROSCOPY STUDIES	12/01/2020
0499T	CYSTO F URTL STRIX STENOSIS	12/01/2020
0507T	NEAR IFR 2IMG MIBMN GLND I&R	09/01/2020
0508T	PLS ECHO US B1 DNS MEAS TIB	12/01/2020
0511T	REMOVAL AND REINSERTION OF SINUS TA	12/01/2020
0512T	ESW INTEG WND HLG 1ST WND	09/01/2020
0513T	ESW INTEG WND HLG EA ADDL	09/01/2020



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE
0533T	CONT REC MVMT DO 6 10 DAYS	12/01/2020
0534T	CONT REC MVMT DO SETUP TRAIN	12/01/2020
0535T	CONT REC MVMT DO REPRT CNFIG	12/01/2020
0536T	CONT REC MVMT DO DL W I R	12/01/2020
0548T	TRANSPERINEAL PERIURETHRAL BALLOON	12/01/2020
0549T	TPRNL BALO CNTNC DEV UNI	12/01/2020
0550T	TPRNL BALO CNTNC DEV RMVL EA	12/01/2020
0551T	TPRNL BALO CNTNC DEV ADJMT	12/01/2020
0563T	EVACUATION OF MEIBOMIAN GLANDS USI	12/01/2020
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	01/01/2021
0621T	TRABECULOSTOMY INTERNO LASER	01/01/2021
0622T	TRABECULOSTOMY INT LSR W/SCP	01/01/2021
0623T	AUTO QUANTIFICATION C PLAQUE	01/01/2021
0624T	AUTO QUAN C PLAQ DATA PREP	01/01/2021
0625T	AUTO QUAN C PLAQ CPTR ALYS	01/01/2021
0626T	AUTO QUAN C PLAQ I&R	01/01/2021
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	01/01/2021
0628T	PERQ NJX ALGC FLUOR LMBR EA	01/01/2021
0629T	PERQ NJX ALGC CT LMBR 1ST	01/01/2021
0630T	PERQ NJX ALGC CT LMBR EA	01/01/2021
0631T	TC VIS LIT HYPERSPECTRAL IMG	01/01/2021
0632T	PERQ TCAT US ABLTJ NRV P-ART	01/01/2021
0639T	WRLS SKN SNR ANISOTROPY MEAS	01/01/2021
A4575	TOPICAL HYPERBACI OXYGEN CHAMBER D	12/01/2020
A4639	INFRARED HT SYS REPLCMNT PAD	09/01/2020
A6000	WOUND WARMING WOUND COVER	09/01/2020
A9285	INVERSION EVERSION COR DEVIC	12/01/2020
C1841	RETINAL PROSTH INT EXT COMP	12/01/2020
C1842	RETINAL PROSTH ADD ON	12/01/2020
C9354	ACELLULAR PERICARDIAL TISSUE MATRIX	12/01/2020
C9356	TENOGLIDE TENDON PROT CM2	12/01/2020
C9358	DERMAL SUBSTITUTE NATIVE NON DENA	12/01/2020
C9360	DERMAL SUBSTITUTE NATIVE NON DENA	12/01/2020
C9364	PORCINE IMPLANT PERMACOL	12/01/2020
C9745	NASAL ENDO EUSTACHIAN TUBE	12/01/2020
C9749	REPAIR NASAL STENOSIS W IMP	12/01/2020



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE
E0221	INFRARED HEATING PAD SYSTEM	09/01/2020
E0231	WOUND WARMING DEVICE	09/01/2020
E0232	WARMING CARD FOR NWT	09/01/2020
E0487	ELECTRONIC SPIROMETER	09/01/2020
E0675	PNEUMATIC COMPRESSION DEVICE	12/01/2020
E0740	NON-IMPLANT PELV FLR E-STIM	09/01/2020
E0762	TRANS ELEC JT STIM DEV SYS	09/01/2020
E0764	FUNCTIONAL NEUROMUSCULARSTIM	09/01/2020
E0769	ELECTRIC WOUND TREATMENT DEV	09/01/2020
E0830	AMBULATORY TRACTION DEVICE	09/01/2020
E0840	TRACT FRAME ATTACH HEADBOARD	09/01/2020
E0849	CERVICAL PNEUM TRAC EQUIP	09/01/2020
E0850	TRACTION STAND FREE STANDING	09/01/2020
E0855	CERVICAL TRACTION EQUIPMENT	09/01/2020
E0856	CERVIC COLLAR W AIR BLADDERS	09/01/2020
E0860	TRACT EQUIP CERVICAL TRACT	09/01/2020
E0890	TRACTION FRAME ATTACH PELVIC	09/01/2020
E0936	CPM DEVICE OTHER THAN KNEE	12/01/2020
E0942	CERVICAL HEAD HARNESS/HALTER	09/01/2020
E0944	PELVIC BELT/HARNESS/BOOT	09/01/2020
G0255	CURRENT PERCEP THRESHOLD TST	09/01/2020
G0281	ELEC STIM UNATTEND FOR PRESS	09/01/2020
G0282	ELECT STIM WOUND CARE NOT PD	09/01/2020
G0295	ELECTROMAGNETIC THERAPY ONC	09/01/2020
G0329	ELECTROMAGNTIC TX FOR ULCERS	09/01/2020
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE	12/01/2020
G0460	AUTOLOGOUS PRP FOR ULCERS	12/01/2020
G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT	12/01/2020
K1002	CRANIAL ELECTROTHERAPY STIMULATION	12/01/2020
K1004	LO FREQ US DIATHERMY DEVICE	12/01/2020
L8605	INJECTABLE BULKING AGENT DEXTRANOM	12/01/2020
L8608	ARG II EXT COM SUP ACC MISC	12/01/2020
P9020	PLAELET RICH PLASMA UNIT	12/01/2020
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	12/01/2020



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE
Q4138	BIODFENCE DRYFLEX PER SQUARE CENTIM	12/01/2020
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTAB	12/01/2020
Q4140	BIODFENSE, PER SQUARE CENTIMETER	12/01/2020
Q4145	EPIFIX, INJECTABLE, 1 MG	12/01/2020
Q4148	NEOX 1K PER SQUARE CENTIMETER	12/01/2020
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	12/01/2020
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE	12/01/2020
Q4155	NEOXFLO OR CLARIFLO 1 MG	12/01/2020
Q4156	NEOX 100 1 SQUARE CM	12/01/2020
Q4157	REVITALON 1 SQUARE CM	12/01/2020
Q4159	AFFINITY1 SQUARE CM	12/01/2020
Q4160	NUSHIELD 1 SQUARE CM	12/01/2020
Q4162	AMNIOPRO FLOW, BIOSKIN FLOW, BIOREN	12/01/2020
Q4163	AMNIOPRO, BIOSKIN, BIORENEW, WOUNDE	12/01/2020
Q4169	ARTACENT WOUND, PER SQUARE CENTIMET	12/01/2020
Q4170	CYGNUS, PER SQUARE CENTIMETER	12/01/2020
Q4171	INTERFYL, 1 MG	12/01/2020
Q4173	PALINGEN OR PALINGEN XPLUS PER SQU	12/01/2020
Q4174	PALINGEN OR PROMATRX 0 36 MG PER 0	12/01/2020
Q4176	NEOPATCH OR THERION, PER SQUARE CEN	12/01/2020
Q4177	FLOWERAMNIOFLO, 0.1 CC	12/01/2020
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIM	12/01/2020
Q4180	REVITA, PER SQUARE CENTIMETER	12/01/2020
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER	12/01/2020
Q4183	SURGIGRAFT PER SQUARE CENTIMETER	12/01/2020
Q4184	CELLESTA OR CELLESTA DUO, PER SQUAR	12/01/2020
Q4185	CELLESTA FLOWABLE AMNION (25 MG PER	12/01/2020
Q4188	AMNIOARMOR PER SQUARE CENTIMETER	12/01/2020
Q4189	ARTACENT AC 1 MG	12/01/2020
Q4190	ARTACENT AC PER SQUARE CENTIMETER	12/01/2020
Q4191	RESTORIGIN PER SQUARE CENTIMETER	12/01/2020
Q4192	RESTORIGIN 1 CC	12/01/2020
Q4194	NOVACHOR PER SQUARE CENTIMETER	12/01/2020
Q4197	PURAPLY XT PER SQUARE CENTIMETER	12/01/2020
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQUA	12/01/2020
Q4201	MATRION PER SQUARE CENTIMETER	12/01/2020
Q4204	XWRAP PER SQUARE CENTIMETER	12/01/2020



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP, PE	12/01/2020
Q4206	FLUID FLOW OR FLUID GF, 1 CC	12/01/2020
Q4208	NOVAFIX, PER SQUARE CENTIMETER	12/01/2020
Q4209	SURGRAFT, PER SQUARE CENTIMETER	12/01/2020
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT,	12/01/2020
Q4211	AMNION BIO OR AXOBIOMEMBRANE, PER S	12/01/2020
Q4212	ALLOGEN, PER CC	12/01/2020
Q4213	ASCENT, 0.5 MG	12/01/2020
Q4214	CELLESTA CORD, PER SQUARE CENTIMETE	12/01/2020
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.	12/01/2020
Q4216	ARTACENT CORD, PER SQUARE CENTIMETE	12/01/2020
Q4217	WOUNDFIX, BIOWOUND, WOUNDFIX PLUS,	12/01/2020
Q4218	SURGICORD, PER SQUARE CENTIMETER	12/01/2020
Q4219	SURGIGRAFT-DUAL, PER SQUARE CENTIME	12/01/2020
Q4221	AMNIOWRAP2, PER SQUARE CENTIMETER	12/01/2020
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	12/01/2020
Q4228	BIONEXTPATCH, PER SQUARE CENTIMETER	12/01/2020
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUA	12/01/2020
Q4230	COGENEX FLOWABLE AMNION, PER 0.5 CC	12/01/2020
Q4231	CORPLEX P, PER CC	12/01/2020
Q4232	CORPLEX, PER SQUARE CENTIMETER	12/01/2020
Q4233	SURFACTOR OR NUDYN, PER 0.5 CC	12/01/2020
Q4234	XCELLERATE, PER SQUARE CENTIMETER	12/01/2020
Q4235	AMNIOREPAIR OR ALTIPLY, PER SQUARE	12/01/2020
Q4236	CAREPATCH, PER SQUARE CENTIMETER	12/01/2020
Q4237	CRYO-CORD, PER SQUARE CENTIMETER	12/01/2020
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE, PER	12/01/2020
Q4240	CORECYTE, FOR TOPICAL USE ONLY, PER	12/01/2020
Q4241	POLYCYTE, FOR TOPICAL USE ONLY, PER	12/01/2020
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	12/01/2020
Q4244	PROCENTA, PER 200 MG	12/01/2020
Q4245	AMNIOTEXT, PER CC	12/01/2020
Q4246	CORETEXT OR PROTEXT, PER CC	12/01/2020
Q4247	AMNIOTEXT PATCH, PER SQUARE CENTIME	12/01/2020
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRA	12/01/2020



CPT/HCPCS	DESCRIPTION	EFFECTIVE DATE
S2117	ARTHROEREISIS SUBTALAR	12/01/2020
S2300	ARTHROSCOPY SHOULDER SURGI	12/01/2020
S3650	SALIVA TEST HORMONE LEVEL DURING	12/01/2020
S3652	SALIVA TEST HORMONE LEVEL TO ASSE	12/01/2020
S3900	SURFACE EMG	09/01/2020
S8130	INTERFERENTIAL STIM 2 CHAN	09/01/2020
S8131	INTERFERENTIAL STIM 4 CHAN	09/01/2020
S8940	HIPPOTHERAPY PER SESSION	09/01/2020
S9001	HOME UTERINE MONITOR WITH OR	09/01/2020
S9056	COMA STIMULATION PER DIEM	12/01/2020
S9090	VERTEBRAL AXIAL DECOMPRESSION	09/01/2020

References:

[Medical Policies site](#)

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Policy Update History:

Approval Date	Description
05/28/2020	New policy Codes Effective 9/1/2020
08/13/2020	Removal of CPT/HCPCS Code
08/25/2020	Added CPT/HCPCS codes effective 12/1/2020
10/01/2020	Removal of CPT/HCPCS Code
11/05/2020	Added/Removed CPT/HCPCS Code



CPCP028 Addendum: Blue Cross Blue Shield of TX
Additional EIU Codes

Code	Description	Effective Date
J7607	LEVALBUTEROL COMP CON	12/01/2020
J7609	ALBUTEROL COMP UNIT	12/01/2020
J7610	ALBUTEROL COMP CON	12/01/2020
J7615	LEVALBUTEROL COMP UNIT	12/01/2020
J7622	BECLOMETHASOME INHALATION SOLUTION	12/01/2020
J7624	BETAMETHASOME INHALATION SOLUTION	12/01/2020
J7627	BUDESONIDE COMP UNIT	12/01/2020
J7629	BITOLTEROL MESYLATE INHALATION SOL	12/01/2020
J7634	BUDESONIDE INHALATION SOLUTION CO	12/01/2020
J7636	ATROPINE INHALATION SOLUTION ADMIN	12/01/2020
J7637	DEXAMETHASONE COMP CON	12/01/2020
J7638	DEXAMETHASONE COMP UNIT	12/01/2020
J7640	FORMOTEROL COMP UNIT	12/01/2020
J7642	GLYCOPYRROLATE COMP CON	12/01/2020
J7643	GLYCOPYRROLATE COMP UNIT	12/01/2020
J7645	IPRATROPIUM BROMIDE COMP	12/01/2020
J7660	ISOPROTERENOL HCL INHALATION SOLUT	12/01/2020
J7670	METAPROTERENOL SULFATE INHALATION	12/01/2020
J7676	PENTAMIDINE COMP UNIT DOSE	12/01/2020
J7680	TERBUTALINE SULF COMP CON	12/01/2020
J7681	TERBUTALINE SULFATE INHALATION SOL	12/01/2020
J7683	TRIAMCINOLONE COMP CON	12/01/2020
J7684	TRIAMCINOLONE COMP UNIT	12/01/2020



**CPCP028 Addendum: Blue Cross Blue Shield of TX
Additional EIU Codes**

J7604	ACETYLCYSTEINE COMP UNIT	12/01/2020
J7628	BITOLTEROL MESYLATE, INHALATION SOL	12/01/2020
J7632	CROMOLYN SODIUM COMP UNIT	12/01/2020
J7635	ATROPINE, INHALATION SOLUTION ADMIN	12/01/2020
J7641	FLUNISOLIDE, INHALATION SOLUTION AD	12/01/2020
J7647	ISOETHARINE HCL, INHALATION SOLUTIO	12/01/2020
J7650	ISOETHARINE HCL, INHALATION SOLUTIO	12/01/2020
J7657	ISOPROTERENOL HCL, INHALATION SOLUT	12/01/2020
J7667	METAPROTERENOL SULFATE, INHALATION	12/01/2020
J7685	TOBRAMYCIN, INHALATION SOLUTION, CO	12/01/2020