Note regarding Federal members
The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational for the purposes approved and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

Note regarding Humanitarian Device Exemption (HDE)
- Humanitarian Use Device (HUD) — a medical device intended to benefit patients in the treatment or diagnosis of a disease or condition that affects or is manifested in not more than 8,000 individuals in the United States per year. (Previously 4000 individuals; increased to 8000 on June 7, 2017)
- Humanitarian Device Exemption (HDE) — a marketing application for an HUD. An HDE is exempt from the effectiveness requirements of Sections 514 and 515 of the FD&C Act and is subject to certain profit and use restrictions.

Note regarding Transplant Program Case Management
EmblemHealth’s transplant program manages members with health care needs associated with having or preparing for a solid organ or bone marrow transplant. All transplant services are reviewed with the medical director assigned to support the transplant case management program. All requested transplant services are reviewed for medical necessity and evidence-based criteria are utilized to support the best care coordination and outcomes for EmblemHealth transplant members. To request transplant case management services for the EmblemHealth transplant program, members and providers may call 1-800-447-0768.

For additional information pertaining to experimental drugs, new drugs or medical technologies please click here
EmblemHealth’s Medical Guidelines are accessible through hyperlinks within the database or by clicking here

Key  N = No  Y = Yes  FFS = fee for service  HDE = humanitarian device exemption

<table>
<thead>
<tr>
<th>TECHNOLOGY</th>
<th>COMMERCIAL</th>
<th>MEDICARE</th>
<th>MEDICAID</th>
<th>LAST REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbioCor® Implantable Replacement Heart</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>NOTE: This investigational device is FDA-approved as a Humanitarian Device Exemption (HDE) for the treatment of severe biventricular end stage heart disease patients who are not cardiac transplant candidates and who are &lt; 75 years old, require multiple inotropic support, are not treatable by LVAD destination therapy, and are not weanable from biventricular support if on such support. Pre certification requests when presented as such will be case by case reviewed for all LOBs EXCEPT for Medicare members, whose costs relating directly to the provision of services related to the National Coverage Determination (NCD) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD. CPT (33927, 33928, 33929, L8698)</td>
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<tr>
<td>Acticon™ Neosphincter artificial bowel sphincter (See also Fecal Incontinence Treatment)</td>
<td>Y</td>
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<td>5/10/2019</td>
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<td>CPT (No specific code)</td>
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<td>Actigraphy as a stand-alone measurement parameter for the diagnosis of obstructive sleep apnea (See also Obstructive Sleep Apnea Diagnosis and Treatment)</td>
<td>N</td>
<td>Y</td>
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<td>2/14/2020</td>
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<td>CPT (See policy)</td>
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<tr>
<td>Service Description</td>
<td>Y/N 1</td>
<td>Y/N 2</td>
<td>Y/N 3</td>
<td>Date</td>
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<td>------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Alcohol septal ablation for hypertrophic cardiomyopathy</strong></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>3/13/2020</td>
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<tr>
<td><strong>Allogeneic hematopoietic stem cell transplantation (HSCT) for multiple myeloma, myelofibrosis and sickle cell disease</strong></td>
<td>SEE</td>
<td>SEE</td>
<td>SEE</td>
<td>5/10/2019</td>
</tr>
</tbody>
</table>
| Note: Medicare members, whose costs relating directly to the provision of services related to the CMS Decision Memo for Stem Cell Transplantation (that were non-covered services prior to the issuance of the Memo) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the Memo.  
(See also National Coverage Determinations Manual for complete Medicare coverage information regarding medically necessary clinical conditions for stem cell transplantation) |         |         |         |            |
<p>| CPT (38205, 38240, 38242, 38243, S2142, S2150)                                    |         |         |         |            |
| <strong>AlloSure® Donor-Derived Cell-Free DNA Test to assess probability of allograft rejection in kidney transplant recipients</strong> | N       | Y       | N       | 5/10/2019  |
| (See also Medicare LCD: AlloSure® Donor-Derived Cell-Free DNA Test)               |         |         |         |            |
| CPT (81479)                                                                       |         |         |         |            |
| <strong>Altered auditory feedback devices</strong>                                             | N       | N       | N       | 5/10/2019  |
| (E.g., SpeechEasy®/FluencyMaster)                                                 |         |         |         |            |
| (See also ACG: A-0896 ([AC])                                                      |         |         |         |            |
| CPT (No specific code)                                                            |         |         |         |            |
| HCPCS (E1399)                                                                     |         |         |         |            |
| <strong>Amniotic membrane transplantation for ocular reconstruction</strong>                   | Y       | Y       | Y       | 4/12/2019  |
| CPT (See policy)                                                                  |         |         |         |            |
| <strong>Anatomic model 3D-printing</strong>                                                    | N       | N       | N       | 6/14/2019  |
| CPT (0559T, 0560T, 0561T, 0562T eff. 07/01/2019)                                   |         |         |         |            |
| <strong>Antibody assay testing for detecting neutralizing antibodies against interferon beta (Betaseron) for multiple sclerosis patients</strong> | N       | N       | N       | 1/1/2020   |
| (E.g., Bab Screen, NabFeron®)                                                     |         |         |         |            |
| CPT (86382)                                                                       |         |         |         |            |
| <strong>Apheresis therapy with selective high-density lipoprotein (HDL) dilapidation and plasma reinfusion</strong> | N       | N       | N       | 5/10/2019  |
| CPT (0342T)                                                                       |         |         |         |            |
| <strong>Apos (All Phase of Step) Therapy® (AposTherapy®)</strong>                              | N       | N       | N       | 10/11/2019 |
| CPT (No specific code)                                                            |         |         |         |            |
| <strong>Atherectomy — peripheral, open or percutaneous, infrainguinal atherosclerotic arterial occlusive disease</strong> | Y       | Y       | Y       | 3/13/2020  |
| CPT (37225, 37227, 37229, 37231)                                                 |         |         |         |            |
| <strong>Atherectomy — peripheral, open or percutaneous, of arterial vasculature</strong>       | N       | N       | N       | 5/10/2019  |
| (E.g., abdominal aorta, brachiocephalic, iliac, renal, etc.)                      |         |         |         |            |
| CPT (0234T, 0235T, 0236T, 0237T, 0238T)                                           |         |         |         |            |</p>
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aqueous Shunts/implants for primary open angle glaucoma (FDA-approved external approach insertion)</strong></td>
<td></td>
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<td>1/10/2020</td>
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<tr>
<td>(E.g., Ahmed glaucoma implant, Baerveldt seton, Ex-PRESS mini glaucoma shunt, Glaucoma pressure regulator Krupin-Denver valve implant, Molteno implant, Schocket shunt; e.g., ExPRESS® Ophthalmic Glaucoma Device)</td>
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<tr>
<td>(See also <a href="#">Glucoma Surgery</a>)</td>
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<td>CPT (See policy)</td>
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<tr>
<td><strong>Aqueous shunts/implants for primary open angle glaucoma (without FDA approval and/or internal approach insertion)</strong></td>
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<td>1/10/2020</td>
</tr>
<tr>
<td>(E.g., CyPass®[Alcon recall Aug. 8, 2018, see also Potential Eye Damage From Alcon CyPass Micro-Stent Used to Treat Open-Angle Glaucoma: FDA Safety Communication], iStent®, iStent Supra, Eyepass, or DeepLight SOLX® Gold Shunt, AqueSys XEN45 Gel Stent)</td>
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<tr>
<td>(See also <a href="#">Glucoma Surgery</a>)</td>
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<tr>
<td>Note: When the glaucoma guideline criteria are met, the Hydrus® Microstent, iStent, iStent Inject and XEN45 devices are covered exceptions</td>
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<td>CPT (0191T, 0253T, 0376T, 0449T, 0450T, 0474T)</td>
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<tr>
<td><strong>Argus II Retinal Prosthesis System for advanced retinitis pigmentosa</strong></td>
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<td>5/10/2019</td>
</tr>
<tr>
<td>Note: The Argus II is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use in adults, age 25 years or older, with severe to profound RP who have bare light perception (can perceive light, but not the direction from which it is coming) or no light perception in both eyes, evidence of intact inner layer retina function, and a previous history of the ability to see forms. Patients must also be willing and able to receive the recommended post-implant clinical follow-up, device fitting, and visual rehabilitation. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis.</td>
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<tr>
<td>CPT (0100T, 0472T, 0473T, L8608)</td>
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<tr>
<td><strong>Arthroscopic knee surgery with primary diagnosis of osteoarthritis</strong></td>
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<td>3/13/2020</td>
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<tr>
<td>▪ Arthroscopic lavage used alone for the osteoarthritic knee</td>
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<tr>
<td>▪ Arthroscopic debridement for osteoarthritic patients presenting with knee pain only</td>
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<tr>
<td>▪ Arthroscopic debridement and lavage with or without debridement for patients presenting with severe osteoarthritis as defined in the Outerbridge classification scale, grades III and IV.</td>
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<td>CPT (29870, 29871, 29877)</td>
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<tr>
<td>HCPcs (G0289)</td>
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<tr>
<td><strong>Assisted Embryo Hatching</strong></td>
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<td>01/01/2020</td>
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<tr>
<td>(See policy <a href="#">Infertility Services — Commercial</a>)</td>
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<td>CPT (See policy)</td>
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<tr>
<td><strong>Audiometry — pure tone/speech (threshold), automated</strong></td>
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<td>5/10/2019</td>
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<tr>
<td>CPT (0208T, 0209T, 0210T, 0211T, 0212T)</td>
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<tr>
<td><strong>Autologous adipose-derived regenerative cell therapy for scleroderma in the hands</strong></td>
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<td>11/8/2019</td>
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<tr>
<td>CPT (0489T, 0490T)</td>
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<tr>
<td><strong>Autologous blood-derived products/platelet growth factors/platelet rich plasma for bone/tissue injury (including surgically created wounds and non-unions; muscle, tendon and ligament injuries</strong></td>
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<td>5/10/2019</td>
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<tr>
<td>Procedure Description</td>
<td>Medicare Coverage</td>
<td>Other Coverage</td>
<td>Date of Change</td>
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<tr>
<td>(E.g., Achilles tendinopathy or rupture, anterior cruciate ligament, epicondylitis or type II shoulder impingement, plantar fasciitis, rotator cuff, etc.)</td>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
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<tr>
<td>For Medicare members see Coverage with Evidence Development Autologous Platelet-Rich Plasma</td>
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<tr>
<td>CPT (0232T)</td>
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<tr>
<td>HCPCS (S9055, G0460)</td>
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<tr>
<td>Autologous bone marrow cell therapy, intramuscular, with preparation of harvested cells, multiple injections, one, leg, including ultrasound guidance (if performed)</td>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
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<tr>
<td>CPT (0263T, 0264T, 0265T)</td>
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<tr>
<td>Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation/injection of cellular implant into knee joint including ultrasound guidance, unilateral</td>
<td>N</td>
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<td>12/13/2019</td>
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<td>CPT (0565T, 0566T eff. 01/01/2020)</td>
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<tr>
<td><strong>Autologous chondrocyte implantation</strong> (aka transplantation)</td>
<td>Y</td>
<td>Y</td>
<td>9/13/2019</td>
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<td>CPT (See policy)</td>
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<tr>
<td>HCPCS (See policy)</td>
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<tr>
<td>Automated evacuation of Meibomian glands — heat and intermittent pressure</td>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
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<tr>
<td>(E.g., LipiFlow [TearScience®])</td>
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<td>CPT (0207T, [0563T eff. 01/01/2020])</td>
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<tr>
<td>Automatic blood pressure monitor</td>
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<td>1/10/2020</td>
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<tr>
<td>(See also <strong>Automatic Blood Pressure Monitor</strong>)</td>
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<tr>
<td>HCPCS (See policy)</td>
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<tr>
<td>Avise MCV™ for the diagnosis and prognosis of rheumatoid arthritis</td>
<td>N</td>
<td>N</td>
<td>1/10/2020</td>
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<tr>
<td>(See also <strong>Gene Expression Profiling</strong>)</td>
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<tr>
<td>CPT (83520)</td>
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<tr>
<td>MCV+</td>
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<td>1/10/2020</td>
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<td>CPT (83520, 86200)</td>
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<tr>
<td>Avise® MTX (aka Avise PG) for measuring methotrexate polyglutamates for rheumatoid arthritis (metabolite marker testing)</td>
<td>N</td>
<td>Y</td>
<td>1/10/2020</td>
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<tr>
<td>(See also <strong>Gene Expression Profiling</strong>)</td>
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<tr>
<td>CPT (81479)</td>
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<tr>
<td>Avise® Lupus (aka Avise SLE) diagnostic biomarker panel for diagnosis of systemic lupus erythematosus (SLE)</td>
<td>N</td>
<td>N</td>
<td>1/10/2020</td>
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<tr>
<td>(See also <strong>Gene Expression Profiling</strong>)</td>
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<tr>
<td>CPT (83520, 86039, 86225, 88184, 88185, 88187)</td>
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<tr>
<td>Avise® CTD (aka Avise SLE+)</td>
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<tr>
<td>(See also <strong>Gene Expression Profiling</strong>)</td>
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<tr>
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<tr>
<td>Balloon sinuplasty</td>
<td>Y</td>
<td>Y</td>
<td>9/13/2019</td>
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</tbody>
</table>
(E.g., Balloon Sinuplasty System™ Functional Infundibular Endoscopic Sinus System [FinESS], Relieva Seeker Balloon Sinuplasty System)

Note: When performed with functional endoscopic sinus surgery (FESS), it is considered integral to FESS and not separately reimbursable

CPT (See policy)

Behavioral prevention program for diabetes — online/electronic
(See also Nutritional Counseling Services)
CPT (0488T)

Biliopancreatic diversion (BPD) for clinically severe obesity
(See also Bariatric Surgery)
Note:
- BPD with duodenal switch (DS) is considered medically necessary
- BPD Scopinaro procedure is considered investigational
CPT (See policy)

Bioelectrical impedance (whole body)
CPT (0358T)

Bioimpedance (a form of plethysmography) for the assessment of lymphedema
(E.g. L-Dex U400)
CPT (93702)

Note: Covered for Medicare eff. 10/12/19

Bioengineered skin/tissue products for reconstruction
(E.g., abdominal, breast)

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
<td>AlloDerm®</td>
<td>Q4116</td>
</tr>
<tr>
<td>AllopatchHD, FlexHD or Matrix HD</td>
<td>Q4128</td>
</tr>
<tr>
<td>Cortiva™ (prev. AlloMax,NeoForm™),</td>
<td>Q4100- Breast &amp; Misc. C1781 - Hernia</td>
</tr>
<tr>
<td>Cymetra® Micronized AlloDerm® injectable for vocal cord paralysis</td>
<td>Q4112</td>
</tr>
<tr>
<td>DermACELL® (coverage eff. 11/1/19)</td>
<td>Q4122</td>
</tr>
<tr>
<td>DermaMatrix (discontinued 6/2014)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Bioengineered skin/tissue products for reconstruction
(E.g., abdominal, breast)

<table>
<thead>
<tr>
<th>Product</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Interfyl™ Human Connective Tissue Matrix</td>
<td>Q4171</td>
</tr>
<tr>
<td>Marigen</td>
<td>Q4158</td>
</tr>
<tr>
<td>Repriza</td>
<td>Q4143</td>
</tr>
<tr>
<td>Strattice™ Reconstructive</td>
<td>Q4130</td>
</tr>
<tr>
<td>SurgiMend®</td>
<td>(No specific code)</td>
</tr>
<tr>
<td>XCM BIOLOGIC® Tissue Matrix</td>
<td>Q4142</td>
</tr>
<tr>
<td>XenMatrix™</td>
<td>No specific code</td>
</tr>
</tbody>
</table>

Bioengineered skin/tissue products for wounds/surgical applications
(E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)

<table>
<thead>
<tr>
<th>Product</th>
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<tbody>
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Behavioral prevention program for diabetes — online/electronic
(See also Nutritional Counseling Services)
CPT (0488T)

Biliopancreatic diversion (BPD) for clinically severe obesity
(See also Bariatric Surgery)
Note:
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CPT (See policy)

Bioelectrical impedance (whole body)
CPT (0358T)

Bioimpedance (a form of plethysmography) for the assessment of lymphedema
(E.g. L-Dex U400)
CPT (93702)

Note: Covered for Medicare eff. 10/12/19

Bioengineered skin/tissue products for reconstruction
(E.g., abdominal, breast)

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</tr>
<tr>
<td>Cortiva™ (prev. AlloMax,NeoForm™),</td>
<td>Q4100- Breast &amp; Misc. C1781 - Hernia</td>
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<td>Cymetra® Micronized AlloDerm® injectable for vocal cord paralysis</td>
<td>Q4112</td>
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<tr>
<td>DermACELL® (coverage eff. 11/1/19)</td>
<td>Q4122</td>
</tr>
<tr>
<td>DermaMatrix (discontinued 6/2014)</td>
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</tbody>
</table>

Bioengineered skin/tissue products for reconstruction
(E.g., abdominal, breast)

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<tbody>
<tr>
<td>Interfyl™ Human Connective Tissue Matrix</td>
<td>Q4171</td>
</tr>
<tr>
<td>Marigen</td>
<td>Q4158</td>
</tr>
<tr>
<td>Repriza</td>
<td>Q4143</td>
</tr>
<tr>
<td>Strattice™ Reconstructive</td>
<td>Q4130</td>
</tr>
<tr>
<td>SurgiMend®</td>
<td>(No specific code)</td>
</tr>
<tr>
<td>XCM BIOLOGIC® Tissue Matrix</td>
<td>Q4142</td>
</tr>
<tr>
<td>XenMatrix™</td>
<td>No specific code</td>
</tr>
</tbody>
</table>

Bioengineered skin/tissue products for wounds/surgical applications
(E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Behavioral prevention program for diabetes — online/electronic
(See also Nutritional Counseling Services)
CPT (0488T)

Biliopancreatic diversion (BPD) for clinically severe obesity
(See also Bariatric Surgery)
Note:
- BPD with duodenal switch (DS) is considered medically necessary
- BPD Scopinaro procedure is considered investigational
CPT (See policy)

Bioelectrical impedance (whole body)
CPT (0358T)

Bioimpedance (a form of plethysmography) for the assessment of lymphedema
(E.g. L-Dex U400)
CPT (93702)

Note: Covered for Medicare eff. 10/12/19

Bioengineered skin/tissue products for reconstruction
(E.g., abdominal, breast)

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AlloDerm®</td>
<td>Q4116</td>
</tr>
<tr>
<td>AllopatchHD, FlexHD or Matrix HD</td>
<td>Q4128</td>
</tr>
<tr>
<td>Cortiva™ (prev. AlloMax,NeoForm™),</td>
<td>Q4100- Breast &amp; Misc. C1781 - Hernia</td>
</tr>
<tr>
<td>Cymetra® Micronized AlloDerm® injectable for vocal cord paralysis</td>
<td>Q4112</td>
</tr>
<tr>
<td>DermACELL® (coverage eff. 11/1/19)</td>
<td>Q4122</td>
</tr>
<tr>
<td>DermaMatrix (discontinued 6/2014)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Bioengineered skin/tissue products for reconstruction
(E.g., abdominal, breast)

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interfyl™ Human Connective Tissue Matrix</td>
<td>Q4171</td>
</tr>
<tr>
<td>Marigen</td>
<td>Q4158</td>
</tr>
<tr>
<td>Repriza</td>
<td>Q4143</td>
</tr>
<tr>
<td>Strattice™ Reconstructive</td>
<td>Q4130</td>
</tr>
<tr>
<td>SurgiMend®</td>
<td>(No specific code)</td>
</tr>
<tr>
<td>XCM BIOLOGIC® Tissue Matrix</td>
<td>Q4142</td>
</tr>
<tr>
<td>XenMatrix™</td>
<td>No specific code</td>
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</tbody>
</table>

Bioengineered skin/tissue products for wounds/surgical applications
(E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Product Name</td>
<td>Code(s)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Affinity</td>
<td>Q4159</td>
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<tr>
<td>AlloSkin™, AlloSkin RT, AlloSkin AC</td>
<td>Q4115, Q4123, Q4141</td>
</tr>
<tr>
<td>AlloPatch HD, FlexHD or Matrix HD</td>
<td>Q4128</td>
</tr>
<tr>
<td>Amnio wound, per square centimeter</td>
<td>Q4181</td>
</tr>
<tr>
<td>Amnioarmor, per square centimeter</td>
<td>Q4188</td>
</tr>
<tr>
<td>AmnioBand or Guardian per square cm</td>
<td>Q4151 (AmnioBand Viable and AmnioBand SL)</td>
</tr>
<tr>
<td>AmnioBand 1mg</td>
<td>Q4168 (AmnioBand Particulate)</td>
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<tr>
<td>AmnioExcel or BioDExCel</td>
<td>Q4137</td>
</tr>
<tr>
<td>AmnioPro, Bioskin, Biorenew, Woundex, Amniogen-45, Amniogen-200, per square centimeter</td>
<td>Q4163</td>
</tr>
<tr>
<td>Apligraf®</td>
<td>Q4101</td>
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<tr>
<td>Architect, Architect PX or Architect FX</td>
<td>Q4147</td>
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<tr>
<td>Artacent™</td>
<td>Q4169</td>
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<tr>
<td>Artacent ac, per square centimeter</td>
<td>Q4190</td>
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<tr>
<td>Biodfence and Biodfence dryflex</td>
<td>Q4140, Q4138</td>
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<tr>
<td>bio-ConneKt® Wound Matrix</td>
<td>Q4161</td>
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<tr>
<td>Biovance</td>
<td>Q4154</td>
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<tr>
<td>CYGNUS</td>
<td>Q4170</td>
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<tr>
<td>Cytal™</td>
<td>Q4166</td>
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<tr>
<td>DermACELL®</td>
<td>Q4122</td>
</tr>
<tr>
<td>Derma-gide, per square centimeter</td>
<td>Q4203</td>
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<tr>
<td>Dermagraft®</td>
<td>Q4106</td>
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<tr>
<td>DermaPure</td>
<td>Q4152</td>
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<tr>
<td>Dermavest</td>
<td>Q4153</td>
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<tr>
<td>EpiCord</td>
<td>Q4187</td>
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<tr>
<td>EpiFix®</td>
<td>Q4186</td>
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<tr>
<td>EZ-DERM™</td>
<td>Q4136</td>
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<tr>
<td>FortaDerm™ (New name PuraPly™)</td>
<td>Q4195, Q4196, Q4197</td>
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<tr>
<td>PuraPly™ Antimicrobial Wound Matrix (PuraPly AM)</td>
<td>Q4195, Q4196, Q4197</td>
</tr>
<tr>
<td>PuraPly™ Wound Matrix (PuraPly)</td>
<td>Q4195, Q4196, Q4197</td>
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<tr>
<td>Floweramnioflo, 0.1 cc</td>
<td>Q4177</td>
</tr>
<tr>
<td>Floweramniopatch, per square centimeter</td>
<td>Q4178</td>
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<tr>
<td>GammaGraft</td>
<td>Q4111</td>
</tr>
<tr>
<td>Grafix® core, Grafix® prime</td>
<td>Q4132, Q4133</td>
</tr>
<tr>
<td>GRAFTJACKET®</td>
<td>Q4107</td>
</tr>
<tr>
<td>Helicoll™</td>
<td>Q4164</td>
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<tr>
<td>hMatrix®</td>
<td>Q4134</td>
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<tr>
<td>Hyalomatrix®</td>
<td>Q4117</td>
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<tr>
<td>Integra® Bilayer Matrix, Integra, Integra Matrix</td>
<td>Q4104, Q4108</td>
</tr>
<tr>
<td>Integra Dermal Regeneration Template</td>
<td>Q4105</td>
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<tr>
<td>Product Name</td>
<td>Code</td>
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<tr>
<td>--------------------------------------------------</td>
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<tr>
<td>keramatrix®</td>
<td>Q4165</td>
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<tr>
<td>Marigen</td>
<td>Q4158</td>
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<tr>
<td>MatriStem® MicroMatrix, MariStem wound Matrix,</td>
<td>Q4118, Q4166 for Cytal</td>
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<tr>
<td>MicroStem Burn Matrix</td>
<td></td>
</tr>
<tr>
<td>(New commercial name for MariStem is Cytal)</td>
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<tr>
<td>Mediskin</td>
<td>Q4135</td>
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<tr>
<td>MemoDerm™, DermaSpan, TranZgraft or InteguPly</td>
<td>Q4126</td>
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<tr>
<td>MIRODERM™</td>
<td>Q4175</td>
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<tr>
<td>NeoxFlo® or ClarixFlo™</td>
<td>Q4155</td>
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<tr>
<td>Neox® Wound Matrix</td>
<td>Q4148, Q4156</td>
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<tr>
<td>Nushield</td>
<td>Q4160</td>
</tr>
<tr>
<td>OASIS® Wound Matrix, Oasis Burn Matrix, Ultra Tri-</td>
<td>Q4102, Q4103, Q4124</td>
</tr>
<tr>
<td>layer Matrix</td>
<td></td>
</tr>
<tr>
<td>PalinGen or PalinGen XPlus, per square centimeter</td>
<td>Q4173</td>
</tr>
<tr>
<td>(to identify PalinGen®) Membrane and PalinGen®</td>
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</tr>
<tr>
<td>Hydromembrane</td>
<td></td>
</tr>
<tr>
<td>PalinGen or ProMatrX (to identify ProMatrX,</td>
<td>Q4174</td>
</tr>
<tr>
<td>PalinGen Flow and PalinGen SportFlow</td>
<td></td>
</tr>
<tr>
<td>PriMatrix™</td>
<td>Q4110</td>
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<tr>
<td>Revita, per square centimeter</td>
<td>Q4180</td>
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<tr>
<td>Revitalon</td>
<td>Q4157</td>
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<tr>
<td>Surgigraft, per square meter</td>
<td>Q4183</td>
</tr>
<tr>
<td>Talymed™</td>
<td>Q4127</td>
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<tr>
<td>Tensix</td>
<td>Q4146</td>
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<tr>
<td>Theraskin®</td>
<td>Q4121</td>
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<tr>
<td>TransCyte</td>
<td>Q4100, Q4182</td>
</tr>
</tbody>
</table>

Bioengineered skin/tissue products for wounds/surgical applications
(E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)
(See also Application of Bioengineered Skin Substitutes)

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Code</th>
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<tbody>
<tr>
<td>Allowrap</td>
<td>Q4150</td>
</tr>
<tr>
<td>AmnioFix®</td>
<td>J3590</td>
</tr>
<tr>
<td>Amniopro Flow, Bioskin Flow, Biorenew Flow,</td>
<td>Q4162</td>
</tr>
<tr>
<td>Woundex Flow, Amniogen-A, Amniogen-C, 0.5 cc</td>
<td></td>
</tr>
<tr>
<td>Amniomatrix® or biodmatrix, injectable</td>
<td>Q4139</td>
</tr>
<tr>
<td>Arthrolflex®</td>
<td>Q4125</td>
</tr>
<tr>
<td>Epifix injectable</td>
<td>Q4145</td>
</tr>
<tr>
<td>Excellagen</td>
<td>Q4149</td>
</tr>
<tr>
<td>GRAFTJACKET® XPRESS</td>
<td>Q4113</td>
</tr>
<tr>
<td>Integra Flowable Wound Injectable</td>
<td>Q4114</td>
</tr>
<tr>
<td>Repriza</td>
<td>Q4143</td>
</tr>
<tr>
<td>TruSkin™</td>
<td>Q4167</td>
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<tr>
<td>Unite®</td>
<td>No Specific Code</td>
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</table>

N  N  N  10/11/2019
<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Neopatch, per square centimeter</td>
<td>Q4176</td>
<td>N</td>
<td></td>
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<td>6/14/2019</td>
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<tr>
<td>Flowerderm, per square centimeter</td>
<td>Q4179</td>
<td>N</td>
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<tr>
<td>Cellesta, per square centimeter</td>
<td>Q4184</td>
<td>N</td>
<td></td>
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<tr>
<td>Cellesta flowable amnion (25 mg per cc); per 0.5 cc</td>
<td>Q4185</td>
<td>N</td>
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<tr>
<td>Artacent ac, 1 mg</td>
<td>Q4189</td>
<td>N</td>
<td></td>
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<tr>
<td>Restorigin, per square centimeter</td>
<td>Q4191</td>
<td>N</td>
<td></td>
<td>N</td>
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<tr>
<td>Coll-e-derm, per square centimeter</td>
<td>Q4193</td>
<td>N</td>
<td></td>
<td>N</td>
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<tr>
<td>Novachor, per square centimeter</td>
<td>Q4194</td>
<td>N</td>
<td></td>
<td>N</td>
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<tr>
<td>Genesis amniotic membrane, per square centimeter</td>
<td>Q4198</td>
<td>N</td>
<td></td>
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<tr>
<td>Skin te, per square centimeter</td>
<td>Q4200</td>
<td>N</td>
<td></td>
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<tr>
<td>Matrion, per square centimeter</td>
<td>Q4201</td>
<td>N</td>
<td></td>
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<tr>
<td>Keroxx (2.5g/cc), 1cc</td>
<td>Q4202</td>
<td>N</td>
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<td>N</td>
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<tr>
<td>Xwrap, per square centimeter</td>
<td>Q4204</td>
<td>N</td>
<td></td>
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<tr>
<td><strong>Biomagnetic Therapy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>CPT (See policy)</td>
<td></td>
<td>N</td>
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<td>N</td>
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</tr>
<tr>
<td><strong>Biomarker testing — growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1) for assessing multiple medical conditions including cardiovascular diseases</strong></td>
<td></td>
<td>N</td>
<td></td>
<td>N</td>
<td>3/13/2020</td>
</tr>
<tr>
<td>(See also Gene Expression Profiling)</td>
<td></td>
<td>N</td>
<td></td>
<td>N</td>
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<tr>
<td>CPT (83006)</td>
<td></td>
<td>N</td>
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</tr>
<tr>
<td><strong>Biomarker testing — Des-gamma-carboxy prothrombin (DCP) for diagnosing and monitoring hepatocellular carcinoma (HCC) and other indications</strong></td>
<td></td>
<td>N</td>
<td></td>
<td>N</td>
<td>2/14/2020</td>
</tr>
<tr>
<td>(aka prothrombin produced by vitamin K absence or antagonism II [PIVKA II])</td>
<td></td>
<td>N</td>
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<tr>
<td>CPT (83951)</td>
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<td>N</td>
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<tr>
<td><strong>Biomarker testing for assessing and managing iron deficiency anemia in late-stage chronic kidney disease</strong></td>
<td></td>
<td>N</td>
<td></td>
<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td></td>
<td>N</td>
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<tr>
<td><strong>Biomarker testing for assessing cardiac disease risk — secretory type II phospholipase A2 (sPLA2-IIA)</strong></td>
<td></td>
<td>N</td>
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<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>(E.g., AccuCardia [Zeus Scientific])</td>
<td></td>
<td>N</td>
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<tr>
<td>CPT (0423T)</td>
<td></td>
<td>N</td>
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<tr>
<td><strong>Biomarker testing for diagnosis/management of rheumatoid arthritis</strong></td>
<td></td>
<td>N</td>
<td></td>
<td>N</td>
<td>2/14/2020</td>
</tr>
<tr>
<td>(E.g., IdentRA® Panel 2 [Quest Diagnostics, preferred lab; panel includes Rheumatoid Factor, Cyclic Citrullinated Peptide (CCP) Antibody (IgG) and 14.3.3 eta Protein], Vectra® DA [Crescendo Bioscience])</td>
<td></td>
<td>N</td>
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<tr>
<td>(See also Gene Expression Profiling and Vectra DA Coding and Billing Guidelines for Medicare)</td>
<td></td>
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<tr>
<td>CPT (81490, 83520 86140, 86200, 86431)</td>
<td></td>
<td>N</td>
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<tr>
<td><strong>Biomarker testing for Alzheimer’s disease (cerebrospinal fluid or urine-based)</strong></td>
<td></td>
<td>N</td>
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<td>N</td>
<td>5/10/2019</td>
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<tr>
<td>(E.g., ADmark® Alzheimer’s Evaluation [Athena])</td>
<td></td>
<td>N</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Approved</td>
<td>Charged</td>
<td>Denied</td>
<td>Date</td>
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<tr>
<td>CPT (83520)</td>
<td>Biomarker testing for breast cancer — urokinase plasminogen activator (uPA) and its plasminogen activator inhibitor type 1 (PAI-1) (See also <a href="#">Gene Expression Profiling and Biomarker Testing for Breast Cancer</a>)</td>
<td></td>
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<td>2/14/2020</td>
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<tr>
<td>CPT (85415)</td>
<td>Biomarker testing for managing neuroendocrine tumors (See also <a href="#">NGS Medicare LCD: Biomarker Testing for Neuroendocrine Tumors/Neoplasms</a>)</td>
<td></td>
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<td>3/13/2020</td>
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<tr>
<td>CPT (No specific code)</td>
<td>Biomechanical mapping, transvaginal, with report</td>
<td></td>
<td></td>
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<td>11/8/2019</td>
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<tr>
<td>CPT (0487T)</td>
<td>Bioness L300 Foot Drop System for traumatic brain Injury (TBI) (aka functional electrical stimulation) (HCPCS (E0770) Note: Covered for Medicare eff. 10/12/19)</td>
<td></td>
<td></td>
<td></td>
<td>5/10/2019</td>
</tr>
<tr>
<td>CPT (46707)</td>
<td>Biosynthetic fistula plugs for enteric/anorectal fistula repair (E.g., Biodesign Enterocutaneous Fistula Plug, SIS Fistula Plug, Surgisis RVP Recto-Vaginal Fistula Plug, GORE® BIO-A® Fistula Plug)</td>
<td></td>
<td></td>
<td></td>
<td>2/14/2020</td>
</tr>
<tr>
<td></td>
<td>Note: Covered for Medicare eff. 10/12/19</td>
<td></td>
<td></td>
<td></td>
<td>2/14/2020</td>
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<tr>
<td>CPT (0437T)</td>
<td>Biosynthetic Implant for ventral hernia repair/abdominal wall fascial defect</td>
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<td>2/14/2020</td>
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<tr>
<td>CPT (0400T, 0401T, 0470T, 0471T, 0472T, 96904, 96931, 96932, 96934, 96935, 96936)</td>
<td>Body photography — “total” body or “whole” body/computer-based optical diagnostic devices/imaging techniques for evaluating pigmented skin lesions suspected of malignancy</td>
<td></td>
<td></td>
<td></td>
<td>7/12/2019</td>
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<tr>
<td></td>
<td>(i.e., multispectral digital skin lesion analysis [MSDLSA], Optical coherence tomography, reflectance confocal microscopy [RCM]; including, but not limited to dermatoscopic devices/total body systems MoleSafe, such as Episcope™, Nevoscope™, Dermascope™, MoleMax™, VivaScope®, MelaFind®, MoleMapCD, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>2/14/2020</td>
</tr>
<tr>
<td>CPT (0400T, 0401T, 0470T, 0471T, 96904, 96931, 96932, 96934, 96935, 96936)</td>
<td>Note: CPTs 96931, 96932, 96933, 96934, 96935 and 96936 are covered for Medicare eff. 10/12/19</td>
<td></td>
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<td>2/14/2020</td>
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<tr>
<td>CPT (0477T)</td>
<td>Bone anchored hearing aids (MCG #ACG: A-0564 [AC])</td>
<td></td>
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<td>2/14/2020</td>
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<tr>
<td>CPT (See policy)</td>
<td>Bone growth stimulators (See <a href="#">Osteogenesis Stimulators</a> for covered/noncovered indications)</td>
<td></td>
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<td>6/14/2019</td>
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<tr>
<td>HCPCS (See policy)</td>
<td>Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score</td>
<td></td>
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<td>6/14/2019</td>
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<tr>
<td>Service Description</td>
<td>Reimbursement</td>
<td>Code</td>
<td>Date</td>
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<tr>
<td>Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan</td>
<td>N</td>
<td>CPT (0554T, 0555T, 0556T, 0557T, 0558T eff. 07/01/2019)</td>
<td>6/14/2019</td>
<td></td>
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</tr>
<tr>
<td>Brachytherapy — breast cancer, endometrial/cervical cancer, epithelial ovarian cancer, prostate, temporary high dose intracoronary for stent restenosis</td>
<td>Y</td>
<td>CPT (19296, 19297, 19298, 58346, 55860, 55862, 55865, 55875, 55876, 55920, 57155, 57156, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77778, 77789, 77790, 77799, 77770, 77771, 77772, 92974)</td>
<td>5/10/2019</td>
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<tr>
<td>Brachytherapy — electronic, skin surface application</td>
<td>N</td>
<td>CPT (0394T, 0395T)</td>
<td>5/10/2019</td>
<td></td>
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</tr>
<tr>
<td>Note: 0395T (electronic brachytherapy (AccuBoost®), interstitial or intracavitary) is considered investigational for interstitial indications. When billed for breast cancer, 0395T is reimbursable (see row above)</td>
<td></td>
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<td>5/10/2019</td>
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<tr>
<td>Breast ductal endoscopy (aka fiberoptic ductoscopy or mammary ductoscopy) for breast cancer screening</td>
<td>N</td>
<td>CPT (No specific code)</td>
<td>2/14/2020</td>
<td></td>
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<tr>
<td>Breast ductal lavage for breast cancer screening</td>
<td>N</td>
<td>CPT (19499)</td>
<td>2/14/2020</td>
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<tr>
<td>(E.g., ForeCYTE Breast Health Test, Halo breast PAP Test System, Mammary Aspirate Specimen Cytology Test, Pro-Duct Catheter, etc.)</td>
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<td>2/14/2020</td>
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<tr>
<td>Bronchial thermoplasty for severe asthma</td>
<td>N</td>
<td>CPT (No specific code)</td>
<td>5/10/2019</td>
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<td></td>
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<tr>
<td>Cadaver lung organ perfusion system — initiation, monitoring, surgical preparation</td>
<td>N</td>
<td>CPT (0494T, 0495T, 0496T)</td>
<td>11/8/2019</td>
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<tr>
<td>Camera pill — esophageal and small bowel indications</td>
<td>Y</td>
<td>CPT (91110, 91111)</td>
<td>5/10/2019</td>
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<tr>
<td>(E.g., PillCam ESO, PillCam SB, Olympus Capsule Endoscopy System)</td>
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<td>5/10/2019</td>
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<tr>
<td>Camera pill — colon (PillCam® Colon)</td>
<td>N</td>
<td>CPT (0355T)</td>
<td>5/10/2019</td>
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<tr>
<td>Camera pill accessory systems to determine gastrointestinal patency</td>
<td>N</td>
<td>CPT (91299)</td>
<td>5/10/2019</td>
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<tr>
<td>(E.g., Given® AGILE Patency System as an accessory to the Given® PillCam™)</td>
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<td>5/10/2019</td>
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<tr>
<td>Camera pill accessory systems to determine gastrointestinal patency (E.g., Given® AGILE Patency System as an accessory to the Given® PillCam™)</td>
<td>N</td>
<td>CPT (91299)</td>
<td>5/10/2019</td>
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<td>(See also Capsule Endoscopy)</td>
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<td>5/10/2019</td>
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<tr>
<td>Canaloplasty (See also Canaloplasty and Viscocanalostomy)</td>
<td>Y</td>
<td>CPT (91299)</td>
<td>4/12/2019</td>
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<td>Service Description</td>
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<td>Effective Date</td>
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<tr>
<td>Cardiac — central arterial pressure waveforms analysis (E.g., SphygmoCor® System)</td>
<td>CPT (93050)</td>
<td>N</td>
<td>5/10/2019</td>
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<td>Note: Covered for Medicare eff. 10/12/19</td>
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<tr>
<td>Cardiac — contractility modulation using an implantable device (E.g., CCM System Optimizer)</td>
<td>CPT (0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T)</td>
<td>N</td>
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<td></td>
<td></td>
<td>N</td>
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<tr>
<td>Cardiac — counterpulsation (external) (MCG # ACG: A-0175 [AC])</td>
<td>HCP (G0166)</td>
<td>Y</td>
<td>8/9/2019</td>
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<tr>
<td>Cardiac — counterpulsation (implanted extra-aortic counterpulsation device [EACD])</td>
<td>CPT (0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T)</td>
<td>N</td>
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<td>N</td>
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<tr>
<td>Cardiac — HeartFlow® digital 3D modeling</td>
<td></td>
<td>Y</td>
<td>5/10/2019</td>
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<tr>
<td>Note: Medicare members are covered per LCD: Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)</td>
<td></td>
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<td>CPT (0501T, 0502T, 0503T, 0504T)</td>
<td></td>
<td>Y</td>
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<tr>
<td>Cardiac — hemodynamic monitors, implantable left atrial (E.g., HeartPOD System, Promote LAP System)</td>
<td>CPT (No specific code)</td>
<td>N</td>
<td>5/10/2019</td>
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<tr>
<td>Cardiac — hemodynamic, transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed</td>
<td>CPT (33289)</td>
<td>N</td>
<td>11/8/2019</td>
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<tr>
<td>Note: Covered for Medicare eff. 10/12/19</td>
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<tr>
<td>Cardiac — leadless pacemaker (E.g., Micra Transcatheter Pacing System, Nanostim™ Leadless Pacemaker, WiSETM CRT System)</td>
<td></td>
<td>N</td>
<td>1/10/2020</td>
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<tr>
<td>Note: Medicare members, whose costs relating directly to the provision of services related to the NCD for Leadless Pacemakers (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD for the treatment of significant symptomatic degenerative mitral regurgitation when furnished according to an FDA approved indication and when the conditions put forth within the NCD are met.</td>
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<td>SEE NOTE</td>
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<tr>
<td>CPT (0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 33274, 33275)</td>
<td></td>
<td>N</td>
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<tr>
<td>Cardiac — left atrial appendage (LAA) closure devices</td>
<td></td>
<td>SEE NOTE</td>
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<td>SEE NOTE</td>
<td>1/10/2020</td>
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</tbody>
</table>
The Watchman (only) is covered when all the following are applicable:

- Nonvalvular sustained or paroxysmal atrial fibrillation
- Elevated risk of embolic stroke (e.g., CHA2DS2-VASc score of 2 or more, ATRIA score of 6 or more)
- Medical management (anticoagulation) not preferred due to 1 or more of the following:
  - Thromboembolism while on oral anticoagulant (i.e., while on therapeutic dosage, or INR in therapeutic range)
  - Elevated risk of bleeding on oral anticoagulant (e.g., HAS-BLED score of 3 or more)
  - Other contraindication to long-term anticoagulation
  - Patient unable or unwilling to use long-term anticoagulation
- Short-term (months) postprocedural antithrombotic treatment and long-term aspirin is not contraindicated and is acceptable to patient
- Cardiac anatomy is amenable to procedure

### Cardiac — left partial ventriculectomy (Batista procedure/ventricular reduction surgery)

CPT (33540, 33542, 33548, 33999)

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<th>1/10/2020</th>
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</table>

### Cardiac — lipoprotein subclassification testing (aka advanced lipoprotein testing)

(E.g., VAP Cholesterol Panel [Atherotech®; closed permanently 2/28/2016], FHNEXT [Amby])

(See also Lipoprotein Subclassification Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease)

CPT (83722)

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</table>

### Cardiac — myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images

(E.g., CardioFlux™)

CPT (0541T, 0542T)

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</table>

### Cardiac — myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics)

CPT ([93356 eff. 01/01/2020], 0399T del. 01/01/2020)

Note: List separately in addition to code for primary procedure; use in conjunction with 93303, 93304, 93306, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93351, 93355

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</table>

### Cardiac — resynchronization therapy/biventricular pacing for congestive heart failure

(E.g., InSync®, St. Jude Frontier™ Biventricular Cardiac Pacing System or any other FDA-approved device)

(MCG #ACG: A-0167 ([AC])

CPT (33206, 33207, 33208, 33211, 33213, 33214, 33217, 33220, 33224, 33225, 33226, 33240, 33241, 33243, 33244, 33249)

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### Ross pulmonary autograft (aka Ross procedure)

CPT (33413, 33440)

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### Cardiac — septal closure devices

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<tr>
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</table>
### Cardiac — transcatheter aortic valve replacement or implantation (TAVR/TAVI) for severe aortic valve stenosis
(E.g., CoreValve [Medtronic], Sapien [Edwards])

**CPT (93580, 93581, 33999)**

Note: Percutaneous closure of paravalvular leakage (PVL), a complication associated with TAVR, is considered investigational. Requests for PVL services (CPT 93591, 93592) will receive case-by-case review.

<table>
<thead>
<tr>
<th>Year</th>
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<th>Note</th>
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<td>11/8/2019</td>
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</table>

### Cardiac — transcatheter pulmonary valve implantation (TPVI)
(E.g., Melody® Transcatheter Pulmonary Valve [Medtronic])

**CPT (33477)**

Stent Placement: In terms of physician work, placing a Melody valve is similar to placing a stent; however, this does not clearly capture placement of a new valve.

Angioplasty: Melody placement involves predilation of the conduit; however, ballooning is usually not coded separately when performed as a means of stent deployment.

<table>
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<th>Year</th>
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### Cardiac — transcatheter heart valve implantation within an existing bioprosthetic valve

**CPT (No specific code)**

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### Cardiac — transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach

**CPT (0545T eff. 07/01/2019, [0569T, 0570T eff. 01/01/2020])**

<table>
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</table>

### Cardiac — ventricular assist devices (VADs) — adult (e.g., Thoratec®, HeartMate II®)

**CPT (33975–33983, 33990, 33991, 33992,33993)**

**HCPCS (Q0478–Q0508)**

<table>
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### Cardiac — VADs pediatric (Berlin Heart EXCOR® Pediatric Ventricular Assist Device)

**NOTE:** The EXCOR is an investigational device that is FDA-approved as a humanitarian device exemption (HDE), as a bridge to transplant, for severe isolated left ventricular or biventricular dysfunction; therefore, pre-certification requests when presented as such will receive case-by-case review for all LOBs.

**CPT (33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982,33983, 33990, 33991, 33992,33993)**

**HCPCS (Q0478–Q0506)**

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<td>5/10/2019</td>
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<td>SEE NOTE</td>
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### Cardiac defibrillators — automatic external (home use, wearable)
(See also Automatic External Defibrillators)

**CPT (See policy)**

**HCPCS (See policy)**

<table>
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<th>Year</th>
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### Cardiac defibrillators — implantable cardioverter (ICD), subcutaneous implantable (S-ICD [E.g. S-ICD™ System])
(See also Implantable Cardioverter Defibrillators)

**CPT (See policy)**

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<tr>
<th>Year</th>
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<tr>
<td>Service Description</td>
<td>CPT Codes</td>
<td>Approval Date</td>
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</tbody>
</table>
| Cardiac monitoring — ECG remote algorithm analysis, computerized database analysis of multiple cycles of digitized cardiac electrical data (≥ 2 leads)  
(See also Cardiac Event Monitors)  
CPT (No specific code, [0206T del. 01/01/2020]) | N N N 12/13/2019 |
| Cardiac monitoring — external electrocardiographic recording up to 30 days; 24-hour monitoring  
(See also Cardiac Event Monitors)  
CPT (93268, 93270, 93271, 93272) | Y Y Y 12/13/2019 |
| Cardiac monitoring — external electrocardiographic recording up to 48 hours  
(See also Cardiac Event Monitors)  
CPT (93224, 93225, 93226, 93227) | Y Y Y 12/13/2019 |
| Cardiac monitoring — external electrocardiographic recording > 48 hours up to 21 days  
(E.g., Zio Patch)  
(See also Cardiac Event Monitors)  
CPT (0295T, 0296T, 0297T, 0298T) | Y Y Y 12/13/2019 |
| Cardiac monitoring — external patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection/review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event  
(See also Cardiac Event Monitors)  
CPT (0497T, 0498T) | N N N 12/13/2019 |
| Cardiac monitoring — external heart rate and 3-axis accelerometer data (up to 14 days) for diagnosing nocturnal epileptic seizures (accelerometry)  
(E.g., ProGuardianREST)  
CPT (0381T, 0382T, 0383T, 0384T, 0385T, 0386T) | N N N 5/10/2019 |
| Cardiac monitoring — fetal magnetic cardiac, at least 3 channels  
CPT (0475T, 0476T, 0477T, 0478T) | N N N 5/10/2019 |
| Cardiac monitoring — hemodynamic, left atrial  
(E.g., HeartPOD System, Promote LAP System)  
CPT (No specific code) | N N N 2/14/2020 |
| Cardiac monitoring — implantable loop recorders for recurrent infrequent syncopal episodes  
(E.g., BioMonitor 2 [Biotronik], Confirm Rx™ [Abbott/St. Jude], Reveal Link Insertable Monitoring System [Medtronic], Reveal XT Insertable Cardiac Monitor [Medtronic])  
(See also Cardiac Event Monitors)  
CPT (33285, 33286, 93285, 93291, 93298, [93299 del. 01/01/2020], [G2066 eff. 01/01/2020]) | Y Y Y 12/13/2019 |
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Current Status</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Cardiac monitoring — intracardiac ischemic to detect potential heart attack (E.g., AngelMed Guardian System) CPT (0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T)</td>
<td>N N N</td>
<td>3/13/2020</td>
</tr>
<tr>
<td>Cardiac monitoring — real-time/mobile outpatient cardiac telemetry Current EmblemHealth contracts: Alere Home Monitoring CardioLink CardioNet Medtronic Monitoring Life Watch Service Raytel Cardiac Services (See also Cardiac Event Monitors) CPT (93228, 93229)</td>
<td>Y Y Y</td>
<td>12/13/2019</td>
</tr>
<tr>
<td>Cardiography — combined acoustic and electrical (Aka, acoustic heart sound recording, computer analysis and interpretation; e.g., Zargis Acoustic Cardioscan) CPT (93799)</td>
<td>N N N</td>
<td>1/10/2020</td>
</tr>
<tr>
<td>Cardiophysiologic mapping/multichannel electrocardiography (≤ 64-leads) (E.g. EnSite Velocity, Rhythmia Mapping System, CARTO 3, Polar Constellation Advanced Mapping System, PRIME ECG System, Visual ECG; list not meant to be all-inclusive) CPT (No specific code)</td>
<td>N N N</td>
<td>1/10/2020</td>
</tr>
<tr>
<td>Carotid artery stenting (E.g., Enroute Transcarotid Neuroprotection System) CPT (37215, 37216, 37217, 37218) Note: CPT codes 0075T and 0076T are not reimbursable</td>
<td>Y Y Y</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Carotid sinus baroreflex activation device — all aspects (E.g., Barostim™ neo™ Legacy System ([CVRx Inc.]) Note: The Barostim is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use in patients with resistant hypertension who have had bilateral implantation of the Rhoes Carotid Sinus Leads (Models 1010R, 1010L, 1014L and 1014R) which have been discontinued and are obsolete and were determined to be responders in the Rhoes pivotal clinical study. The approved implantable pulse generator (IPG) will replace an existing IPG in a patient whose battery is depleted and needs to be replaced and/or electrode lead repair procedures are necessary. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. CPT (0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T)</td>
<td>N N N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Cxbladder tests for bladder cancer ▪ Detect — to identify the presence of bladder cancer ▪ Monitor — to help rule out the recurrence of bladder cancer ▪ Triage — for the evaluation of hematuria to calculate a segregation index that can help rule out bladder cancer</td>
<td>N N N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Ceramic-on-ceramic hip replacements (E.g., Ceramic TRANSCEND® Hip Articulation System, Duraloc® Option Ceramic Hip System, Keramos™ Ceramic/Ceramic Total Hip System, Novation™ Ceramic Articulation Hip System, Reflection® Ceramic Acetabular System or any other FDA-approved device) CPT (27130, 27132, 27134, 27137, 27138)</td>
<td>Y Y Y</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Procedure Description</td>
<td>Allowed</td>
<td>Covered</td>
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<td>--------------------------------------------------------------------------------------</td>
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<tr>
<td>Cerebral perfusion analysis using computed tomography with contrast administration,</td>
<td>N</td>
<td>N</td>
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<tr>
<td>including post-processing of parametric maps with determination of cerebral blood</td>
<td></td>
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<tr>
<td>flow, cerebral blood volume, and mean transit time</td>
<td></td>
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<tr>
<td>Note: Medically necessary for evaluation of stroke (&lt; 6 hours).</td>
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<tr>
<td>CPT (0042T)</td>
<td></td>
<td></td>
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<tr>
<td>Chelation therapy for heavy metal toxicity and overload conditions (MCG #ACG: A-0297</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>[AC]) HCPSC (J0470, J0600, J0895, J3520)</td>
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<tr>
<td><strong>Chemical peels</strong> for actinic keratoses (AKs)/premalignant skin lesions</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Note: Click on Medical Guideline link for clinical criteria and coverage specifics</td>
<td></td>
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<tr>
<td>CPT (15788, 15789, 15792, 15793)</td>
<td></td>
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<tr>
<td>Chemoembolization for hepatic cancer CPT (37243, 75894)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Chemosensitivity and chemoresistance assays for cancer (i.e., laboratory tests used</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>to identify chemotherapeutic agents that may be ineffective against tumor growth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E.g., chemoresistance assays; including but not limited to the Oncotech Extreme Drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resistance, EDR® Assay or the Drug Resistances Assay [DRATM], and chemosensitivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>assays; including but not limited to the ChemoFX® assay, the differential staining</td>
<td></td>
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<tr>
<td>cytotoxicity (DiSC) assay, the fluorescence (Cytoprint) assay, the human tumor cloning</td>
<td></td>
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<tr>
<td>assay (HTCA), the human tumor stem cell assay, the methyl thiazolyl-diphenyl-</td>
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<tr>
<td>tetrazolium bromide (MTT) assay, and the microculture kinetic (MiCK) apoptosis assay</td>
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<tr>
<td>(aka CorrectChemo)</td>
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<tr>
<td>(See also Genetic Counseling and Testing and Medicare LCD In Vitro Chemosensitivity &amp;</td>
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<tr>
<td>Chemoresistance Assays)</td>
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<tr>
<td>CPT (89240, 81535, 81536)</td>
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<tr>
<td>Circulating tumor cell (CTC) assay/liquid biopsy circulating tumor/cell-free DNA</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>[ctDNA or cfDNA] (aka immunological detection techniques for quantifying circulating</td>
<td></td>
<td></td>
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<tr>
<td>tumor cells in the blood)</td>
<td></td>
<td></td>
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<tr>
<td>(E.g. CellSearch System®, Oncotype SEQ™, Foundation ACT, OnoCEE, Cancer Intercept,</td>
<td></td>
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<tr>
<td>GeneStrat®, PCR [RTPCR], SelectMDx for prostate cancer, etc.)</td>
<td></td>
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<tr>
<td>(See also Genetic Counseling and Testing and NGS Medicare LCD: Non-Covered Services)</td>
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<tr>
<td>CPT (86152, 86153, 81445 [GeneStrat], 81479)</td>
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<tr>
<td>Cochlear implants (hybrid [E.g., Nucleus® Hybrid™ L24 Cochlear Implant System],</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>single and multichannel)</td>
<td></td>
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<tr>
<td>(MCG #ACG: A-0177 [AC])</td>
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<tr>
<td>(CPT (69930, 92601, 92602, 92603, 92604, V5273)</td>
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<tr>
<td>HCPSC (L8614–L8629)</td>
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<td>Cognitive rehabilitation (MCG #ACG: A-0562 [AC])</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>CPT (97127)</td>
<td></td>
<td></td>
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<tr>
<td>Coenzyme Q10 (CoQ10 or Q10) serum/body fluid testing of Q10 levels for supplementation of any disease</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Description</td>
<td>CPT/HCPCS</td>
<td>Y/N</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Aka ubiquinone, ubidecarenone, coenzyme Q</td>
<td></td>
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<tr>
<td>(See also Medicare Local Coverage Determination [LCD]: Coenzyme Q10)</td>
<td></td>
<td></td>
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<tr>
<td>CPT (No specific code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coil embolization for arterio-venous malformations (AVMs)/aneurysm and splenic artery aneurysm</td>
<td>CPT (37241, 37242, 37243, 37244, 61624, 61635, 75894)</td>
<td>Y</td>
</tr>
<tr>
<td>Collagen meniscus implant</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(E.g., Menaflex™)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See also National Coverage Determination (NCD) for Collagen Meniscus Implant)</td>
<td></td>
<td></td>
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<tr>
<td>HCPCS (G0428)</td>
<td></td>
<td>N</td>
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<tr>
<td>Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment</td>
<td>CPT (93895, 0126T)</td>
<td>Y</td>
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<tr>
<td>Complex decongestion physiotherapy for lymphedema</td>
<td></td>
<td>Y</td>
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<tr>
<td>(See also Lymphedema Treatment)</td>
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<tr>
<td>CPT (97140, 97016)</td>
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<tr>
<td>HCPCS (S8950, E0650, E0651, E0652, E0655, E0660, E0665–E0673, E0676)</td>
<td></td>
<td>N</td>
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<tr>
<td>Note: HCPCS code E0676 is not covered for DVT Prophylaxis</td>
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<tr>
<td>Computed tomography (CT) — low dose for lung cancer detection</td>
<td></td>
<td>Y</td>
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<tr>
<td>CPT (No specific code)</td>
<td></td>
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<tr>
<td>HCPCS (G0296, G0297)</td>
<td></td>
<td>N</td>
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<tr>
<td>Computed tomography (CT) — screening for coronary artery disease</td>
<td></td>
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<tr>
<td>(E.g., calcium scoring using electron beam computed tomography [EBCT], ultrafast CT, etc.)</td>
<td>CPT (75571)</td>
<td>N</td>
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<tr>
<td>HCPCS (S8092)</td>
<td></td>
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<tr>
<td>Computed tomographic angiography (CTA) for coronary diagnostics via multislice or multidetector CT modalities</td>
<td>CPT (75574)</td>
<td>Y</td>
</tr>
<tr>
<td>Computer-aided animation and analysis of time series retinal images for disease-progression monitoring</td>
<td>CPT (No specific code, [0380T del. 01/01/2020])</td>
<td>N</td>
</tr>
<tr>
<td>Computer-assisted detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation or remotely</td>
<td>CPT (0174T, 0175T)</td>
<td>N</td>
</tr>
<tr>
<td>Service Description</td>
<td>N</td>
<td>N</td>
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<tr>
<td>-----------------------------------------------------------------------------------</td>
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<tr>
<td>Computer-assisted detection breast MRI screening</td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPT (77048, 77049)</td>
<td></td>
<td></td>
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<tr>
<td>Computer-assisted detection breast ultrasound as stand-alone screening or with</td>
<td>N</td>
<td>N</td>
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<tr>
<td>screening mammography</td>
<td></td>
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<tr>
<td>CPT (76999)</td>
<td></td>
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<tr>
<td>Computer-assisted orthopedic surgery</td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPT (20985, 0054T, 0055T, 0396T)</td>
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<td>Note: CPT 20985 is covered for Medicare eff. 10/12/19</td>
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<tr>
<td>Confocal laser endomicroscopy (CLE) (aka confocal fluorescent endomicroscopy and</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>optical endomicroscopy)</td>
<td></td>
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<tr>
<td>CPT (43206, 43252, 88375, 0397T)</td>
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<tr>
<td>Note: CPTs 43206, 43252 and 88375 are covered for Medicare eff. 10/12/19</td>
<td></td>
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<tr>
<td>Continuous or intermittent measurement, computerized or electronic, wheeze rate</td>
<td>N</td>
<td>N</td>
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<tr>
<td>detectors during treatment assessment or during sleep for documentation of</td>
<td></td>
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<tr>
<td>nocturnal wheeze and cough for diagnostic evaluation, 3–24 hours</td>
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<tr>
<td>(See also Obstructive Sleep Apnea Diagnosis and Treatment)</td>
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<tr>
<td>CPT (94799)</td>
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<tr>
<td>Continuous passive motion devices (CPM)</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>HCPCS (E0935)</td>
<td></td>
<td></td>
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<tr>
<td>Continuous recording of movement disorder symptoms, including bradykinesia,</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>configuration of monitor, data upload, analysis and initial report configuration,</td>
<td></td>
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<tr>
<td>download review, interpretation and report</td>
<td></td>
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<tr>
<td>CPT (0533T, 0534T, 0535T, 0536T)</td>
<td></td>
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<tr>
<td>Cooling devices in the home setting for neuro/musculoskeletal conditions, pain</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>conditions, post-surgical healing or as a prophylactic measure for hair loss</td>
<td></td>
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<tr>
<td>secondary to chemotherapy</td>
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<tr>
<td>HCPCS (E0218, E0236)</td>
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<tr>
<td>Cord blood harvesting and banking, prophylactic collection and storage of, in</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>healthy member for unspecified future use</td>
<td></td>
<td></td>
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<tr>
<td>CPT (No specific code)</td>
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<tr>
<td>HCPCS (S2140)</td>
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<tr>
<td>Corneal — computer topography</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>CPT (92025)</td>
<td></td>
<td></td>
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<tr>
<td>Corneal — collagen cross-linking (CXL) for progressive keratoconus epithelium-off</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>photochemical collagen cross-linkage using riboflavin (Photrexa) and ultraviolet A</td>
<td></td>
<td></td>
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<tr>
<td>CPT (0402T)</td>
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<tr>
<td>Corneal — hysteresis</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(See also NGS Medicare LCD: Corneal Hysteresis)</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Y/N</td>
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<tr>
<td>CPT (92145)</td>
<td>Corneal — intrastromal corneal ring segments for keratoconus (Intacs®)</td>
<td>Y/Y</td>
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<tr>
<td></td>
<td>(See also Intrastromal Corneal Ring Segments for Keratoconus)</td>
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<tr>
<td>CPT (65785)</td>
<td>Corneal — pachymetry for glaucoma</td>
<td>Y/Y</td>
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<td>HCPCS (L8610)</td>
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<tr>
<td>CPT (76514)</td>
<td>Coronavirus (COVID-19) diagnostic testing</td>
<td>Y/Y</td>
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<td>HCPCS (U0001, U0002)</td>
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<tr>
<td>CPT (76514)</td>
<td>Current Perception Threshold/Sensory Nerve Conduction Threshold Test (sNCT)</td>
<td>N/N</td>
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<td>HCPCS (G0255)</td>
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<tr>
<td>CPT (93656, 93657)</td>
<td>Cryoablation — atrial fibrillation (E.g., Arctic Front® Cardiac CryoAblation Catheter)</td>
<td>Y/Y</td>
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<td></td>
<td>Cryoablation — Barrett’s esophagus</td>
<td>N/N</td>
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<tr>
<td>CPT (43229, 43270)</td>
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<tr>
<td>CPT (20983)</td>
<td>Cryoablation — bone tumors</td>
<td>N/Y</td>
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<tr>
<td></td>
<td>Cryoablation — breast fibroadenomas</td>
<td>N/Y</td>
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<tr>
<td>CPT (19105)</td>
<td>Note: Covered for Medicare eff. 10/12/19</td>
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<tr>
<td>CPT (0581T eff. 01/01/2020)</td>
<td>Cryoablation — breast cancer</td>
<td>N/N</td>
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<tr>
<td>CPT (47381, 47383, 47371, 76940, 76998, 77013, 77022)</td>
<td>Cryoablation — hepatic cancer (See also Cryosurgery for Liver Tumors)</td>
<td>Y/Y</td>
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<tr>
<td></td>
<td>CPT (92145)</td>
<td>Cryoablation — peripheral nerves for the treatment of knee and intercostal pain (Iovera cryotherapy)</td>
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<tr>
<td>CPT (64620, 64640, 0441T, 0442T)</td>
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<tr>
<td>CPT (64640)</td>
<td>Cryoablation — peripheral nerves upper extremity</td>
<td>N/N</td>
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<tr>
<td>CPT (0440T)</td>
<td>CPT (92145)</td>
<td>Cryoablation — plantar fasciitis</td>
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<tr>
<td>CPT (64640)</td>
<td>Cryoablation — prostate cancer (See also Cryosurgical Ablation for Prostate Cancer)</td>
<td>Y/Y</td>
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<tr>
<td></td>
<td>CPT (see policy)</td>
<td></td>
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<tr>
<td>CPT (92145)</td>
<td>Cryoablation — pulmonary tumors</td>
<td>N/Y</td>
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<tr>
<td>CPT (32994)</td>
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</tr>
</tbody>
</table>
| Cryoablation — renal cancer  
(See also Cryosurgical and Radiofrequency Ablation for Renal Tumors) | Y | Y | Y | 6/14/2019 |
| CPT (50250, 50542, 50593) |  |  |  |  |
| Cryoablation — uterine for menorrhagia  
(E.g., HerOption) | Y | Y | Y | 6/14/2019 |
| CPT (58356) |  |  |  |  |
| Cryoplasty (aka cryo-balloon angioplasty) for peripheral vascular disease  
(E.g., PolarCath [NuCryo; previously Boston Scientific]) | N | N | N | 6/14/2019 |
| CPT (37799 combined with angioplasty codes 36901, 36902, 36905, 36906, 36907, 36908, 37246, 37247, 37248, 37249) |  |  |  |  |
| Cryopreservation — immature oocyte(s)/reproductive tissue, ovarian  
(See Infertility Services — Commercial) | N | N | N | 01/01/2020 |
| CPT ([0357T del. 01/01/2020], 0058T) |  |  |  |  |
| Cryotherapy — whole body; any indication  
(E.g., Asthma, Alzheimer’s, Anxiety, Chronic pain, Depression, Fibromyalgia, Insomnia, Migraines, Multiple sclerosis, Osteoarthritis, Rheumatoid Arthritis, Weight Loss) | N | N | N | 6/14/2019 |
| CPT (No specific code) |  |  |  |  |
| Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy  
CPT (0499T) | N | N | N | 11/8/2019 |
| Descemet's Stripping Endothelial Keratoplasty (DSEK)  
Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK)  
Descemet Membrane Endothelial Keratoplasty (DMEK)  
Deep Lamellar Endothelial Keratoplasty (DLEK)  
CPT (65756, 65757, 0290T) | Y | Y | Y | 6/14/2019 |
| Deep brain stimulation — essential tremor/advanced Parkinson's disease  
(MCG #ACG: A-0403 [AC])  
CPT (61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, 95961, 95962, 95970, 95978 del. 01/01/2019])  
HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689) | Y | Y | Y | 6/14/2019 |
| Deep brain stimulation — obsessive compulsive disorder (Reclaim™ DBS™ Therapy)  
Note: The Reclaim™ DBS™ Therapy is an investigational device that is FDA-approved as a humanitarian exemption (HDE) for bilateral stimulation of the anterior limb of the internal capsule, AIC, as an adjunct to medications and as an alternative to anterior capsulotomy for treatment of chronic, severe, treatment-resistant obsessive compulsive disorder (OCD) in adult patients who have failed at least three selective serotonin reuptake inhibitors (SSRIs). Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. | SEE NOTE | SEE NOTE | SEE NOTE | 6/14/2019 |
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>CPT Codes</th>
<th>HCPCS Codes</th>
<th>Outcome</th>
<th>Date</th>
</tr>
</thead>
</table>
| 8/9/2019   | **Dermabrasion** for actinic keratoses (AKs) and superficial basal cell carcinomas  
Note: Click on Medical Guideline link for clinical criteria and coverage specifics  
CPT (15781, 15782, 15783)                                                                                     |           |             | Y Y Y   |           |
| 6/14/2019  | **DermaClose® RC Continuous External Tissue Expander for wound management**  
CPT (No specific code)                                                                                                                                         |           |             | N N N   |           |
| 6/14/2019  | **Destruction neurofibromata — extensive, (cutaneous, dermal extending into subcutaneous)**  
(Face, head and neck, > 50 neurofibromata; trunk and extremities, > 100 neurofibromata)  
CPT (0419T, 0420T)                                                                                           |           |             | N N N   |           |
| 7/10/2019  | **Dexamethasone/fluocinolone acetonide intravitreal implants for FDA approved indications**  
(E.g., Ozurdex®, Iluvien®, Retisert)  
(See also Intravitreal Injections/Implants)  
CPT (67027)  
HCPCS (J7311, J7312, J7313)                                                                                   |           |             | Y Y Y   |           |
| 2/14/2020  | **Dimercaptosuccinic acid (DMSA) or ethylenediaminetetraacetic (EDTA) provocative chelation/mobilization testing for diagnosing lead toxicity**  
CPT (No specific code)                                                                                      |           |             | N N N   |           |
| 9/13/2019  | **Dorsal column stimulators for chronic pain management** (aka spinal stimulators)  
Note: Considered investigational for stimulation of the dorsal root ganglion.  
CPT (63650, 63655, 63661, 63662, 63664, 63685, 63688, 95970, 95971, 95972, 64999)  
HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695, L8699) |           |             | Y Y Y   |           |
| 6/14/2019  | **Double balloon enteroscopy**  
CPT (No specific code)                                                                                                                                           |           |             | Y Y Y   |           |
| 6/14/2019  | **Drug eluting ocular implant — lacrimal canaliculus (aka intracanalicular plugs) (including punctal dilation and implant removal)**  
CPT (0356T, 0444T, 0445T)                                                                                     |           |             | N N N   |           |
| 6/14/2019  | **Drug eluting stents — cardiac**  
CPT (92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944)                                                                                   |           |             | Y Y Y   |           |
<p>| 3/13/2020  | <strong>Drug eluting stents — sinus</strong>                                                                                                                                                                                |           |             | Y Y Y   |           |</p>
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Covered by CPT</th>
<th>Covered by HCPCS</th>
<th>Date Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duopa (carbidopa and levodopa) enteral suspension for the treatment of motor fluctuations in patients with advanced Parkinson’s disease</td>
<td>Y</td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>CPT (43246, 44373, 49446, 64999, 95999, 99199)</td>
<td></td>
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<tr>
<td>HCPCS (E0781, J7799, J7340)</td>
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<tr>
<td>Dynamic Decompression System for pectus excavatum</td>
<td>Y</td>
<td></td>
<td>11/8/2019</td>
</tr>
<tr>
<td>(See also Surgical Correction of Chest Wall Deformities)</td>
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<tr>
<td>CPT (No specific code)</td>
<td></td>
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<tr>
<td>Elastography (e.g., FibroScan®) for management of benign liver disease</td>
<td>Y</td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>CPT (76391, 76981, 76982, 76983, 91200)</td>
<td></td>
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<tr>
<td>Elastography for evaluation of breast lesions (or any other indication)</td>
<td>N</td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>CPT (0346T del. 01/01/2019 [No specific code])</td>
<td></td>
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<tr>
<td>Note: CPT 91200 is allowable for liver elastography</td>
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<tr>
<td>Electric tumor fields (aka tumor treatment fields [TTF]) for newly diagnosed or recurrent multiforme glioblastoma (GBM) (i.e., Optune® [Novocure] [formerly NovoTTF-100A System])</td>
<td>Y</td>
<td></td>
<td>3/13/2020</td>
</tr>
<tr>
<td>Note: Optune is intended for adults ≥ 22 years of age with glioblastoma multiforme (GBM)</td>
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<tr>
<td>• Newly diagnosed — following maximal debulking surgery and completion of radiation therapy together with concomitant standard of care chemotherapy (i.e., temozolomide [TMZ])</td>
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</tr>
<tr>
<td>• Recurrence — approved for use as monotherapy, and is intended as an alternative to standard medical therapy after surgical and radiation options have been exhausted</td>
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<tr>
<td>HCPCS (A4555, E0766)</td>
<td></td>
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</tr>
<tr>
<td>Electrical continence aids, rectal inserts and related accessories</td>
<td>N</td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>HCPCS (A4335, A4337)</td>
<td></td>
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<tr>
<td>Electrical modulation pain reprocessing — transcutaneous</td>
<td>N</td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>(E.g., Scrambler Therapy/Calmare Therapy Device)</td>
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<tr>
<td>CPT (0278T)</td>
<td></td>
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<tr>
<td>Electrical nerve stimulation — neuromuscular conditions</td>
<td>Y</td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>Note: Eff. October 1, 2013, Medicaid members are no longer eligible for coverage of functional electrical stimulation (FES) for spinal cord and head injury, cerebral palsy and upper motor neuron disease.</td>
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<tr>
<td>CPT ([64550 del. 01/01/2019], 64999)</td>
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</tr>
<tr>
<td>HCPCS (A4595, A4630, E0720, E0730, E0731, E0745)</td>
<td></td>
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<tr>
<td>Electrical Stimulation — auricular of acupuncture points (aka auricular electrostimulation)</td>
<td>N</td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>CPT (S8930)</td>
<td></td>
<td></td>
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<tr>
<td>Electrical stimulation — hypoglossal nerve for obstructive sleep apnea</td>
<td>Y</td>
<td></td>
<td>2/14/2020</td>
</tr>
<tr>
<td>(E.g., Inspire® Upper Airway Stimulation (UAS))</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Electrical Stimulation — Phrenic Nerve for Central Sleep Apnea

- **CPT**: (0466T, 0467T, 0468T, 64568, 64999)
- **Electrical stimulation** — phrenic nerve for central sleep apnea (E.g., Respicardia remedē® System)
- **Note**: Covered eff. 4/8/2019
- **HCPCS**: (L8680, L8682, L8683)

<table>
<thead>
<tr>
<th>Code</th>
<th>Cover</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>N</td>
<td>6/14/2019</td>
</tr>
</tbody>
</table>

### Electrical Stimulation — Pudendal Nerve Terminal Motor Latency (PNTML) for Fecal Incontinence

- **CPT**: (No specific code)
- **Note**: Covered eff. 5/10/2019
- **HCPCS**: (L8680)

<table>
<thead>
<tr>
<th>Code</th>
<th>Cover</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
</tbody>
</table>

### Electrical Stimulation — Percutaneous Tibial Nerve for Urinary Voiding Dysfunction

- **CPT**: (64566, 97014, 97032)
- **Note**: CPT codes 0587T, 0588T, 0589T and 0590T, eff. 01/01/2020, are considered Investigational
- **HCPCS**: (L8680)

<table>
<thead>
<tr>
<th>Code</th>
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<th>Date</th>
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<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>1/10/2020</td>
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</table>

### Electrical Stimulation — Tibial Nerve for Fecal Incontinence

- **CPT**: (64566)
- **Note**: Covered eff. 5/10/2019
- **HCPCS**: (E0762)

### Electrical Stimulation/Diathermy (Pulsed) — Knee Osteoarthritis

- **CPT**: (No specific code)
- **Note**: Covered eff. 6/14/2019
- **HCPCS**: (E0765)

<table>
<thead>
<tr>
<th>Code</th>
<th>Cover</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>6/14/2019</td>
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<td></td>
</tr>
</tbody>
</table>

### Electrical Stimulation — Transcutaneous Electrical Nerve Stimulation (TENS) for Nausea

- **CPT**: (No specific code [64550 del.01/01/2019])
- **HCPCS**: (A4558, E0765)

<table>
<thead>
<tr>
<th>Code</th>
<th>Cover</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>N</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
</tbody>
</table>

### Electrical Stimulation — Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Postoperative Pain

- **CPT**: (No specific code [64550 del.01/01/2019])
- **HCPCS**: (A4557, A4595, E0730, E0731, E0720)

<table>
<thead>
<tr>
<th>Code</th>
<th>Cover</th>
<th>Date</th>
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<tbody>
<tr>
<td>Y</td>
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<td>SEE NOTE</td>
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<tr>
<td>6/14/2019</td>
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<tr>
<td>Description</td>
<td>Covered</td>
<td>Covered</td>
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<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for migraine prophylaxis (e.g., Cefaly® TENS)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>HCPSC (No specific code)</td>
<td></td>
<td></td>
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<tr>
<td>Electrical stimulation — wounds (See also Local NGS LCD: Outpatient Physical and Occupational Therapy Services)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>HCPSC (E0769, G0281)</td>
<td></td>
<td></td>
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<tr>
<td>Electrogastrography as a diagnostic tool for gastroparesis or functional dyspepsia CPT (91132, 91133)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Note: Covered for Medicare eff. 10/12/19</td>
<td></td>
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<tr>
<td>Electromagnetic therapy for wounds (See also Local NGS LCD: Outpatient Physical and Occupational Therapy Services)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>HCPSC (G0295, G0329, E0761)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: (E0761 is not reimbursable by Medicare)</td>
<td></td>
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<tr>
<td>Electroretinography (ERG) with interpretation and report, pattern (PERG) (See also Visual Electrophysiology Testing) CPT (0509T)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Electronic nicotine delivery systems for smoking cessation (ENDS) CPT (No specific code)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Embolization of ovarian and Internal Iliac veins for pelvic congestion syndrome (PCS) CPT (36012, 37241, 75894, 75898)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Endobronchial valves Note:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The Zephyr® Endobronchial Valve is considered medically necessary for adults with severe heterogenous lung emphysema without collateral ventilation</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>• The IBV® Valve System is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use to control prolonged air leaks of the lung, or significant air leaks that are likely to become prolonged air leaks following lobectomy, segmentectomy, or lung volume reduction surgery (LVRS). An air leak present on post-operative day 7 is considered prolonged unless present only during forced exhalation or cough. An air leak present on day 5 should be considered for treatment if it is: 1) continuous, 2) present during normal inhalation phase of inspiration, or 3) present upon normal expiration and accompanied by subcutaneous emphysema or respiratory compromise. IBV Valve System use is limited to 6 weeks per prolonged air leak. The use of the device is limited to patients who have had endomyocardial biopsy within the previous month. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td></td>
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</tr>
<tr>
<td>Endomechanical ablative approach for varicose vein treatment/endovenous mechanochemical ablation (MOCA)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Description</td>
<td>Coverage</td>
<td>Time</td>
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<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>(E.g., ClariVein™ Catheter)</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(See also Varicose Vein Treatment)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CPT (36473, 36474)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endoscope, retrograde imaging/illumination colonoscope device</strong></td>
<td></td>
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<tr>
<td>(implantable)</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(E.g., Third Eye® Panoramic™ Device for Colonoscopy)</td>
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<tr>
<td>CPT (44799)</td>
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<tr>
<td><strong>Endothelial function assessment, using peripheral vascular response to</strong></td>
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<tr>
<td>reactive hyperemia, non-invasive (e.g., brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(E.g., Endo PAT 2000)</td>
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<tr>
<td>CPT (0337T del. 01/01/2019, 93998)</td>
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<tr>
<td><strong>Endovascular Iliac atherectomy for peripheral arterial disease</strong></td>
<td></td>
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<tr>
<td>(E.g., Zenith® Branch Endovascular Graft-Iliac Bifurcation with the H &amp; L-B One-Shot™)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (0254T del. 01/01/2020, [34717, 34718 eff. 01/01/2020])</td>
<td></td>
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<tr>
<td><strong>Endovascular stent grafts — abdominal aortic aneurysms (AAA)</strong></td>
<td></td>
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<tr>
<td>(E.g., Aorfix™, AneuRx®, Zenith®, Excluder®, AFX and Powerlink®, Talent™, OVATION Abdominal Stent Graft System, Endurant®)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Note: Coverage is applicable only FDA-approved grafts utilized per labeled indications. The plan considers the following investigational:</td>
<td></td>
<td></td>
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<tr>
<td>Fenestrated and branched endografts</td>
<td></td>
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<tr>
<td>Implanted pressure sensors for the detection of endoleaks</td>
<td></td>
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<tr>
<td>CPT (34701, 34702, 34703, 34705, 34706, 34709, 34812, 34820)</td>
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<tr>
<td>Note: Non-covered codes pertaining to fenestrated grafts:</td>
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<tr>
<td>CPT (34839, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)</td>
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<tr>
<td><strong>Endovascular stent grafts — thoracic aortic aneurysms (TAA) (limited to descending type only)</strong></td>
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<tr>
<td>(E.g., GORE TAG Thoracic Endoprosthesis, Valiant® Thoracic Stent Graft with the Captiva Delivery System)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Note: Coverage is applicable only FDA-approved grafts utilized per labeled indications. The following are considered investigational:</td>
<td></td>
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<tr>
<td>Treatment of aneurysms of the ascending aorta/aortic arch</td>
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<tr>
<td>Treatment of aortic dissections/traumatic aortic transections</td>
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<tr>
<td>Implanted pressure sensors for the detection of endoleaks</td>
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<tr>
<td>CPT (33880, 33881, 33883, 33884, 33886, 34710, 34711, 75956, 75957, 75958, 75959)</td>
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<tr>
<td><strong>Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion</strong></td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPT (0505T)</td>
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<tr>
<td>Service Description</td>
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<tr>
<td>Enfant® Pediatric VEP Vision Testing System for infants &gt; 6 months of age and pre-school children</td>
<td>CPT (95930)</td>
<td>Y Y Y</td>
</tr>
<tr>
<td>Engauge-Cancer-DLBCL gene expression assay for risk stratification / treatment of for B-cell lymphoma (measuring expression of LMO2 and CD137)</td>
<td>CPT (81479, 81599, 84999)</td>
<td>N N N</td>
</tr>
<tr>
<td>Epidermal nerve fiber density test for the diagnosis of small fiber neuropathy</td>
<td>CPT (88356)</td>
<td>Y Y Y</td>
</tr>
<tr>
<td>Epiretinal radiation for wet age-related macular degeneration (placement of intraocular radiation source applicator)</td>
<td>CPT ([0190T del. 01/01/2019], 67299)</td>
<td>N N N</td>
</tr>
<tr>
<td>Erectile dysfunction and penile prostheses</td>
<td>CPT (54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417)</td>
<td>Y SEE NOTE Y</td>
</tr>
<tr>
<td>HCPCS (Medicare benefit discontinuance of L7900 and L7902 for the vacuum pump and ring eff. 07/1/2015)</td>
<td></td>
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</tr>
<tr>
<td>Exhaled nitric oxide measurement for asthma diagnosis/management and other respiratory disorders (E.g., Breathmeter, Insight eNO System™, Nitric Oxide Monitoring System [NIOX®], NIOX MINO®/VERO)</td>
<td>CPT (95012, 83987)</td>
<td>N Y N</td>
</tr>
<tr>
<td>Extracorporeal immunoabsorption using Protein A columns (Pro sorba®) for ITP/rheumatoid arthritis</td>
<td>CPT (No specific code)</td>
<td></td>
</tr>
<tr>
<td>Extracorporeal liver assist system — oversight of patient care during extracorporeal liver assist procedure (Review of status, review of laboratories and other studies, and revision of orders and liver assist care plan)</td>
<td>CPT (0405T)</td>
<td>N N N</td>
</tr>
<tr>
<td>Extracorporeal shockwave therapy — chronic epicondylitis, chronic plantar fascitis, integumentary wound healing, musculoskeletal indications (including erectile dysfunction, e.g., Gainswave®)</td>
<td>CPT (0101T, 0102T, 0512T, 0513T, [28890 covered Medicare eff. 10/12/19], 55899)</td>
<td>N N N</td>
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<tr>
<td>Extra-osseous subtalar joint for talotarsal stabilization</td>
<td>CPT (0335T)</td>
<td>N N N</td>
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<tr>
<td></td>
<td>HCPCS (S2117)</td>
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<tr>
<td>Service Description</td>
<td>CPT Code</td>
<td>N</td>
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<tr>
<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Facet joint arthroplasty (replacement)</td>
<td>CPT (0202T)</td>
<td>N</td>
</tr>
<tr>
<td>Fetal fibronectin testing</td>
<td>CPT (82731)</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Fecal microbiota transplant (FMT) for recurrent C difficile infection</strong> (RCDI)</td>
<td>CPT (See policy)</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>HCPCS (See policy)</td>
<td></td>
</tr>
<tr>
<td><strong>FENIX™ Continence Restoration System</strong></td>
<td></td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>Note: The Fenix is an investigational mechanical compression device that is FDA-</td>
<td></td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>approved as a humanitarian device exemption (HDE) for fecal incontinence in patients</td>
<td></td>
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<tr>
<td>who are not candidates for or have previously failed conservative treatment and less</td>
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<tr>
<td>invasive therapy options (e.g., bulking agents, radiofrequency ablation, sacral nerve</td>
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<tr>
<td>stimulation). Therefore, pre-certification requests when presented as such will be</td>
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<tr>
<td>reviewed on a case-by-case basis.</td>
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<tr>
<td>CPT (No specific code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluorescein angiography — anterior segment imaging with interpretation and report</td>
<td>CPT (92287)</td>
<td>Y</td>
</tr>
<tr>
<td>(only when performed by ophthalmologist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fractional ablative laser fenestration of burn and traumatic scars for functional</td>
<td>CPT (0479T, 0480T)</td>
<td>N</td>
</tr>
<tr>
<td>improvement of infants and children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gait motion analysis (aka comprehensive motion analysis studies) for evaluation</td>
<td>CPT (96000, 96001, 96002, 96003)</td>
<td>Y</td>
</tr>
<tr>
<td>musculoskeletal function (E.g., cerebral palsy, meningomyelocle, traumatic brain</td>
<td></td>
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<tr>
<td>injury, incomplete quadriplegia, spastic hemiplegia, spastic diplegia)</td>
<td></td>
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</tr>
<tr>
<td>Galectin-3 testing for congestive heart failure</td>
<td>CPT (82777)</td>
<td>N</td>
</tr>
<tr>
<td>Gastric pacing— Enterra™ Therapy System (aka gastric electrical stimulation [GES])</td>
<td>CPT (See policy)</td>
<td>Y</td>
</tr>
<tr>
<td>for chronic, intractable (drug refractory) nausea and vomiting secondary to</td>
<td>HCPCS (See policy)</td>
<td></td>
</tr>
<tr>
<td>gastroparesis of diabetic or idiopathic etiology</td>
<td></td>
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<tr>
<td>(See also Gastric Electrical Stimulation)</td>
<td></td>
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<tr>
<td>Gene expression profiling — AFF2 (AF4/FMR2 family, member 2 (FMR2)) (e.g., fragile</td>
<td>CPT (81171, 81172)</td>
<td>Y</td>
</tr>
<tr>
<td>X mental retardation 2 (FRAXE))</td>
<td></td>
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<tr>
<td>Gene expression profiling — ASXL1 for myelodysplastic syndrome,</td>
<td>CPT (81175, 81176)</td>
<td>N</td>
</tr>
<tr>
<td>myeloproliferative neoplasms and chronic myelomonocytic leukemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See also Gene Expression Profiling and Molecular Pathology LCD)</td>
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<tr>
<td>Source: <a href="https://www.acornetwork.org">Accountable Care Organization Network</a></td>
<td></td>
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</tr>
<tr>
<td>Service Description</td>
<td>Coverage</td>
<td>CPT Codes</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Gene expression profiling — ATXN8OS (ATXN8 opposite strand [non-protein coding]) (e.g., spinocerebellar ataxia) gene</td>
<td>Y</td>
<td>CPT (81182)</td>
</tr>
<tr>
<td>Gene expression profiling — brain malformations</td>
<td>N</td>
<td>CPT (81405, 81406, 81407, 81408)</td>
</tr>
<tr>
<td>(E.g., Comprehensive Brain Malformations Next Generations Sequencing Panel (GeneDx) (Gene Expression Profiling))</td>
<td></td>
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<tr>
<td>Gene expression profiling — breast cancer</td>
<td>SEE NOTE</td>
<td>CPT (81518, 81519, 81520, 81521)</td>
</tr>
<tr>
<td>(See Gene Expression Profiling and Biomarker Testing for Breast Cancer for coverage specifics)</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>Gene expression profiling — bronchial lesions, to identify members with clinical low- or intermediate-risk of malignancy after a non-diagnostic bronchoscopy (E.g., Percepta Bronchial Genomic Classifier [Veracyte, Inc.])</td>
<td>N</td>
<td>CPT (81479)</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Gene expression profiling — clonoSEQ assay</td>
<td>N</td>
<td>CPT (81479)</td>
</tr>
<tr>
<td>(See also Medicare LCD: Clonoseq® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies)</td>
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<tr>
<td>Gene expression profiling — colon cancer (including Septin9 [Sept9] DNA analysis for early detection of colorectal cancer) (E.g., ColoVantage [Quest], Epi proColon [Epigenomics], GeneFx® Colon [Precision Therapeutics], ColoNext™ [Ambry], OncoType® DX [Genomic])</td>
<td>N</td>
<td>CPT (81525, 81327)</td>
</tr>
<tr>
<td>Note: Medicare members are covered for Oncotype only (See also Local Coverage Article: Oncotype DX Colon Cancer Assay for Medicare and Gene Expression Profiling)</td>
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<tr>
<td>Gene expression profiling — coronary artery disease (E.g., Corus® CAD test [CARDIODX]) (See also Gene Expression Profiling and Noncoverage LCD: MolDX Assay for Medicare)</td>
<td>N</td>
<td>CPT (84999, 81493)</td>
</tr>
<tr>
<td>Note: The noncoverage effective date for EmblemHealth’s Medicare members is December 12, 2018</td>
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<tr>
<td>Gene expression profiling — CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene</td>
<td>Y</td>
<td>CPT (81184, 81185, 81186)</td>
</tr>
<tr>
<td>Service Description</td>
<td>Code(s)</td>
<td>Covered</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------</td>
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</tr>
<tr>
<td>Gene expression profiling — CNBP (CCHC-type zinc finger nucleic acid binding protein) (e.g., myotonic dystrophy type 2) gene</td>
<td>CPT (81187)</td>
<td>Y</td>
</tr>
<tr>
<td>Gene expression profiling — CSTB (cystatin B) (e.g., Unverricht-Lundborg disease)</td>
<td>CPT (81188, 81189, 81190)</td>
<td>Y</td>
</tr>
<tr>
<td>Gene expression profiling — Envisia Genomic Classifier for idiopathic pulmonary fibrosis (IPF) (See MolDX LCD: ENVISIA, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test)</td>
<td>CPT (81479)</td>
<td>N</td>
</tr>
<tr>
<td>Gene expression profiling — F9 (coagulation factor IX) (e.g., hemophilia B), full gene sequence</td>
<td>CPT (81238)</td>
<td>N</td>
</tr>
<tr>
<td>Note: NGS Medicare Molecular Pathology LCD Group 3 noncovered code</td>
<td></td>
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</tr>
<tr>
<td>Gene expression profiling — functional disorders, next generation sequencing</td>
<td>CPT (81404, 81405, 81406, 81408)</td>
<td>N</td>
</tr>
<tr>
<td>(E.g., theraseEK Sequence Analysis for Functional Disorders [Courtagen Life Sciences Inc.])</td>
<td></td>
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<tr>
<td>Gene expression profiling — G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice), gene analysis common variant(s)/known familial variant(s)/full gene sequence</td>
<td>CPT (81247, 81248, 81249)</td>
<td>Y</td>
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<tr>
<td>Note: G6PD Medicare Molecular Pathology LCD Group 3 noncovered code</td>
<td></td>
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</tr>
<tr>
<td>Gene expression profiling — heart transplant rejection (E.g., AlloMap® [CareDx])</td>
<td>CPT (81595, 86849 unlisted immunology)</td>
<td>Y</td>
</tr>
<tr>
<td>(MCG # ACG: A-0623 [AC])</td>
<td></td>
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<tr>
<td>Gene expression profiling — melanoma (E.g., Decision Dx [Castle Biosciences], myPath® [Myriad])</td>
<td>CPT (81479, 81504, [81552, eff. 01/01/2020], 81599, 84999, 88299)</td>
<td>N</td>
</tr>
<tr>
<td>Note: DecisionDx-UM for uveal melanoma is covered for Medicare members per LCD: Decision Dx-UM</td>
<td></td>
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<tr>
<td>MCG #s:</td>
<td></td>
<td></td>
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<tr>
<td>- ACG: A-0601 (AC)</td>
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<tr>
<td>- ACG: A-0670 (AC)</td>
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<tr>
<td>- ACG: A-0836 (AC)</td>
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<tr>
<td>- ACG: A-0837 (AC)</td>
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<tr>
<td>Gene expression profiling — microbial pathogens (E.g., DecodEx Microbial Genetic Identification [PathoGenius])</td>
<td>CPT (87801)</td>
<td>N</td>
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<tr>
<td>(See also Gene Expression Profiling)</td>
<td></td>
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</tr>
<tr>
<td>Gene expression profiling — myeloma</td>
<td>CPT (81187)</td>
<td>N</td>
</tr>
<tr>
<td>Gene expression profiling</td>
<td>CPT codes</td>
<td>Result</td>
</tr>
<tr>
<td>---------------------------</td>
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<td>--------</td>
</tr>
<tr>
<td>Narcolepsy (i.e. HLA-DQB1*06:02 typing)</td>
<td>N N N</td>
<td>8/9/2019</td>
</tr>
<tr>
<td>AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation)</td>
<td>N N N</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>ATXN1 (ataxin 1) (e.g., spinocerebellar ataxia)</td>
<td>Y Y Y</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1)</td>
<td>Y N Y</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit)</td>
<td>Y Y Y</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>FXN (frataxin) (e.g., Friedreich ataxia)</td>
<td>Y N Y</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>HTT (huntingtin) (e.g., Huntington disease)</td>
<td>Y N Y</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>MYD88 (myeloid differentiation primary response 88)</td>
<td>Y Y Y</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>NPM1 (nucleophosmin) (e.g., acute myeloid leukemia)</td>
<td>N Y N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>NUDT15 (nudix hydrolase 15) (e.g., drug metabolism)</td>
<td>Y Y Y</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>Test Description</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
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<tr>
<td>Gene expression profiling — PABPN1 (poly[A] binding protein nuclear 1) (e.g., oculopharyngeal muscular dystrophy) gene analysis</td>
<td>Y</td>
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<tr>
<td>CPT (81312)</td>
<td></td>
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<tr>
<td>Gene expression profiling — BTK (Bruton’s tyrosine kinase), PLCG2 (phospholipase C gamma 2) (e.g., chronic lymphocytic leukemia) gene analysis</td>
<td>Y</td>
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<tr>
<td>CPT (81320)</td>
<td></td>
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<tr>
<td>Gene expression profiling — PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (e.g., spinocerebellar ataxia) gene analysis</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>CPT (81343)</td>
<td></td>
<td></td>
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<tr>
<td>Gene expression profiling — RUNX1 (runt related transcription factor 1) (e.g., acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) to guide therapeutic decision-making(See also Gene Expression Profiling and Molecular Pathology LCD)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>CPT (81334)</td>
<td></td>
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<tr>
<td>Gene expression profiling — SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; dosage/deletion analysis (e.g., carrier testing)/ SMN2 (survival of motor neuron 2, centromeric) analysis</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>CPT (81329, 81336, 81337)</td>
<td></td>
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<tr>
<td>Gene expression profiling — TBP (TATA box binding protein) (e.g., spinocerebellar ataxia) gene analysis</td>
<td>Y</td>
<td></td>
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<tr>
<td>CPT (81344)</td>
<td></td>
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<tr>
<td>Gene expression profiling — T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing (TRB@ [T cell antigen receptor beta/TRG@ T cell antigen receptor GAMMA])</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>(See also Gene Expression Profiling)</td>
<td></td>
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<tr>
<td>Note:</td>
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<tr>
<td>TCR gene rearrangement testing may be indicated for 1 or more of the following:</td>
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<tr>
<td>▪ Diagnosis of mycosis fungoides or Sezary syndrome</td>
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<tr>
<td>▪ Diagnosis of T-cell lymphoma, as indicated by all:</td>
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<tr>
<td>▪ Neoplastic T-cell lymphoproliferative disorder suspected</td>
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<tr>
<td>▪ Nondiagnostic or equivocal clinical, pathologic, and immunophenotyping findings</td>
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<tr>
<td>CPT (81340, 81341, 81342)</td>
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<tr>
<td>Gene expression profiling — TERT (telomerase reverse transcriptase) (e.g., thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis</td>
<td>Y</td>
<td></td>
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<tr>
<td>CPT (81345)</td>
<td></td>
<td></td>
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<tr>
<td>Gene expression profiling — TGFB1 (transforming growth factor beta-induced) (e.g., corneal dystrophy) gene analysis</td>
<td>Y</td>
<td></td>
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<tr>
<td>CPT (81333)</td>
<td></td>
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</tr>
<tr>
<td>Gene expression profiling — thyroid nodules of indeterminate cytology</td>
<td>Y</td>
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</tbody>
</table>
Gene therapy — aka CAR T Therapy, cell therapy, embryonic cell therapy, fresh cell treatment, glandular therapy, organotherapy, and xenotransplant therapy [Kymriah™, Yescarta™, etc.] for lymphoproliferative disorders, hematological malignancies or any other indications

Note: Therapies are noncovered for all indications with exceptions below when clinical criteria are met:
- Kymriah — covered for all lines of business per the **KYMRIAH™ (tisagenlecleucel)**
- Yescarta — covered for all lines of business per **Yescarta (axicabtagene cileoleucel)**

CPT (0540T, Q2041)

<table>
<thead>
<tr>
<th></th>
<th>SEE NOTE</th>
<th>SEE NOTE</th>
<th>SEE NOTE</th>
<th>5/10/2019</th>
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Genetic testing — acute myeloid leukemia (AML) therapeutic management

CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha [a]), full gene sequence analysis FLT3 gene analysis

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<tr>
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<th>6/14/2019</th>
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Note: Luxturna is covered for Medicaid members per **Luxturna™ (Voretigene neparvovec) — Medicaid**

HCPCS (J3490, J3590)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>N</th>
<th>SEE NOTE</th>
<th>10/31/2019</th>
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</table>

Gene therapy — Luxterna™ (voretigene neparvovec-rzyl) for biallelic mutation-associated retinal dystrophy

Note: Luxturna is covered for Medicaid members per **Luxturna™ (Voretigene neparvovec) — Medicaid**

HCPCS (J3490, J3590)

Genetic testing — acute myeloid leukemia (AML) therapeutic management

CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha [a]), full gene sequence analysis FLT3 gene analysis

<table>
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<tr>
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<tbody>
<tr>
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<tr>
<td>Genetic testing — acute promyelocytic leukemia</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>8/9/2019</td>
</tr>
<tr>
<td>CPT (81315, 81316)</td>
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</table>

| Genetic testing — age-related macular degeneration (AMD), risk-determination | N | N | N | 2/14/2020 |
| (E.g., Macular Degeneration Mutation Analysis [Quest], Macula Risk PGx [Arctic]; RetnaGene AMD [Sequenom], ARUP lab test offerings) | |
| (See also Gene Expression Profiling, MCG #ACG: A-0913 (AC)) |
| CPT (81401, 81405, 81408) |

| Genetic testing — Alzheimer’s disease | SEE NOTE | SEE NOTE | SEE NOTE | 10/11/2019 |
| (E.g., apolipoprotein E [APO E-4], amyloid AB precursor gene, presenilin genes 1 and 2, ADmark® Alzheimer’s Evaluation [Athena]) |
| Note: See MCG for covered and noncovered testing (ACG: A-0590 [AC] for early onset disease; ACG: A-0809 [AC] for late onset disease) |
| CPT (81401, 81405, 81406, 83520, 84999) |
| HPCSCS (S3852) |

| Genetic testing — amyotrophic lateral sclerosis (ALS) SOD1 mutation | N | N | N | 3/13/2020 |
| CPT (81404) |
| HPCSCS (S3800) |
| (See also Genetic Counseling and Testing) |

| Genetic testing — analysis of PIK3CA status in tumor cells | SEE NOTE | SEE NOTE | SEE NOTE | 2/14/2020 |
| Note: See Genetic Analysis of PIK3CA Status in Tumor Cells |
| CPT (81404, 81479) |

| Genetic testing — Bloom Syndrome, to confirm diagnosis and guide medical decision-making | Y | Y | Y | 8/9/2019 |
| CPT (81209, 81412, 88245, 96040) |
| HCPCS (S0265) |

| Genetic testing — breast cancer | Y | Y | Y | 2/14/2020 |
| (See also BRCA-1 & BRCA-2 Genetic Testing [Sequence analysis/rearrangement testing], Gene Expression Profiling, MYvantage® Hereditary Comprehensive Cancer Panel, Breast Cancer [Hereditary]) |
| Note: Tests such as the Breast/Gyn Cancer Panel (GeneDx), BRCAPlus, BREVAGen and BreastNext/CancerNextTM tests (Ambry Genetics), which screen large numbers of genes, are not considered medically necessary. (See Gene Expression Profiling) |
| CPT (81162, 81163, 81164, 81165, 81166, 81167, 81211, 81215, 81216, 81217, 81321) |

<p>| Genetic testing — cadherin-1 (CDH1) for hereditary diffuse gastric cancer (HDGC) | Y | Y | Y | 2/14/2020 |</p>
<table>
<thead>
<tr>
<th>Genetic testing — CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Medically necessary when any of the following criteria is met</td>
</tr>
<tr>
<td>▪ 2 gastric cases in a family, 1 confirmed diffuse gastric cancer (DGC) diagnosed before age 50 years</td>
</tr>
<tr>
<td>▪ 3 confirmed cases of DGC in 1st- or 2nd-degree relatives independent of age</td>
</tr>
<tr>
<td>▪ DGC diagnosed before age 40 years without a family history</td>
</tr>
<tr>
<td>▪ Personal or family history of DGC and lobular breast cancer, 1 diagnosed before age 50 years</td>
</tr>
<tr>
<td>CPT (81406, 81435, 81479)</td>
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</table>

<table>
<thead>
<tr>
<th>Genetic testing — cancer of unknown primary (CUP) (aka tissue origin testing)</th>
</tr>
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<tr>
<td>Note:</td>
</tr>
<tr>
<td>▪ CancerTYPE ID is covered for Medicare members; see bioTheranostics Cancer TYPE ID</td>
</tr>
<tr>
<td>▪ ResponseDX is covered for Medicare members; see ResponseDX Tissue of Origin Coding and Billing Guidelines</td>
</tr>
<tr>
<td>(See also Gene Expression Profiling)</td>
</tr>
<tr>
<td>CPT (81219)</td>
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</table>

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<thead>
<tr>
<th>Genetic testing — cardiac ion channelopathies</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i.e., Brugada syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia [CPVT], Long QT syndrome [LQTS], Short QT syndrome [SQTS])</td>
</tr>
<tr>
<td>MCG #s:</td>
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<tr>
<td>▪ ACG: A-0594 (AC)</td>
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<tr>
<td>▪ ACG: A-0607 (AC)</td>
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<td>▪ ACG: A-0636 (AC)</td>
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<td>▪ ACG: A-0831 (AC)</td>
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<td>▪ ACG: A-0833 (AC)</td>
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<td>▪ ACG: A-0834 (AC)</td>
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<tr>
<td>▪ ACG: A-0918 (AC)</td>
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<td>CPT (81403, 81405, 81408, 81413, 81414)</td>
</tr>
<tr>
<td>HCPCS (S3861 for Brugada)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Genetic testing — cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) Syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td>(MSG #ACG: A-0668 ([AC])</td>
</tr>
<tr>
<td>CPT (81406, 81599)</td>
</tr>
<tr>
<td>HCPCS (G0452 [Medicare])</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Genetic testing — colon cancer; fecal DNA (Cologuard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(See also Genetic Counseling and Testing, Medicare NCD for Colon Cancer Screening Tests, USPTF Colon Cancer Screening)</td>
</tr>
<tr>
<td>Note:</td>
</tr>
<tr>
<td>▪ Medicaid members are covered for Cologuard or alternate fecal DNA tests (e.g., ColoSure™ [LabCorp], PreGen-Plus™ [Exact Sciences])</td>
</tr>
<tr>
<td>For ColoSure™ use CPT code 81479</td>
</tr>
<tr>
<td>For PreGen-Plus™ use CPT code 81599</td>
</tr>
<tr>
<td>Y Y Y 2/14/2020</td>
</tr>
</tbody>
</table>

(See also Gene Expression Profiling, Genetic Counseling and Testing and NGS Medicare Molecular Pathology Procedures LCD)
<table>
<thead>
<tr>
<th>MCG #</th>
<th>Coverage Status</th>
</tr>
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<tbody>
<tr>
<td>A-0588 (AC)</td>
<td>N</td>
</tr>
<tr>
<td>A-0810 (AC)</td>
<td>N</td>
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<td>A-0811 (AC)</td>
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<td>A-0812 (AC)</td>
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<tr>
<td>A-0823 (AC)</td>
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<tr>
<td>A-0917 (AC)</td>
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<tr>
<td>A-0924 (AC)</td>
<td>N</td>
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</tbody>
</table>

CPT (81228, 81229, 81405, 88230, 88262, S3870)

HCPCS (See policy)

Genetic testing — craniosynostosis next generation sequencing (NGS) panel
E.g., Connective Tissue Gene Tests such as the Skeletal Dysplasia Ciliopathy NGS Panel
(See also Gene Expression Profiling)
CPT (81479, 81405, 81404)

Genetic testing — cystic fibrosis (general population screening in the absence of signs/symptoms)
(MCG # ACG: A-0597 [AC])
CPT (81220, 81221, 81222, 81223, 81224)

Genetic testing — cystic fibrosis (pregnancy-planning and for those in early stages of pregnancy when results will be used to inform decisions regarding childbearing or fetal diagnosis)
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Y/N</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic testing — cystic fibrosis (diagnostic use for suspected cystic fibrosis)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>10/11/2019</td>
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<td>(MCG # ACG: A-0597 [AC])</td>
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<tr>
<td>CPT (81220, 81221, 81222, 81223, 81224)</td>
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<tr>
<td>Genetic testing — dementia</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>10/11/2019</td>
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<tr>
<td>(See also Genetic Testing for Frontotemporal Dementia (FTD)</td>
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<td>CPT (81406, 81479)</td>
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<tr>
<td>Genetic testing — epilepsy, next generation sequencing (confirmatory diagnosis to</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>1/10/2020</td>
</tr>
<tr>
<td>identify familial mutations to allow carrier testing and prenatal diagnosis)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(See also Genetic Counseling and Testing and Gene Expression Profiling)</td>
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<tr>
<td>(E.g., NGS Epilepsy/Seizure Panel [Greenwood Genetic Center])</td>
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<tr>
<td>Genetic testing — Factor V Leiden mutation analysis</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>1/10/2020</td>
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<td>(MCG #ACG: A-0600 ([AC])</td>
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<tr>
<td>CPT (81241)</td>
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<tr>
<td>Genetic testing — familial hypertrophic cardiomyopathy</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>10/11/2019</td>
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<tr>
<td>MCG #:</td>
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<td>- ACG: A-0627 (AC)</td>
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<td>- ACG: A-0633 (AC)</td>
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<td>- ACG: A-0648 (AC)</td>
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<td>CPT (81403, 81405, 81406, 81407, 81479)</td>
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<td>HCPCS (S3865, S3866)</td>
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<tr>
<td>Note: CPT codes 81408 and 81439 are not covered (see also Molecular Pathology</td>
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<td>Procedures LCD)</td>
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<tr>
<td>Genetic testing — Guanylyl cyclase c (GCC or GUCY2C) lymph node analysis for</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>1/10/2020</td>
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<td>colorectal cancer staging (E.g., Previstage™ GCC)</td>
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<td>CPT (No specified code)</td>
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<tr>
<td>Genetic testing — hereditary pancreatitis</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>10/11/2019</td>
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<tr>
<td>Note: See MCG for covered and noncovered testing (#ACG: A-0646 [AC] for CFTR, CPA1,</td>
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<tr>
<td>CTRC, PRSS1, and SPINK1 genes; #ACG: A-0797 [AC] for next generation sequencing</td>
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<td>panel)</td>
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<td>CPT (81220, 81221, 81222, 81223, 81224, 81401, 81404, 81479)</td>
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<tr>
<td>Genetic testing — hereditary retinal disorders</td>
<td>N</td>
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<td>3/13/2020</td>
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<tr>
<td>(E.g., sequence analysis ≥ 15 genes including ABCA4, CNGA1, CRB1, EYS, PDE6A,</td>
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<tr>
<td>PDE6B, PRPF31, PRPH2, RDH12, RH0, RP1, RP2, RPE65, RPGR, AND USH2A)</td>
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<tr>
<td>(See also Genetic Counseling and Testing)</td>
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<td>CPT (81434)</td>
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<tr>
<td>Genetic testing — Li-Fraumeni syndrome</td>
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<td>Y</td>
<td>Y</td>
<td>9/13/2019</td>
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<td>(MCG #ACG: A-0584 [AC])</td>
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<td>CPT (81404, 81405, 81479)</td>
<td>Genetic testing — Janus Kinase 2 (JAK2) V617F Gene Mutation Assay (MCG #ACG: A-0669 [AC])</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>CPT (81270, 81403)</td>
<td>Genetic testing — infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (i.e., genotyping)</td>
<td>N</td>
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<tr>
<td>CPT (0500T)</td>
<td>Genetic testing — malignant melanoma (CDKN2A), hereditary risk (E.g., Melaris® [Myriad Genetics]) (See also MCG #s ACG: A-0601 AC, ACG: A-0836 and Gene Expression Profiling)</td>
<td>N</td>
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<tr>
<td>CPT (81404)</td>
<td>Genetic testing — methylenetetrahydrofolate reductase (MTHFR) genotyping as part of the clinical evaluation for thrombophilia, recurrent pregnancy loss, coronary artery disease, or any other indication (See also Genetic Counseling and Testing and Recurrent Pregnancy Loss)</td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPT (81291)</td>
<td>Genetic testing — next generation sequencing of multiple genes for hereditary cancers (E.g., MYvantage® Hereditary Comprehensive Cancer Panel [Quest]; Paradigm Cancer Diagnostics [PCDx] Test; Ambry Genetics Hereditary Cancer Panel tests such as CancerNext™, myRisk™; OmniSeq Comprehensive; Oncofocus; Molecular Intelligence™ Service or Target Now™ Molecular Profiling Service; GeneKey; GeneTrails® Solid Tumor Panel; OnkoMatch™; OncInsights™, etc.) (See also Gene Expression Profiling)</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
</tr>
</tbody>
</table>
|                             | Note the following tests are covered exceptions:  
|                             | ▪ FoundationOne CDx — covered for Medicare members only per Next Generation Sequencing National Coverage Decision (NCD) when the NCD clinical criteria are met  
|                             | ▪ Guardant360® — covered for Medicare members per MolDX LCD: Plasma-Based Genomic Profiling in Solid Tumors, effective Feb. 3, 2020  
|                             | ▪ MYvantage® Hereditary Comprehensive Cancer Panel (Quest) — covered for all lines of business per MYvantage Medical Guideline)  
|                             | CPT (812101*, 81202, 81203, 81215, 81216, 81217, 81292*, 81294*, 81295*, 81297*, 81298*, 81300*, 81317*, 81319*, 81402, 81404, 81406, 81432, 81433, 81435, 81436, 84999)  
|                             | *Denotes CancerNext™ coding  
|                             | Genetic testing — Noonan spectrum disorders (Sequence analysis panel, ≥ 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1) (MCG # ACG: A-0915 [AC]) | Y | Y | Y | 3/13/2020 |
|                             | CPT (81442)  
|                             | Note: Change from noncovered to covered eff. 7/15/19 |
| Genetic testing — NOTCH1, SF3B1 and BIRC3 prognostic genetic testing in chronic lymphocytic leukemia (CLL)  
(See also Genetic Counseling and Testing)  
CPT (81450, 81455, 81479) | Y | N | N | 2/14/2020 |
| Genetic testing — NRAS mutation testing (neuroblastoma RAS viral, vras, oncogene homolog) to determine pharmacotherapy candidacy for the management of colorectal cancer  
(See also Genetic Counseling and Testing; for Medicare members, see MolDX NRAS Genetic Testing LCD)  
CPT (81311) | Y | Y | Y | 2/14/2020 |
| Genetic testing — Panexia® (Myriad Genetics) for pancreatic cancer/other oncologic indications  
(See also Gene Expression Profiling)  
CPT (81216, 81406) | N | N | N | 3/13/2020 |
| Genetic testing — Pediatric Neurology Region of Interest Trio (Claritas Genomics Inc.)  
(See also Gene Expression Profiling)  
CPT (81479) | N | N | N | 11/8/2019 |
| Genetic testing — peripheral neuropathies, inherited  
CPT (81324, 81325, 81326, 81448)  
(MCG #ACG: A-0691 [AC])  
Note: Change from noncovered to covered eff. 7/15/19 | Y | Y | Y | 3/13/2020 |
| Genetic testing — pregnancy planning (screening for Fragile X Syndrome)  
(See also Carrier Screening for Parents or Prospective Parents)  
CPT (81243, 81244) | Y | Y | Y | 9/13/2019 |
| Genetic testing — pregnancy planning (screening for hereditary hemochromatosis)  
MCG #ACG: A-0599 ([AC])  
(See also Carrier Screening for Parents or Prospective Parents, and Genetic Counseling and Testing)  
Note: The plan covers prenatal testing for hereditary hemochromatosis when the disease-causing alleles are first identified in an affected family member or both parents.  
CPT (81256) | N | N | N | 9/13/2019 |
| Genetic testing — pregnancy planning (non-standard universal-type screening)  
(E.g., Counsyl Foresight™, GeneAware Complete Panel, Progenity® Pan-Ethnic Panel 3, Progenity Preparent™ Carrier Screening  
Global Panel] Note: Screening for rare diseases is not endorsed by ACOG as part of standard prenatal testing  
(See also Carrier Screening for Parents or Prospective Parents, Genetic Counseling and Testing) | N | N | N | 9/13/2019 |
<table>
<thead>
<tr>
<th>Genetic testing</th>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
<th>MCG #s:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy planning; cell-free DNA (cfDNA) non-invasive prenatal testing (NIPT) for high risk pregnancies</td>
<td>(E.g., Harmony™ [Ariosa Diagnostics]; MaterniT21™ [Sequenom], Panorama™ [Natera], QNatal Advanced™ [Quest preferred lab], Verifi® [Illumina])</td>
<td>(81200, 81205, 81209, 81220, 81221, 81222, 81223, 81225, 81241, 81242, 81243, 81244, 81250, 81251, 81252, 81253, 81255, 81256, 81257, 81260, 81290, 81330, 81332, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81479, 81443)</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>Prostate cancer antigen 3 gene (PCA 3) screening for prostate cancer</td>
<td>(See also Genetic Counseling and Testing, MCG #ACG: A-0855 [AC])</td>
<td>(81420, 81422, 81507, 81599, 84999)</td>
<td>N</td>
<td>SEE NOTE</td>
<td>N</td>
</tr>
<tr>
<td>PTEN hamartoma tumor syndrome (PHTS)</td>
<td>(Cowden syndrome [CS], Bannayan-Riley-Ruvalcaba syndrome [BRRS] and Adult Lhermitte-Duclos disease (ALDD)</td>
<td>(81313)</td>
<td>HCPCS (S3721)</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Saethre-Chotzen Syndrome (TWIST) Sequencing and MLPA</td>
<td>(See also Greenwood Genetic Center)</td>
<td>(81403, 81404)</td>
<td>N</td>
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<td>N</td>
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<tr>
<td>SLCO1B1 genotyping for statin dosing or selection</td>
<td>(See also Medicare Molecular Pathology LCD)</td>
<td>(81328)</td>
<td>N</td>
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<td>N</td>
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<tr>
<td>SHOX-related short stature</td>
<td>(See also Gene Expression Profiling and Genetic Counseling and Testing)</td>
<td>(81479)</td>
<td>Y</td>
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<tr>
<td>Statin-induced myopathy</td>
<td>MCG #ACG: A-0981 (AC)</td>
<td>N</td>
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<td>CPT (81400)</td>
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</tbody>
</table>
| Genetic testing — whole exome sequencing, whole genome/mitochondrial sequencing  
(E.g., GPS Cancer [NantHealth], bacterial typing by whole genome sequencing [Mayo Clinic], XomeDxPlus Whole Exome Sequencing [WES] + mtDNA Sequencing and Deletion Testing [GeneDx], Comprehensive Mitochondrial Mutation Detection [Baylor], Comprehensive Mitochondrial Genome Analysis [ApolloGen], Mitochondrial DNA Deletion Syndromes Test [Rush University Medical Center])  
(See also Genetic Counseling and Testing)  
CPT (Exome [81415, 81416, 81417], Genome [81425, 81426, 81427, 81460, 81465], Mitochondrial [81440]) | N N N 1/10/2020 |

| CPT (81405, 81408, 81410, 81411, 81479)  
Note: The effective date for positive coverage of 81410 and 81411 is 7/15/19 |  |
|---|---|
| Genomic sequencing analysis/duplication deletion analysis — aortic dysfunction or dilation  
(E.g., Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome)  
MCG #s:  
- ACG: A-0788 (AC)  
- ACG: A-0909 (AC)  
- ACG: A-0910 (AC) | Y Y Y 3/13/2020 |
| CPT (81405, 81408, 81410, 81411, 81479)  
Note: The effective date for positive coverage of 81410 and 81411 is 7/15/19 |  |

<table>
<thead>
<tr>
<th>CPT (81450)</th>
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</thead>
</table>
| Genomic sequencing analysis — acute myelogenous leukemia (AML)/myelodysplastic syndromes, disease management  
(See also Medicare LCD: Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases) | Y Y Y 3/13/2020 |
| CPT (81450) |  |

<table>
<thead>
<tr>
<th>CPT (81252, 81253, 81254, 81430, 81431)</th>
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</tr>
</thead>
</table>
| Genomic sequencing analysis (at least 60 genes)/duplication deletion analysis — hearing loss  
(E.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome)  
(See also Gene Expression Profiling and Molecular Pathology Procedures LCD)  
CPT (81252, 81253, 81254, 81430, 81431) | N N N 7/12/2019 |

<table>
<thead>
<tr>
<th>CPT (81470, 81471)</th>
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</thead>
</table>
| Genomic sequencing analysis — x-linked intellectual disability (XLID)  
(E.g., Intellectual Disability (IDNEXT) Panel, syndromic and non-syndromic XLID)  
(See also Gene Expression Profiling)  
CPT (81470, 81471) | N N N 3/13/2020 |

<table>
<thead>
<tr>
<th>CPT (81400, 81405, 81407, 81408, 81410, 81411, 81479)</th>
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</thead>
</table>
| GlucoWatch® Automatic Glucose Biographer (No longer marketed in the U.S.)  
HCPCS (S1030, S1031) | N N N 6/14/2019 |

<table>
<thead>
<tr>
<th>CPT (84378, 84999)</th>
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</thead>
</table>
| GlycoMark® assay (Nippon Kayaku, Co., Ltd) for glycemic control  
(Aka 1,5-anhydroglucitol [1,5-AG])  
(See also Medicare LCD: GlycoMark Testing for Glycemic Control)  
CPT (84378, 84999) | N N N 6/14/2019 |

<table>
<thead>
<tr>
<th>CPT (No specific code)</th>
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</table>
| Heart rate variability testing (Anscore™)  
CPT (No specific code) | N N N 6/14/2019 |
## Heartsbreath test for transplant rejection (aka Tolatile Organic Compounds Breath Analysis)

**Note:**
Commercial and Medicaid: The Heartsbreath investigational test is FDA-approved as a Humanitarian Device Exemption (HDE) for use as an aid in the diagnosis of grade 3 heart transplant rejection in patients who have received heart transplants within the preceding year. The Heartsbreath test is intended to be used as an adjunct to, and not as a substitute for, endomyocardial biopsy. The use of the device is limited to patients who have had endomyocardial biopsy within the previous month. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis.

Medicare: Not covered per National Coverage Determination (NCD) for Heartsbreath Test for Heart Transplant Rejection

<table>
<thead>
<tr>
<th>CPT (0085T)</th>
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### HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant

<table>
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<tr>
<th></th>
<th>Y</th>
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<th>Y</th>
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<tbody>
<tr>
<td>Date</td>
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### HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
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<tbody>
<tr>
<td>Date</td>
<td>11/8/2019</td>
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</table>

### HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants

<table>
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<tr>
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<tbody>
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### CPT (81258, 81259, 81269)

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<tr>
<td>Date</td>
<td>11/8/2019</td>
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</tbody>
</table>

### HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (e.g., Hbs, Hbc, Hbe)

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>6/14/2019</td>
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</tbody>
</table>

### HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
<td>11/8/2019</td>
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</tbody>
</table>

### HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
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<tbody>
<tr>
<td>Date</td>
<td>6/14/2019</td>
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</tbody>
</table>

### HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence

<table>
<thead>
<tr>
<th>(See also <a href="#">NGS Local Coverage Article: Billing and Coding: Molecular Pathology Procedures</a> for Medicare members)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT (81361, 81362, 81363, 81364 [coverage eff. 02/08/2020])</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>6/14/2019</td>
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</tbody>
</table>

### Hepatitis C virus (HCV) antibody screening for adults at high risk for HCV infection (defined as persons with a current or past history of illicit injection drug use, and persons who have a history of receiving a blood transfusion prior to 1992)

**Note:** Repeat screening is covered annually only for members who have had continued illicit injection drug use since prior negative screening test.

<table>
<thead>
<tr>
<th>CPT (86803)</th>
<th>HCPCS (G0472)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Date</td>
<td>6/14/2019</td>
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</tbody>
</table>

### High frequency chest wall oscillation devices (compression vest)

<table>
<thead>
<tr>
<th>HCPCS (A7025, A7026, E0483)</th>
<th>CPT (94669)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Date</td>
<td>9/13/2019</td>
</tr>
</tbody>
</table>

### High intensity focused ultrasound (HIFU) for prostate cancer

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Date</td>
<td>1/10/2020</td>
</tr>
<tr>
<td>Procedure Description</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>High resolution anoscopy for detecting anal intraepithelial neoplasia — diagnostic adjunct in follow up of abnormal cytology</td>
<td>CPT (46601, 46607)</td>
</tr>
<tr>
<td>High resolution anoscopy for detecting anal intraepithelial neoplasia — screening high risk members</td>
<td>CPT (46601, 46607)</td>
</tr>
<tr>
<td>Diagnosis codes (Z12.12, Z12.89, Z12.89)</td>
<td></td>
</tr>
<tr>
<td>High resolution esophageal pressure topography (motility study) stand-alone or combined with stimulation and/or acid or alkali perfusion</td>
<td>CPT (91299)</td>
</tr>
<tr>
<td>HIV genotyping</td>
<td>CPT (87901, 87906)</td>
</tr>
<tr>
<td>(E.g., HIV-1 Genotype [Quest Diagnostics]; HIV-1 TrueGene™ [Visible Genetics]; ViroSeq™ [Abbott Laboratories])</td>
<td></td>
</tr>
<tr>
<td>HIV phenotyping</td>
<td>CPT (87903, 87904, 87900)</td>
</tr>
<tr>
<td>(E.g., PhenoSense™, Phenoscript™)</td>
<td></td>
</tr>
<tr>
<td>Holotranscobalamin (HoloTC) biomarker lab test for Vitamin B-12 deficiency</td>
<td>CPT (No specific code)</td>
</tr>
<tr>
<td>Home nocturnal penile tumescence testing (RigiScan® Monitor)</td>
<td>CPT (54250)</td>
</tr>
<tr>
<td>Home prothrombin time/international normalized ratio (INR) monitoring for anticoagulation management</td>
<td>CPT (93792, 93793)</td>
</tr>
<tr>
<td>HCPCS (G0248, G0249, G0250)</td>
<td></td>
</tr>
<tr>
<td><strong>Home uterine activity monitoring</strong></td>
<td>CPT (99500, S9001)</td>
</tr>
<tr>
<td>Human growth hormone for idiopathic short stature (TEV-TROPIN®)</td>
<td>HCPCS (J2940, J2941, S9558, Q0515)</td>
</tr>
<tr>
<td>Human papilloma virus (HPV) DNA testing with cytology co-testing for cervical cancer</td>
<td>CPT (87623, 87624, 87625)</td>
</tr>
<tr>
<td>Human platelet antigen (HPA) genotyping</td>
<td></td>
</tr>
<tr>
<td>- Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)</td>
<td>Y</td>
</tr>
</tbody>
</table>
- Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)
- Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein Ib of Iib/IIIa complex], antigen CD41 [GPIIb]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)
- Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R14)
- Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (e.g., HPA-5a/b (K505E))
- Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)
- Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)
- Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)

CPT (81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112)

HPV DNA testing as primary screening
(E.g., cobas® HPV)
CPT (87623, 87624, 87625)

Hyaluronate injections for osteoarthritis of the knee
CPT (20610)
HCPCS (J7321, J7322, J7324, J7325, J7326, J7327, J7328)

Hyperbaric Oxygen Therapy
CPT (99183)
HCPCS (G0277)

Hyperthermia (whole-body) for cancer
Note: in addition to whole body, the use of intraluminal, endocavitary, interstitial and regional deep tissue hyperthermia exceeding 4 cm in depth is investigational
(See also Hyperthermia Treatment for Cancer)
CPT (77605, 77615, 77620)

Hypothermia — selective head or total body in neonates ≤ 28 days for treatment of moderate or severe hypoxic ischemic encephalopathy (HIE)
CPT (99184)

Hysteroscopic techniques for sterilization
(E.g., Essure™ Coil Sterilization)

CPT (81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112)

Hyaluronate injections for osteoarthritis of the knee
CPT (20610)
HCPCS (J7321, J7322, J7324, J7325, J7326, J7327, J7328)

Hyperbaric Oxygen Therapy
CPT (99183)
HCPCS (G0277)

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Note: in addition to whole body, the use of intraluminal, endocavitary, interstitial and regional deep tissue hyperthermia exceeding 4 cm in depth is investigational
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Hysteroscopic techniques for sterilization
(E.g., Essure™ Coil Sterilization)

CPT (81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112)
| Procedure / Service Description | CPT / HCPCS Codes | Medicaid Coverage | Commercial Coverage | Medicare Coverage | Date  
|-------------------------------|-------------------|------------------|-------------------|------------------|--------
<p>| Note: On December 31, 2018, Bayer stopped selling and distributing the Essure device in the United States. Health care providers can implant Essure up to one year from the date the device was purchased. Bayer will continue to implement the FDA’s restriction on sale and distribution of Essure from April 2018, to ensure women are fully informed of the risks associated with the device. (<a href="https://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentActivities/ucm686617.htm">FDA Activities: Essure</a>) |
| CPT (58565) |
| HCPCS (A4264) |
| iBOT Mobility System® (standard feature) |
| CPT (K0877) |
| HCPCS (K0877) |
| IDH1 testing — IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (e.g., glioma), common variants (e.g., R132H, R132C) |
| IDH2 testing — IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial (e.g., glioma), common variants (e.g., R140W, R172M) |
| (See also <a href="https://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentActivities/ucm686617.htm">IDH1 companion diagnostic for Tibsovo</a>) |
| Note: Medically necessary for specific ICD-10 codes in Molecular Pathology LCD |
| CPT (81120, 81121) |
| Immune cell function assays |
| Ilizarov bone lengthening technique |
| CPT (See policy) |
| Imaging — tactile breast by computer-aided tactile sensors (E.g., Breastview Visual Mapping System, iBreastExam) |
| Impella RP System for circulatory assistance |
| Covered for providing circulatory assistance for up to 14 days in pediatric or adult members with a body surface area ≥ 1.5 m² who develop acute right heart failure or decompensation following left ventricular assist device implantation, myocardial infarction, heart transplant, or open-heart surgery. |
| (See also <a href="https://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentActivities/ucm686617.htm">The Impella® RP New Way to Treat Right Heart Failure Guide</a>) |
| CPT (33990, 33991) |
| For removal or repositioning of the device, utilize CPT code (33992 or 33993) |
| Implantable infusion pumps for chronic intractable pain |
| Note: Coverage for Medicaid members is limited to intractable cancer pain only. (This does not apply to members with pumps in place prior to October 1, 2013). Coverage for Commercial and Medicare members includes pain attributable to malignant or nonmalignant origin; as commensurate with the <a href="https://www.cms.gov/Medicare/coverage/CoverageDeterminationsIBC/downloads/NCD_Infusion_Pumps.pdf">CMS National Coverage Determination (NCD) for Infusion Pumps</a> |
| CPT (62350, 62351, 62355, 62360, 62361, 62362, 62365, 62367, 62368, 62369, 62370, 95990, 95991, 96523) |
| HCPCS (E0782, E0783, E0785, E0786, A4220) |
| CPT (0308T) |
| Note: Commercial and Medicaid coverage effective 9/14/2019 |
| Immune cell function assays |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>CPT/HCPCS Code</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunoglobulin heavy chain locus (IGH@) testing for acute lymphoblastic leukemia (ALL) and lymphoma, B-cell, to guide therapeutic decision making</td>
<td>CPT (81261, 81262, 81263, 81264)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>8/9/2019</td>
</tr>
<tr>
<td>Inflow™ intraurethral valve pump</td>
<td>HCPCS (A4335)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>Infrared heating pad system and replacement pads</td>
<td>HCPCS (A4639, E0221)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>Injectable autologous myoblast/mesenchymal cells for fecal incontinence (See also Fecal Incontinence Treatment)</td>
<td>CPT (0277T, [0377T, del. 01/01/2020], Solesta®, 11950, 11951, 11952, 11954)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Injectable autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation</td>
<td>CPT (0481T)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>Injectable bulking agents for fecal incontinence (E.g., Solesta®) (See also Fecal Incontinence Treatment)</td>
<td>CPT (0377T)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Injectable bulking agents for vocal cord medialization</td>
<td>HCPCS (L8607)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>Insulin — alternate controller enabled (ACD) infusion pump (e.g., Tandem Diabetes Care t:Slim X2 insulin pump)</td>
<td>Note: See Insulin Delivery Devices and Continuous Glucose Monitoring Systems for clinical criteria</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Insulin — continuous glucose monitoring (CGM) and insulin delivery devices (aka combination devices)</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Insulin — external insulin pumps (standard/programmable wireless, e.g., OmniPod®)</td>
<td>Note: See Insulin Delivery Devices and Continuous Glucose Monitoring Systems for coding and clinical criteria</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Insulin — external insulin pumps (transdermal insulin delivery system [nonprogrammable [no wireless communication capability, e.g., V-Go™ Disposable Insulin Delivery Device]; remote wireless devices with smart phone capability, e.g., Dexcom G5)</td>
<td>Note: See Insulin Delivery Devices and Continuous Glucose Monitoring Systems</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
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<tr>
<td>HCPCS (A9274)</td>
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<tr>
<td>Insulin — internal insulin pumps</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>7/12/2019</td>
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<tr>
<td>CPT (49419 [also used for morphine and chemotherapeutic agents administration, only deny for a diabetic indication])</td>
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<tr>
<td>Insulin — outpatient intravenous insulin treatment/therapy</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>7/12/2019</td>
<td></td>
</tr>
<tr>
<td>(Aka Cellular Activation Therapy [CAT], Chronic Intermittent Intravenous Insulin Therapy [CIKIT], Hepatic Activation Therapy [HAT], Intercellular Activation Therapy [ICAT], Metabolic Activation Therapy® [MAT®], Pulsatile Intravenous Insulin Treatment [PIVIT], Pulse Insulin Therapy [PIT] and Pulsatile Therapy [PT])</td>
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<tr>
<td>(See also <a href="https://www.cms.gov">CMS NCD for Outpatient Intravenous Insulin Treatment</a>)</td>
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<tr>
<td>HCPCS (G9147)</td>
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<tr>
<td>Insulin — insulin potentiation therapy (IPT) for all indications</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>7/12/2019</td>
<td></td>
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<tr>
<td>(E.g., arthritis, cancers, infectious diseases)</td>
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<tr>
<td>Coding note: No specific CPT; the following series of CPT and HCPCS J codes are used to describe the various IPT components. Some codes (i.e., code for glucose testing) may be used more than once during a single session of IPT.</td>
<td></td>
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<tr>
<td>CPT (82948, 96365, 96366, 99070)</td>
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<tr>
<td>HCPCS (J1817, J7030, J7040, J7050)</td>
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</tbody>
</table>
Intensity modulated radiation therapy (IMRT) — benign conditions
(Specifically: Acoustic neuroma, craniopharyngioma, glomus tumor, hemangioblastoma, meningioma, pineocytoma, pituitary adenoma, schwannoma and cavernous malformations)

IMRT — cancerous conditions
(Specifically: Non-Hodgkin’s lymphoma [disease above the diaphragm], anal cancer, breast cancer, cervical cancer, endometrial cancer, head and neck cancer, adrenal, kidney, and bladder cancers, gastric adenocarcinoma [when dose to critical organs such as liver, heart, lung, kidneys and spinal cord is of concern], hepatobiliary cancer [including primary liver, intrahepatic bile duct, extrahepatic bile duct, gallbladder], primary malignant gliomas, primary central nervous system [PCNS] lymphoma, prostate cancer)

Note:
For bone metastasis, IMRT may be approved where overlap with previous radiotherapy fields is likely to cause complications.

When comparative 3D and IMRT plans demonstrate that a 3D plan does not meet the “Acceptable” normal tissue constraints (using standard metrics published by the Radiation Therapy Oncology Group [RTOG]/National Comprehensive Cancer Network [NCCN]), then IMRT will be approved for the following:

Bladder cancer
Bone Metastasis
Carcinoma of the esophagus/gastroesophageal junction (GEJ)
Gastric adenocarcinoma
Kidney and adrenal cancers
Pancreas adenocarcinoma

For breast cancer, inverse-planned IMRT is not medically necessary for either whole-breast irradiation (WBI) (with or without nodal irradiation) or the boost. Exceptions will be made on a case-by-case basis in those unusual clinical situations where inverse-planned IMRT dosimetry yields clinically meaningful and significant dosimetric improvement over forward-planned dosimetry.

For lung cancer, IMRT is not medically necessary; case-by-case considerations are as follows:

- Where there is disease in the bilateral mediastinum or bilateral hilar regions
- Where there is disease in the para-spinal region
- For superior sulcus tumors

For pancreas adenocarcinoma, IMRT may be considered medically necessary when acceptable doses to critical organs (i.e., kidney, spinal cord, small bowel, stomach or liver) cannot be achieved with 3D planning.

CPT (77301, 77338, 77385, 77386, 77387, 77499)
HCPCS (G6015, G6016, G6017)
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT Code(s)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive behavioral program for diabetes prevention using a standardized curriculum in a group setting</td>
<td>N</td>
<td>2/14/2020</td>
</tr>
<tr>
<td>(See Nutrition Counseling Services for covered services/coding)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>CPT (0403T)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Interferential current stimulator</td>
<td>S8130, S8131</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>Intracellular micronutrient testing — all indications</td>
<td>N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>(Aka intracellular micronutrient analysis/function intracellular analysis)</td>
<td>N</td>
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<tr>
<td>Note: This differs from tests for individual micronutrients, which may be considered medically necessary when used to confirm suspected micronutrient deficiencies</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Intracranial angioplasty — atherosclerotic post stroke/vasospasm post aneurysmal subarachnoid hemorrhage</td>
<td>N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>Atherosclerotic stenosis secondary to stroke</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>(E.g., NEUROLINK® System, including NEUROLINK® Stent &amp; Delivery Catheter and NEUROLINK® Balloon Dilatation Catheter; Wingspan&amp;Trade Stent System with Gateway&amp;Trade PTA Balloon Catheter)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Vasospasm post aneurysmal subarachnoid hemorrhage</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>(E.g., NeuroVasx cPAX Aneurysm Treatment System, ENTERPRISE Vascular Reconstruction Device and Delivery System, Low-Profile Visualized Intraluminal Support Device, Onyx® Liquid Embolic System [Onyx® HD-500])</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Note: These devices are FDA-approved as Humanitarian Device Exemptions (HDEs); therefore, pre certification requests when presented as such will receive case-by-case review for all LOBs EXCEPT for Medicare members with atherosclerotic disease ONLY, whose costs relating directly to the provision of services related to the intracranial Stenting and Angioplasty NCD (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers for cerebral artery stenosis (≥ 50% in patients with intracranial atherosclerotic disease when furnished in accordance with the FDA- approved protocols governing Category B [Investigational Device Exemption] IDE clinical trials). (Medicare does not provide vasospasm coverage)</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>NEUROLINK®</td>
<td>SEE NOTE</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>Indicated for the treatment of patients with recurrent intracranial stroke attributable to atherosclerotic disease refractory to medical therapy in intracranial vessels ranging from 2.5 to 4.5 mm in diameter with &gt; 50% stenosis and that are accessible to the stent system</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>Wingspan</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>Indicated for patients between 22 and 80 years old AND who meet all the following criteria:</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>≥ 2 strokes despite aggressive medical management most recent stroke occurred &gt; 7 days prior to planned treatment with Wingspan 70-99 % stenosis due to atherosclerosis of the intracranial artery related to the recurrent strokes have made good recovery from previous stroke and have a modified Rankin score of 3 or less prior to Wingspan treatment. The Rankin scale is used to measure the degree of disability in stroke patients. Lower scores indicate less disability.</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>cPax Aneurysm Treatment System</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>Indicated for adults (≥ 22 years of age) for wide-necked large and giant-sized cerebral aneurysms (&gt;10) mm that require use of adjunctive assist-devices such as stents or balloons</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>ENTERPRISE Vascular Reconstruction Device and Delivery System</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>Indicated for use with embolic coils for the treatment of wide-neck, intracranial, saccular or fusiform aneurysms arising from a parent vessel with a diameter of &gt;= 3 mm and &lt;= 4 mm</td>
<td>SEE NOTE</td>
<td></td>
</tr>
</tbody>
</table>
**Low-Profile Visualized Intraluminal Support Device**
For use with bare platinum embolic coils for the treatment of unruptured, wide-neck (neck ≥ 4 mm or dome to neck ratio < 2 mm), intracranial, saccular aneurysms arising from a parent vessel with a diameter ≥ 2.5 mm and ≤ 4.5 mm

**Onyx® Liquid Embolic System (Onyx® HD-500)**
Treatment of intracranial, saccular, sidewall aneurysms that present with a wide neck (>= 4 mm) or with a dome-to-neck ratio < 2 that are not amenable to treatment with surgical clipping
CPT (61630, 61635, 61640, 61641, 61642)

<table>
<thead>
<tr>
<th>Intraocular lenses — new technology (multifocal, accommodating or toric lenses)</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>7/12/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>(E.g., i.e., Array® Model SA40, ReZoom™, AcrySof® ReStor®, Tecnis ZM900, Crystalens™ Model AT-45, Crystalens HD™, Crystalens Aspheric Optic™, ARTISAN®, STAR Visian ICL™) HCPCS (Q1004, Q1005)</td>
<td>---</td>
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</tr>
</tbody>
</table>

| Intraoperative assessment of surgical margins during breast-conserving surgery with radiofrequency spectroscopy or optical coherence tomography  | N | N | N | 2/14/2020 |
| (E.g., MarginProbe®, RS-3000 Advance) CPT (0351T, 0352T, 0353T, 0354T, [0546T eff. 07/01/2019], 19499) HCPCS (A4649) | --- | --- | --- | --- |

| Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time CPT (0523T) | N | N | N | 11/8/2019 |

| Intra-oral bone conduction prosthetic hearing devices (e.g., SoundBite™) (MCG #ACG: A-0564 [AC]) CPT (L9900) | N | N | N | 2/14/2020 |

| Intraoperative visual axis identification using patient fixation CPT (0514T) | N | N | N | 11/8/2019 |

| Intrapulmonary percussive ventilators (IPV) (See also High Frequency Chest Wall Oscillation Devices and Intrapulmonary Percussive Ventilators) HCPCS (E0481) | N | N | N | 9/13/2019 |

| Intrathecal opioid therapy for chronic non-malignant pain CPT (62350, 62351, 62355, 62360, 62362, 62365, 62367, 62368) HCPCS (E0785, J3490) | Y | Y | Y | 6/14/2019 |

| INVOcell™ Intravaginal Culture (IVC) system CPT (No specific code) | N | N | N | 11/8/2019 |

<p>| Irreversible electroporation (IRE) for tumors (E.g., NanoKnife System) CPT (No specific code) | N | N | N | 1/10/2020 |</p>
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Y/N</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ketamine (administered via oral, parenteral, sublingual or intranasal methods)</td>
<td>Y</td>
<td>2/14/2020</td>
</tr>
<tr>
<td>CPT (96365, 96366, 96367, 96368, 96374, 96375, 96376)</td>
<td></td>
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<tr>
<td>HCPCS (J3490)</td>
<td></td>
<td></td>
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<tr>
<td>Koning Breast CT System (KBCT)</td>
<td>N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>CPT (76497)</td>
<td></td>
<td></td>
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<tr>
<td>Kyphoplasty</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>CPT (22513, 22514, 22515)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lacrimal duct angioplasty</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>(E.g., Lacrith®)</td>
<td></td>
<td></td>
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<tr>
<td>CPT (68816)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laparoscopic adjustable gastric silicone banding</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>(E.g., LAP-BAND®, Adjustable Gastric Banding [LAGB®] System, REALIZE™ Adjustable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastric Band or any other FDA-approved device)</td>
<td></td>
<td></td>
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<tr>
<td>(See also Bariatric Surgery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPT (43770, 43771, 43772, 43773, 43774)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser — ablative, non-contact, full field and fractional ablation, open wound</td>
<td>N</td>
<td>11/8/2019</td>
</tr>
<tr>
<td>CPT (0491T, 0492T)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser — benign prostatic hypertrophy/interstitial laser coagulation</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>(ILC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E.g., Indigo®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPT (52647)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser — coronary angioplasty</td>
<td>N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser — in situ for keratomileusis (LASIK)</td>
<td>N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>HCPCS (S0800)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser — laparoscopic CO2 laser ablation for endometriosis</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>CPT (58578)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser — low level laser therapy / cold laser/ class III laser or high power</td>
<td>Y</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>Laser therapy for all indications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Covered for confirmed diagnosis and pain or functional limitation from 1 or more of the following (MCG #ACG: A-0511):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Carpal tunnel syndrome</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>- Lateral epicondylitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rheumatoid arthritis only</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>CPT (S8948, no specific code for high power)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies (CPT 0552T eff. 07/01/19) is considered investigational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser — phototherapy for psoriasis (excimer laser UVB)</td>
<td>Y</td>
<td>12/13/2019</td>
</tr>
<tr>
<td>(E.g., YAG, Blue light X-Trac)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See also Photodynamic Therapy for Dermatologic Conditions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPT (96920, 96921, 96922)</td>
<td>Laser — phototherapy/ photochemotherapy for vitiligo (excimer laser UVB)</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>(E.g., YAG, Blue light X-Trac) (See also Photodynamic Therapy for Dermatologic Conditions)</td>
<td>Note: Case-by-case consideration will be given for areas of the face, neck and hands only. CPT (96920, 96921, 96922, 96910, 96912)</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>Laser — prostate ablation CPT (52647, 52648)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Laser — pulsed dye for cutaneous vascular lesions CPT (17106, 17107, 17108)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Laser — spinal (ablation /discectomy [percutaneous or laparoscopic, laser-assisted disc decompression [LADD], laser disc decompression] — all levels. (See also Spinal — minimally invasive [within this document], as well as CMS Decision Memo for Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis)</td>
<td>N</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>CPT (62287, 64999)</td>
<td>HCPCS (G0276)</td>
<td>Y</td>
</tr>
<tr>
<td>Laser — varicose veins (endovenous laser ablation) (See also Varicose Vein Treatment)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Note: Must be FDA-approved for noncosmetic indication(s); diode/Nd, YAG modalities with various wavelengths are acceptable)</td>
<td>CPT (36478, 36479)</td>
<td>Y</td>
</tr>
<tr>
<td>Laser-induced thermotherapy for liver cancers No specific CPT (47399)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Liquid-based cervical cytology (E.g., Thin Prep) CPT (88141, 88142)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>HCPCS (G0123, G0124)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Lumason contrast agent HCPCS (Q9950)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Lung volume reduction surgery (reduction pneumoplasty) CPT (32491)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>HCPCS (G0302, G0303, G0304, G0305)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Procedure</td>
<td>CPT/HCPCS</td>
<td>Approval Status</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<td>----------------</td>
</tr>
<tr>
<td>Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report</td>
<td>CPT (0506T)</td>
<td>N N N</td>
</tr>
<tr>
<td>Magnetic Mini Mover Procedure (3MP) for the treatment of pectus excavatum</td>
<td>(See also Surgical Correction of Chest Wall Deformities) CPT (No specific code)</td>
<td>N N N</td>
</tr>
<tr>
<td>Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement</td>
<td>MRgFUS Note: MRgFUS is covered for Medicare members commensurate with the NGS LCD: Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor (E.g., ExAblate®, Sonotherm®) for bone metastatic pain CPT (0398T)</td>
<td>N SEE NOTE N</td>
</tr>
<tr>
<td>Magnetic resonance spectroscopy (See also eviCore Head Imaging and Oncology Imaging policies) Note: Potentially appropriate only in the following clinical scenarios:</td>
<td>CPT (0398T)</td>
<td>SEE NOTE SEE NOTE SEE NOTE</td>
</tr>
<tr>
<td>Magnetoencephalography (MEG)/magnetic source imaging (MSI) for operative planning (MCG #ACG: A-0481 [AC])</td>
<td>CPT (95965, 95966, 95967) HCPCS (S8035)</td>
<td>Y Y Y</td>
</tr>
<tr>
<td>Mammography — digital/computer-assisted detection systems (E.g., MammoReader or any other FDA-approved device)</td>
<td>CPT (77065, 77066, 77067)</td>
<td>Y Y Y</td>
</tr>
<tr>
<td>Measurement of spirometric forced expiratory flows and lung volumes for infants or children &lt; 2yrs of age</td>
<td>CPT (94011, 94012, 94013)</td>
<td>Y Y Y</td>
</tr>
<tr>
<td>Mechanical Stretching Devices (see guideline for indications) Dynamic splinting devices (E.g., Dynasplint® Systems, EMPI Advance Dynamic ROM®, LMB Pro-Glide™; extensionators/flexionators (ERMI)/patient-actuated serial stretch (PASS) devices; JAS Splints [Joint Active Systems]; bidirectional static progressive devices, etc.)</td>
<td>CPT (29126, 29131, 29260, 29280)</td>
<td>Y Y Y</td>
</tr>
<tr>
<td>Service Description</td>
<td>Code(s)</td>
<td>Allowed</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Metal on metal hip resurfacing (total or partial)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Resurfacing System or any other FDA-approved devices)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>CPT (27130, 27125, 27132, 27134, 27137, 27138)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>HCPCS (S2118)</td>
<td></td>
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<tr>
<td>Microprocessor-controlled prosthetic knees (e.g., C-Leg/ Compact)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>(See also Noridian Medicare LCD: Lower Limb Prostheses)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>HCPCS (L5856, L5857, L5858)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Micravolt T-wave alternans testing for patients at risk for sudden cardiac death</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>CPT (93025)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Microwave thermotherapy for chest wall recurrence of breast cancer</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>CPT (19499)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>miRview™ meso (Rosetta Genomics) for differentiating malignant pleural mesothelioma from peripheral</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>adenocarcinomas of the lung or metastatic carcinomas involving the lung pleura</td>
<td></td>
<td>N</td>
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<tr>
<td>(See also Gene Expression Profiling)</td>
<td></td>
<td>N</td>
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<tr>
<td>CPT (81479)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Molecular Intelligence (Caris Life Sciences) tumor profiling</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(See also Gene Expression Profiling)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>CPT (81599, 81479)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Monochromatic Infrared Energy (MIRE) for treatment of wounds</td>
<td></td>
<td>N</td>
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<tr>
<td>CPT (97026)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Myocardial sympathetic innervation imaging for the measurement of radioactive tracer 123Iodine</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>meta-iodobenzylguanidine (MIBG) in heart failure patients</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(E.g., AdreView™ [lobenguane I 123 injection])</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>CPT (0331T, 0332T)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>MRI-guided focal laser ablation for prostate cancer</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(E.g., Visualase Laser Ablation System)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Multi-component fecal analysis lab testing for the evaluation of intestinal dysbiosis, irritable</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>bowel syndrome, malabsorption or small intestinal bacterial overgrowth</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(E.g., Comprehensive Stool Analysis [Bio-Reference])</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Nasal endoscopy, surgical; balloon dilation of eustachian tube</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>(E.g., ACCLARENT AERA™ Eustachian Tube Balloon Dilation System, XprESS ENT Dilation System)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>CPT (69799)</td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Procedure Description</td>
<td>Covered?</td>
<td>Date Covered</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Nasal implant for nasal airway obstruction due to stenosis of the lateral vestibule wall (E.g., Lattera® Absorbable Nasal Implant)</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of Meibomian glands, unilateral or bilateral, with interpretation and report</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td></td>
<td>N</td>
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<tr>
<td>Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency (E.g., AccuVein AV300 or VeinViewer)</td>
<td>N</td>
<td>7/12/19</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Near-infrared spectroscopy studies of lower extremity wounds (E.g., for oxyhemoglobin measurement)</td>
<td>N</td>
<td>7/12/19</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Nerve grafting — Avance Nerve Graft, Axogen 2 Nerve Wrap, Integra Neural Wrap, the NeuraGen Nerve Guide, the NeuraWrap Nerve Protector, Neuromatrix collagen nerve cuff, and NeuroMend collagen nerve wrap — all indications</td>
<td>N</td>
<td>7/12/19</td>
</tr>
<tr>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Nerve grafting — sural nerve graft with radical prostatectomy</td>
<td>N</td>
<td>9/13/2019</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>NeuRx DPS™, Diaphragm Pacing System for amyotrophic lateral sclerosis (ALS)</td>
<td>SEE NOTE</td>
<td>7/12/19</td>
</tr>
<tr>
<td>Note: The NeuRX is an investigational device that is FDA-approved as a humanitarian device exemption (HDE) for use in patients 21 years of age or older with a stimulatable diaphragm (both right and left portions) as demonstrated by voluntary contraction or phrenic nerve conduction studies, and who are experiencing chronic hypoventilation (CH), but not progressed to an FVC less than 45% predicted. (percutaneous, intramuscular, diaphragm motor point stimulating device) Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis.</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>CPT (64575, 64580, 64585, 64590, 64595)</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>HCPSCS (C1778, C1816, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)</td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>Electroencephalogram (EEG) extended monitoring including recording</td>
<td>Y</td>
<td>12/13/19</td>
</tr>
<tr>
<td>CPT (95812, [95813, 95816, 95819, [95822, del. 01/01/2020])</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Nerve blocks for primary or secondary headache (E.g., cluster, migraine, cervicogenic [i.e., occipital neuralgia], posttraumatic, etc.) (See also Pain Management)</td>
<td>N</td>
<td>10/11/2019</td>
</tr>
<tr>
<td>Service Description</td>
<td>Inclusive</td>
<td>Partial</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Neulasta® Onpro™ kit</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (96377)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neupace® RNS® System for epilepsy</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (61850, 61860, 61863, 61864, 61880, 61885, 61886, 61888, 95970, 95971)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See also Cortical Stimulation for Epilepsy [NeuroPace®])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCPCS (L8686, L8688)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutron beam radiotherapy for cancer for salivary gland cancers that are inoperable, recurrent, or are resected with gross residual disease or positive margins</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (77423)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study (E.g., Endosure Wireless Implantable System)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td></td>
<td></td>
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<tr>
<td>Nonpenetrating deep sclerectomy</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CPT (66999)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nuchal translucency screening</strong>, in 1st trimester pregnancies</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (76813, 76814)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occipital nerve stimulation (ONS) /percutaneous electrical nerve stimulation (PENS) for occipital neuralgia/cervicogenic headache CPT (64999, 64555, 64575)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td><strong>Note:</strong> CPTs 64555 and 64575 are covered for Medicare eff. 10/12/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ocular — blood flow measurement</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CPT (0198T [by repetitive intraocular pressure sampling], 92499 [when used to report ocular flow measurement by other technique])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ocular — photoscreening (e.g., MTI Photoscreener™) for the detection of eye disorders (See also Ocular Photoscreening eff. 7/15/19)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (99174, 99177)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ocular — intraocular pressure monitoring ≥ 24 hours (E.g., SENSIMED Triggerfish®) CPT (0329T)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Ocular — intraocular tear film imaging (E.g., Ophtha Vision Imaging System, Tearscope-Plus, LipiView®) CPT (0330T)</td>
<td>N</td>
<td>N</td>
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<tr>
<td><strong>OncoVantage™ Solid Tumor Mutation Analysis (Quest)</strong> (See also NGS LCD: Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms and Gene Expression Profiling CPT (81445)</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Procedure Description</td>
<td>Covered Y/N</td>
<td>Waived Y/N</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CPT (0564T eff. 01/01/2020)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-1™ implant (bone morphogenetic protein 1) for recalcitrant long bone non-union fractures</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td></td>
<td></td>
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<tr>
<td>OPA1 gene sequencing (E.g., Optic Atrophy Evaluation [OPA1] Test for autosomal dominant optic atrophy and/or optic neuropathy [Athena Diagnostics])</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>(See also Gene Expression Profiling)</td>
<td></td>
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<tr>
<td>CPT (81407)</td>
<td></td>
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</tr>
<tr>
<td>Opioid antagonists under heavy sedation or general anesthesia as a technique for opioid detoxification (ultra rapid detoxification [UROD])</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CPT (No specific code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCPCS (H0047)</td>
<td></td>
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<tr>
<td>Optical coherence tomography — intraoperative axillary lymph node/breast imaging (E.g., RS-3000 Advance)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>CPT (0351T, 0352T, 0353T, 0354T)</td>
<td></td>
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</tr>
<tr>
<td>Optical coherence tomography — intravascular, coronary native vessel or graft, diagnostic evaluation and/or therapeutic intervention (E.g., C7 Xr® Imaging System)</td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPT (92978)</td>
<td></td>
<td></td>
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<tr>
<td>Note:</td>
<td></td>
<td></td>
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<tr>
<td>• 92978 is covered for all members when used for intravascular ultrasound (IVUS)</td>
<td></td>
<td></td>
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<tr>
<td>• 92978 is not covered for all members when used for optical coherence tomography (OCT)</td>
<td></td>
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</tr>
<tr>
<td>Optical coherence tomography — middle ear, interpretation and report CPT (0485T, 0486T)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Optical coherence tomography — optic nerve, retina (See also Medicare LCD: Scanning Computerized Ophthalmic Diagnostic Imaging [SCODI])</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (92132, 92133, 92134)</td>
<td></td>
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<tr>
<td>Oral appliance therapy for obstructive sleep apnea (See also Obstructive Sleep Apnea Diagnosis and Treatment)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>CPT (E0485, E0486)</td>
<td></td>
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</tr>
<tr>
<td>Oral cancer screening systems for detecting cancers of the esophagus, oral cavity, pharynx and larynx</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Procedure</td>
<td>CPT/CPT HCPCS</td>
<td>Code Details</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Osteochondral allografting — femoral condyles, knee, talus</td>
<td>Y Y Y 1/10/2020</td>
<td>(See also Osteochondral Grafting) CPT (27415, 28446)</td>
</tr>
<tr>
<td>OV-Watch®/ovulation predictor kit</td>
<td>N N N 1/1/2020</td>
<td>(See also Infertility Services — Commercial) CPT/HCPCS (No specific code)</td>
</tr>
<tr>
<td>Ovarian cancer — combined ovarian cancer biomarker tests</td>
<td>N N N 7/12/19</td>
<td>(E.g., OvaCheck™ [Quest Diagnostics]; OvaSure™ [withdrawn by LabCorp]) CPT (83789, 81503)</td>
</tr>
<tr>
<td>Ovarian cancer — proteomic analysis testing</td>
<td>N N N 7/12/19</td>
<td>(E.g., OvaCheck™ [Quest Diagnostics]; OvaSure™ [withdrawn by LabCorp]) CPT (83789, 81503)</td>
</tr>
<tr>
<td>Palatal implants &amp; stiffening procedures for obstructive sleep apnea</td>
<td>N N N 2/14/2020</td>
<td>(See also Obstructive Sleep Apnea Diagnosis and Treatment) CPT (No specific code; may report using 42299 unlisted procedure for the palate)</td>
</tr>
<tr>
<td>Pancreatic islet cell transplantation for chronic pancreatitis</td>
<td>Y Y Y 10/11/2019</td>
<td>CPT (48160, 48550 [0584T, 0585T, 0586T eff. 01/01/2020])</td>
</tr>
<tr>
<td>Pancreatic islet cell transplantation for Type 1 diabetes</td>
<td>N N N 7/12/19</td>
<td>(See also Medicare NCD for Islet Cell Transplantation in the Context of a Clinical Trial) HCPCS (G0341, G0342, G0343)</td>
</tr>
<tr>
<td>Per-oral endoscopic myotomy (POEM) for the treatment of swallowing disorders (e.g., achalasia)</td>
<td>N N N 5/10/2019</td>
<td>CPT (43499)</td>
</tr>
<tr>
<td>Percutaneous sacral augmentation (sacroplasty) (injection with balloon or mechanical device)</td>
<td>N N N 6/14/2019</td>
<td>CPT (0200T, 0201T)</td>
</tr>
<tr>
<td>Percutaneous mechanical thrombectomy (PMT) for deep vein thrombosis (DVT)/pulmonary embolism (PE)</td>
<td>N Y N 9/13/2019</td>
<td>CPT (37187, 37188)</td>
</tr>
</tbody>
</table>

Note: Covered for Medicare eff. 10/12/19
<table>
<thead>
<tr>
<th>Service Description</th>
<th>N</th>
<th>Y</th>
<th>Y</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>Peripheral nerve blocks for diabetic neuropathy (See also Peripheral Nerve Blocks for covered indications)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>4/12/2019</td>
</tr>
<tr>
<td>Periurethral bulking agents for urinary incontinence (CPT (51715))</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound/Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>12/13/2019</td>
</tr>
<tr>
<td>Pervenio™ Lung RS test (Life Technologies)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>Pharmacogenetic testing for medication sensitivity to any drug (other than those listed as covered in the pharmacogenetic testing rows below)</td>
<td>N</td>
<td>SEE NOTE</td>
<td>N</td>
<td>7/12/2019</td>
</tr>
<tr>
<td>Pharmacogenetic testing — BCR-ABL1 Mutation Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia for tyrosine kinase inhibitor resistance (E.g., MolecularMD MRDx™ for Tasigna™ [nilotinib])</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>1/10/2020</td>
</tr>
<tr>
<td>Pharmacogenetic testing</td>
<td>CPT</td>
<td>Date</td>
<td></td>
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<tr>
<td>- BRAF mutation analysis for the treatment of unresectable or metastatic melanoma, metastatic colon cancer, non-small cell lung cancer or hairy cell leukemia (BRAF ID™ BRAF V600E/K test; cobas 4800 BRAF V600 [Roche]; Oncomine™ Dx Target Test) (E.g., MEKINIST in combination with Tafinlar® [dabrafenib], Cotellic [cobimetinib]), [Zelboraf™ [vemurafenib], etc.) (See also BRAF Mutation Analysis)</td>
<td>(81210, 88363)</td>
<td>10/11/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| - BRCA BRACAnalysis CDx companion diagnostic:  
  - Breast Cancer  
    - Lynparza (olaparib)  
    - Talzenna (talazoparib)  
  - Ovarian Cancer  
    - Lynparza (olaparib)  
    - Rubraca (rucaparib)  
  - Pancreatic Cancer  
    - Lynparza (olaparib) | | 1/10/2020 |
| - epidermal growth factor (EGFR) mutation testing for non-small lung cancer to predict response to treatment with tyrosine kinase inhibitors (e.g., erlotinib [Tarceva®], afatinib [Gilotrif®], gefitinib [Iressa®] and osimertinib [Tagrisso™], dacomitinib [Vizimpro]) (E.g., cobas® EGFR Mutation Test v2 [Roche], therascreen EGFR RGQ PCR Kit [Qiagen], KRAS Mutation Analysis [Quest], Oncomine™ Dx Target Test [Quest]) (MCG #ACG: A-0795 ([AC])) | (81275, 81276, 81235, 81479) | 9/13/2019 |
| - FDA approved test for anaplastic lymphoma kinase (ALK) fusion gene for members under consideration for treatment with alectinib (Alecensa® [metastatic ALK + NSCLC]), crizotinib (Xalkorci) or ceritinib (Zykadia) for non-small cell lung cancer (E.g., ALK 2p23 Rearrangement FISH [Quest Labs], Ventana ALK CDx Assay [Ventana Medical Systems], Vysis ALK Break Apart FISH Probe Kit [Abbott]) | (88271, 88272, 88273, 88274) | 6/14/2019 |
| - FDA cleared test to detect the following mutations in the CFTR gene for members with cystic fibrosis under consideration for treatment with ivacaftor (Kalydeco): G551D, G1244E, G1349D, G178R, S1251N, S1255P, S549N, and S549R CPT (No specific code) | | 7/12/19 |
| - FDA cleared test to detect the F508del mutation in the CFTR gene for members with cystic fibrosis under consideration for treatment with lumacaftor/ivacaftor (Orkambi) CPT (81222) | | 7/12/19 |
| - FDA cleared test to detect FGFR3 or FGFR2 genetic alterations for members with urothelial carcinoma under consideration for treatment with Balversa™ (erdafitinib) (E.g., therascreen FGFR RGQ RT-PCR Kit) | | 5/10/2019 |
| CPT (81401, 81403, 81404, 88381) | Pharmacogenetic testing — FDA cleared test to detect PIK3CA-mutated, advanced or metastatic breast cancer for members under consideration for treatment with PIQRAY® (alpelisib) (E.g., FoundationOne CDx, therascreen PIK3CA RGQ PCR Kit) | Y | Y | Y | 2/14/2020 |
| CPT (81404, 81445) | Pharmacogenetic testing — FTL3 mutation assay for members with acute myeloid leukemia (AML) being considered for treatment with midostaurin (Rydapt) or Xospata (gilteritinib) (E.g., LeukoStrat CDx FLT Mutation Assay) | Y | Y | Y | 7/12/19 |
| CPT (81245, 81246) | Pharmacogenetic testing — IFNL3 testing for drug response (interferon) gene analysis (See also Molecular Pathology LCD) | N | N | N | 2/14/2020 |
| CPT (81283) | Pharmacogenetic testing — for the presence of virus with the NS3 Q80K polymorphism for members with hepatitis C virus (HCV) genotype 1a infection under consideration for treatment with simeprevir (Olysio) CPT (87900, 87902) | Y | Y | Y | 7/12/19 |
| CPT (87900, 87902) | Pharmacogenetic testing — for the presence of virus with NS5A resistance-associated polymorphisms for members with hepatitis C virus genotype 1, 3 and 4 infections being considered for treatment with daclatasvir (Daklinza) or elbasvir and grazoprevir (Zepatier) CPT (87900, 87902) | Y | Y | Y | 7/12/19 |
| CPT (81225) | Pharmacogenetic testing — genotyping for CYP2C19 polymorphisms for members who have been prescribed clopidogrel (Plavix) Note: One allowable per lifetime | Y | Y | Y | 7/12/19 |
| CPT (81227 [one allowable per lifetime eff. 11/1/2019]) | Pharmacogenetic testing — genotyping for CYP2C9 polymorphisms for members to determine Mayzent® (siponimod) eligibility Note: Medicare case-by-case review. | Y | SEE NOTE | Y | 8/9/2019 |
| CPT (81226) | Pharmacogenetic testing — genotyping for CYP2D6 polymorphisms for members who have been prescribed doses of tetrabenazine (Xenazine) > 50 mg per day Note: One allowable per lifetime | Y | Y | Y | 7/12/19 |
| CPT (81226) | Pharmacogenetic testing — genotyping for CYP2D6 polymorphisms for members with Gaucher disease type 1 who are being considered for treatment with eliglustat (Cerdelga) Note: One allowable per lifetime | Y | Y | Y | 7/12/19 |
### Pharmacogenetic testing — genotyping for VKORC1 polymorphism

Diagnostic tests to identify specific genetic variations that may be linked to reduced/enhanced effect or severe side effects of drugs metabolized by the vitamin K epoxide reductase complex subunit 1 gene including warfarin.

For Medicare members see [Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response](#).

CPT (81355)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>SEE NOTE</th>
<th>N</th>
<th>7/12/19</th>
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</thead>
</table>

### Pharmacogenetic testing — genetic mutation analysis consistent with FDA approved labeling for Gleevec

(E.g. platelet-derived growth factor receptor, alpha poly peptide [PDGFRA], gastrointestinal stromal tumor [GIST])

CPT (81272, 81273, 81314)

<table>
<thead>
<tr>
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<th>Y</th>
<th>9/13/2019</th>
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</thead>
</table>

Specific tests with respective codes

- PDGFRB FISH for Gleevec Eligibility in Myelodysplastic Syndrome / Myeloproliferative Disease (MDS / MPD)
  CPT (88271, 88275, 88291)

- KIT D816V Mutation Detection by PCR for Gleevec Eligibility in Aggressive Systemic Mastocytosis (ASM)
  CPT (81402)

### Pharmacogenetic testing — HLA-B*5701 screening for members infected with HIV-1 prior to commencing treatment with abacavir (Ziagen)

CPT (81381)

<table>
<thead>
<tr>
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<th>Y</th>
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<th>7/12/19</th>
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</thead>
</table>

### Pharmacogenetic testing — HLA-B*1502 genotyping for members of Asian ancestry prior to commencing treatment with carbamazepine (Tegretol)

CPT (81381)

<table>
<thead>
<tr>
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<th>Y</th>
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<th>Y</th>
<th>7/12/19</th>
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</thead>
</table>

### Pharmacogenetic testing — IDH1 gene mutation (Abbott RealTime IDH1) companion diagnostic for Tibsovo (ivosidenib) tablets for the treatment of adults with relapsed or refractory acute myeloid leukemia (AML)

CPT (81120)

<table>
<thead>
<tr>
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<th>7/12/19</th>
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</thead>
</table>

### Pharmacogenetic testing — KRAS sequence variant analysis for predicting response to drug therapy for non-small cell lung cancer, colorectal cancer or anal adenocarcinoma

(See also [Analysis of KRAS Status](#))

CPT (81275, 81276)

<table>
<thead>
<tr>
<th></th>
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<th>Y</th>
<th>Y</th>
<th>9/13/2019</th>
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</table>

### Pharmacogenetic testing — macular degeneration, age-related, dry, for the selection of eye supplement formulations (AREDS or AREDS without zinc)

(E.g., VitaRisk™ [Arctic Medical Laboratories])

CPT (81401, 81405, 81408, 81479, 81599)

<table>
<thead>
<tr>
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<th>N</th>
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<th>6/14/2019</th>
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</thead>
</table>

### Pharmacogenetic testing — MGMT (O(6)-methylguanine-DNA methyltransferase) gene methylation assay for predicting response to temozolomide (Temodar) in members with glioblastoma

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>6/14/2019</th>
</tr>
</thead>
</table>
| Pharmacogenetic testing — microsatellite instability—high cancer  
For the treatment of adult and pediatric members with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient  
- solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options, or  
- colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan | Y | Y | Y | 9/13/2019 |
| Pharmacogenetic testing — NTRK gene fusion testing for Vitrakvi (larotrectinib) CPT (81479) | Y | Y | Y | 1/10/2020 |
| Pharmacogenetic testing — PD-L1 gene expression companion diagnostic to pembrolizumab (Keytruda®) for members with cervical cancer, esophageal cancer, gastric or gastroesophageal junction (GEJ) adenocarcinoma, head and neck squamous cell carcinoma, non-small cell lung cancer and urothelial carcinoma  
(E.g., PD-L1 IHC 22C3 pharmDx [Dako]) (See also Keytruda® [pembrolizumab]) | Y | Y | Y | 6/14/2019 |
| Pharmacogenetic testing — PD-L1 expression for members with urothelial carcinoma under consideration for treatment with durvalumab (Imfinzi)  
(E.g., Ventana PD-L1 [SP263] Assay) CPT (88360, 88361) | Y | Y | Y | 7/12/19 |
| Pharmacogenetic testing — Praxis Extended RAS Panel (Illumina) next generation sequencing (NGS) to determine Vectibix® treatment eligibility for colorectal cancer patients  
CPT (81311, 81275, 81276) | Y | Y | Y | 6/14/2019 |
| Pharmacogenetic testing — TPMT (thiopurine S-methyltransferase) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3) for thiopurine treatment consideration  
(See also Gene Expression Profiling and Molecular Pathology LCD) CPT (81335) | N | Y | N | 8/9/19 |
| Pharmacogenetic testing — UGT1A1 molecular assay screening test to determine irinotecan (Camptosar®) dosing for members with colorectal cancer  
(E.g., Invader® assay [Third Wave Technologies]) CPT (81350) | Y | Y | Y | 6/14/2019 |
| Pharmacokinetic testing — 5-fluorouracil (5-FU)  
- DPYD (dihydropyrimidine dehydrogenase) (e.g., My5-FU™ [Saladax Biomedical] formerly OnDose™ [Myriad])  
- TYMS (thymidylate synthetase) | N | N | N | 9/13/19 |
<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Code(s)</th>
<th>HCPCS Code(s)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Photodynamic therapy — actinic keratosis</strong></td>
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<tr>
<td>(E.g., BLU-U® Blue Light Photodynamic Therapy Illuminator in combination with Levulan® Kerastick®)</td>
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<tr>
<td>(See also <a href="#">Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions</a>)</td>
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<tr>
<td>CPT (96567)</td>
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<tr>
<td>HCPCS (J7308)</td>
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</tr>
<tr>
<td><strong>Photodynamic Therapy — Visudyne® Ocular</strong></td>
<td>(67221, 67225)</td>
<td>J3396</td>
<td>9/13/2019</td>
</tr>
<tr>
<td><strong>Photoselective vaporization of the prostate</strong></td>
<td>(52648)</td>
<td></td>
<td>6/14/2019</td>
</tr>
<tr>
<td>(E.g., GreenLight PVP®)</td>
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<tr>
<td><strong>Physical therapy post TMJ surgery</strong></td>
<td>(No specific code)</td>
<td>(E1700, E1701, E1702)</td>
<td>7/12/2019</td>
</tr>
<tr>
<td><strong>PK Papyrus Covered Coronary Stent System</strong></td>
<td></td>
<td></td>
<td>11/8/2019</td>
</tr>
<tr>
<td>Note: The PK Papyrus Covered Coronary Stent System is an investigational device that is FDA-approved as a humanitarian device exemption (HDE) for use in patients for the treatment of acute perforations of native coronary arteries and coronary bypass grafts in vessels 2.5 to 5.0 mm in diameter. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis.</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td><strong>Placental rapid immunoassay for detection of fetal membrane rupture</strong></td>
<td></td>
<td></td>
<td>7/12/2019</td>
</tr>
<tr>
<td>• The AmniSure® ROM Test (AmniSure International, LLC) detects the placental alpha microglobulin-1 (PAMG-1) protein marker of the amniotic fluid</td>
<td></td>
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<tr>
<td>• The ROM Plus® Test (Clinical Innovations, LLC) detects alpha-fetoprotein (AFP) and placental protein 12 (PP12)</td>
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<tr>
<td>• The Actim® PROM Test (Medix Biochemica) detects insulin growth factor binding protein-1 (IGFBP-1)</td>
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<tr>
<td><strong>Plethysmography — cardiac (as part of enhanced external counterpulsation)</strong></td>
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<tr>
<td><strong>Plethysmography — lung (as an adjunct to pulmonary function testing)</strong></td>
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<tr>
<td><strong>Plethysmography — penile (for cavernous nerve evaluation prior to nerve-sparing prostatic or colorectal cancer procedures)</strong></td>
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<tr>
<td><strong>Note:</strong> CPT 54240 is covered for Medicare eff. 10/12/19</td>
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<tr>
<td>Service Description</td>
<td>Code Details</td>
<td>Status 1</td>
<td>Status 2</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
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<tr>
<td>Plethysmography (air-displacement) — total body for determining body composition</td>
<td>CPT (No specific code)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Pontocerebellar Hypoplasia Panel (GeneDx)</td>
<td>CPT (81479)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Positive pressure pulse generator for Ménière’s disease</td>
<td>(E.g., Meniett® micropressure therapy device)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Positron emission tomography (PET) — beta amyloid PET in dementia and neurodegenerative disease</td>
<td>Note: Medicare members, whose costs relating directly to the provision of services related to the <a href="https://www.cms.gov/medicare-coverage-database/cptdetail.aspx?Code=78811&amp;CodeSeq=78814">Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease NCD</a> (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD.</td>
<td>N</td>
<td>SEE NOTE</td>
</tr>
<tr>
<td>Positron emission tomography (PET)/magnetic resonance imaging (MRI) — combined scanning</td>
<td>CPT (70540, 71550, 72195, 73218, 73718, 74181, 78812)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Positron emission tomography (PET) — myocardial blood flow, absolute quantitation, rest and stress</td>
<td>CPT (No specific code, [0482T del. 01/01/2020])</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Positron emission tomography (PET) — NaF-18 scan to identify bone metastasis of cancer</td>
<td>(See also <a href="https://www.evicorehealth.com/oncology-imaging-policy">eviCore Oncology Imaging Policy</a> and Positron Emission Tomography (NaF-18 NCD))</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Post-Op Px™ (formerly the Prostate Px Plus [Aureon]) post prostatectomy prostate cancer prognostic test</td>
<td>CPT (88313, 88346, 88350, 88323, 88399)</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Power morcellators in uterine surgery for polyp/fibroid removal (includes hysteroscopic and laparoscopic techniques)</td>
<td>(E.g., THS® Tower-free Hysteroscopy System, MyoSure® tissue removal system Trueclear Morcellator System)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Powered exoskeleton for ambulation in patients with lower limb disabilities</td>
<td></td>
<td>N</td>
<td>N</td>
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<tr>
<td>Procedure/Protocol</td>
<td>Notes</td>
<td>1/10/2020</td>
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<tr>
<td>Procalcitonin (PCT) measurement</td>
<td>Note: Covered in the in-patient setting only for initiating and discontinuing antibiotic therapy for members in the intensive care unit or to reduce antibiotic prescription rates and duration of use in hospitalized members with respiratory tract infections. Alternate indications are noncovered effective 9/10/2019.</td>
<td>SEE NOTE</td>
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<tr>
<td>Prokera® corneal-epithelial inserts (aka corneal bandage)</td>
<td></td>
<td>SEE NOTE</td>
<td></td>
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<tr>
<td>Prolotherapy — all indications</td>
<td></td>
<td>SEE NOTE</td>
<td></td>
</tr>
<tr>
<td>PROMETHEUS LABS</td>
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<tr>
<td>IBD sgi Diagnostic to distinguish between inflammatory bowel disease (IBD) versus non-IBD and Crohn’s disease (CD) versus ulcerative colitis (UC)</td>
<td></td>
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<tr>
<td>Serologic diagnosis of inflammatory bowel disease – ANCA and ANSA</td>
<td></td>
<td>6/14/2019</td>
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<tr>
<td>PROMETHEUS LABS (See also Genetic Counseling and Testing)</td>
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<tr>
<td>PRO-PredictRx® EnzAct (TPMT enzyme activity) for inflammatory bowel disease (IBD)</td>
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<tr>
<td>Prostate cancer vaccines (immunotherapy) for the treatment of prostate cancer (Provenge® [Sipuleucel-T] only)</td>
<td>Note: ProsVAC-VF will not be covered, as it is investigational</td>
<td>1/1/2020</td>
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<tr>
<td>Proove Opioid Risk Test (Proove Biosciences)</td>
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<td>9/13/2019</td>
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<tr>
<td>Service Description</td>
<td>Approval Status</td>
<td>Date</td>
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<tr>
<td>Prostatic acid phosphatase assay testing for all diagnoses, including Guacher’s disease and osteoporosis</td>
<td>N</td>
<td>2/14/2020</td>
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<tr>
<td>CPT (84066)</td>
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<tr>
<td>Prostatic artery embolization (PAE) for benign prostatic hypertrophy (BPH)</td>
<td>N</td>
<td>9/13/2019</td>
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<tr>
<td>CPT (53899)</td>
<td></td>
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<tr>
<td>Prostatic urethral lift (PUL) implant for benign prostatic hypertrophy (BPH)</td>
<td>Y</td>
<td>9/13/2019</td>
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<td>(E.g., UroLift System)</td>
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<tr>
<td>(See also Prostatic Urethral Lift [PUL])</td>
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<tr>
<td>CPT (52441, 52442)</td>
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<tr>
<td>Prosthetic replacement of ocular surface ecosystem (PROSE)/Boston Ocular Surface Prosthesis (BOSP)</td>
<td>Y</td>
<td>6/14/2019</td>
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<tr>
<td>CPT (92499, which includes fitting, fabrication, combined with HCPCS S0515 [PROSE device])</td>
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<td>Use HCPCS code V2627 for Medicare</td>
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<tr>
<td>Proton beam (particle beam) therapy for various indications</td>
<td>Y</td>
<td>10/11/2019</td>
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<tr>
<td>(See also Stereotactic Radiosurgery and Proton Beam Therapy)</td>
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<td>CPT (77520, 77522, 77523, 77525)</td>
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<td>HCPCS (S8030)</td>
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<tr>
<td>Pudendal nerve decompression surgery</td>
<td>N</td>
<td>9/13/2019</td>
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<td>CPT (64722)</td>
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<tr>
<td>Pulmonary artery pressure monitoring — wireless</td>
<td>N</td>
<td>9/13/2019</td>
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<td>(E.g., CardioMEMS HF System)</td>
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<tr>
<td>CPT (33289)</td>
<td></td>
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<tr>
<td>Quantitative pupillometry</td>
<td>N</td>
<td>9/13/2019</td>
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<tr>
<td>(E.g., NP™-100 Pupillometer, VIP™-200 Pupillometer)</td>
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<tr>
<td>CPT (No specific code, [0341T del. 01/01/2020])</td>
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<tr>
<td>Quantitative sensory testing (QST) to assess nerve fiber sensation (multiple stimuli)</td>
<td>N</td>
<td>9/13/2019</td>
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<tr>
<td>CPT (0106T, 0107T, 0108T, 0109T, 0110T)</td>
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<tr>
<td>Radiation — superficial radiation treatment (Grenz ray) for dermatological conditions</td>
<td>N</td>
<td>12/13/2019</td>
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<tr>
<td>(See also Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions)</td>
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<tr>
<td>CPT (77499 unlisted procedure, therapeutic radiology treatment management)</td>
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</tbody>
</table>
### Localization devices as an alternative to wire localization prior to excisional breast biopsy or breast conservation surgery

(E.g., SAVI SCOUT® Breast Localization and Surgical Guidance System, Radioactive seed localization [RSL])

CPT (19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288)

Note: Reading of localization device is inclusive in biopsy procedure performed. Placement of soft tissue localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including image guidance CPT (10035, 10036)

### Stereotactic breast biopsy

(E.g., Mammotome®)

CPT (19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288, 19081, 19082, 19083, 19084, 19085, 19086)

HCPCS (A4649)

### Radiofrequency ablation — Barrett’s Esophagus

(E.g., BÄRRX System)

CPT (43229)

### Radiofrequency ablation — benign bone tumors

(See also Radiofrequency Ablation of Tumors)

CPT (20982)

### Radiofrequency ablation — cardiac (for atrial fibrillation)

(E.g., Cardioblate®)

CPT (33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266)

### Radiofrequency ablation — continuous for cervical or lumbar pain (aka facet denervation, facet neurotomy, facet rhizotomy, articular rhizolysis)

(See also Radiofrequency Ablation for Spinal Pain)

CPT (77003, 64635, 64636, 64633, 64634)

### Radiofrequency ablation — cooled/pulsed for sacroiliac joint pain

(See also Radiofrequency Ablation for Spinal Pain)

CPT (64999)

### Radiofrequency ablation — endometrial

CPT (58353, 58563, 58999)

### Radiofrequency ablation — fecal incontinence

(E.g., Secca® procedure)

(See also Fecal Incontinence Treatment)

CPT (46999)

HCPCS (L8699)

### Radiofrequency ablation — hepatic cancer

(See also Cryosurgical and Radiofrequency Ablation of Tumors)

CPT (47370, 47380, 47382, 76940, 77013, 77022)

### Radiofrequency ablation — lung cancer

CPT (47370, 47380, 47382, 76940, 77013, 77022)
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT Codes</th>
<th>HCPCS Codes</th>
<th>Covered for Medicare</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiofrequency ablation — MRI-guided ultrasound/RFA ablation of uterine fibroids</td>
<td>CPT (0071T, 0072T, 0404T, 58674)</td>
<td></td>
<td>N N N</td>
<td>9/13/2019</td>
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<tr>
<td>Note: CPT 58674 is covered for Medicare eff. 10/12/19</td>
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<tr>
<td>Radiofrequency ablation (coblation/microtenotomy) — plantar fasciitis</td>
<td>CPT (No specific code; possible codes: 28899, 64640, 29893)</td>
<td></td>
<td>N N N</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>Radiofrequency ablation — renal cancer</td>
<td>(See also Cryosurgical and Radiofrequency Ablation for Renal Tumors)</td>
<td>CPT (50592)</td>
<td>Y Y Y</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>Radiofrequency ablation — sympathetic (renal) nerve for hypertension</td>
<td>(E.g., Symplicity™ Renal Denervation System, EnligHTN™ Multielectrode Renal Denervation System, One-Shot Renal Denervation System, V2 Renal Denervation System, Thermocouple Catheter™)</td>
<td>CPT (0338T, 0339T, 64999)</td>
<td>N N N</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>Radiofrequency ablation — female stress urinary incontinence</td>
<td>(See also Transurethral Radiofrequency Tissue Micro-Remodeling)</td>
<td>CPT (53860)</td>
<td>Y Y Y</td>
<td>8/9/2019</td>
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<tr>
<td>Note: Radiofrequency Micro-Remodeling with the SURx System is not covered</td>
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<tr>
<td>Radiofrequency ablation — trigeminal neuralgia</td>
<td>CPT (64600, 64605, 64610)</td>
<td></td>
<td>Y Y Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>Radiofrequency ablation — varicosities</td>
<td>(See also Varicose Vein Treatment)</td>
<td>CPT (36475, 36476)</td>
<td>Y Y Y</td>
<td>3/13/2020</td>
</tr>
<tr>
<td>Radiofrequency ablation — wound healing/muscle disuse atrophy/diabetic neuropathy</td>
<td>(E.g. Provant Wound Closure System, MicroVas System for stage III or IV pressure ulcers)</td>
<td>CPT (97032, 97139)</td>
<td>N N N</td>
<td>2/14/2020</td>
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<tr>
<td>HCPSCS (G0281, G0282)</td>
<td>Note: Above HCPCS codes not covered if billed for Provant or MicroVas</td>
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<tr>
<td>Radiofrequency tissue volume reduction somnoplasty for upper airway obstruction</td>
<td>(See also Obstructive Sleep Apnea Diagnosis and Treatment)</td>
<td>CPT (41530)</td>
<td>N N Y</td>
<td>2/14/2020</td>
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<tr>
<td>Radiostereometric analysis</td>
<td>CPT (0347T, 0348T, 0349T, 0350T)</td>
<td></td>
<td>N N N</td>
<td>9/13/2019</td>
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<tr>
<td>Red blood cell long chain fatty acid chromatography analysis</td>
<td></td>
<td></td>
<td>N N N</td>
<td>9/13/2019</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>CMS Coverage</td>
<td>Medicare Coverage</td>
<td>Effective Date</td>
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<tr>
<td>CPT (0111T)</td>
<td>Relizorb™ point-of-care digestive enzyme cartridge (Aka enteral feeding in-line cartridge [EFIC]) (See also Relizorb [immobilized lipase] Cartridge)</td>
<td>N</td>
<td>N</td>
<td>1/1/2020</td>
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<td>HCPCS (B4105)</td>
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<td></td>
<td>Remote real-time interactive video-conferenced critical care evaluation and management</td>
<td>N</td>
<td>N</td>
<td>2/14/2020</td>
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<tr>
<td></td>
<td>CPT (No specific code)</td>
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<td></td>
<td>ReShape® Integrated Dual Balloon System for obesity (See also Bariatric Surgery)</td>
<td>N</td>
<td>N</td>
<td>6/14/2019</td>
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<tr>
<td></td>
<td>CPT (No specific code)</td>
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<td></td>
<td>Retinal polarization scan, ocular screening with on-site automated results, bilateral (CPT 0469T)</td>
<td>N</td>
<td>N</td>
<td>6/14/2019</td>
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<tr>
<td></td>
<td>Rhinomanometry/acoustic rhinometry CPT (92512)</td>
<td>N</td>
<td>Y</td>
<td>9/13/2019</td>
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<td></td>
<td>Note: Covered for Medicare eff. 10/12/19</td>
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<td></td>
<td>Rhizotomy (dorsal) for spastic cerebral palsy CPT (63185, 63190)</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
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<tr>
<td></td>
<td>Risk-Reduction mastectomy (aka prophylactic) MCG #:</td>
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<td></td>
<td> ORG: S-860 (ISC)</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
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<td></td>
<td> ORG: S-862 (ISC)</td>
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<td> ORG: S-864 (ISC)</td>
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<td> RRG: S-860-RRG (ISC)</td>
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<td> RRG: S-862-RRG (ISC)</td>
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<td></td>
<td> RRG: S-864-RRG (ISC)</td>
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<td>CPT (19303, [19304, del. 01/01/2020])</td>
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<td>Risk-reduction oophorectomy (aka prophylactic) CPT (58940, 58661)</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
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<tr>
<td></td>
<td>Robotically-assisted surgeries — adrenalectomy, cardiac (inclusive of coronary artery bypass graft), gastrointestinal, gynecological surgery (inclusive of hysterectomy), prostatectomy, urological (FDA Safety communication for informational purposes: Caution When Using Robotically-Assisted Surgical Devices in Women's Health including Mastectomy and Other Cancer-Related Surgeries) HCPCS (S2900) Report the code that best describes the basic surgery being performed; e.g.:</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
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<td></td>
<td> 60540 adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal in addition to HCPCS S2900</td>
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<td> 33510 coronary artery bypass, vein only; single coronary venous graft in addition to HCPCS S2900</td>
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<td> 43280 laparoscopy, surgical, esophagogastroduodenoplasty in addition to HCPCS S2900</td>
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<tr>
<td></td>
<td> 58541 laparoscopy, surgical, supracervical hysterectomy, for uterus ≤ 250g in addition to HCPCS S2900</td>
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<tr>
<td>Procedure/Procedure Code</td>
<td>CPT Codes</td>
<td>HCPCS Codes</td>
<td>Approval Date</td>
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<tr>
<td>55866 laparoscopy, surgical prostatectomy in addition to HCPCS S2900</td>
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<tr>
<td>50546 laparoscopy, surgical; nephrectomy, including partial ureterectomy in addition to HCPCS S2900</td>
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<tr>
<td>Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotic assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</td>
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<tr>
<td>Sacral nerve stimulators for fecal incontinence, urinary urge incontinence, urinary frequency, and urinary retention (E.g., Medtronic® InterStim®)</td>
<td>(64561, 64581, 64585, 64590, 64595, 95970, 95971, 95972)</td>
<td>(A4290, L8680, L8681, L8685, L8686, L8687, L8688, L8689, L8695)</td>
<td>5/10/2019</td>
<td></td>
</tr>
<tr>
<td>Salivary hormone/neuroendocrine testing — screening, diagnosis, monitoring, all indications (E.g., hormones such as cortisol, dehydroepiandrosterone [DHEA], estrogen, melatonin, progesterone, testosterone for conditions such as adrenal insufficiency, bipolar disorder, depression, or eating disorders, menopause, diseases related to aging, etc.) Note: Late night salivary cortisol is considered medically necessary for diagnosing Cushing’s syndrome. CPT (No specific code) HCPCS (S3650)</td>
<td></td>
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<td>1/10/2020</td>
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</tr>
<tr>
<td>Sclerotherapy for esophageal varices CPT (43204, 43243)</td>
<td></td>
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<td>6/14/2019</td>
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</tr>
<tr>
<td>Sclerotherapy for varicose veins (endovenous chemical ablation) (I.e., liquid or foam [e.g., Varithena®]) (See also Varicose Vein Treatment) CPT (36465, 36466, 36482, 36483, 36470, 36471)</td>
<td></td>
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<td>3/13/2020</td>
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</tr>
<tr>
<td>ScoiScore™ AIS Prognostic Test and other genetic testing for the predicting progression of adolescent idiopathic scoliosis (E.g., the CHD7 gene, estrogen receptor beta (ESR2) rs1256120 single nucleotide polymorphism (SNP) testing, insulin-like growth factor 1 (IGF1) gene rs5742612 SNP testing, the matrilin-1 gene (MATN1), melatonin receptor 1B gene (MTNR1B) rs4753426 and rs10830963 polymorphism testing, and the transforming growth factor beta 1 (TGFBI) gene; not an all-inclusive list) (See also Gene Expression Profiling) CPT (No specific code)</td>
<td></td>
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<td>3/13/2020</td>
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</tr>
<tr>
<td>Selective internal radiation therapy [SIRT] for primary hepatocellular carcinoma, hepatoma or metastatic liver tumors SIR-Spheres® CPT (37243, 75894, 79445, 77778)</td>
<td>(38792, 38500, 38525, 38530, 78195)</td>
<td>(38792, 38500, 38510, 38525, 38530, 78195)</td>
<td>6/14/2019</td>
<td></td>
</tr>
</tbody>
</table>
Note: If metastatic disease is confirmed, these are other CPT codes related (38510, 38525, and 38530). When a complete lymphadenectomy is performed because of a positive lymph node biopsy, do not code the biopsy, only code the injection procedure; for the identification of sentinel node plus a complete lymphadenectomy, please check AMA/CPT for appropriate codes.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum markers for liver disease</td>
<td></td>
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<td>6/14/2019</td>
</tr>
<tr>
<td>(E.g., ASH FibroSURE™, FibroMAX™, FiBROSpect II®, HCV FibroSURE™ [Quest], FibroTest + ActiTest, HepaScore™, NASH FibroSURE™)</td>
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<tr>
<td>CPT (81596)</td>
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<tr>
<td>Shoulder resurfacing</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>9/13/2019</td>
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<tr>
<td>CPT (23470, 23472, 23929)</td>
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<tr>
<td>Sleep monitoring (home attended or unattended)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>2/14/2020</td>
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<tr>
<td>(E.g., NovaSom QSG™ [Sleep Solution™], SNAP™ System [only those systems measuring ≥ 3 channels])</td>
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<tr>
<td>(See also Obstructive Sleep Apnea Diagnosis and Treatment)</td>
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<tr>
<td>CPT (95800, 95801)</td>
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<tr>
<td>HCPCS (G0398, G0399, G0400)</td>
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<tr>
<td>Sleeve gastrectomy</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
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<tr>
<td>(See also Bariatric Surgery)</td>
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<tr>
<td>CPT (43775)</td>
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<tr>
<td>SmartPill™ Motility Testing System</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>5/10/2019</td>
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<tr>
<td>(See also Capsule Endoscopy [Camera Pill])</td>
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<tr>
<td>CPT (91112)</td>
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<tr>
<td>Note: Covered for Medicare eff. 10/12/19</td>
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<tr>
<td>SpaceOar System — rectal protection from radiation therapy for prostate cancer</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>9/13/2019</td>
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<tr>
<td>(See also NGS LCD: Prostate Rectal Spacers)</td>
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<tr>
<td>CPT (55874 [coverage for Commercial and Medicaid eff. 12/13/19])</td>
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<tr>
<td>Spectroscopy — intravascular catheter-based coronary vessel or graft</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>9/13/2019</td>
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<tr>
<td>(E.g., infrared)</td>
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<tr>
<td>CPT (No specific code, [0205T del. 01/01/2020])</td>
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<tr>
<td>Spectroscopy — multi-wavelength fluorescent measurement of advanced glycation products (AGE) to replace skin biopsy for risk assessment</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>9/13/2019</td>
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<tr>
<td>CPT (88749)</td>
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<tr>
<td>Spectroscopy — real time spectral analysis of prostate tissue by fluorescence spectroscopy</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>2/14/2020</td>
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<tr>
<td>(E.g., Precision Biopsy ClariCore Optical Biopsy System™)</td>
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<tr>
<td>CPT (0443T)</td>
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<tr>
<td>Speculoscopy for the screening or diagnosis of cervical cancer</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>2/14/2020</td>
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<tr>
<td>(Aka cervicography; e.g., PapSure®)</td>
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</tbody>
</table>
| CPT (58999) | Spinal — artificial disc replacement (multiple-level cervical or lumbar)  
(E.g., Mobi-C® Cervical Disc Prosthesis [two-level])  
(See also Artificial Intervertebral Discs)  
CPT (0095T, 0098T, 0163T, 0164T, [0375T, del. 01/01/2020]) | N | N | N | 10/11/2019 |
| Spinal — artificial disc replacement (single-level cervical or lumbar) and only if FDA-approved  
(See also Artificial Intervertebral Discs)  
E.g., Cervical — Bryan®, Prestige® Cervical Disc System, Prestige LP Cervical Disc, ProDisc-C®, SECURE®-C Artificial Cervical Disc  
E.g., Lumbar — Charité™, ProDisc-L®  
CPT (22856, 22857, 22858) | Y | Y | Y | 10/11/2019 |
| Spinal — cervical traction (e.g., freestanding over-the-door mechanism or attached to headboard)  
HCPSC (E0840, E0849, E0850) | Y | Y | Y | 6/14/2019 |
| Spinal — continuous or intermittent traction for low back pain  
HCPSC (E0830) | Y | Y | N | 6/14/2019 |
| Spinal — dynamic spinal visualization (including cineradiography/videoradiography)  
CPT (76120, 76125)  
Note: CPT 76120 is covered for Medicare eff. 10/12/19 | N | N | N | 9/13/2019 |
| Spinal — endoscopy (epiduroscopy)  
(See also “Spinal minimally invasive” below)  
CPT (64999) | N | N | Y | 9/13/2019 |
| Spinal — interspinous distraction devices  
(E.g. Superion® Indirect Decompression System, X-Stop® Interspinous Process Decompression System [no longer marketed])  
Note: Coflex® Interlaminar Technology is considered investigational and is not covered  
CPT (22867, 22868, 22869, 22870) | Y | Y | Y | 6/14/2019 |
| Spinal — intervertebral stabilization devices (e.g., Dynesys® Spinal System, SATELLITE™ Spinal System, Stabilimax NZ®)  
Note: These differ from interspinous distraction devices/spacers such as the X-Stop  
(See also Lumbar Fusion and Intervertebral Fusion Devices for medically necessary fusion procedures/fixation devices)  
CPT (22853, 22854, 22859) | Y | Y | Y | 3/13/2020 |
| Spinal — intrafacet implant(s), single/multi-level (inclusive of imaging and bone graft/device placement)  
(E.g., NuFix, TruFUSE®)  
CPT (0219T, 0220T, 0221T, 0222T) | N | N | N | 9/13/2019 |
| Spinal — lumbar discography for chronic low back pain (to confirm that symptoms are attributable to a particular disc prior to therapeutic intervention) | Y | Y | N | 6/14/2019 |
Note: Eff. October 1, 2013, Medicaid members are no longer eligible for coverage of discography.

CPT (62290, 72295)

### Spinal — lumbar fusion

(See also [Lumbar Fusion and Intervertebral Fusion Devices](#) for covered fusion procedures and covered CPT coding)

### Spinal — lumbar fusion arthrodesis pre-sacral interbody technique

(Aka transsacral interbody fusion, axial lumbar interbody fusion, or AxiaLIF)

(See also [Lumbar Fusion and Intervertebral Fusion Devices](#) for descriptive of medical procedures)

CPT (22899)

Considered investigational and not medically necessary

### Spinal/joint manipulation under anesthesia (MUA)

- Spinal — manipulation under anesthesia for acute spinal injury (e.g., vertebral fracture, complete dislocation or acute traumatic incomplete dislocation [subluxation])
- Adhesive capsulitis (i.e., frozen shoulder) when there is failure of conservative medical management including medications with or without artilcular injections, home exercise programs, and physical therapy
- Elbow joint for arthrofibrosis following elbow surgery or fracture
- Arthrofibrosis of the knee following trauma or knee surgery (e.g., total knee replacement, anterior cruciate ligament repair) with less than 90 degrees range of motion 4 weeks to 6 months following surgery

(See also [Medicare LCD: Manipulation Under Anesthesia](#))

CPT (23700, 24300, 27570)

Note: CPT code 22505 is not Covered for MUA performed by a Chiropractor in an office setting.

### Spinal — minimally invasive procedures

(See also [Radiofrequency Ablation of Spinal Pain](#))

List not meant to be all-inclusive:

- Automated percutaneous lumbar discectomy (APLD)/automated percutaneous nucleotomy
- Coblation® Nucleoplasty™, disc nucleoplasty, decompression nucleoplasty plasma disc decompression cryoneurolysis devices for anular repair (e.g., Inclose™ Surgical Mesh System, Xclose™ Tissue Repair System)
- Endoscopic epidural adhesiolysis
- Intervertebral disc bicapulasty
- Intradiscal electrothermal anuuloplasty (IDET)/ percutaneous intradiscal radiofrequency thermocoagulation (e.g., SpineCATH™)
- Radiofrequency ablation of the basivertebral nerve (Intracept® Procedure)
- Percutaneous decompression laminotomy (e.g., Vertos mild®)/percutaneous image-guided lumbar decompression (PILD) (For Medicare coverage, see [Percutaneous Image-guided Lumbar Decompression for Lumbar Spinal Stenosis NCD](#))

Note: Medicare members, whose costs relating directly to the provision of services related to the National Coverage Determination (NCD) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD.

- Endoscopic and Percutaneous Epidural Lysis of Adhesions (RACZ procedure) (Approved Medicare ONLY – CPT codes 62263 and 62264)

CPT (0274T, 0275T, [20939 covered Medicare eff. 10/12/19], 22526, 22527, [22586 covered Medicare eff. 10/12/19], 22899, 62263, 62264, 62287, 62380, 64999)

HCPCS (G0276, S2348)
<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Codes</th>
<th>Covered for Medicare</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinal — sacroiliac joint (SIJ) fusion open/minimally invasive (E.g., iFuse Implant System® [SI-BONE])</td>
<td>(27280, 27279, 27299)</td>
<td>Y Y Y</td>
<td>3/13/2020</td>
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<tr>
<td>(See also Sacroiliac Joint Fusion)</td>
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<tr>
<td>Spinal — vertebral axial decompression devices/mechanical spinal distraction therapy for low back pain</td>
<td>(E.g., VAX-D® table, DRX9000™, the DRS System, the Alpha-Spina System, the Lordex Lumbar Spine System, or the Internal Disc Decompression [IDD] Therapy)</td>
<td>N N N</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>HCPCS (S9090)</td>
<td></td>
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<tr>
<td>Spinal — vertebral stapling for idiopathic scoliosis</td>
<td>(22899)</td>
<td>N N N</td>
<td>9/13/2019</td>
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<tr>
<td>CPT (22510, 22511, 22512, 22513, 22514, 22515)</td>
<td></td>
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<tr>
<td>Spinal — vertebroplasty</td>
<td>(22510)</td>
<td>Y Y Y</td>
<td>6/14/2019</td>
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<tr>
<td>CPT (22511, 22512, 22513, 22514, 22515)</td>
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<tr>
<td>Spinal — vertebroplasty</td>
<td>(22510)</td>
<td>Y Y Y</td>
<td>6/14/2019</td>
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<tr>
<td>CPT (22511, 22512, 22513, 22514, 22515)</td>
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<tr>
<td>SPOT-Light® HER2 CISH™ Kit for breast cancer to determine Herceptin® treatment candidacy</td>
<td>(88368)</td>
<td>Y Y Y</td>
<td>2/14/2020</td>
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<tr>
<td>(See also Genetic Counseling and Testing)</td>
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<tr>
<td>ST2 Assay as a prognostic indicator for acute dyspnea and acute or chronic heart failure</td>
<td>(83520)</td>
<td>N N N</td>
<td>9/13/2019</td>
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<tr>
<td>CPT (83520)</td>
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<tr>
<td>Stereotactic radiosurgery — multiple indications; click on Medical Guideline link for clinical criteria</td>
<td>(61796, 91797, 61798, 61799, 63620, 63621, 77371, 77372, 77373, 77432, 77435, 77520, 77522, 77523, 77525)</td>
<td>Y Y Y</td>
<td>10/11/2019</td>
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<tr>
<td>HCPCS (G0339, G0340)</td>
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<tr>
<td>Subfascial endoscopic perforator surgery for chronic venous insufficiency (SEPS)</td>
<td>(37500)</td>
<td>N Y N</td>
<td>3/13/2020</td>
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<tr>
<td>(See also Varicose Vein Treatment)</td>
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<tr>
<td>CPT (37500)</td>
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<tr>
<td>Suprachoroidal injection of pharmacologic agents for the treatment of ophthalmological conditions</td>
<td>(E.g., iScience Surgical Ophthalmic Microcannula [aka iTrack])</td>
<td>N N N</td>
<td>7/10/2019</td>
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<tr>
<td>(See also Intravitreal Injections/Implants)</td>
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<tr>
<td>CPT (0465T)</td>
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<tr>
<td>Surface electromyography for the evaluation of segmental spinal joint dysfunction and muscle tone</td>
<td>(96002, 96004)</td>
<td>N Y N</td>
<td>9/13/2019</td>
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<tr>
<td>HCPCS (S3900)</td>
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<tr>
<td>Note: Covered for Medicare eff. 10/12/19</td>
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<tr>
<td>Surgical decompression for peripheral polyneuropathy</td>
<td>(28035, 64702, 64704, 64708, 64712, 64714, 64722, 64726, 64727)</td>
<td>N N N</td>
<td>7/12/2019</td>
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<tr>
<td>Description</td>
<td>N</td>
<td>Y</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Surgical interventions for the prevention of lymphedema</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(E.g., microsurgery for the prevention of lymphedema in breast cancer [lymphatic microsurgical preventing healing approach — LYMPHA], simplified lymphatic microsurgical preventive healing approach [SLYMPHA], reverse lymphatic mapping)</td>
<td>CPT (38999)</td>
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<tr>
<td>Sympathectomy/endoscopic thoracic sympathectomy for hyperhidrosis</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>CPT (32664)</td>
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<tr>
<td>Target Now™ molecular profiling test</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(Aka MI Profile, MI Profile X)</td>
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<tr>
<td>(See also Gene Expression Profiling)</td>
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<tr>
<td>CPT (88360, 88368, 81599)</td>
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<tr>
<td>Tarsi Implant — removal and reinsertion</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPT (0510T, 0511T)</td>
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<tr>
<td>Tear osmolarity measurement for the dry eye diagnosis (e.g., TearLab® Osmolarity System)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>CPT (83861)</td>
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<tr>
<td>Tele-retinal imaging/digital photography computer programs (i.e., algorithms) to automatically detect or diagnose diabetic retinopathy when administered by nonspecialists</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(E.g., DigiScope Diabetic Retinal Evaluation Service, Inoveon Diabetic Retinopathy Evaluation Service)</td>
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<tr>
<td>Note: Diabetic retinopathy tele screening systems are considered medically necessary for diabetic retinopathy screening when administered by an ophthalmologist or optometrist</td>
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<tr>
<td>CPT (92227)</td>
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<tr>
<td>Tenex Health TX Procedure (formerly known as the Focused Aspiration of Scar Tissue [FAST] procedure) or percutaneous ultrasonic ablation for the treatment of tendinopathies</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPT (17999, 20999)</td>
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<tr>
<td>Thermal shrinkage of capsules, ligaments, tendons (e.g., lasers, radiofrequency ablation) for indications including but not limited to the shoulder, knee, hip, thumb, wrist and ankle</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(Aka electothermal arthroscopy, electrothermally-assisted capsule shift and electrothermally-assisted capsulorrhaphy [ETAC])</td>
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<td>CPT (29999)</td>
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<tr>
<td>HCPCS (S2300)</td>
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<tr>
<td>Thermography (indications other than breast)</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPT (93740)</td>
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<tr>
<td>Thermography — breast</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(See also FDA Safety Communication: FDA Warns Thermography Should Not Be Used in Place of Mammography to Detect, Diagnose, or Screen for Breast Cancer: FDA Safety Communication)</td>
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<tr>
<td>CPT (No specific code)</td>
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<tr>
<td>Procedure</td>
<td>Code(s)</td>
<td>Status</td>
<td>Effective Date</td>
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<tr>
<td>Tinnitus retraining therapy (TRT)</td>
<td>CPT (No specific code; evaluation and management codes may be used or possibly physical medicine and rehabilitation codes. TRT may also be billed as physical or speech therapy using V5299, 97039, E1399)</td>
<td>N</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>Tongue suspension/suturing procedures for the obstructive sleep apnea</td>
<td>CPT (41512)</td>
<td>N</td>
<td>2/14/2020</td>
</tr>
<tr>
<td>Topical oxygen wound therapy (TOWT) (aka continuous diffusion of oxygen therapy [CDO])</td>
<td>HCPCS (A4575, E1390)</td>
<td>Y</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>Topographic genotyping — PancraGEN (Interpace) (formerly PathFinder TG® [RedPath])</td>
<td>CPT (81479)</td>
<td>Y</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>Total ankle replacement</td>
<td>CPT (27702, 27703)</td>
<td>Y</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>Trabeculectomy for glaucoma (ab externo)</td>
<td>CPT (65850, 66170, 66172)</td>
<td>Y</td>
<td>1/10/2020</td>
</tr>
<tr>
<td>Trabectome® for glaucoma (ab interno)</td>
<td>CPT (65820, 66999)</td>
<td>N</td>
<td>1/10/2020</td>
</tr>
<tr>
<td>Transanal endoscopic microsurgery (TEM)</td>
<td>CPT (0184T)</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
</tbody>
</table>

**Note:** Medically necessary when any of the following are applicable:
- Benign rectal tumors (adenomas)
- Malignant tumors (e.g., small, less than 3 cm, well to moderately differentiated malignant tumors, e.g., early stage Tis, T1N0 adenocarcinomas) within 8 cm of the anal verge and limited to less than 30% of the rectal circumference for which there is no evidence of nodal involvement and which can be removed with negative margins
- Small rectal carcinoids (less than 2 cm in diameter)
- Medically unfit or unwilling to undergo radical resection and require palliative resection

**Note:** Covered eff. 5/14/2019

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code(s)</th>
<th>Status</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcatheter mitral valve repair (TMVR), percutaneous approaches</td>
<td></td>
<td>N</td>
<td>5/10/2019</td>
</tr>
</tbody>
</table>

**Note:** Covered eff. 5/14/2019
Note: Medicare members, whose costs relating directly to the provision of services related to the NCD for Transcatheter Mitral Valve Repair (TMVR) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD for the treatment of significant symptomatic degenerative mitral regurgitation when furnished according to an FDA approved indication and when the conditions put forth within the NCD are met.

CPT (0345T, 33418, 33419, 93590, 93592, 0483T, 0484T, [0543T, 0544T eff. 07/01/2019], [0569T, 0570T eff. 01/01/2020])

| Transcranial magnetic stimulation for Major Depressive Disorder (MDD) (NeuroStar®TMS Therapy System) | Y Y Y 6/14/2019 |
| Transcranial magnetic stimulation for neurologic or psychological indications other than depression | N N N 9/13/2019 |
| Transendoscopic therapies for dysphagia and gastrointestinal reflux disease (GERD) | N N N 9/13/2019 |
| Natural orifice transoral endoscopic surgery (NOTES) for bariatric surgery/transoral gastroplasty (TOGA) | N N N 9/13/2019 |
| Transilluminated powered phlebectomy (TriVex System) for varicosities | Y Y Y 3/13/2020 |
| Transmyocardial revascularization | Y Y Y 6/14/2019 |
| Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed | N N N 9/13/2019 |
| Transpupillary thermotherapy for retinoblastoma | Y Y Y 2/14/2020 |

(E.g., MitraClip®)

Note: Coverage will be considered for chronic refractory depression in members diagnosed with MDD (without psychoses) who have failed psychotherapy with pharmacotherapy (prerequisite of 4 antidepressants from 2 different classes), as well as electroconvulsive therapy (unless contraindicated).

CPT codes (90867, 90868, 90869)

Transilluminated powered phlebectomy (TriVex System) for varicosities

(See also Varicose Vein Treatment)

CPT (No specific code)

Transmyocardial revascularization

CPT (33140, 33141)

Transilluminated powered phlebectomy for retinoblastoma

CPT (67299)
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Approved</th>
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<th>Date</th>
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<tbody>
<tr>
<td>Transtelephonic spirometry for monitoring pulmonary function following lung or heart-lung transplantation CPT (94014, 94015, 94016)</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>9/13/2019</td>
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<tr>
<td>(See also <a href="#">NGS Medicare Noncovered Services LCD</a>)</td>
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<tr>
<td>Transurethral microwave thermotherapy CPT (53850)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance CPT (0582T eff. 01/01/2020)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>12/13/2019</td>
</tr>
<tr>
<td>Transurethral needle ablation of the prostate (TUNA)/transurethral radiofrequency needle ablation (RFNA) (including TUNA using water vapor/Rezum system (aka transurethral water vapor therapy) for benign prostatic hypertrophy (BPH) CPT (53852, 53854, 53899)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>Transvascular Autonomic Modulation (TVAM) for the treatment of autonomic dysfunction using balloon angioplasty devices (See also <a href="#">FDA MedWatch Safety Alert</a>) CPT (No specific code)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>2/14/2020</td>
</tr>
<tr>
<td>Tremor analysis device (E.g., Physiologic recording of tremor using accelerometers) CPT (95999)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>Triggerfish® System for continuous intraocular pressure monitoring for glaucoma (Sensimed) CPT (0329T)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>10/11/2019</td>
</tr>
<tr>
<td>Tropism testing for HIV (E.g., Trofile™ co-receptor assay for HIV [Monogram Biosciences], <a href="#">HIV-1 Coreceptor Tropism Testing [Quest Diagnostics]</a>) CPT (No specific code)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>9/13/2019</td>
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<tr>
<td>(See also <a href="#">Genetic Counseling and Testing</a>)</td>
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<tr>
<td>TRUGRAF Blood Gene Expression Test (See <a href="#">Medicare LCD: TRUGRAF Blood Gene Expression Test</a>) CPT (81479)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>12/13/2019</td>
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<tr>
<td>Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia CPT (0583T eff. 01/01/2020)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>12/13/2019</td>
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<tr>
<td>Ultrasound — intravascular noncoronary vessel CPT (37252, 37253)</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
</tr>
<tr>
<td>Ultrasound — low frequency for wounds (E.g., MIST Therapy System, Noncontact normothermic wound therapy [e.g., Warm-Up®]) CPT (97610)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>9/13/2019</td>
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<tr>
<td>HCPCS (A6000, E0231, E0232 [Warm-Up])</td>
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<tr>
<td>Note: CPT 97610 is covered for Medicare eff. 10/12/19</td>
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<tr>
<td>Procedure</td>
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<td>Covered</td>
<td>Paid</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Ultrasound — pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>CPT (See Bone Mineral Density Studies in Adult Populations)</td>
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<tr>
<td>Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoidal columns/groups, including ultrasound guidance, with mucopexy, when performed</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>12/13/2019</td>
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<tr>
<td>CPT ([0249T, del. 01/01/2020], [46948, eff. 01/01/2020])</td>
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<tr>
<td>Ultrasound-guided spinal injection(s), single/multilevel), diagnostic/therapeutic agent</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>10/11/2019</td>
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<tr>
<td>(See also Pain Management)</td>
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<tr>
<td>CPT (0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0228T, 0229T, 0230T, 0231T)</td>
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<tr>
<td>Unicondylar interpositional spacer for joint pain (e.g., osteoarthritis)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>9/13/2019</td>
</tr>
<tr>
<td>(E.g., UniSpacer™ Knee System)</td>
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<tr>
<td>CPT (No specific code)</td>
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<tr>
<td>Urine cytology for bladder cancer screening or as a primary detection modality (without cystoscopy)</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>9/13/2019</td>
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<tr>
<td>(E.g., UroVysion™)</td>
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<tr>
<td>CPT (88112, 88120, 88121)</td>
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<tr>
<td>Uterine artery embolization for symptomatic fibroids</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
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<tr>
<td>CPT (37243)</td>
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<tr>
<td>Vacuum-Assisted Socket System™ for artificial limbs</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/14/2019</td>
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<tr>
<td>HCPCS (L5781, L5782)</td>
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<tr>
<td>Vacuum assisted wound closure (VAC) (aka negative-pressure wound therapy [NPWT])</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>1/10/2020</td>
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<tr>
<td>Note: SNAP® Wound Care System is considered investigational</td>
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<td>CPT (97605, 97606, 97607, 97608)</td>
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<tr>
<td>HCPCS (A6550, A9272, E2402, K0743, K0744, K0745, K0746)</td>
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<tr>
<td>Vacuum bell for treatment of pectus excavatum</td>
<td>N</td>
<td>N</td>
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<td>11/8/2019</td>
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<tr>
<td>(See also Surgical Correction of Chest Wall Deformities)</td>
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<tr>
<td>CPT (No specific code)</td>
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<tr>
<td>Vaginal bowel control for fecal incontinence</td>
<td>N</td>
<td>SEE NOTE</td>
<td>N</td>
<td>5/10/2019</td>
</tr>
<tr>
<td>(E.g., Eclipse™ Vaginal Insert System)</td>
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<tr>
<td>(See also Fecal Incontinence Treatment)</td>
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<tr>
<td>Note: The eclipse system is covered for Medicare members per Noridian LCD.</td>
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<tr>
<td>CPT (A4335, A4563)</td>
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<tr>
<td>Vagus nerve stimulation — epilepsy (MCG #ACG: A-0424 [AC])</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>12/13/2019</td>
</tr>
<tr>
<td>CPT (61885, 61886, 61888, 64553, 64568, 64569, 64570, 95970, [95974, 95975 del. 01/01/2019])</td>
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<tr>
<td>HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
### Vagus nerve stimulation — multiple conditions

(E.g., Addictions, Alzheimer disease, anxiety disorders, atrial fibrillation, autism spectrum disorders, back pain, bipolar disorder, cerebral palsy, chronic pain syndrome, eating disorders, headaches, cognitive impairment associated with Alzheimer’s disease, coma, depression, essential tremor, fibromyalgia, heart failure, hemicrania continua, impaired glucose tolerance, morbid obesity [aka nerve blocking therapy, i.e., vBloc® Maestro® System], mood disorders, narcolepsy, neck pain, obsessive compulsive disorder, paralysis agitans, sleep disorder, stroke, tinnitus, Tourett’s syndrome, traumatic brain injury [TBI] including post-TBI pneumonia, etc.)

Note: Vagus nerve stimulation is considered investigational for all indications except:

- **Epilepsy** (see row above)
- Treatment resistant depression (covered for Medicare members ONLY per NCD: **Vagus Nerve Stimulation [VNS] for Treatment Resistant Depression [TRD] through Coverage with Evidence Development [CED]**)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>SEE NOTE</th>
<th>SEE NOTE</th>
<th>SEE NOTE</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT (0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 61885, 61886, 61888, 64553, 64568, 64569, 64570, 64585, 64590, 64595, 95970, 95974, 95975 del. 01/01/2019)</td>
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<td>2/14/2020</td>
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<tr>
<td>HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L6868, L8689)</td>
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</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>SEE NOTE</th>
<th>SEE NOTE</th>
<th>SEE NOTE</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venoplasty for relapsing remitting multiple sclerosis CPT (36901, 36902, 36903, 36904, 36905, 36906)</td>
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<td>9/13/2019</td>
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<tr>
<td>VeriStrat® proteomic expression profiling for non-small cell lung cancer treatment (Biosedix) CPT (84999, 81538)</td>
<td></td>
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<td>6/14/2019</td>
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<tr>
<td>Vertical expandable prosthetic titanium rib CPT (No specific code)</td>
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<td>3/13/2020</td>
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<tr>
<td>Viadur® (leuprolide acetate implant) for advanced prostate cancer CPT (11981, 11982, 11983)</td>
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<td>6/14/2019</td>
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<tr>
<td>Virtual colonoscopy CPT codes ([74261, 74262 for diagnostic], [74263 for screening])</td>
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<td>1/10/2020</td>
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<tr>
<td>Viscocanalostomy CPT (66174, 66175)</td>
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<td>4/12/2019</td>
</tr>
<tr>
<td>Visual evoked potential, screening of visual acuity, automated (See also <strong>Visual Evoked Potential Testing for Pediatric Populations in the Primary Care Setting</strong>)</td>
<td></td>
<td></td>
<td></td>
<td>3/13/2020</td>
</tr>
</tbody>
</table>

VeriflyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |

VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |

VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |

VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |

VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |

VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |

VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |

VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |

VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576) |          |          |          | 9/13/2019 |
<table>
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<tr>
<th>CPT</th>
<th>Code</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0333T)</td>
<td>Visual evoked potential testing for glaucoma</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(0464T)</td>
<td>Visual field assessment — real time, remote surveillance data transmission</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(0378T, 0379T)</td>
<td>Vitamin D Deficiency Testing</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>(55899)</td>
<td>Water-induced thermotherapy</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>(0421T)</td>
<td>Waterjet ablation — prostate, transurethral for benign prostatic hypertrophy (BPH)</td>
<td>N</td>
<td>N</td>
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<tr>
<td>(91035)</td>
<td>Wireless Esophageal pH Monitoring (Bravo™ System)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>(79101)</td>
<td>Xofigo® (radium Ra 223 dichloride injection)</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>(81599)</td>
<td>Xpresys Lung version 2 (XL2) liquid biopsy test for the management of lung nodules</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>(86794, 87662)</td>
<td>Zika virus diagnostic testing</td>
<td>Y</td>
<td>Y</td>
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</table>

Note: Not considered medically necessary for general population screening.