

Experimental/Investigational Services

Policy ADMIN-012

Origination Date: 01/22/2025

Reviewed/Revised Date: 01/22/2025

Next Review Date: 01/22/2026

Current Effective Date: 03/22/2025

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Investigational/Experimental Services are surgical or medical procedures, supplies, devices, or drugs which at the time provided, or sought to be provided, are in U of U Health Plans judgement not recognized as conforming to accepted medical practice or the procedure, drug, biologics, device, or other category:

1. The intervention does not have the Food and Drug Administration (FDA) approval to be marketed for the specific relevant indication(s); or
2. Available scientific evidence does not permit conclusions concerning the effect of the intervention on health outcomes; or
3. The intervention is not proven to be as safe or effective in achieving an outcome equal to or exceeding the outcome of alternative therapies; or
4. The intervention does not improve health outcomes; or
5. The intervention is not proven to be applicable outside the research setting.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans does NOT cover Experimental/Investigational Services.

Experimental treatment services meeting ANY of the following criteria are considered experimental/investigational:

- A. Has not received the final approval to market from appropriate government bodies;
- B. Does not permit peer-reviewed medical literature conclusions concerning its effect on health outcomes;
- C. Is not demonstrated to be as beneficial as established alternatives;
- D. Has not been demonstrated to improve the net health outcomes; or
- E. Is one in which the improvement claimed is not demonstrated to be obtainable outside the investigational or experimental setting; or
- F. Hayes level “C” or worse (*please refer to [ADMIN-001 Clinical Criteria for Review Determinations](#)*).

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

CPT Codes

Too numerous to mention

HCPCS Codes

Too numerous to mention

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

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