

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

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID	LAST REVIEW
AbioCor® Implantable Replacement Heart 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 < 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 eff. 01/01/2019])	SEE NOTE	SEE NOTE	SEE NOTE	5/10/2019
Acticon™ Neosphincter artificial bowel sphincter (See also Fecal Incontinence Treatment) CPT (No specific code)	Y	Y	Y	5/10/2019
Actigraphy as a stand-alone measurement parameter for the diagnosis of obstructive sleep apnea (See also Obstructive Sleep Apnea Diagnosis and Treatment) CPT (95803)	N	Y	N	2/8/2019

Note: Covered for Medicare eff. 10/12/19				
Agilium Freestep for unicompartmental osteoarthritis HCPCS (A9285)	Y	Y	Y	5/10/2019
Alcohol septal ablation for hypertrophic cardiomyopathy CPT (93583, 93799)	Y	Y	Y	4/12/2019
Allogeneic hematopoietic stem cell transplantation (HSCT) for multiple myeloma, myelofibrosis and sickle cell disease 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) CPT (38205, 38240, 38242, 38243, S2142, S2150)	SEE Transplant Program Case Management	SEE CMS NOTE	SEE Transplant Program Case Management	5/10/2019
AlloSure® Donor-Derived Cell-Free DNA Test to assess probability of allograft rejection in kidney transplant recipients (See also Medicare LCD: AlloSure® Donor-Derived Cell-Free DNA Test) CPT (81479)	N	Y	N	5/10/2019
Altered auditory feedback devices (E.g., SpeechEasy®/FluencyMaster) (See also ACG: A-0896 ([AC]) CPT (No specific code) HCPCS (E1399)	N	N	N	5/10/2019
Amniotic membrane transplantation for ocular reconstruction CPT (65778, 65779, 65780, 65781, 65782, V2790)	Y	Y	Y	4/12/2019
Anatomic model 3D-printing CPT (0559T, 0560T, 0561T, 0562T eff. 07/01/2019)	N	N	N	6/14/2019
Antibody assay testing for detecting neutralizing antibodies against interferon beta (Betaseron) for multiple sclerosis patients (E.g., Bab Screen, NabFeron®) CPT (86382)	N	N	N	2/8/2019
Apheresis therapy with selective high density lipoprotein (HDL) dilapidation and plasma reinfusion CPT (0342T)	N	N	N	5/10/2019
Apos (All Phase of Step) Therapy® (AposTherapy®) CPT (No specific code)	N	N	N	11/9/2018
Atherectomy — peripheral, open or percutaneous, infrainguinal atherosclerotic arterial occlusive disease CPT (37225, 37227, 37229, 37231)	Y	Y	Y	4/12/2019
Atherectomy — peripheral, open or percutaneous, of arterial vasculature (E.g., abdominal aorta, brachiocephalic, iliac, renal, etc.)	N	N	N	5/10/2019

CPT (0234T, 0235T, 0236T, 0237T, 0238T)				
<p>Aqueous Shunts/implants for primary open angle glaucoma (FDA-approved external approach insertion)</p> <p>(E.g., Ahmed glaucoma implant, Baerveldt seton, Ex-PRESS mini glaucoma shunt, Glaucoma pressure regulator Krupin-Denver valve implant, Moltano implant, Schocket shunt; e.g., ExPRESS® Ophthalmic Glaucoma Device)</p> <p>(See also Glaucoma Surgery)</p> <p>CPT (66179, 66180, 66183, 66184, 66185, 67255)</p>	Y	Y	Y	12/14/2018
<p>Aqueous shunts/implants for primary open angle glaucoma (without FDA approval and/or internal approach insertion)</p> <p>(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)</p> <p>(See also Glaucoma Surgery)</p> <p>Note: When the glaucoma guideline criteria are met, the Hydrus® Microstent, iStent and XEN45 devices are covered exceptions</p> <p>CPT (0191T, 0253T, 0376T, 0449T, 0450T, 0474T)</p>	N	SEE NOTE	N	12/14/2018
<p>Argus II Retinal Prosthesis System for advanced retinitis pigmentosa</p> <p>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.</p> <p>CPT (0100T, 0472T, 0473T, [L8608 eff. 01/01/2019])</p>	SEE NOTE	SEE NOTE	SEE NOTE	5/10/2019
<p>Arthroscopic knee surgery with primary diagnosis of osteoarthritis</p> <ul style="list-style-type: none"> § Arthroscopic lavage used alone for the osteoarthritic knee § Arthroscopic debridement for osteoarthritic patients presenting with knee pain only § 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. <p>CPT (29870, 29871, 29877)</p> <p>HCPCS (G0289)</p>	N	N	N	4/12/2019
<p>Assisted Embryo Hatching</p> <p>(See also Assisted Reproductive Technologies for case-by-case consideration)</p> <p>CPT (89253)</p>	N	N	N	6/14/2019
<p>Audiometry — pure tone/speech (threshold), automated</p> <p>CPT (0208T, 0209T, 0210T, 0211T, 0212T)</p>	N	N	N	5/10/2019
<p>Autologous adipose-derived regenerative cell therapy for scleroderma in the hands</p> <p>CPT (0489T, 0490T)</p>	N	N	N	12/14/2018

<p>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)</p> <p>(E.g., Achilles tendinopathy or rupture, anterior cruciate ligament, epicondylitis or type II shoulder impingement, plantar fasciitis, rotator cuff, etc.)</p> <p>For Medicare members see Coverage with Evidence Development Autologous Platelet-Rich Plasma</p> <p>CPT (0232T)</p> <p>HCPCS (S9055, G0460)</p>	N	SEE NOTE	N	5/10/2019
<p>Autologous bone marrow cell therapy, intramuscular, with preparation of harvested cells, multiple injections, one, leg, including ultrasound guidance (if performed)</p> <p>CPT (0263T, 0264T, 0265T)</p>	N	N	N	5/10/2019
<p>Autologous chondrocyte implantation (aka transplantation)</p> <p>CPT (27412)</p> <p>HCPCS (J7330, S2112)</p>	Y	Y	Y	9/14/2018
<p>Automated evacuation of Meibomian glands — heat and intermittent pressure</p> <p>(E.g., LipiFlow [TearScience®])</p> <p>CPT (0207T)</p>	N	N	N	5/10/2019
<p>Automatic blood pressure monitor</p> <p>HCPCS (A4670)</p>	Y	Y	Y	7/12/2019
<p>Awise MCV™ for the diagnosis and prognosis of rheumatoid arthritis</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (83520)</p>	N	N	N	2/8/2019
<p>MCV+</p> <p>CPT (83520, 86200)</p>				2/8/2019
<p>Awise® MTX (aka Awise PG) for measuring methotrexate polyglutamates for rheumatoid arthritis (metabolite marker testing)</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81479)</p>	N	Y	N	2/8/2019
<p>Awise® Lupus (aka Awise SLE) diagnostic biomarker panel for diagnosis of systemic lupus erythematosus (SLE)</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (83520, 86039, 86225, 88184, 88185, 88187)</p>	N	N	N	2/8/2019
<p>Awise® CTD (aka Awise SLE+)</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (83520, 86039, 86225, 88184, 88185, 88187, 86235, 86200)</p>				2/8/2019
<p>Balloon sinuplasty</p> <p>(E.g., Balloon Sinuplasty System™ Functional Infundibular Endoscopic Sinus System [FinESS], Relieva Seeker Balloon Sinuplasty System)</p> <p>Note: When performed with functional endoscopic sinus surgery (FESS), it is considered integral to FESS and not separately reimbursable</p>	Y	Y	Y	12/14/2018

CPT (31295, 31296, 31297, 31298)				
Behavioral prevention program for diabetes — online/electronic (See also Nutritional Counseling Services) CPT (0488T)	N	N	N	12/14/2018
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 (43845, 43847)	SEE NOTE	SEE NOTE	SEE NOTE	6/14/2019
Bioelectrical impedance (whole body) CPT (0358T)	N	N	N	5/10/2019
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	N	Y	N	5/10/2019
Bioengineered skin/tissue products for reconstruction (E.g., abdominal, breast)				
AlloDerm® Q4116				
Cortiva™ (prev. AlloMax, NeoForm™), Q4100- Breast & Misc. C1781 - Hernia				
Cymetra® Micronized AlloDerm® injectable for vocal cord paralysis Q4112 Note: Not considered medically necessary for any other condition	Y	Y	Y	5/10/2019
DermaMatrix (discontinued 6/2014) N/A				
FlexHD Q4128				
Bioengineered skin/tissue products for reconstruction (E.g., abdominal, breast)				
DermACELL® Q4122				
AlloPatch HD, Matrix HD Q4128				
Interfyl™ Human Connective Tissue Matrix Q4171				
Marigen Q4158				
NeoxFlo® or ClarixFlo™ Q4155	N	N	N	1/11/2019
Neox® Wound Matrix Q4148, Q4156				
Repriza Q4143				
Strattice™ Reconstructive Q4130				
SurgiMend® (No specific code)				
XCM BIOLOGIC® Tissue Matrix Q4142				
XenMatrix™ No specific code				
Bioengineered skin/tissue products for wounds/surgical applications (E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)	Y	Y	Y	10/12/2018

(See also [Application of Bioengineered Skin Substitutes](#))

Affinity	Q4159
AlloSkin™, AlloSkin RT, AlloSkin AC	Q4115, Q4123, Q4141
AlloPatch HD, FlexHD or Matrix HD	Q4128
Amnioband or Guardian per square cm	Q4151 (AmnioBand Viable and AmnioBand SL)
AmnioBand 1mg	Q4168 (AmnioBand Particulate)
AmnioExcel or BioDExCel	Q4137
Amniopro, Bioskin, Biorenew, Woundex, Amniogen-45, Amniogen-200, per square centimeter	Q4163
Apligraf®	Q4101
Architect, Architect PX or Architect FX	Q4147
Artacent™	Q4169
Biodfence and Biodfence dryflex	Q4140, Q4138
bio-ConneKt® Wound Matrix	Q4161
Biovance	Q4154
CYGNUS	Q4170
Cytal™	Q4166
DermACELL®	Q4122
Dermagraft®	Q4106
DermaPure	Q4152
Dermavest	Q4153
EpiCord	Q4187 eff. 01/01/2019
EpiFix®	([Q4131 del. 01/01/2019], Q4186 eff. 01/01/2019)
EZ-DERM™	Q4136
FortaDerm™ (New name PuraPly™)	[Q4172 del. 01/01/2019]
PuraPly™ Antimicrobial Wound Matrix (PuraPly AM)	[Q4195, Q4196, Q4197 eff. 01/01/2019])
PuraPly™ Wound Matrix (PuraPly)	
GammaGraft	Q4111
Grafix® core, Grafix® prime	Q4132, Q4133
Helicoll™	Q4164
hMatrix®	Q4134
Hyalomatrix®	Q4117
Integra® Bilayer Matrix, Integra, Integra Matrix	Q4104, Q4108
Integra Dermal Regeneration Template	Q4105
keramatrix®	Q4165
Marigen	Q4158
MatriStem® MicroMatrix, MariStem wound Matrix, MicroStem Burn Matrix (New commercial name for MariStem is Cytal)	Q4118, Q4166 for Cytal
Mediskin	Q4135
MemoDerm™, DermaSpan, TranZgraft or InteguPly	Q4126

MIRODERM™	Q4175				
Nushield	Q4160				
OASIS® Wound Matrix, Oasis Burn Matrix, Ultra Tri-layer Matrix	Q4102, Q4103, Q4124				
PalinGen or PalinGen XPlus, per square centimeter (to identify PalinGen®) Membrane and PalinGen® Hydromembrane	Q4173				
PalinGen or ProMatrX (to identify ProMatrX, PalinGen Flow and PalinGen SportFlow	Q4174				
PriMatrix™	Q4110				
Revitalon	Q4157				
Talymed™	Q4127				
Tensix	Q4146				
Theraskin®	Q4121				
TransCyte	Q4100, Q4182				
Bioengineered skin/tissue products for wounds/surgical applications (E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)		Y	Y	Y	10/12/2018
GRAFTJACKET®	Q4107				
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)					
Allowrap	Q4150				
AmnioFix®	J3590				
Amniopro Flow, Bioskin Flow, Biorenew Flow, Woundex Flow, Amniogen-A, Amniogen-C, 0.5 cc	Q4162				
Amniomatrix® or biodmatrix, injectable	Q4139				
Arthroflex®	Q4125				
Epifix injectable	Q4145				
Excellagen	Q4149				
GRAFTJACKET® XPRESS	Q4113	N	N	N	10/12/2018
Integra Flowable Wound Injectable	Q4114				
Repriza	Q4143				
TruSkin™	Q4167				
Unite®	No Specific Code				
Neopatch, per square centimeter	Q4176				
Floweramnioflo, 0.1 cc	Q4177				
Floweramniopatch, per square centimeter	Q4178				
Flowerderm, per square centimeter	Q4179				
Revita, per square centimeter	Q4180				
Amnio wound, per square centimeter	Q4181				
Surgigraft, per square meter	Q4183 eff. 01/01/2019				

Cellesta, per square centimeter	Q4184 eff. 01/01/2019				
Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Q4185 eff. 01/01/2019				
Amnioarmor, per square centimeter	Q4188 eff. 01/01/2019				
Artacent ac, 1 mg	Q4189 eff. 01/01/2019				
Artacent ac, per square centimeter	Q4190 eff. 01/01/2019				
Restorigin, per square centimeter	Q4191 eff. 01/01/2019				
Coll-e-derm, per square centimeter	Q4193 eff. 01/01/2019				
Novachor, per square centimeter	Q4194 eff. 01/01/2019				
Genesis amniotic membrane, per square centimeter	Q4198 eff. 01/01/2019				
Skin te, per square centimeter	Q4200 eff. 01/01/2019				
Matrion, per square centimeter	Q4201 eff. 01/01/2019				
Keroxx (2.5g/cc), 1cc	Q4202 eff. 01/01/2019				
Derma-gide, per square centimeter	Q4203 eff. 01/01/2019				
Xwrap, per square centimeter	Q4204 eff. 01/01/2019				
Biomagnetic Therapy CPT (97799)		N	N	N	6/14/2019
Biomarker testing — growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1) for assessing multiple medical conditions including cardiovascular diseases (See also Gene Expression Profiling) CPT (83006)		N	N	N	3/8/2019
Biomarker testing — Des-gamma-carboxy prothrombin (DCP) for diagnosing and monitoring hepatocellular carcinoma (HCC) and other indications (aka prothrombin produced by vitamin K absence or antagonism II [PIVKA II]) CPT (83951)		N	N	N	3/8/2019
Biomarker testing for assessing and managing iron deficiency anemia in late-stage chronic kidney disease CPT (No specific code)		N	N	N	5/10/2019
Biomarker testing for assessing cardiac disease risk — secretory type II phospholipase A2 (sPLA2-IIA) (E.g., AccuCardia [Zeus Scientific]) CPT (0423T)		N	N	N	5/10/2019
Biomarker testing for diagnosis/management of rheumatoid arthritis (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]) (See also Gene Expression Profiling and Vectra DA Coding and Billing Guidelines for Medicare) CPT (81490, 83520 86140, 86200, 86431)		N	Y	N	3/8/2019
Biomarker testing for Alzheimer’s disease (cerebrospinal fluid or urine-based)		N	N	N	5/10/2019

(E.g., ADmark® Alzheimer's Evaluation [Athena]) CPT (83520)				
Biomarker testing for breast cancer — urokinase plasminogen activator (uPA) and its plasminogen activator inhibitor type 1 (PAI-1) (See also Gene Expression Profiling and Biomarker Testing for Breast Cancer) CPT (85415)	Y	Y	Y	2/8/2019
Biomarker testing for managing neuroendocrine tumors (See also NGS Medicare LCD: Biomarker Testing for Neuroendocrine Tumors/Neoplasms) CPT (No specific code)	N	N	N	4/12/2019
Biomechanical mapping, transvaginal, with report CPT (0487T)	N	N	N	12/14/2018
Bioness L300 Foot Drop System for traumatic brain Injury (TBI) (aka functional electrical stimulation) HCPCS (E0770)	Y	Y	Y	5/10/2019
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) CPT (46707) Note: Covered for Medicare eff. 10/12/19	N	Y	N	3/8/2019
Biosynthetic Implant for ventral hernia repair/abdominal wall fascial defect CPT (0437T)	N	N	N	3/8/2019
Blood coagulation home testing devices HCPCS (E1399, G0248, G0249, G0250)	Y	Y	Y	10/1/2018
Body photography — “total” body or “whole” body/computer-based optical diagnostic devices/imaging techniques for evaluating pigmented skin lesions suspected of malignancy (I.e., multispectral digital skin lesion analysis [MSDSL], Optical coherence tomography, reflectance confocal microscopy [RCM]; including, but not limited to dermatoscopic devices/total body systems MoleSafe, such as Episcopes™, Nevoscope™, Dermascope™, MoleMax™, VivaScope®, MelaFind®, MoleMapCD, etc.) CPT (0400T, 0401T, 0470T, 0471T, 96904, 96931, 96932, 96933, 96934, 96935, 96936) Note: CPTs 96931, 96932, 96933, 96934, 96935 and 96936 are covered for Medicare eff. 10/12/19	N	N	N	7/12/2019
Bone anchored hearing aids (MCG #ACG: A-0564 [AC])	Y	Y	Y	3/8/2019
Bone growth stimulators (See Osteogenesis Stimulators for covered/noncovered indications) CPT (20974, 20975, 20979) HCPCS (E0747, E0748, E0749, E0760, A4559)	SEE NOTE	SEE NOTE	SEE NOTE	6/14/2019

Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score CPT (0547T eff. 07/01/2019)	N	N	N	6/14/2019
Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan CPT (0554T, 0555T, 0556T, 0557T, 0558T eff. 07/01/2019)	N	N	N	6/14/2019
Brachytherapy — breast cancer CPT (19296, 19297, 19298, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77778, 77789, 77790, 77799, 77770, 77771, 77772) HCPCS (Q3001, 0395T)	Y	Y	Y	5/10/2019
Brachytherapy — electronic, skin surface application CPT (0394T, 0395T) 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)	N	N	N	5/10/2019
Brachytherapy — endometrial/cervical cancer CPT (58346, 57155, 57156, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77770, 77771, 77772, 77778, 77789, 77790, 77799) HCPCS (Q3001)	Y	Y	Y	5/10/2019
Brachytherapy — epithelial ovarian cancer CPT (55920, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77316, 77317, 77318, 77761, 77762, 77763, 77770, 77771, 77772, 77778, 77789, 77790, 77799) HCPCS (Q3001)	N	Y	N	5/10/2019
Brachytherapy — intracoronary for stent restenosis CPT (77770, 77771, 77772, 92974) HCPCS (Q3001)	Y	Y	Y	5/10/2019
Brachytherapy — prostate, temporary high dose CPT (55860, 55862, 55865, 55875, 55876, 76873, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77316, 77317, 77318, 77770, 77771, 77772, 77778, 77790, 77799) HCPCS (Q3001)	Y	Y	Y	5/10/2019
Breast ductal endoscopy (aka fiberoptic ductoscopy or mammary ductoscopy) for breast cancer screening CPT (No specific code)	N	N	N	3/8/2019
Breast ductal lavage for breast cancer screening (E.g., ForeCYTE Breast Health Test, Halo breast PAP Test System, Mammary Aspirate Specimen Cytology Test, Pro-Duct Catheter, etc.) CPT (19499)	N	N	N	3/8/2019
Bronchial thermoplasty for severe asthma	N	N	N	5/10/2019

CPT (31660, 31661, 31899)				
<p>Bronchoscopy — rigid or flexible, including fluoroscopic guidance; not considered medically necessary when performed per the CPT code descriptives below.</p> <p>Note: 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.</p> <p>CPT</p> <p>31647 — with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe</p> <p>31648 — with removal of bronchial valve(s), initial lobe</p> <p>31649 — with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)</p> <p>31651 — with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])</p> <p>31626 – with placement of fiducial markers, single or multiple</p> <p>31627 – with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])</p> <p>31634 - with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed</p>	SEE NOTE	SEE NOTE	SEE NOTE	5/10/2019
<p>Cadaver lung organ perfusion system — initiation, monitoring, surgical preparation</p> <p>CPT (0494T, 0495T, 0496T)</p>	N	N	N	12/14/2018
<p>Camera pill — esophageal and small bowel indications (E.g., PillCam ESO, PillCam SB, Olympus Capsule Endoscope System) (See also Capsule Endoscopy)</p> <p>CPT (91110, 91111)</p>	Y	Y	Y	5/10/2019
<p>Camera pill — colon (PillCam® Colon) (See also Capsule Endoscopy)</p> <p>CPT (0355T)</p>	N	N	N	5/10/2019
<p>Camera pill accessory systems to determine gastrointestinal patency (E.g., Given® AGILE Patency System as an accessory to the Given® PillCam™) (See also Capsule Endoscopy)</p> <p>CPT (91299)</p>	N	N	N	5/10/2019
<p>Canaloplasty (See also Canaloplasty and Viscocanalostomy)</p> <p>CPT (66174, 66175)</p>	Y	Y	Y	4/12/2019

<p>Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report</p> <p>Note: Coverage effective 9/10/2019</p> <p>CPT (94780, 94781)</p>	Y	Y	Y	5/10/2019
<p>Cardiac — catheterization (right-heart) with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report, includes provision of patient home electronics unit</p> <p>(See also Medicare LCD Cardiac Catheterization and Coronary Angiography)</p> <p>CPT (93799)</p>	N	N	N	1/11/2019
<p>Cardiac — central arterial pressure waveforms analysis</p> <p>(E.g., SphygmoCor® System)</p> <p>CPT (93050)</p>	N	N	N	5/10/2019
<p>Cardiac — contractility modulation using an implantable device</p> <p>(E.g., Cardiac Contractility Modulation [CCM] System Optimizer)</p> <p>(CPT 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T)</p>	N	N	N	1/11/2019
<p>Cardiac — counterpulsation (external)</p> <p>(MCG # ACG: A-0175 [AC])</p> <p>CPT (92971)</p> <p>HCPCS (G0166)</p>	Y	Y	Y	8/17/2018
<p>Cardiac — counterpulsation (implanted extra-aortic counterpulsation device [EACD])</p> <p>CPT (0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T)</p>	N	N	N	1/11/2019
<p>Cardiac — HeartFlow® digital 3D modeling</p> <p>Note: Medicare members are covered per LCD: Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)</p> <p>CPT (0501T, 0502T, 0503T, 0504T, 93799)</p>	Y	Y	Y	5/10/2019
<p>Cardiac — hemodynamic monitors, implantable left atrial</p> <p>(E.g., HeartPOD System, Promote LAP System)</p> <p>CPT (No specific code)</p>	N	N	N	5/10/2019
<p>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</p> <p>CPT (33289)</p> <p>Note: Covered for Medicare eff. 10/12/19</p>	N	Y	N	12/14/2018

<p>Cardiac — leadless pacemaker (E.g., Micra Transcatheter Pacing System, Nanostim™ Leadless Pacemaker, WISE™ CRT System)</p> <p>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.</p> <p>CPT (0387T, 0388T, 0389T, 0390T, 0391T del. 01/01/2019, [0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 33274, 33275, eff. 01/01/2019])</p>	N	SEE NOTE	N	1/11/2019
<p>Cardiac — left atrial appendage (LAA) closure devices (E.g., Amplatzer Amulet/Cardiac Plug devices, AtriClip®, LARIAT Procedure, PLAATO System, Watchman)</p> <p>Note: The Watchman (only) is covered when all the following are applicable:</p> <ul style="list-style-type: none"> § 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: <ul style="list-style-type: none"> ○ 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 <p>CPT (33340)</p>	SEE NOTE	SEE NOTE	SEE NOTE	2/8/2019
<p>Cardiac — left partial ventriculectomy (Batista procedure/ventricular reduction surgery) CPT (33542, 33548, 33999)</p>	N	N	N	1/11/2019
<p>Cardiac — lipoprotein subclassification testing (aka advanced lipoprotein testing) (E.g., VAP Cholesterol Panel [Atherotech®; closed permanently 2/28/2016], FHNEXT [Ambry]) (See also Lipoprotein Subclassification Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease) CPT (83722 eff. 01/01/2019)</p>	N	N	N	6/14/2019
<p>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 eff. 01/01/2019)</p>	N	N	N	12/14/2018
<p>Cardiac — myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) CPT (0399T)</p>	N	N	N	1/11/2019

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				
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, 33221, 33214, 33217, 33220, 33224, 33225,33226, 33240, 33241, 33243, 33244, 33249)	Y	Y	Y	3/8/2019
Ross pulmonary autograft (aka Ross procedure) CPT (33413, 33440)	Y	Y	Y	12/14/2018
Cardiac — septal closure devices (E.g., Amplatzer®, CardioSEAL®) CPT (93580, 93581, 33999)	Y	Y	Y	5/10/2019
Cardiac — transcatheter aortic valve replacement or implantation (TAVR/TAVI) for severe aortic valve stenosis (E.g., CoreValve [Medtronic], Sapien [Edwards]) (See also Transcatheter Aortic Valve Replacement) CPT (33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369) 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.	Y	Y	Y	5/10/2019
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.	Y	Y	Y	5/10/2019
Cardiac — transcatheter heart valve implantation within an existing bioprosthetic valve CPT (No specific code)	N	N	N	5/10/2019
Cardiac — transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach CPT (0545T eff. 07/01/2019)	N	N	N	6/14/19
Cardiac — ventricular assist devices (VADs) — adult (e.g., Thoratec®, HeartMate II®) CPT (33975–33983, 33990, 33991, 33992,33993) HCPCS (Q0478–Q0508)	Y	Y	Y	5/10/2019
Cardiac — VADs pediatric (Berlin Heart EXCOR® Pediatric Ventricular Assist Device)	SEE NOTE	SEE NOTE	SEE NOTE	5/10/2019

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)				
Cardiac defibrillators — automatic external (home use, wearable) (See also Automatic External Defibrillators) CPT (93292, 93745) HCPCS (K0606, K0607, K0608, K0609)	Y	Y	Y	4/12/2019
Cardiac defibrillators — implantable cardioverter (ICD) (See also Implantable Cardioverter Defibrillators) CPT (33215, 33220, 33223, 33226, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264)	Y	Y	Y	5/10/2019
Cardiac defibrillators — subcutaneous implantable (S-ICD) (E.g. S-ICD™ System) (See also Implantable Cardioverter Defibrillators) CPT (33270, 33271, 33272, 33273, 93260, 93261, 93644)	Y	Y	Y	5/10/2019
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 (0206T)	N	N	N	1/11/2019
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	6/8/2018
Cardiac monitoring — external electrocardiographic recording up to 48 hours (See also Cardiac Event Monitors) CPT (93224, 93225, 93226, 93227)	Y	Y	Y	6/8/2018
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	6/8/2018
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	N	N	N	12/14/2018

(See also Cardiac Event Monitors) CPT (0497T, 0498T)				
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	3/8/2019
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 eff. 01/01/2019, [33282, 33284 del. 01/01/2019] 93285, 93291, 93298, 93299)	Y	Y	Y	6/8/2018
Cardiac monitoring — intracardiac ischemic to detect potential heart attack (E.g., AngelMed Guardian System) CPT (0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T eff. 01/01/2019)	N	N	N	4/12/2019
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)	Y	Y	Y	6/8/2018
Cardiography — combined acoustic and electrical (Aka, acoustic heart sound recording, computer analysis and interpretation; e.g., Zargis Acoustic Cardioscan) CPT (93799)	N	N	N	1/11/2019
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)	N	N	N	1/11/2019
Carotid artery stenting (E.g., Enroute Transcarotid Neuroprotection System) CPT (37215, 37216, 37217, 37218)	Y	Y	Y	5/10/2019

<p>Note: CPT codes 0075T and 0076T are not reimbursable</p>				
<p>Carotid sinus baroreflex activation device — all aspects (E.g., Barostim™ neo™ Legacy System (ICVRx Inc.))</p> <p>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 Rheos Carotid Sinus Leads (Models 1010R, 1010L, 1014L and 1014R) which have been discontinued and are obsolete and were determined to be responders in the Rheos 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.</p> <p>CPT (0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T)</p>	N	N	N	5/10/2019
<p>Cxbladder tests for bladder cancer</p> <ul style="list-style-type: none"> § 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 <p>CPT (81479)</p>	N	N	N	5/10/2019
<p>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)</p> <p>CPT (27130, 27132, 27134, 27137, 27138)</p>	Y	Y	Y	5/10/2019
<p>Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time</p> <p>Note: Medically necessary for evaluation of stroke (< 6 hours).</p> <p>CPT (0042T)</p>	N	N	N	5/10/2019
<p>Chelation therapy for heavy metal toxicity and overload conditions (MCG #ACG: A-0297 [AC])</p> <p>HCPCS (J0470, J0600, J0895, J3520)</p>	Y	Y	Y	3/9/2018
<p>Chemical peels for actinic keratoses (AKs)/pre-malignant skin lesions</p> <p>Note: Click on Medical Guideline link for clinical criteria and coverage specifics</p> <p>CPT (15788, 15789, 15792, 15793)</p>	Y	Y	Y	7/12/2019
<p>Chemoembolization for hepatic cancer</p> <p>CPT (37243, 75894)</p>	Y	Y	Y	5/10/2019
<p>Chemosensitivity and chemoresistance assays for cancer (i.e., laboratory tests used to identify chemotherapeutic agents that may be ineffective against tumor growth)</p> <p>(E.g., chemoresistance assays; including but not limited to the Oncotech Extreme Drug Resistance, EDR® Assay or the Drug Resistances Assay [DRATM], and chemosensitivity assays; including but not limited to the ChemoFX® assay, the differential staining cytotoxicity (DiSC) assay, the fluorescence (Cytoprint) assay, the human tumor cloning assay (HTCA), the human tumor stem cell assay, the methyl thiazolyl-diphenyl-tetrazolium bromide (MTT) assay, and the microculture kinetic (MICK) apoptosis assay ([aka CorrectChemo])</p>	N	N	N	4/12/2019

(See also Genetic Counseling and Testing and Medicare LCD In Vitro Chemosensitivity & Chemoresistance Assays) CPT (89240, 81535, 81536)				
Circulating tumor cell (CTC) assay/liquid biopsy circulating tumor/cell-free DNA [ctDNA or cfDNA] (aka immunological detection techniques for quantify circulating tumor cells in the blood) (E.g. CellSearch System®, Oncotype SEQ™, Foundation ACT, OnoCEE, Cancer Intercept, GeneStrat®, PCR [RTPCR], etc.) (See also Genetic Counseling and Testing and NGS Medicare LCD: Non-Covered Services) CPT (86152, 86153, 81445 [GeneStrat])	N	N	N	3/8/2019
Cochlear implants (single and multichannel) (MCG #ACG: A-0177 [AC]) (CPT (69930, 92601, 92602, 92603, 92604, V5273) HCPCS (L8614–L8629)	Y	Y	Y	5/10/2019
Cochlear implants (hybrid) (E.g., Nucleus® Hybrid™ L24 Cochlear Implant System) CPT (69930, 92601, 92602, 92603, 92604) HCPCS (L8614, L8615, L8616, L8617, L8618, L8619, V5273)	Y	Y	Y	5/10/2019
Cognitive rehabilitation (MCG #ACG: A-0562 [AC]) CPT (97532)	Y	Y	Y	3/9/2018
Coenzyme Q10 (CoQ10 or Q10) serum/body fluid testing of Q10 levels for supplementation of any disease (Aka ubiquinone, ubidecarenone, coenzyme Q) (See also Medicare Local Coverage Determination [LCD]: Coenzyme Q10) CPT (No specific code)	N	N	N	5/10/2019
Coil embolization for arterio-venous malformations (AVMs)/aneurysm and splenic artery aneurysm CPT (37241, 37242, 37243, 37244, 61624, 61635, 75894)	Y	Y	Y	10/12/2018
Collagen meniscus implant (E.g., Menaflex™) (See also National Coverage Determination (NCD) for Collagen Meniscus Implant) HCPCS (G0428)	N	N	N	5/10/2019
Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment CPT (93895, 0126T)	N	N	N	5/10/2019
Complex decongestion physiotherapy for lymphedema (See also Lymphedema Treatment) CPT (97140, 97016) HCPCS (S8950, E0650, E0651, E0652, E0655, E0660, E0665–E0673, E0676)	Y	Y	Y	10/12/2018

Note: HCPCS code E0676 is not covered for DVT Prophylaxis				
Computed tomography (CT) — low dose for lung cancer detection CPT (No specific code) HCPCS (G0296, G0297)	Y	Y	Y	5/10/2019
Computed tomography (CT) — screening for coronary artery disease (E.g., calcium scoring using electron beam computed tomography [EBCT], ultrafast CT, etc.) CPT (75571) HCPCS (S8092)	N	N	N	5/10/2019
Computed tomographic angiography (CTA) for coronary diagnostics via multislice or multidetector CT modalities CPT (75574)	Y	Y	Y	5/10/2019
Computer-aided animation and analysis of time series retinal images for disease-progression monitoring CPT (0380T)	N	N	N	5/10/2019
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 CPT (0174T, 0175T)	N	N	N	5/10/2019
Computer-assisted detection breast MRI screening CPT (0159T del. 01/01/2019, 77048, 77049 eff. 01/01/2019)	N	N	N	5/10/2019
Computer-assisted detection breast ultrasound as stand-alone screening or with screening mammography CPT (76999)	N	N	N	5/10/2019
Computer-assisted orthopedic surgery CPT (20985, 0054T, 0055T, 0396T) Note: CPT 20985 is covered for Medicare eff. 10/12/19	N	N	N	5/10/2019
Confocal laser endomicroscopy (CLE) (aka confocal fluorescent endomicroscopy and optical endomicroscopy) CPT (43206, 43252, 88375, 0397T) Note: CPTs 43206, 43252 and 88375 are covered for Medicare eff. 10/12/19	N	N	N	5/10/2019
Continuous or intermittent measurement, computerized or electronic, wheeze rate detectors during treatment assessment or during sleep for documentation of nocturnal wheeze and cough for diagnostic evaluation, 3–24 hours (See also Obstructive Sleep Apnea Diagnosis and Treatment) CPT (94799)	N	N	N	2/8/2019
Continuous passive motion devices (CPM) HCPCS (E0935)	Y	Y	Y	5/10/2019

Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report CPT (0533T, 0534T, 0535T, 0536T eff. 01/01/2019)	N	N	N	12/14/2018
Cooling devices in the home setting for neuro/musculoskeletal conditions, pain conditions, post-surgical healing or as a prophylactic measure for hair loss secondary to chemotherapy HCPCS (E0218, E0236)	N	N	N	5/10/2019
Cord blood harvesting and banking, prophylactic collection and storage of, in healthy member for unspecified future use CPT (No specific code) HCPCS (S2140)	N	N	N	5/10/2019
Corneal — computer topography CPT (92025)	Y	Y	Y	5/10/2019
Corneal — collagen cross-linking (CXL) for progressive keratoconus epithelium-off photochemical collagen cross-linkage using riboflavin (Photrexa) and ultraviolet A CPT (0402T)	Y	N	Y	10/12/2018
Corneal — hysteresis (See also NGS Medicare LCD: Corneal Hysteresis) CPT (92145)	N	N	N	6/14/2019
Corneal — intrastromal corneal ring segments for keratoconus (Intacs®) (See also Intrastromal Corneal Ring Segments for Keratoconus) CPT (65785) HCPCS (L8610)	Y	Y	Y	6/14/2019
Corneal — pachymetry for glaucoma CPT (76514)	Y	Y	Y	6/14/2019
Current Perception Threshold/Sensory Nerve Conduction Threshold Test (sNCT) HCPCS (G0255)	N	N	N	6/14/2019
Cryoablation — atrial fibrillation (E.g., Arctic Front® Cardiac CryoAblation Catheter) CPT (93656, 93657)	Y	Y	Y	6/14/2019
Cryoablation — Barrett's esophagus CPT (43229, 43270)	N	N	N	6/14/2019
Cryoablation — bone tumors CPT (20983)	N	Y	N	6/14/2019
Cryoablation — breast fibroadenomas CPT (19105)	N	Y	N	6/14/2019

Note: Covered for Medicare eff. 10/12/19				
Cryoablation — hepatic cancer (See also Cryosurgery for Liver Tumors) CPT (47381, 47383, 47371, 76940, 76998, 77013, 77022)	Y	Y	Y	9/14/2018
Cryoablation — peripheral nerves for the treatment of knee and intercostal pain (lovera cryotherapy) CPT (64620, 64640, 0441T, 0442T)	Y	Y	Y	4/12/2019
Cryoablation — peripheral nerves upper extremity CPT (0440T)	N	N	N	
Cryoablation — plantar fasciitis CPT (64640)	N	N	N	6/14/2019
Cryoablation — prostate cancer (See also Cryosurgical Ablation for Prostate Cancer) CPT (55873)	Y	Y	Y	9/14/2018
Cryoablation — pulmonary tumors CPT (32994)	N	Y	N	6/14/2019
Cryoablation — renal cancer (See also Cryosurgical and Radiofrequency Ablation for Renal Tumors) CPT (50250, 50542, 50593)	Y	Y	Y	6/14/2019
Cryoablation — uterine for menorrhagia (E.g., HerOption) CPT (58356)	Y	Y	Y	6/14/2019
Cryoplasty (aka cryo-balloon angioplasty) for peripheral vascular disease (E.g., PolarCath [NuCryo; previously Boston Scientific]) CPT (37799 combined with angioplasty codes 36901, 36902, 36905, 36906, 36907, 36908, 36909, 37246, 37247, 37248, 37249)	N	N	N	6/14/2019
Cryopreservation — immature oocyte(s) (See also Assisted Reproductive Technologies) Note: Refer to Limitations/Exclusion Section within EmblemHealth's Assisted Reproductive Technologies Medical Guideline for information pertaining to the cryopreservation of mature oocytes and sperm for members with iatrogenic infertility. CPT (0357T)	N	N	N	6/14/2019
Cryopreservation — reproductive tissue, ovarian (See also Assisted Reproductive Technologies) CPT (0058T)	N	N	N	5/10/2019
Cryotherapy — whole body; any indication (E.g., Asthma, Alzheimer's, Anxiety, Chronic pain, Depression, Fibromyalgia, Insomnia, Migraines, Multiple sclerosis, Osteoarthritis, Rheumatoid Arthritis, Weight Loss) CPT (No specific code)	N	N	N	6/14/2019

Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy CPT (0499T)	N	N	N	12/14/2018
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. CPT (21499, 61863, 61864, 61867, 61885, 61886, 61880, 61888, 95961, 95962) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	SEE NOTE	SEE NOTE	SEE NOTE	6/14/2019
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	7/12/2019
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	6/14/2019
Dexamethasone/fluocinolone acetonide intravitreal implants for FDA approved indications (E.g., Ozurdex®, Iluvien®, Retisert) (See also Intravitreal Injections/Implants)	Y	Y	Y	9/14/2018

CPT (67027) HCPCS (J7311, J7312, J7313)				
Dimercaptosuccinic acid (DMSA) or ethylenediaminetetraacetic (EDTA) provocative chelation/mobilization testing for diagnosing lead toxicity (See also Chelation Therapy) CPT (No specific code)	N	N	N	3/8/2019
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, 63663, 63664, 63685, 63688, 95970, 95971, 95972, 64999) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695, L8699)	Y	Y	Y	3/8/2019
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	6/14/2019
Drug eluting stents — sinus (E.g., Propel® Mometasone Furoate Implant sinus implant, Relieva Stratus™ MicroFlow spacer and the SinuFoam™ spacer) (See also Functional Endoscopic Sinus Surgery [FESS]) CPT (0406T, 0407T del. 01/01/2019], 31299, S1090)	N	N	N	12/14/2018
Duopa (carbidopa and levodopa) enteral suspension for the treatment of motor fluctuations in patients with advanced Parkinson's disease CPT (43246, 44373, 49446, 64999, 95999, 99199) HCPCS (E0781, J7799, J7340)	Y	Y	Y	6/14/2019
Dynamic Decompression System for pectus excavatum (See also Surgical Correction of Chest Wall Deformities) CPT (No specific code)	N	N	N	10/12/2018
Elastography (e.g., FibroScan®) for management of benign liver disease CPT (0346T del. 01/01/2019, 76391, 76981, 76982, 76983 eff. 01/01/2019], 91200)	Y	Y	Y	6/14/2019
Elastography for evaluation of breast lesions (or any other indication) CPT (0346T del. 01/01/2019 [No specific code]) Note: CPT 91200 is allowable for liver elastography	N	N	N	6/14/2019
Electric tumor fields (aka tumor treatment fields [TTF]) for newly diagnosed or recurrent multiforme glioblastoma (GBM) (I.e., Optune® [Novocure] [formerly NovoTTF-100A System]) Note: Optune is intended for adults ≥ 22 years of age with glioblastoma multiforme (GBM)	Y	Y	Y	4/12/2019

<p>§ Newly diagnosed — following maximal debulking surgery and completion of radiation therapy together with concomitant standard of care chemotherapy (i.e., temozolomide [TMZ])</p> <p>§ Recurrence — approved for use as monotherapy, and is intended as an alternative to standard medical therapy after surgical and radiation options have been exhausted</p> <p>HCPCS (A4555, E0766)</p>				
<p>Electrical continence aids, rectal inserts and related accessories</p> <p>HCPCS (A4335, A4337)</p>	N	N	Y	6/14/2019
<p>Electrical modulation pain reprocessing — transcutaneous</p> <p>(E.g., Scrambler Therapy/Calmare Therapy Device)</p> <p>CPT (0278T)</p>	N	N	N	6/14/2019
<p>Electrical nerve stimulation — neuromuscular conditions</p> <p>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.</p> <p>CPT (64550 del. 01/01/2019], 64999)</p> <p>HCPCS (A4595, A4630, E0720, E0730, E0731, E0745)</p>	Y	Y	N	6/14/2019
<p>Electrical Stimulation — auricular of acupuncture points (aka auricular electrostimulation)</p> <p>CPT (S8930)</p>	N	N	N	6/14/2019
<p>Electrical stimulation — hypoglossal nerve for obstructive sleep apnea</p> <p>(E.g., Inspire® Upper Airway Stimulation (UAS))</p> <p>(See also Obstructive Sleep Apnea Diagnosis and Treatment)</p> <p>Note: Covered eff. 4/8/2019</p> <p>CPT (0466T, 0467T, 0468T, 64568, 64999)</p>	Y	Y	Y	2/8/2019
<p>Electrical stimulation — phrenic nerve for central sleep apnea</p> <p>(E.g., Respicardia remedē® System)</p> <p>(See also NGS Medicare LCD: Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea)</p> <p>CPT (0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 64575, 64590)</p> <p>HCPCS (L8680, L8682, L8683)</p>	N	N	N	6/14/2019
<p>Electrical stimulation — pudendal nerve terminal motor latency (PNTML) for fecal incontinence</p> <p>(See also Fecal Incontinence Treatment)</p> <p>CPT (No specific code)</p>	N	N	N	5/10/2019
<p>Electrical stimulation — percutaneous tibial nerve (aka posterior/peripheral) for urinary voiding dysfunction (e.g., Urgent® PC Neuromodulation System, Stoller afferent nerve system [PerQ SANS System])</p> <p>Note: Coverage predicated on the failure of behavioral modification (e.g., pelvic floor exercise, fluid intake timing, etc.), as well as pharmacological management (e.g., anticholinergic, muscle relaxant, etc.)</p> <p>CPT (64566, 97014, 97032)</p>	Y	Y	Y	6/14/2019

HCPCS (L8680)				
Electrical stimulation — tibial nerve for fecal incontinence (See also Fecal Incontinence Treatment) CPT (64566)	N	N	N	5/10/2019
Electrical stimulation/diathermy (pulsed) — knee osteoarthritis (E.g., BioniCare®BIO-1000, OrthoCor Active Knee System) HCPCS (E0762)	N	N	N	6/14/2019
Electrical stimulation — perianal for fecal incontinence (See also Fecal Incontinence Treatment) CPT (No specific code)	N	N	N	5/10/2019
Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for acute postoperative pain, chronic pain other than low back pain and chronic low back pain Note: TENS coverage for Medicaid members is restricted solely to osteoarthritis of the knee. The above indications are covered for Commercial and Medicare members commensurate with Noridian LCD for Transcutaneous Electrical Nerve Stimulators (TENS) CPT (No specific code [64550 del.01/01/2019]) HCPCS (A4557, A4595, E0730, E0731, E0720)	Y	Y	SEE NOTE	6/14/2019
Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for nausea HCPCS (A4558, E0765)	N	Y	Y	6/14/2019
Electrical stimulation — transcutaneous electrical nerve stimulation [TENS) for migraine prophylaxis (E.g., Cefaly® TENS) HCPCS (No specific code)	N	N	N	6/14/2019
Electrical stimulation — wounds (See also Local NGS LCD: Outpatient Physical and Occupational Therapy Services) HCPCS (E0769, G0281)	N	Y	Y	6/14/2019
Electrogastrography as a diagnostic tool for gastroparesis or functional dyspepsia CPT (91132, 91133) Note: Covered for Medicare eff. 10/12/19	N	Y	N	6/14/2019
Electromagnetic therapy for wounds (See also Local NGS LCD: Outpatient Physical and Occupational Therapy Services) HCPCS (G0295, G0329, E0761)	N	Y	N	6/14/2019
Electroretinography (ERG) with interpretation and report, pattern (PERG) CPT (0509T eff. 01/01/2019)	Y	Y	Y	12/14/2018
Electronic nicotine delivery systems for smoking cessation (ENDS) CPT (No specific code)	N	N	N	6/14/2019

<p>Embolization of ovarian and Internal Iliac veins for pelvic congestion syndrome (PCS) CPT (36012, 37241, 75894, 75898)</p>	N	N	N	1/11/2019
<p>Endomechanical ablative approach for varicose vein treatment/endovenous mechanochemical ablation (MOCA) (E.g., ClariVein™ Catheter) (See also Varicose Vein Treatment) CPT ([0524T eff. 01/01/2019], 36473, 36474)</p>	N	Y	N	3/8/2019
<p>Endoscope, retrograde imaging/illumination colonoscope device (implantable) (E.g., Third Eye® Panoramic™ Device for Colonoscopy) CPT (44799)</p>	N	N	N	6/14/2019
<p>Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (e.g., brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral (E.g., Endo PAT 2000) CPT (0337T del. 01/01/2019], 93998)</p>	N	N	N	6/14/2019
<p>Endovascular Iliac atherectomy for peripheral arterial disease (E.g., Zenith® Branch Endovascular Graft-Iliac Bifurcation with the H & L-B One-Shot™) CPT (0254T)</p>	N	N	N	6/14/2019
<p>Endovascular stent grafts — abdominal aortic aneurysms (AAA) (E.g., Aorfix™, AneuRx®, Zenith®, Excluder®, AFX and Powerlink®, Talent™, OVATION Abdominal Stent Graft System, Endurant®) Note: Coverage is applicable only FDA-approved grafts utilized per labeled indications. The plan considers the following investigational: Fenestrated and branched endografts Implanted pressure sensors for the detection of endoleaks CPT (34701, 34702, 34703, 34705, 34706, 34709, 34812, 34820) Note: Non-covered codes pertaining to fenestrated grafts: CPT (34839, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)</p>	Y	Y	Y	6/14/2019
<p>Endovascular stent grafts — thoracic aortic aneurysms (TAA) (limited to descending type only) (E.g., GORE TAG Thoracic Endoprosthesis, Valiant® Thoracic Stent Graft with the Captiva Delivery System) Note: Coverage is applicable only FDA-approved grafts utilized per labeled indications. The following are considered investigational: § Treatment of aneurysms of the ascending aorta/aortic arch § Treatment of aortic dissections/traumatic aortic transections § Implanted pressure sensors for the detection of endoleaks CPT (33880, 33881, 33883, 33884, 33886, 34710, 34711, 75956, 75957, 75958, 75959)</p>	Y	Y	Y	6/14/2019

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 CPT (0505T eff. 07/01/2018)	N	N	N	5/10/2019
Enfant® Pediatric VEP Vision Testing System for infants > 6 months of age and pre-school children (See also Visual Evoked Potential Testing for Pediatric Populations in the Primary Care Setting) CPT (95930)	Y	Y	Y	3/8/2019
Engauge-Cancer-DLBCL gene expression assay for risk stratification / treatment of for B-cell lymphoma (measuring expression of LMO2 and CD137) CPT (81479, 81599, 84999)	N	N	N	6/14/2019
Epidermal nerve fiber density test for the diagnosis of small fiber neuropathy CPT (88356)	Y	Y	Y	6/14/2019
Epiretinal radiation for wet age-related macular degeneration (placement of intraocular radiation source applicator) CPT ([0190T del. 01/01/2019], 67299)	N	N	N	6/14/2019
Erectile dysfunction and penile prostheses CPT (54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417) HCPCS (Medicare benefit discontinuance of L7900 and L7902 for the vacuum pump and ring eff. 07/1/2015)	Y	SEE NOTE	Y	6/14/2019
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) CPT (95012, 83987) Note: CPT 95012 is covered for Medicare eff. 10/12/19	N	Y	N	1/11/2019
Extracorporeal immunoabsorption using Protein A columns (ProSORBA®) for ITP/rheumatoid arthritis CPT (No specific code)	Y	Y	Y	6/14/2019
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) CPT (0405T)	N	N	N	6/14/2019

<p>Extracorporeal shockwave therapy for chronic epicondylitis</p> <p>CPT (0102T)</p> <p>Note: Coverage discontinued for Medicare members eff. 01/01/2016</p>	N	N	N	6/14/2019
<p>Extracorporeal shockwave therapy for chronic plantar fasciitis</p> <p>CPT (28890)</p> <p>Note: Note: Covered for Medicare eff. 10/12/19</p>	N	Y	N	6/14/2019
<p>Extracorporeal shockwave therapy for integumentary wound healing, high energy</p> <p>CPT (0512T, 0513T eff. 01/01/2019)</p>	N	N	N	12/14/2018
<p>Extracorporeal shockwave therapy for musculoskeletal indications (including erectile dysfunction [e.g., Gainswave®]) other than epicondylitis or plantar fasciitis</p> <p>CPT (55899, 0101T [high energy])</p>	N	N	N	6/14/2019
<p>Extra-osseous subtalar joint for talotarsal stabilization</p> <p>CPT (0335T)</p> <p>HCPCS (S2117)</p>	N	N	N	6/14/2019
<p>Facet joint arthroplasty (replacement)</p> <p>CPT (0202T)</p>	N	N	N	6/14/2019
<p>Fetal fibronectin testing</p> <p>CPT (82731)</p>	Y	Y	Y	6/14/2019
<p>Fecal microbiota transplant (FMT) for recurrent C difficile infection (RCDI)</p> <p>CPT (44705)</p> <p>HCPCS (G0455)</p>	Y	Y	Y	4/13/2018
<p>FENIX™ Continence Restoration System</p> <p>Note: The Fenix is an investigational mechanical compression device that is FDA-approved as a humanitarian device exemption (HDE) for fecal incontinence in patients who are not candidates for or have previously failed conservative treatment and less invasive therapy options (e.g., bulking agents, radiofrequency ablation, sacral nerve stimulation). Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis.</p> <p>CPT (No specific code)</p>	SEE NOTE	SEE NOTE	SEE NOTE	6/14/2019
<p>Fluorescein angiography — anterior segment imaging with interpretation and report (only when performed by ophthalmologist)</p> <p>CPT (92287)</p>	Y	Y	Y	6/14/2019
<p>Fractional ablative laser fenestration of burn and traumatic scars for functional improvement of infants and children</p> <p>CPT (0479T, 0480T)</p>	N	N	N	12/14/2018
<p>Gait motion analysis (aka comprehensive motion analysis studies) for evaluation musculoskeletal function</p> <p>(E.g., cerebral palsy, meningomyelocele, traumatic brain injury, incomplete quadriplegia, spastic hemiplegia, spastic diplegia)</p> <p>CPT (96000, 96001, 96002, 96003)</p>	Y	Y	Y	6/14/2019
<p>Galectin-3 testing for congestive heart failure</p>	N	N	N	6/14/2019

CPT (82777)				
Gastric pacing— Enterra™ Therapy System (aka gastric electrical stimulation [GES]) for chronic, intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology (See also Gastric Electrical Stimulation) CPT (43647, 43648, 43881, 43882, 64590, 64595) HCPCS (E0765)	Y	Y	Y	12/14/2018
Gene expression profiling — AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation 2 [FRAXE]) CPT (81171, 81172 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — ASXL1 for myelodysplastic syndrome, myeloproliferative neoplasms and chronic myelomonocytic leukemia (See also Gene Expression Profiling and Molecular Pathology LCD) CPT (81175, 81176)	N	Y	N	9/14/2018
Gene expression profiling — ATXN8OS (ATXN8 opposite strand [non-protein coding]) (e.g., spinocerebellar ataxia) gene CPT (81182 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — brain malformations (E.g., Comprehensive Brain Malformations Next Generations Sequencing Panel (GeneDx) (Gene Expression Profiling) CPT (81405, 81406, 81407, 81408)	N	N	N	12/14/2018
Gene expression profiling — breast cancer Breast Cancer Index [81479], (Biotheranostics), EndoPredict® (Myriad), MammaPrint® (Agendia), OncoType® DX (Genomic), Oncotype DX® DCIS (Genomic — covered for Medicare-covered only), Prosigna™ (NanoString Technologies), HERmark® (Integrated Oncology LabCorp Specialty Group — covered for Medicare-covered only) (See also Gene Expression Profiling and Biomarker Testing for Breast Cancer) CPT ([81518 eff. 01/01/2019] 81519, 81520, 81521) HCPCS (S3854 for Commercial)	Y	Y	Y	3/8/2019
Gene expression profiling — breast cancer (<i>other than</i> Breast Cancer Index [81479], MammaPrint®, OncoType [81519] and Prosigna) (E.g., BreastOncPx™ [Integrated Oncology LabCorp Specialty Group], Blueprint® [Agendia], Breast Cancer Gene Expression Ratio [Quest Diagnostics], HERmark® [Integrated Oncology LabCorp Specialty Group — not covered for Commercial and Medicaid], Mammostrat [Genomic], Oncotype DX® DCIS [Genomic — not covered for Commercial or Medicaid], Rotterdam Signature; SYMPHONY™ Personalized Breast Cancer Genomic Profile [Agendia]) (See also Gene Expression Profiling and Biomarker Testing for Breast Cancer) CPT (81519 all LOBs) HCPCS (S3854 for Commercial) Note: CPT codes 81432 and 81433 for hereditary breast cancer disorders are <u>not</u> considered medically necessary	N	N	N	3/8/2019

<p>Gene expression profiling — bronchial lesions, to identify members with clinical low- or intermediate-risk of malignancy after a non-diagnostic bronchoscopy</p> <p>(E.g., Percepta Bronchial Genomic Classifier [Veracyte, Inc.]</p> <p>(See also Gene Expression Profiling or Percepta® Bronchial Genomic Classifier LCD for Medicare members)</p> <p>CPT (81479)</p>	N	Y	N	6/14/2019
<p>Gene expression profiling — clonoSEQ assay</p> <p>(See also Medicare LCD: Clonoseq® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies)</p> <p>CPT (81479)</p>	N	Y	N	2/8/2019
<p>Gene expression profiling — colon cancer (including Septin9 [Sept9] DNA analysis for early detection of colorectal cancer)</p> <p>(E.g., ColoVantage [Quest], Epi proColon [Epigenomics], GeneFx® Colon [Precision Therapeutics], ColoNext™ [Ambry], OncoType® DX [Genomic])</p> <p>Note: Medicare members are covered for Oncotype only</p> <p>(See also Local Coverage Article: Oncotype DX Colon Cancer Assay for Medicare and Gene Expression Profiling)</p> <p>CPT (81525, 81327)</p>	N	SEE NOTE FOR SPECIFIC TESTS	N	2/8/2019
<p>Gene expression profiling — coronary artery disease</p> <p>(E.g., Corus® CAD test [CARDIODX])</p> <p>(See also Gene Expression Profiling and Noncoverage LCD: MoIDX Assay for Medicare effective 11/5/2018)</p> <p>Note: The noncoverage effective date for EmblemHealth's Medicare members is December 12, 2018</p> <p>CPT (84999, 81493)</p>	N	N	N	10/12/2018
<p>Gene expression profiling — CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene</p> <p>CPT (81184, 81185, 81186 eff. 01/01/2019)</p>	Y	Y	Y	12/14/2018
<p>Gene expression profiling — CNBP (CCHC-type zinc finger nucleic acid binding protein) (e.g., myotonic dystrophy type 2) gene</p> <p>CPT (81187 eff. 01/01/2019)</p>	Y	Y	Y	12/14/2018
<p>Gene expression profiling — CSTB (cystatin B) (e.g., Unverricht-Lundborg disease)</p> <p>CPT (81188, 81189, 81190 eff. 01/01/2019)</p>	Y	Y	Y	12/14/2018
<p>Gene expression profiling — Envisia Genomic Classifier for idiopathic pulmonary fibrosis (IPF)</p> <p>(See MoIDX LCD: ENVISIA, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test)</p> <p>CPT (81479)</p>	N	Y	N	5/10/2019
<p>Gene expression profiling — F9 (coagulation factor IX) (e.g., hemophilia B), full gene sequence</p> <p>(See also Gene Expression Profiling)</p>	N	SEE NOTE	N	12/14/2018

Note: Medicare Molecular Pathology LCD Group 3 noncovered code CPT (81238)				
Gene expression profiling — functional disorders, next generation sequencing (E.g., theraSEEK Sequence Analysis for Functional Disorders [Courtagen Life Sciences Inc.]) CPT (81404, 81405, 81406, 81408)	N	N	N	4/12/2019
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 (See also Gene Expression Profiling) CPT (81247, 81248, 81249)	Y	Y	Y	12/14/2018
Gene expression profiling — heart transplant rejection (E.g., AlloMap® [CareDx]) (MCG # ACG: A-0623 [AC]) CPT (81595, 86849 unlisted immunology)	Y	Y	Y	4/12/2019
Gene expression profiling — melanoma (E.g., DecisionDx [Castle Biosciences], myPath® [Myriad]) Note: DecisionDx-UM for uveal melanoma is covered for Medicare members per LCD: Decision Dx-UM MCG #s: § ACG: A-0601 (AC) § ACG: A-0670 (AC) § ACG: A-0836 (AC) § ACG: A-0837 (AC) CPT (81479, 81504, 81599, 84999, 88299)	N	SEE NOTE	N	5/10/2019
Gene expression profiling — microbial pathogens (E.g., DecodEx Microbial Genetic Identification [PathoGenius]) (See also Gene Expression Profiling) CPT (87801)	N	N	N	10/12/2018
Gene expression profiling — myeloma (E.g., MyPRS™ Myeloma Prognostic Risk Signature™ [Signal Genetics]) (See also Gene Expression Profile Testing for Multiple Myeloma) CPT (81479, 81504, 81599, 84999, 86849, 88299)	N	N	N	10/12/2018
Gene expression profiling — narcolepsy (I.e. HLA-DQB1*06:02 typing) (See also Medicare LCD: MoIDX: HLA-DQB1*06:02 Testing for Narcolepsy and NGS Local Coverage Article: Molecular Pathology Procedures-Related to Molecular Policy Procedures LCD) CPT (81383)	N	N	N	8/17/2018
Gene expression profiling — AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis CPT (81173, 81174, 81204)	N	N	N	12/14/2018
Gene expression profiling — ATXN1 (ataxin 1) (e.g., spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (e.g., expanded) alleles	Y	Y	Y	12/14/2018

CPT (81178, 81179, 81180, 81181, 81183)				
Gene expression profiling — DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis CPT (81234, 81239 eff. 01/01/2019)	Y	N	Y	12/14/2018
Gene expression profiling — EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis CPT (81236, 81237 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — FXN (frataxin) (e.g., Friedreich ataxia) gene analysis CPT (81284, 81285, 81286, 81289 eff. 01/01/2019)	Y	N	Y	12/14/2018
Gene expression profiling — HTT (huntingtin) (e.g., Huntington disease) gene analysis CPT (81271, 81274 eff. 01/01/2019)	Y	N	Y	12/14/2018
Gene expression profiling — MYD88 (myeloid differentiation primary response 88) (e.g., Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant CPT (81305 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) to guide therapeutic decision-making (See also Gene Expression Profiling and Molecular Pathology LCD) CPT (81310)	N	Y	N	7/12/2019
Gene expression profiling — NUDT15 (nudix hydrolase 15) (e.g., drug metabolism) gene analysis CPT (81306 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — PABPN1 (poly[A] binding protein nuclear 1) (e.g., oculopharyngeal muscular dystrophy) gene analysis CPT (81312 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — BTK (Bruton's tyrosine kinase), PLCG2 (phospholipase C gamma 2) (e.g., chronic lymphocytic leukemia) gene analysis CPT (81320 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (e.g., spinocerebellar ataxia) gene analysis CPT (81343 eff. 01/01/2019)	Y	Y	Y	12/14/2018
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) CPT (81334)	N	Y	N	9/14/2018

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 CPT (81329, 81336, 81337 eff. 01/01/2019)	Y	N	Y	12/14/2018
Gene expression profiling — TBP (TATA box binding protein) (e.g., spinocerebellar ataxia) gene analysis CPT (81344 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing (TRB@ [T cell antigen receptor beta/TRG@ T cell antigen receptor GAMMA]) (See also Gene Expression Profiling) Note: TCR gene rearrangement testing may be indicated for 1 or more of the following: § Diagnosis of mycosis fungoides or Sezary syndrome § Diagnosis of T-cell lymphoma, as indicated by all: ○ Neoplastic T-cell lymphoproliferative disorder suspected ○ Nondiagnostic or equivocal clinical, pathologic, and immunophenotyping findings CPT (81340, 81341, 81342)	SEE NOTE	SEE NOTE	SEE NOTE	2/8/2019
Gene expression profiling — TERT (telomerase reverse transcriptase) (e.g., thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis CPT (81345 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — TGFBI (transforming growth factor beta-induced) (e.g., corneal dystrophy) gene analysis CPT (81333 eff. 01/01/2019)	Y	Y	Y	12/14/2018
Gene expression profiling — thyroid nodules of indeterminate cytology (E.g., Afirma® Thyroid FNA Analysis [Veracyte], ThyGenX [Interpace Diagnostics™, LLC; test formerly known as the miRInform® from Asuragen], ThyraMIR Thyroid miRNA classifier [Interpace], Thyroid FNA Cytomorphology with Molecular Reflex [Quest offering discontinued], ThyroSeq next generation sequencing [University of Pittsburg]) (See also Gene Expression Profiling) CPT (81545)	Y	Y	Y	6/14/2019
Gene/biomarker expression profiling for prostate cancer (E.g., 4Kscore® Test [OPKO]; IsoPSA™ [Cleveland Clinic]; ConfirmMDx [MDxHealth]; Decipher [GenomeDX Biosciences Corp]; OncoType® DX [Genomic]; Prolaris® [Myriad]; ProMark® [Metamark Genetics]) Note: § ConfirmMDx is covered for <u>Medicare only</u> per LCD: ConfirmMDx Epigenetic Molecular Assay § Decipher® Prostate is covered for <u>all lines of business</u> using criteria from LCD: Decipher® Prostate Cancer Classifier Assay for Men with Very Low and Low Risk Disease § Oncotype DX is covered for <u>all lines of business</u> using criteria from LCD: Oncotype DX® Prostate Cancer Assay for Men with Favorable Intermediate Risk Prostate Cancer § Oncotype DX AR-V7 Nucleus for Medicare members ONLY; see Oncotype DX AR-V7 Nucleus Detect for Men with Metastatic Castrate Resistant Prostate Cancer	SEE NOTE FOR SPECIFIC TESTS	SEE NOTE FOR SPECIFIC TESTS	SEE NOTE FOR SPECIFIC TESTS	5/10/2019

<p>§ Prolaris® Prostate Cancer is covered for <u>all lines of business</u> using criteria from LCD: Prolaris™ Prostate Cancer Genomic Assay or LCD: Prolaris™ Prostate Cancer Genomic Assay for Men with Favorable Intermediate Risk Disease</p> <p>§ ProMark® Proteomic Prognostic Test is covered for <u>all lines of business</u> using criteria from LCD: ProMark Risk Score</p> <p>§ 4Kscore Assay is covered for <u>Medicare members ONLY</u>; see LCD: Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81479, [81539 4Kscore® Test only], 81541, 81551, 81599)</p>				
<p>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</p> <p>Note: Therapies are noncovered for all indications with exceptions below when clinical criteria are met:</p> <p>§ Kymriah — covered for all lines of business per the KYMRIAH™ (tisagenlecleucel)</p> <p>§ Yescarta — covered for all lines of business per Yescarta (axicabtagene ciloleucel)</p> <p>CPT ([0537T, 0538T, 0539T, 0540T eff. 01/01/2019], [Q2040 del. 01/01/2019], [Q2041 eff. 04/01/2018])</p>	SEE NOTE	SEE NOTE	SEE NOTE	<p>7/13/2018 (Kymriah)</p> <p>3/30/2018 (Yescarta)</p>
<p>Gene therapy — Luxterna™ (voretigene neparvovec-rzyl) for biallelic mutation-associated retinal dystrophy</p> <p>Note: Luxterna is covered for Medicaid members per Luxterna™ (Voretigene neparvovec) — Medicaid</p> <p>HCPCS (J3490, J3590)</p>	N	N	SEE NOTE	7/26/2018
<p>Genetic testing — acute myeloid leukemia (AML) therapeutic management</p> <p>CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha [a]), full gene sequence analysis FLT3 gene analysis</p> <p>(See Also Medicare LCD Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases)</p> <p>CPT (81218) [CEBPA], 81245, 81246 [FLT3])</p>	Y	Y	Y	6/14/2019
<p>Genetic testing — acute promyelocytic leukemia</p> <p>Promyelocytic leukemia/retinoic acid receptor alpha (PML-RARA) fusion gene testing</p> <p>§ Diagnosis</p> <p>§ Documentation of molecular remission post consolidation therapy/documentation of molecular remission post therapy for relapse</p> <p>CPT (81315, 81316)</p>	Y	Y	Y	9/14/2018
<p>Genetic testing — age-related macular degeneration (AMD), risk-determination</p> <p>(E.g., Macular Degeneration Mutation Analysis [Quest], Macula Risk PGx [Arctic]; RetnaGene AMD [Sequenom], ARUP lab test offerings)</p> <p>(See also Genetic Counseling and Testing)</p> <p>CPT (81401, 81405, 81408)</p>	N	N	N	3/9/2018
<p>Genetic testing — Alzheimer's disease</p> <p>(E.g., apolipoprotein E [APO E-4], amyloid AB precursor gene, presenilin genes 1 and 2, ADmark® Alzheimer's Evaluation [Athena])</p>	N	N	N	11/9/2018

(See also Genetic Testing for Alzheimer's Disease) CPT (81401, 81405, 81406, 83520, 84999) HCPCS (S3852)				
Genetic testing — amyotrophic lateral sclerosis (ALS) SOD1 mutation CPT (81404) HCPCS (S3800) (See also Genetic Counseling and Testing)	N	N	N	4/12/2019
Genetic testing — analysis of PIK3CA status in tumor cells CPT (81404, 81479)	N	N	N	10/12/2018
Genetic testing — Bloom Syndrome, to confirm diagnosis and guide medical decision-making CPT (81209, 81412, 88245, 96040) HCPCS (S0265)	Y	Y	Y	9/14/2018
Genetic testing — breast cancer (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/CancerNext™ 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 eff. 01/01/2019, 81211, 81212, 81213, 81214 del. 01/01/2019], 81215, 81216, 81217, 81321)	Y	Y	Y	2/8/2019
Genetic testing — cadherin-1 (CDH1) for hereditary diffuse gastric cancer (HDGC) Note: Medically necessary when any of the following criteria is met § 2 gastric cases in a family, 1 confirmed diffuse gastric cancer (DGC) diagnosed before age 50 years § 3 confirmed cases of DGC in 1st- or 2nd-degree relatives independent of age § DGC diagnosed before age 40 years without a family history § Personal or family history of DGC and lobular breast cancer, 1 diagnosed before age 50 years CPT (81406, 81435, 81479)	Y	Y	Y	3/8/2019
Genetic testing — CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9 (See also, Gene Expression Profiling, Genetic Counseling and Testing and NGS Medicare Molecular Pathology Procedures LCD) CPT (81219)	Y	Y	Y	3/8/2019
Genetic testing — cancer of unknown primary (CUP) (aka tissue origin testing) (E.g., Tissue of Origin Test [TOO®] [Cancer Genetics Incorporated]; previously, ResponseDX [formerly Pathwork®] Tissue Origin Test [Response Genetics], Rosetta Cancer Origin Test™ [formerly miReview® mets] [Rosetta Genomics]) Note: § CancerTYPE ID is covered for Medicare members; see bioTheranostics Cancer TYPE ID § ResponseDX is covered for Medicare members; see ResponseDX Tissue of Origin Coding and Billing Guidelines	N	SEE NOTE FOR SPECIFIC TESTS	N	6/14/2019

(See also Gene Expression Profiling) CPT (81479, 81540)				
Genetic testing — cardiac ion channelopathies (i.e., Brugada syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia [CPVT], Long QT syndrome [LQTS], Short QT syndrome [SQTS]) MCG #s: § ACG: A-0594 (AC) § ACG: A-0607 (AC) § ACG: A-0636 (AC) § ACG: A-0831 (AC) § ACG: A-0833 (AC) § ACG: A-0834 (AC) § ACG: A-0918 (AC) CPT (81403, 81405, 81408, 81413, 81414) HCPCS (S3861 for Brugada)	Y	Y	Y	3/8/2019
Genetic testing — cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) Syndrome (MSG #ACG: A-0668 ([AC]) CPT (81406, 81599) HCPCS (G0452 [Medicare])	Y	Y	Y	2/8/2019
Genetic testing — colon cancer; fecal DNA (Cologuard) (See also Genetic Counseling and Testing , Medicare Decision Memo for Screening for Colorectal Cancer - Stool DNA , USPTF Colorectal Cancer Screening) Note: § Medicaid members are covered for Cologuard or alternate fecal DNA tests (e.g., ColoSure™ [LabCorp], PreGen-Plus™ [Exact Sciences]) For ColoSure™ use CPT code 81479 For PreGen-Plus™ use CPT code 81599 § QIAamp DNA Stool Mini Kit is not covered for all members CPT (81528)	Y	Y	Y	3/8/2019
Genetic testing — colorectal cancer/Lynch syndrome (aka hereditary nonpolyposis colorectal cancer HNPCC) (E.g. tests from Quest Labs, Colaris tests from Myriad Labs): FAP — testing for APC mutations (exclusive of the mutation at codon 11307K on the APC gene) HNPCC— testing for MLH1 & MSH2, MSH6, SH2, PMS2 mutations HNPCC — microsatellite instability analysis (also known as the replication error test) MYH-associated neoplasia or MAP (MYH genetic testing) (See also Genetic Testing for Colorectal Cancer/Lynch Syndrome, MYvantage® Hereditary Comprehensive Cancer Panel) CPT (81201, 81202, 81203, 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 81435, 81436)	Y	Y	Y	3/9/2018
Genetic testing — comparative genomic hybridization (CGH) microarray for chromosomal imbalance for the evaluation of chromosomal imbalances in patients suspected of having a genetic syndrome (i.e. have congenital anomalies, dysmorphic features, developmental delays, mental retardation, and/or other developmental disabilities)	Y	Y	Y	10/12/2018

<p>Various manufacturers; list not meant to be all-inclusive — Chromosomal Microarray Analysis (CMA) (Baylor College of Medicine Medical Genetics Laboratories:); Chromosome Microarray (Laboratory Corporation of America [LabCorp]); Clarisure™ (Quest Diagnostics Inc.); GenomeDx (GeneDx Inc.); Oligo HD Scan™, BAC HD Scan™, and Prenatal Scan™ (CombiMatrix Molecular Diagnostics [CMDX]); SignatureChipWG™, SignatureChipOS™, and SignaturePrenatalChip® (Signature Genomic Laboratories) (List not meant to be all-inclusive) — Chromosomal Microarray Analysis</p> <p>Note: The FirstStepDx PLUS genetic testing service for autism (Lineagen) CPT 81229, 81479 and 81243 is not covered</p> <p>(See also Chromosomal Microarray Analysis)</p> <p>CPT (81228, 81229, 88230, 88262)</p> <p>HCPCS (S3870)</p>				
<p>Genetic testing — craniosynostosis next generation sequencing (NGS) panel</p> <p>(E.g., Connective Tissue Gene Tests such as the Skeletal Dysplasia Ciliopathy NGS Panel)</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81479, 81405, 81404)</p>	N	N	N	2/8/2019
<p>Genetic testing — cystic fibrosis (general population screening in the absence of signs/symptoms)</p> <p>(MCG # ACG: A-0597 [AC])</p> <p>CPT (81220, 81221, 81222, 81223, 81224)</p>	N	N	N	10/12/2018
<p>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)</p> <p>(See also Carrier Screening for Parents or Prospective Parents)</p> <p>CPT (81220, 81221, 81222, 81223, 81224)</p>	Y	Y	Y	4/12/2019
<p>Genetic testing — cystic fibrosis (diagnostic use for suspected cystic fibrosis)</p> <p>(MCG # ACG: A-0597 [AC])</p> <p>CPT (81220, 81221, 81222, 81223, 81224)</p>	Y	Y	Y	10/12/2018
<p>Genetic testing — dementia</p> <p>(See also Genetic Testing for Frontotemporal Dementia (FTD))</p> <p>CPT (81406, 81479)</p>	N	N	N	10/12/2018
<p>Genetic testing — epilepsy, next generation sequencing (confirmatory diagnosis to identify familial mutations to allow carrier testing and prenatal diagnosis)</p> <p>(See also Genetic Counseling and Testing and Gene Expression Profiling)</p> <p>(E.g., NGS Epilepsy/Seizure Panel [Greenwood Genetic Center])</p> <p>CPT (81479)</p>	N	N	N	2/8/2019
<p>Genetic testing — Factor V Leiden mutation analysis</p> <p>(MCG #ACG: A-0600 ([AC])</p> <p>CPT (81241)</p>	Y	Y	Y	2/8/2019
<p>Genetic testing — familial hypertrophic cardiomyopathy</p> <p>(See also Hereditary Cardiomyopathy)</p>	Y	Y	Y	10/12/2018

CPT (81403, 81405, 81406, 81407, 81479) HCPCS (S3865, S3866) Note: CPT codes 81408 and 81439 are not covered (see also Molecular Pathology Procedures LCD)				
Genetic testing — Guanylyl cyclase c (GCC or GUCY2C) lymph node analysis for colorectal cancer staging (E.g., Previstage™ GCC) CPT (No specified code)	N	N	N	2/8/2019
Genetic testing — hereditary pancreatitis CPT (81222, 81223, 81224, 81401, 81404, 81479)	Y	Y	Y	10/12/2018
Genetic testing — hereditary retinal disorders (E.g., sequence analysis ≥ 15 genes including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, AND USH2A) (See also Genetic Counseling and Testing) CPT (81434)	N	N	N	4/12/2019
Genetic testing — Li-Fraumeni syndrome CPT (81404, 81405, 81479)	Y	Y	Y	10/12/2018
Genetic testing — Janus Kinase 2 (JAK2) V617F Gene Mutation Assay (MCG #ACG: A-0669 [AC]) CPT (81270, 81403)	Y	Y	Y	6/14/2019
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) CPT (0500T)	N	N	N	12/14/2018
Genetic testing — malignant melanoma (CDKN2A), hereditary risk (E.g., Melaris® [Myriad Genetics]) (See also Gene Expression Profiling of Melanomas) CPT (81404)	N	N	N	10/12/2018
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) CPT (81291)	N	N	N	10/12/2018
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™; OncoInsights™, etc.) (See also Gene Expression Profiling) Note the following tests are covered exceptions:	SEE NOTE	SEE NOTE	SEE NOTE	2/8/2019

<p>§ FoundationOne CDx — covered for Medicare members only per Next Generation Sequencing National Coverage Decision (NCD), effective March 16, 2018, when the NCD clinical criteria are met</p> <p>§ Guardant360®— covered for Medicare members only with Stage IIIB/IV non-small cell lung cancer (NSCLC) per Guardant360® LCD, effective August 27, 2018</p> <p>§ MYvantage® Hereditary Comprehensive Cancer Panel (Quest) — covered for all lines of business per MYvantage Medical Guideline</p> <p>CPT (81201*, 81202, 81203, [81211*, 81212, 81213*, 81214 del. 01/01/2019], 81215, 81216, 81217, 81292*, 81294*, 81295*, 81297*, 81298*, 81300*, 81317*, 81319*, 81402, 81404, 81406, 81432, 81433, 81435, 81436, 84999)</p> <p>*Denotes CancerNext™ coding</p>				
<p>Genetic testing — Noonan spectrum disorders</p> <p>(Sequence analysis panel, ≥ 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1)</p> <p>(MCG # ACG: A-0915 [AC])</p> <p>CPT (81442)</p> <p>Note: Change from noncovered to covered eff. 7/15/19</p>	Y	Y	Y	4/12/2019
<p>Genetic testing — NOTCH1, SF3B1 and BIRC3 prognostic genetic testing in chronic lymphocytic leukemia (CLL)</p> <p>(See also Genetic Counseling and Testing)</p> <p>CPT (81450, 81455, 81479)</p>	N	N	N	3/8/2019
<p>Genetic testing — NRAS mutation testing (neuroblastoma RAS viral, vras, oncogene homolog) to determine pharmacotherapy candidacy for the management of colorectal cancer</p> <p>(See also Genetic Counseling and Testing; for Medicare members, see NRAS Genetic Testing)</p> <p>CPT (81311)</p>	Y	Y	Y	3/8/2019
<p>Genetic testing — Panexia® (Myriad Genetics) for pancreatic cancer/other oncologic indications</p> <p>(See also and Gene Expression Profiling)</p> <p>CPT (81216, 81406)</p>	N	N	N	3/8/2019
<p>Genetic testing — Pediatric Neurology Region of Interest Trio (Claritas Genomics Inc.)</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81479)</p>	N	N	N	12/14/2018
<p>Genetic testing — peripheral neuropathies, inherited</p> <p>CPT (81324, 81325, 81326, 81448)</p> <p>(MCG # ACG: A-0691 [AC])</p> <p>Note: Change from noncovered to covered eff. 7/15/19</p>	Y	Y	Y	4/12/2019
<p>Genetic testing — presenilin-1 gene</p> <p>(See also Genetic Testing for Alzheimer's Disease and Genetic Counseling and Testing)</p> <p>CPT (No specific code)</p>	N	N	N	10/12/2018

<p>Genetic testing — pregnancy planning (screening for Fragile X Syndrome) (See also Carrier Screening for Parents or Prospective Parents) CPT (81243, 81244)</p>	Y	Y	Y	5/11/2018
<p>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)</p>	N	N	N	12/14/2018
<p>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) CPT (81200, 81205, 81209, 81220, 81221, 81222, 81223, 81225, 81241, 81242, 81243, 81244, 81250, 81251, 81252, 81253, 81255, 81256, 81257, 81260, 81290, 81291, 81330, 81332, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81479, [81443 eff. 01/01/2019])</p>	N	N	N	4/12/2019
<p>Genetic testing — pregnancy planning; cell-free DNA non-invasive prenatal testing (NIPT) for high risk pregnancies (E.g., Harmony™ [Ariosa Diagnostics]; MaterniT21™ [Sequenom], Panorama™ [Natera], QNatal Advanced™ [Quest preferred lab], Verifi® [Illumina]) Note: Considered medically necessary for aneuploidy testing only MCG #s: § ACG: A-0724 (AC) § ACG: A-0847 (AC) § ACG: A-0848 (AC) § ACG: A-0849 (AC) § ACG: A-0850 (AC) CPT (81420, 81422, 81507, 81599, 84999)</p>	SEE NOTE	SEE NOTE	SEE NOTE	6/14/2019
<p>Genetic testing — prostate cancer antigen 3 gene (PCA 3) screening for prostate cancer (See also Genetic Counseling and Testing) Note: PCA3 testing is considered medically necessary for Medicare members only when all biopsies in previous encounter(s) are negative for prostatic cancer, the subsequent prostate specific antigen (PSA) is rising, and when the patient or physician wants to avoid repeat biopsy (“watchful waiting”). The PROGENSA® PCA3 test (Hologic®) is covered for Medicare members only when all biopsies in previous encounter(s) are negative and when the patient or physician wants to avoid repeat biopsy (watchful waiting). CPT (81313) HCPCS (S3721)</p>	N	SEE NOTE	N	3/8/2019
<p>Genetic testing — PTEN hamartoma tumor syndrome (PHTS)</p>	Y	Y	Y	11/9/2018

(Cowden syndrome [CS], Bannayan-Riley-Ruvalcaba syndrome [BRRS] and Adult Lhermitte Duclos disease (ALDD) CPT (81321, 81322, 81323)				
Genetic testing — Saethre-Chotzen Syndrome (TWIST) Sequencing and MLPA (Greenwood Genetic Center) (See also Gene Expression Profiling and Genetic Counseling and Testing) CPT (81403, 81404)	N	N	N	1/11/2019
Genetic testing — SLC01B1 genotyping for statin dosing or selection (See also Medicare Molecular Pathology LCD) CPT (81328)	N	N	N	7/12/2019
Genetic testing — SHOX-related short stature (See also Gene Expression Profiling and Genetic Counseling and Testing) CPT (81479)	Y	Y	Y	10/12/2018
Genetic testing — statin-induced myopathy CPT (81400)	N	N	N	11/9/2018
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	2/8/2019
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) CPT (81405, 81408, 81410, 81411, 81479) Note: The effective date for positive coverage of 81410 and 81411 is 7/15/19	Y	Y	Y	4/12/2019
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) CPT (81450)	N	Y	N	3/8/2019
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)	N	N	N	7/12/2019

CPT (81252, 81253, 81254, 81430, 81431)				
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	3/8/2019
GlucoWatch® Automatic Glucose Biographer (No longer marketed in the U.S.) HCPCS (S1030, S1031)	N	N	N	6/14/2019
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
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 CPT (0085T)	SEE NOTE	N	SEE NOTE	10/12/2018
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 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 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 CPT (81258, 81259, 81269)	Y	Y	Y	12/14/2018
HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (e.g., HbS, HbC, HbE) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	N	N	N	12/14/2018

CPT (81361, 81362, 81363, 81364)				
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. CPT (86803) HCPCS (G0472)	Y	Y	Y	6/14/2019
High frequency chest wall oscillation devices (compression vest) HCPCS (A7025, A7026, E0483) CPT (94669)	Y	Y	Y	6/14/2019
High intensity focused ultrasound (HIFU) for prostate cancer CPT (55899, 76999)	N	N	N	1/11/2019
High resolution anoscopy for detecting anal intraepithelial neoplasia — diagnostic adjunct in follow up of abnormal cytology CPT (46601, 46607)	Y	Y	Y	6/14/2019
High resolution anoscopy for detecting anal intraepithelial neoplasia — screening high risk members CPT (46601, 46607) Diagnosis codes (Z12.12, Z12.89, Z12.89)	N	N	N	6/14/2019
High resolution esophageal pressure topography (motility study) stand-alone or combined with stimulation and/or acid or alkali perfusion CPT (91299)	N	N	N	10/12/2018
HIV genotyping (E.g., HIV-1 Genotype [Quest Diagnostics]; HIV-1 TrueGene™ [Visible Genetics]; ViroSeq™ [Abbott Laboratories]) CPT (87901, 87906)	Y	Y	Y	6/14/2019
HIV phenotyping (E.g., PhenoSense™, Phenoscript™) CPT (87903, 87904, 87900) Note: While CPT code 87900 is relevant to phenotyping, it is also applicable to alternate viral infections	Y	Y	Y	6/14/2019
Holotranscobalamin (HoloTC) biomarker lab test for Vitamin B-12 deficiency CPT (No specific code)	N	N	N	7/12/2019
Home nocturnal penile tumescence testing (RigiScan® Monitor) CPT (54250)	Y	Y	Y	7/12/2019
Home prothrombin time/international normalized ratio (INR) monitoring for anticoagulation management CPT (93792, 93793)	Y	Y	Y	7/12/2019

HCPCS (G0248, G0249, G0250)				
Home uterine activity monitoring CPT (99500, S9001)	Y	Y	Y	7/12/2019
Human growth hormone for idiopathic short stature (TEV-TROPIN®) HCPCS (J2940, J2941, S9558, Q0515)	Y	Y	N	7/12/2019
Human papilloma virus (HPV) DNA testing with cytology co-testing for cervical cancer CPT (87623, 87624, 87625)	Y	Y	Y	6/14/2019
Human platelet antigen (HPA) genotyping <ul style="list-style-type: none"> § 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) § 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 IIb 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)	Y	Y	Y	1/11/2019
HPV DNA testing as primary screening (E.g., cobas® HPV) CPT (87623, 87624, 87625)	N	N	N	7/12/2019
Hyaluronate injections for osteoarthritis of the knee CPT (20610) HCPCS (J7321, J7323, J7324, J7325, J7326, J7327, J7328)	Y	Y	N	1/1/2019
Hyperbaric Oxygen Therapy CPT (99183) HCPCS (G0277)	Y	Y	Y	6/14/2019

<p>Hyperthermia (whole-body) for cancer</p> <p>Note: in addition to whole body, the use of intraluminal, endocavitary, interstitial and regional deep tissue hyperthermia exceeding 4 cm in depth is investigational</p> <p>(See also Hyperthermia Treatment for Cancer)</p> <p>CPT (77605, 77615, 77620)</p>	N	N	N	1/11/2019
<p>Hypothermia — selective head or total body in neonates ≤ 28 days for treatment of moderate or severe hypoxic ischemic encephalopathy (HIE)</p> <p>CPT (99184)</p>	Y	Y	Y	7/12/2019
<p>Hysteroscopic techniques for sterilization</p> <p>(E.g., Essure™ Coil Sterilization)</p> <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. (FDA Activities: Essure)</p> <p>CPT (58565)</p> <p>HCPCS (A4264)</p>	SEE NOTE	SEE NOTE	SEE NOTE	12/20/2018
<p>iBOT Mobility System® (standard feature)</p> <p>Note: Additional features for balance, stair-climbing and remote functions are not considered medically necessary.</p> <p>HCPCS (K0877)</p>	Y	Y	Y	6/14/2019
<p>IDH1 testing — IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (e.g., glioma), common variants (e.g., R132H, R132C)</p> <p>(See also IDH1 companion diagnostic for Tibsovo)</p> <p>Note: Medically necessary per Molecular Pathology LCD for specific ICD-10 c codes</p> <p>CPT (81120)</p>	N	SEE NOTE	N	12/14/2018
<p>IDH2 testing — IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (e.g., glioma), common variants (e.g., R140W, R172M)</p> <p>Note: Medically necessary per Molecular Pathology LCD for specific ICD-10 codes</p> <p>CPT (81121)</p>	N	SEE NOTE	N	12/14/2018
<p>Ilizarov bone lengthening technique</p> <p>CPT (20690, 20692, 20693, 20694, 20696, 20697)</p>	Y	Y	Y	1/11/2019
<p>Imaging — tactile breast by computer-aided tactile sensors</p> <p>(E.g., Breastview Visual Mapping System, iBreastExam)</p> <p>CPT (0422T)</p>	N	N	N	7/12/2019
<p>Impella RP System for circulatory assistance</p> <p>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.</p> <p>(See also The Impella® RP New Way to Treat Right Heart Failure Guide)</p> <p>CPT (33990, 33991)</p> <p>For removal or repositioning of the device, utilize CPT code (33992 or 33993)</p>	Y	Y	Y	5/10/2019

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 CMS National Coverage Determination (NCD) for Infusion Pumps CPT (62350, 62351, 62355, 62360, 62360, 62361, 62362, 62365, 62367, 62368, 62369, 62370, 95990, 95991, 96523) HCPCS (E0782, E0783, E0785, E0786, A4220)	Y	Y	SEE NOTE	6/14/2019
Implantable Miniature Telescope™ for macular degeneration (See also Medicare LCD: Implantable Miniature Telescope [IMT]) CPT (0308T) Note: Commercial and Medicaid coverage effective 9/14/2019	Y	Y	Y	6/14/2019
Immune cell function assays (E.g., Lymphocyte Stimulation, ImmuKnow®, CYLEX®, CU Index®, iSpot Lyme™) CPT (86352)	N	N	N	10/12/2018
Immunoglobulin heavy chain locus (IGH@) testing for acute lymphoblastic leukemia (ALL) and lymphoma, B-cell, to guide therapeutic decision making CPT (81261, 81262, 81263, 81264)	N	Y	N	9/14/2018
Inflow™ intraurethral valve pump HCPCS (A4335)	N	N	N	7/12/2019
Infrared heating pad system and replacement pads HCPCS (A4639, E0221)	N	N	N	7/12/2019
Injectable autologous myoblast cells for fecal incontinence (See also Fecal Incontinence Treatment) CPT (0277T, 0377T [Solesta®], 11950, 11951, 11952, 11954) HCPCS (L8605, L8699)	N	N	N	5/10/2019
Injectable autologous mesenchymal stem cells for fecal incontinence (See also Fecal Incontinence Treatment)CPT (0377T, 11950, 11951, 11952, 11954) HCPCS (L8605, L8699)	N	N	N	5/10/2019
Injectable autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation CPT (0481T)	N	N	N	12/14/2018
Injectable bulking agents for fecal incontinence (E.g., Solesta®) (See also Fecal Incontinence Treatment) CPT (0377T) HCPCS (J3490, L8605)	N	N	N	5/10/2019
Injectable bulking agents for vocal cord medialization HCPCS (L8607)	Y	Y	Y	6/14/2019

<p>Injection, Alemtuzumab (See also Campath® [alemtuzumab] or Lemtrada™ [alemtuzumab]) HCPCS (J0202)</p>	Y	Y	Y	5/1/2018 (Campath) 1/1/2019 (Lemtrada)
<p>Injection, isavuconazonium sulfate HCPCS (J1833)</p>	Y	Y	Y	6/14/2019
<p>Insulin — alternate controller enabled (ACD) infusion pump (e.g., Tandem Diabetes Care t:Slim X2 insulin pump) Note: See Insulin Delivery Devices and Continuous Glucose Monitoring Systems for clinical criteria HCPCS (E0784)</p>	Y	Y	Y	5/10/2019
<p>Insulin — continuous glucose monitoring (CGM) and insulin delivery devices (aka combination devices) Insulin — external insulin pumps (standard/programmable wireless, e.g., OmniPod®) Note: CGM using an implantable glucose sensor [e.g., Eversense® (CPT codes 0446T, 0447T and 0448T) is considered investigational See Insulin Delivery Devices and Continuous Glucose Monitoring Systems for coding and clinical criteria</p>	SEE NOTE	SEE NOTE	SEE NOTE	5/10/2019
<p>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) Note: See Insulin Delivery Devices and Continuous Glucose Monitoring Systems HCPCS (A9274)</p>	N	N	N	5/10/2019
<p>Insulin — internal insulin pumps CPT (49419 [also used for morphine and chemotherapeutic agents administration, only deny for a diabetic indication])</p>	N	N	N	7/12/2019
<p>Insulin — outpatient intravenous insulin treatment/therapy (Aka Cellular Activation Therapy [CAT], Chronic Intermittent Intravenous Insulin Therapy [CIIT], 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]) (See also CMS NCD for Outpatient Intravenous Insulin Treatment) HCPCS (G9147)</p>	N	N	N	7/12/2019
<p>Insulin — insulin potentiation therapy (IPT) for all indications (E.g., arthritis, cancers, infectious diseases) 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. CPT (82948, 96365, 96366, 99070) HCPCS (J1817, J7030, J7040, J7050)</p>	N	N	N	7/12/2019

<p>Intensity modulated radiation therapy (IMRT) — benign conditions (Specifically: Acoustic neuroma, craniopharyngioma, glomus tumor, hemangioblastoma, meningioma, pineocytoma, pituitary adenoma, schwannoma and cavernous malformations)</p> <p>(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)</p> <p>Note: For bone metastasis, IMRT may be approved where overlap with previous radiotherapy fields is likely to cause complications.</p> <p>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:</p> <p>Bladder cancer Bone Metastasis Carcinoma of the esophagus/gastroesophageal junction (GEJ) Gastric adenocarcinoma Kidney and adrenal cancers Pancreas adenocarcinoma</p> <p>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.</p> <p>For lung cancer, IMRT is not medically necessary; case-by-case considerations are as follows:</p> <ul style="list-style-type: none"> § 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 <p>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.</p> <p>CPT (77301, 77338, 77385, 77386, 77387, 77499)</p> <p>HCPCS (G6015, G6016, G6017)</p> <p>EmblemHealth does not consider injection/implantation of bulking/spacer material (with/without image guidance) to be medically necessary in conjunction with IMRT for prostate cancer [e.g., SpaceOAR®] for Commercial and Medicaid members. Medicare members are covered per LCD: Prostate Rectal Spacers)</p>	Y	Y	Y	1/11/2019
--	---	---	---	-----------

<p>Intensive behavioral program for diabetes prevention using a standardized curriculum in a group setting (See Nutrition Counseling Services for covered services/coding) CPT (0403T)</p>	N	N	N	1/11/2019
<p>Interferential current stimulator CPT (S8130, S8131)</p>	N	N	N	7/12/2019
<p>Intracellular micronutrient testing — all indications (Aka intracellular micronutrient analysis/functional intracellular analysis) Note: This differs from tests for individual micronutrients, which may be considered medically necessary when used to confirm suspected micronutrient deficiencies CPT (No specific code)</p>	N	N	N	7/12/2019
<p>Intracranial angioplasty — atherosclerotic post stroke/vasospasm post aneurysmal subarachnoid hemorrhage Atherosclerotic stenosis secondary to stroke (E.g., NEUROLINK® System, including NEUROLINK® Stent & Delivery Catheter and NEUROLINK® Balloon Dilatation Catheter; Wingspan® Trade Stent System with Gateway® Trade PTA Balloon Catheter) Vasospasm post aneurysmal subarachnoid hemorrhage (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]) 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) NEUROLINK® 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 > 50% stenosis and that are accessible to the stent system Wingspan Indicated for patients between 22 and 80 years old AND who meet all the following criteria: ≥ 2 strokes despite aggressive medical management most recent stroke occurred > 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. cPax Aneurysm Treatment System Indicated for adults (≥ 22 years of age) for wide-necked large and giant-sized cerebral aneurysms (>10) mm that require use of adjunctive assist-devices such as stents or balloons ENTERPRISE Vascular Reconstruction Device and Delivery System 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 ≥= 3 mm and ≤= 4 mm Low-Profile Visualized Intraluminal Support Device</p>	SEE NOTE	SEE NOTE	SEE NOTE	7/12/2019

<p>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</p> <p>Onyx® Liquid Embolic System (Onyx® HD-500)</p> <p>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</p> <p>CPT (61630, 61635, 61640, 61641, 61642)</p>				
<p>Intraocular lenses — new technology (multifocal, accommodating or toric lenses)</p> <p>(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™)</p> <p>HCPCS (Q1004, Q1005)</p>	N	N	N	7/12/2019
<p>Intraoperative assessment of surgical margins during breast-conserving surgery with radiofrequency spectroscopy or optical coherence tomography</p> <p>(E.g., MarginProbe®, RS-3000 Advance)</p> <p>CPT (0351T, 0352T, 0353T, 0354T, [0546T eff. 07/01/2019], 19499)</p> <p>HCPCS (A4649)</p>	N	N	N	3/8/2019
<p>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</p> <p>CPT (0523T eff. 01/01/2019)</p>	N	N	N	12/14/2018
<p>Intra-oral bone conduction prosthetic hearing devices (e.g., SoundBite™)</p> <p>(See also Bone anchored hearing aids)</p> <p>CPT (L9900)</p>	N	N	N	3/8/2019
<p>Intraoperative visual axis identification using patient fixation</p> <p>CPT (0514T eff. 01/01/2019)</p>	N	N	N	12/14/2018
<p>Intrapulmonary percussive ventilators (IPV)</p> <p>(See also High Frequency Chest Wall Oscillation Devices and Intrapulmonary Percussive Ventilators)</p> <p>HCPCS (E0481)</p>	N	N	N	6/14/2019
<p>Intrathecal opioid therapy for chronic non-malignant pain</p> <p>CPT (62350, 62351, 62355, 62360, 62361, 62362, 62365, 62367, 62368)</p> <p>HCPCS (E0785, J3490)</p>	Y	Y	Y	6/14/2019
<p>INVOcell™ Intravaginal Culture (IVC) system</p> <p>CPT (No specific code)</p>	N	N	N	12/14/2018
<p>Irreversible electroporation (IRE) for tumors</p> <p>(E.g., NanoKnife System)</p> <p>CPT (No specific code)</p>	N	N	N	1/11/2019
<p>ketamine (administered via oral, parenteral, sublingual or intranasal methods) for the treatment of psychiatric disorders</p> <p>CPT (96365, 96366, 96367, 96368, 96374, 96375, 96376)</p>	Y	Y	Y	3/8/2019

HCPCS (J3490)				
Koning Breast CT System (KBCT) CPT (76497)	N	N	N	7/12/2019
Kyphoplasty CPT (22513, 22514, 22515)	Y	Y	Y	6/14/2019
Lacrimal duct angioplasty (E.g., Lacricath®) CPT (68816)	Y	Y	Y	6/14/2019
Laparoscopic adjustable gastric silicone banding (E.g., LAP-BAND® Adjustable Gastric Banding [LAGB®] System, REALIZE™ Adjustable Gastric Band or any other FDA-approved device) (See also Bariatric Surgery) CPT (43770, 43771, 43772, 43773, 43774)	Y	Y	Y	6/14/2019
Laser — ablative, non-contact, full field and fractional ablation, open wound CPT (0491T, 0492T)	N	N	N	12/14/2018
Laser — benign prostatic hypertrophy/interstitial laser coagulation (ILC) (E.g., Indigo®) CPT (52647)	Y	Y	Y	6/14/2019
Laser — coronary angioplasty CPT (No specific code)	N	N	N	7/12/2019
Laser — in situ for keratomileusis (LASIK) HCPCS (S0800)	N	N	N	7/12/2019
Laser — laparoscopic CO2 laser ablation for endometriosis CPT (58578)	Y	Y	Y	6/14/2019
Laser — low level laser therapy / cold laser/ class III laser or high power laser therapy for all indications Note: Covered for confirmed diagnosis and pain or functional limitation from 1 or more of the following (MCG #ACG: A-0511): § Carpal tunnel syndrome § Lateral epicondylitis § Rheumatoid arthritis only CPT (S8948, no specific code for high power) Note: Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies (CPT 0552T eff. 07/01/19) is considered investigational	Y	Y	Y	7/12/2019
Laser — phototherapy for psoriasis (excimer laser UVB) (E.g., YAG, Blue light X-Trac) (See also Photodynamic Therapy for Dermatologic Conditions) CPT (96920, 96921, 96922)	Y	Y	Y	10/12/2018
Laser — phototherapy/ photochemotherapy for vitiligo (excimer laser UVB) (E.g., YAG, Blue light X-Trac)	SEE NOTE	SEE NOTE	DSEE NOTE	10/12/2018

(See also Photodynamic Therapy for Dermatologic Conditions) Note: Case-by-case consideration will be given for areas of the face, neck and hands only. CPT (96920, 96921, 96922, 96910, 96912)				
Laser — prostate ablation CPT (52647, 52648)	Y	Y	Y	6/14/2019
Laser — pulsed dye for cutaneous vascular lesions CPT (17106, 17107, 17108)	Y	Y	Y	6/14/2019
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) 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. CPT (62287, 64999) HCPCS (G0276) Note: This code must be used for Medicare members when services are provided in a blinded, randomized, controlled trial with a placebo procedure control arm	N	SEE NOTE	N	6/14/2019
Laser — varicose veins (endovenous laser ablation) (See also Varicose Vein Treatment) Note: Must be FDA-approved for noncosmetic indication(s); diode/Nd, YAG modalities with various wavelengths are acceptable CPT (36478, 36479)	Y	Y	Y	3/8/2019
Laser-induced thermotherapy for liver cancers No specific CPT (47399)	N	N	N	7/12/2019
Liquid-based cervical cytology (E.g., Thin Prep) CPT (88141, 88142) HCPCS (G0123, G0124)	Y	Y	Y	7/12/2019
Lumason contrast agent HCPCS (Q9950)	Y	Y	Y	7/12/2019
Lung volume reduction surgery (reduction pneumoplasty) CPT (32491) HCPCS (G0302, G0303, G0304, G0305)	Y	Y	Y	9/14/2018
Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report CPT (0506T eff. 07/01/2018)	N	N	N	5/10/2019
Magnetic Mini Mover Procedure (3MP) for the treatment of pectus excavatum (See also Surgical Correction of Chest Wall Deformities)	N	N	N	10/12/2018

CPT (No specific code)				
<p>Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement</p> <p>MRgFUS</p> <p>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</p> <p>CPT (0398T)</p>	N	SEE NOTE	N	2/9/2018
<p>Magnetic resonance spectroscopy</p> <p>(See also eviCore Head Imaging and Oncology Imaging policies)</p> <p>Note: Potentially appropriate only in the following clinical scenarios:</p> <p>Distinguish low grade from high grade gliomas</p> <p>Evaluate a brain lesion of indeterminate nature when the MRS findings will be used to determine whether biopsy/resection can be safely postponed</p> <p>Distinguish recurrent brain tumor from radiation necrosis as an alternative to PET</p> <p>Diagnosis of certain rare inborn errors of metabolism affecting the CNS (primarily pediatric patients)</p> <p>CPT (76390)</p>	SEE NOTE	SEE NOTE	SEE NOTE	7/12/2019
<p>Magnetoencephalography (MEG)/magnetic source imaging (MSI) for operative planning</p> <p>(MCG #ACG: A-0481 [AC])</p> <p>CPT (95965, 95966, 95967)</p> <p>HCPCS (S8035)</p>	Y	Y	Y	6/14/2019
<p>Mammography — 3D (tomosynthesis for breast cancer screening and diagnosis [e.g., Selenia® Dimensions® Digital Tomosynthesis System])</p> <p>CPT (77061, 77062, 77063)</p> <p>HCPCS (G0279)</p> <p>Note: Tomosynthesis coverage added to Commercial and Medicaid members, retro to 1/1/2017, per 2/27/2017 letter to insurers from the New York State Department of Financial Services.</p>	Y	Y	Y	3/8/2019
<p>Mammography — digital/computer-assisted detection systems</p> <p>(E.g., MammoReader or any other FDA-approved device)</p> <p>CPT (77065, 77066, 77067)</p>	Y	Y	Y	6/14/2019
<p>Measurement of spirometric forced expiratory flows and lung volumes for infants or children < 2yrs of age</p> <p>CPT (94011, 94012, 94013)</p>	Y	Y	Y	7/12/2019
<p>Mechanical Stretching Devices (see guideline for indications)</p> <p>Dynamic splinting devices</p> <p>(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.)</p> <p>CPT (29126, 29131, 29260, 29280)</p> <p>HCPCS (E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1820, E1821, E1825, E1830, E1831, E1399)</p>	Y	Y	Y	10/12/2018

<p>Metal on metal hip resurfacing (total or partial) (E.g., Birmingham Hip Resurfacing [BHR] System, CONSERVE® Plus Total Resurfacing Hip System, Cormet Hip Resurfacing System or any other FDA-approved devices) CPT (27130, 27125, 27132, 27134, 27137, 27138) HCPCS (S2118)</p>	Y	Y	Y	9/14/2018
<p>Microprocessor-controlled prosthetic knees (e.g., C-Leg/ Compact) (See also Noridian Medicare LCD: Lower Limb Prostheses) HCPCS (L5856, L5857, L5858)</p>	Y	Y	Y	6/14/2019
<p>Microvolt T-wave alternans testing for patients at risk for sudden cardiac death CPT (93025)</p>	Y	Y	Y	6/14/2019
<p>Microwave thermotherapy for chest wall recurrence of breast cancer CPT (19499)</p>	N	N	N	7/12/2019
<p>miRview™ meso (Rosetta Genomics) for differentiating malignant pleural mesothelioma from peripheral adenocarcinomas of the lung or metastatic carcinomas involving the lung pleura (See also Gene Expression Profiling) CPT (81479)</p>	N	N	N	10/12/2018
<p>Molecular Intelligence (Caris Life Sciences) tumor profiling (See also Gene Expression Profiling) CPT (81599, 81479)</p>	N	N	N	1/11/2019
<p>Monochromatic Infrared Energy (MIRE) for treatment of wounds CPT (97026)</p>	N	N	N	4/12/2019
<p>Myocardial sympathetic innervation imaging for the measurement of radioactive tracer 123Iodine meta-iodobenzylguanidine (MIBG) in heart failure patients (E.g., AdreView™ [Iobenguane I 123 injection]) CPT (0331T, 0332T)</p>	N	N	N	7/12/19
<p>MRI-guided focal laser ablation for prostate cancer (E.g., Visualase Laser Ablation System) CPT (No specific code)</p>	N	N	N	7/12/19
<p>Multi-component fecal analysis lab testing for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption or small intestinal bacterial overgrowth (E.g., Comprehensive Stool Analysis [Bio-Reference]) CPT (No specific code)</p>	N	N	N	7/12/19
<p>Nasal endoscopy, surgical; balloon dilation of eustachian tube (E.g., ACCLARENT AERA™ Eustachian Tube Balloon Dilation System) CPT (69799)</p>	N	N	N	10/12/2018
<p>Nasal implant for nasal airway obstruction due to stenosis of the lateral vestibule wall (E.g., Latera® Absorbable Nasal Implant)</p>	N	N	N	5/10/2019

CPT (30999) HCPCS (L8699)				
Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of Meibomian glands, unilateral or bilateral, with interpretation and report CPT (0507T eff. 07/01/2018)	N	N	N	5/10/2019
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) CPT (No specific code)	N	N	N	7/12/19
Near-infrared spectroscopy studies of lower extremity wounds (E.g., for oxyhemoglobin measurement) CPT (0493T)	N	N	N	7/12/19
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 CPT (64910, 64911) <i>Note: Covered for Medicare eff. 10/12/19</i>	N	Y	N	7/12/2019
Nerve grafting — sural nerve graft with radical prostatectomy CPT (64999, 55840, 55842, 55845)	N	N	N	10/1/2018
NeuRx DPS™, Diaphragm Pacing System for amyotrophic lateral sclerosis (ALS) 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 stimlatable 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. CPT (64575, 64580, 64585, 64590, 64595) HCPCS (C1778, C1816, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	SEE NOTE	SEE NOTE	SEE NOTE	7/12/19
Neuropsychiatric EEG-based Assessment Aid (NEBA) for the diagnosis of attention deficit hyperactivity disorder (ADHD) CPT (the following may be applicable: 95812, 95813, 95816, 95819, 95827)	N	N	N	7/12/19
Nerve blocks for primary or secondary headache (E.g., cluster, migraine, cervicogenic [i.e., occipital neuralgia], posttraumatic, etc.) (See also Pain Management) CPT (64405)	N	Y	N	1/11/2019
Neulasta® Onpro™ kit	Y	Y	Y	3/8/2019

CPT (96377)				
Neuroendocrine lab testing of saliva/urine for evaluating neurotransmitters/hormones CPT (No Specific Code)	N	N	N	2/8/2019
Neuropace® RNS® System for epilepsy CPT (61850, 61860, 61863, 61864, 61880, 61885, 61886, 61888, 95970, 95971) (See also Cortical Stimulation for Epilepsy [NeuroPace®]) HCPCS (L8686, L8688)	Y	Y	Y	9/14/2018
Neutron beam radiotherapy for cancer for salivary gland cancers that are inoperable, recurrent, or are resected with gross residual disease or positive margins CPT (77423)	Y	Y	Y	1/11/2019
Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study (E.g., Endosure Wireless Implantable System) CPT (No specific code)	N	N	N	7/12/19
Nonpenetrating deep sclerectomy CPT (66999)	N	N	N	7/12/19
Nuchal translucency screening in 1st trimester pregnancies CPT (76813, 76814)	Y	Y	Y	11/9/2018
Occipital nerve stimulation (ONS) /percutaneous electrical nerve stimulation (PENS) for occipital neuralgia/cervicogenic headache CPT (64999, 64555, 64575) Note: CPTs 64555 and 64575 are covered for Medicare eff. 10/12/19	N	N	N	7/12/19
Ocular — blood flow measurement CPT (0198T [by repetitive intraocular pressure sampling], 92499 [when used to report ocular flow measurement by other technique])	N	N	N	7/12/19
Ocular — photoscreening (e.g., MTI Photoscreener™) for the detection of eye disorders (See also Ocular Photoscreening eff. 7/15/19) CPT (99174, 99177)	Y	Y	Y	4/12/2019
Ocular — intraocular pressure monitoring ≥ 24 hours (E.g., SENSIMED Triggerfish®) CPT (0329T)	N	N	N	7/12/19
Ocular — intraocular tear film imaging (E.g., Ophtha Vision Imaging System, Tearscope-Plus, LipiView®) CPT (0330T)	N	N	N	7/12/19
OncoVantage™ Solid Tumor Mutation Analysis (Quest) (See also NGS LCD: Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms and Gene Expression Profiling)	N	Y	N	4/12/2019

CPT (81445)				
OP-1™ implant (bone morphogenetic protein 1) for recalcitrant long bone non-union fractures CPT (No specific code)	Y	Y	Y	6/14/2019
OPA1 gene sequencing (E.g., Optic Atrophy Evaluation [OPA1] Test for autosomal dominant optic atrophy and/or optic neuropathy [Athena Diagnostics]) (See also Gene Expression Profiling) CPT (81407)	N	N	N	7/12/19
Opioid antagonists under heavy sedation or general anesthesia as a technique for opioid detoxification (ultra rapid detoxification [UROD]) CPT (No specific code) HCPCS (H0047)	N	N	N	7/12/19
Optical coherence tomography — intraoperative axillary lymph node/ breast imaging/anterior segment ophthalmic imaging (E.g., RS-3000 Advance) CPT (92132 [anterior segment], 0351T, 0352T, 0353T, 0354T)	N	N	N	2/9/2018
Optical coherence tomography — intravascular, coronary native vessel or graft, diagnostic evaluation and/or therapeutic intervention (E.g., C7 Xr® Imaging System) CPT (92978) Note: § 92978 is covered for all members when used for intravascular ultrasound (IVUS) § 92978 is not covered for all members when used for optical coherence tomography (OCT)	N	N	N	2/8/2019
Optical coherence tomography — middle ear, interpretation and report CPT (0485T, 0486T)	N	N	N	2/8/2019
Optical coherence tomography — optic nerve, retina (See also Medicare LCD: Scanning Computerized Ophthalmic Diagnostic Imaging [SCODI]) CPT (92132, 92133, 92134)	Y	Y	Y	2/8/2019
Oral appliance therapy for obstructive sleep apnea (See also Obstructive Sleep Apnea Diagnosis and Treatment) CPT (E0485, E0486)	Y	Y	Y	2/8/2019
Oral cancer screening systems for detecting cancers of the esophagus, oral cavity, pharynx and larynx (E.g., OraICDx® BrushTest®, WATS3D [formerly known as EndoCDx], Vizilite™[Zila Inc.], VELscope® [LED Medical Diagnostics], Microlux™/DL [AdDent, Inc.], Orascope™ DK™ [Sybron Dental Specialties, Inc.], OraRisk® HPV Salivary Diagnostic Test [OralDNA Labs], TRIMIRA™ Identafi™ 3000 (TRIMIRA, LLC), Dentlight Oral Exam Light Kit [DentLight, Inc.]) CPT (31599, 40899, 41599, 42999, 43499)	N	N	N	5/10/2019
Osteochondral allografting — femoral condyles, knee, talus (See also Osteochondral Grafting)	Y	Y	Y	1/11/2019

CPT (27415, 28446)				
OV-Watch®/ovulation predictor kit (See also Assisted Reproductive Technologies and Infertility Services) CPT/HCPCS (No specific code)	N	N	N	7/12/19
Ovarian cancer — combined ovarian cancer biomarker tests (E.g., Overa [ASPIra Labs] aka Ova1™ [Vermillion]; OvaNext [Ambry Genetics]; Ovarian Cancer Focus Panel [Fulgent Genetics]; PreOvar [MiraDx]; ROMA™ [Fujirebio]) (See also Gene Expression Profiling , Genetic Counseling and Testing and Medicare LCD: Molecular Pathology Procedures) CPT ([81211, 81213 del.01/01/2019], 81292, 81294, 81295, 81297, 81298, 81300, 81317, 81319, 81479, 84999, 83001, 83002, 81503)	N	N	N	7/12/19
Ovarian cancer — proteomic analysis testing (E.g., OvaCheck™ [Quest Diagnostics]; OvaSure™ [withdrawn by LabCorp]) CPT (83789, 81503)	N	N	N	7/12/19
Palatal implants & stiffening procedures for obstructive sleep apnea (See also Obstructive Sleep Apnea Diagnosis and Treatment) CPT (No specific code; may report using 42299 unlisted procedure for the palate)	N	N	N	2/8/2019
Pancreatic islet cell transplantation for chronic pancreatitis CPT (48160, 48550)	Y	Y	Y	10/12/2018
Pancreatic islet cell transplantation for Type 1 diabetes (See also Medicare NCD for Islet Cell Transplantation in the Context of a Clinical Trial) HCPCS (G0341, G0342, G0343)	N	N	N	7/12/19
Per-oral endoscopic myotomy (POEM) for the treatment of swallowing disorders (e.g., achalasia) CPT (43499)	N	N	N	5/10/2019
Percutaneous sacral augmentation (sacroplasty) (injection with balloon or mechanical device) CPT (0200T, 0201T)	N	N	N	6/14/2019
Percutaneous mechanical thrombectomy (PMT) for deep vein thrombosis (DVT)/pulmonary embolism (PE) CPT (37187, 37188) <i>Note: Covered for Medicare eff. 10/12/19</i>	N	Y	N	10/12/2018
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 CPT (0553T eff. 07/01/2019)	N	N	N	6/14/2019
Peripheral nerve blocks for diabetic neuropathy (See also Peripheral Nerve Blocks for covered indications) CPT (64400–64450)	N	N	N	4/12/2019

<p>Periurethral bulking agents for urinary incontinence</p> <p>CPT (51715)</p> <p>HCPCS (L8603, L8604, L8606)</p>	Y	Y	Y	5/10/2019
<p>Pervenio™ Lung RS test (Life Technologies)</p> <p>(See also Gene Expression Profiling and Medicare (LCD): Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms)</p> <p>CPT (81445)</p>	N	Y	N	6/14/2019
<p>Pharmacogenetic testing for medication sensitivity to any drug (other than those listed as covered in the pharmacogenetic testing rows below)</p> <p>(E.g., CYP3A4, CYP3A5; CYP2C19 genotyping to predict response to Voriconazole [Vfend®], AmpliChip Cytochrome P450 Genotyping Test [Roche]; GeneSight® Psychotropic assay for neuropsychiatric disorders, etc. [Assurex Health])</p> <p>Note specific to Medicare members:</p> <p>Warfarin: See Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response</p> <p>GeneSight: See LCD GeneSight® Assay for Refractory Depression</p> <p>CPT (81225, 81226, 81227, 81291, 81355, 81401, 81479, 81230, 81231)</p> <p>HCPCS (G9143)</p>	N	SEE NOTE	N	7/12/2019
<p>Pharmacogenetic testing — BCR-ABL1 Mutation Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia for tyrosine kinase inhibitor resistance</p> <p>(E.g., MolecularMD MRDx™ for Tasigna™ [nilotinib])</p> <p>MCG #s:</p> <ul style="list-style-type: none"> § ACG: A-0759 (AC) § ACG: A-0771 (AC) <p>CPT (81170, 81206, 81207, 81208, 81401, 81403)</p>	Y	Y	Y	1/11/2019
<p>Pharmacogenetic testing — 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)</p> <p>(E.g., MEKINIST in combination with Tafinlar® [dabrafenib], Cotellic [cobimetinib]), [Zelboraf™ [vemurafenib], etc.)</p> <p>(See also BRAF Mutation Analysis)</p> <p>CPT (81210, 88363)</p>	Y	Y	Y	10/12/2018
<p>Pharmacogenetic testing — BRCA</p> <ul style="list-style-type: none"> § BRACAnalysis CDx <ul style="list-style-type: none"> · For women with breast cancer under consideration for treatment with Lynparza (olaparib) or Talzenna (talazoparib) · For women with ovarian cancer under consideration for treatment with Lynparza (olaparib) or Rubraca (rucaparib) · For women with ovarian cancer under consideration for treatment with Rubraca (rucaparib) <p>CPT (81211, 81213 del. 01/01/2019), 81162)</p>	Y	Y	Y	11/9/2018
<p>Pharmacogenetic testing — 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</p>	Y	Y	Y	10/12/2018

<p>[Gilotrif®], gefitinib [Iressa®] and osimertinib [Tagrisso™], dacomitinib [Vizimpro])</p> <p>(E.g., cobas® EGFR Mutation Test v2 [Roche], theascreen EGFR RGQ PCR Kit [Qiagen], KRAS Mutation Analysis [Quest], Oncomine™ Dx Target Test [Quest])</p> <p>(MCG #ACG: A-0795 ([AC])</p> <p>CPT (81275, 81276, 81235, 81479)</p>				
<p>Pharmacogenetic testing — FDA approved test for anaplastic lymphoma kinase (ALK) fusion gene for members under consideration for treatment with alectinib (Alecensa® [metastatic ALK + NSCLC]), crizotinib (Xalcori) or ceritinib (Zykadia) for non-small cell lung cancer</p> <p>(E.g., ALK 2p23 Rearrangement FISH [Quest Labs], Ventana ALK CDx Assay [Ventana Medical Systems], Vysis ALK Break Apart FISH Probe Kit [Abbott])</p> <p>CPT (88271, 88272, 88273, 88274)</p>	Y	Y	Y	6/14/2019
<p>Pharmacogenetic testing — FDA cleared test to detect the following mutations in the CTFR gene for members with cystic fibrosis under consideration for treatment with ivacaftor (Kalydeco): G551D, G1244E, G1349D, G178R, G551S, R117H, S1251N, S1255P, S549N, and S549R</p> <p>CPT (No specific code)</p>	Y	Y	Y	7/12/19
<p>Pharmacogenetic testing — FDA cleared test to detect the F508del mutation in the CTFR gene for members with cystic fibrosis under consideration for treatment with lumacaftor/ivacaftor (Orkambi)</p> <p>CPT (81222)</p>	Y	Y	Y	7/12/19
<p>Pharmacogenetic testing — FDA cleared test to detect FGFR3 or FGFR2 genetic alterations for members with urothelial carcinoma under consideration for treatment with Balversa™ (erdafitinib)</p> <p>(E.g., theascreen FGFR RGQ RT-PCR Kit)</p> <p>CPT (81401, 81403, 81404, 88381)</p>	Y	Y	Y	5/10/2019
<p>Pharmacogenetic testing — FDA cleared test to detect PIK3CA-mutated, advanced or metastatic breast cancer for members under consideration for treatment with PIQRAY® (alpelisib)</p> <p>(E.g., theascreen PIK3CA RGQ PCR Kit)</p> <p>CPT (81404, 81445)</p>	Y	Y	Y	6/14/2019
<p>Pharmacogenetic testing — FTL3 mutation assay for members with acute myeloid leukemia (AML) being considered for treatment with midostaurin (Rydapt) or Xospata (gilterinib)</p> <p>(E.g., LeukoStrat CDx FLT Mutation Assay)</p> <p>CPT (81245, 81246)</p>	Y	Y	Y	7/12/19
<p>Pharmacogenetic testing — IFNL3 testing for drug response (interferon) gene analysis</p> <p>(See also Molecular Pathology LCD)</p> <p>CPT (81283)</p>	N	N	N	3/8/2019
<p>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)</p> <p>CPT (87900, 87902)</p>	Y	Y	Y	7/12/19

<p>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)</p> <p>CPT (87900, 87902)</p>	Y	Y	Y	7/12/19
<p>Pharmacogenetic testing — genotyping for CYP2C19 polymorphisms for members who have been prescribed clopidogrel (Plavix)</p> <p>Note: One allowable per lifetime</p> <p>CPT (81225)</p>	Y	Y	Y	7/12/19
<p>Pharmacogenetic testing — genotyping for CYP2D6 polymorphisms for members who have been prescribed doses of tetrabenazine (Xenazine) > 50 mg per day</p> <p>Note: One allowable per lifetime</p> <p>CPT (81226)</p>	Y	Y	Y	7/12/19
<p>Pharmacogenetic testing — genotyping for CYP2D6 polymorphisms for members with Gaucher disease type 1 who are being considered for treatment with eliglustat (Cerdelga)</p> <p>Note: One allowable per lifetime</p> <p>CPT (81226)</p>	Y	Y	Y	7/12/19
<p>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)</p> <p>For Medicare members see Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response</p> <p>CPT (81355)</p>	N	SEE NOTE	N	7/12/19
<p>Pharmacogenetic testing — genetic mutation analysis consistent with FDA approved labeling for Gleevec</p> <p>(E.g. platelet-derived growth factor receptor, alpha poly peptide [PDGFRA], gastrointestinal stromal tumor [GIST])</p> <p>CPT (81272, 81273, 81314)</p> <p>Specific tests with respective codes</p> <ul style="list-style-type: none"> § 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) 	Y	Y	Y	10/12/2018
<p>Pharmacogenetic testing — HLA-B*5701 screening for members infected with HIV-1 prior to commencing treatment with abacavir (Ziagen)</p> <p>CPT (81381)</p>	Y	Y	Y	7/12/19
<p>Pharmacogenetic testing — HLA-B*1502 genotyping for members of Asian ancestry prior to commencing treatment with carbamazepine (Tegretol)</p> <p>CPT (81381)</p>	Y	Y	Y	7/12/19

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)	Y	Y	Y	7/12/19
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)	Y	Y	Y	10/12/2018
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)	N	N	N	6/14/2019
Pharmacogenetic testing — MGMT (O(6)-methylguanine-DNA methyltransferase) gene methylation assay for predicting response to temozolomide (Temodar) in members with glioblastoma (E.g., PredictMDx for Glioblastoma) CPT (81287)	Y	Y	Y	6/14/2019
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 (See also Keytruda® [pembrolizumab]) CPT (81301)	Y	Y	Y	10/1/2018
Pharmacogenetic testing — NTRK gene fusion testing for Vitakvi (larotrectinib) CPT (81479)	Y	Y	Y	2/8/2019
Pharmacogenetic testing — PD-L1 gene expression companion diagnostic to pembrolizumab (Keytruda®) for members with non-small cell lung cancer, gastric or gastroesophageal junction (GEJ) adenocarcinoma, cervical cancer, head and neck squamous cell carcinoma and urothelial carcinoma (E.g., PD-L1 IHC 22C3 pharmDx [Dako]) (See also Keytruda® [pembrolizumab]) CPT (88342, 88341, 88184, 88185)	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	9/14/2018
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) (See also Gene Expression Profiling and NGS Medicare Molecular Pathology LCD) CPT (81232, 81346) HCPCS (S3722)	N	N	N	10/12/2018
Photodynamic therapy — actinic keratosis (E.g., BLU-U® Blue Light Photodynamic Therapy Illuminator in combination with Levulan® Kerastick®) (See also Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions) CPT (96567) HCPCS (J7308)	Y	Y	Y	10/12/2018
Photodynamic Therapy — Visudyne® Ocular CPT (67221, 67225) HCPCS (J3396)	Y	Y	Y	10/12/2018
Photoselective vaporization of the prostate (E.g., GreenLight PVP®) CPT (52648)	Y	Y	Y	6/14/2019
Physical therapy post TMJ surgery CPT (No specific code) HCPCS (E1700, E1701, E1702)	Y	Y	Y	7/12/19
PK Papyrus Covered Coronary Stent System 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.	SEE NOTE	SEE NOTE	SEE NOTE	12/14/2018

CPT (No specific code)				
Placental rapid immunoassay for detection of fetal membrane rupture <ul style="list-style-type: none"> The AmniSure® ROM Test (AmniSure International, LLC) detects the placental alpha microglobulin-1 (PAMG-1) protein marker of the amniotic fluid The ROM Plus® Test (Clinical Innovations, LLC) detects alpha-fetoprotein (AFP) and placental protein 12 (PP12) The Actim® PROM Test (Medix Biochemica) detects insulin growth factor binding protein-1 (IGFBP-1) CPT (84112)	N	N	N	7/12/19
Plethysmography — cardiac (as part of enhanced external counterpulsation) CPT (No specific code)	Y	Y	Y	7/12/2019
Plethysmography — lung (as an adjunct to pulmonary function testing) NOTE: Total body plethysmography is appropriate for this indication. CPT (94726, 94750)	Y	Y	Y	
Plethysmography — penile (for cavernous nerve evaluation prior to nerve-sparing prostatic or colorectal cancer procedures) Note: CPT 54240 is covered for Medicare eff. 10/12/19	N	Y	N	
Plethysmography (air-displacement) — total body for determining body composition CPT (No specific code)	N	N	N	
Pontocerebellar Hypoplasia Panel (GeneDx) CPT (81479)	N	N	N	2/8/2019
Positive pressure pulse generator for Ménière’s disease (E.g., Meniett® micropressure therapy device) CPT (69433) HCPCS (E2120, A4638)	N	N	N	7/12/19
Positron emission tomography (PET) — beta amyloid PET in dementia and neurodegenerative disease Note: Medicare members, whose costs relating directly to the provision of services related to the Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease 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 (78811, 78814) HCPCS (A9586) These codes are not only for Beta amyloid positron tomography in dementia and neurodegenerative disease	N	SEE NOTE	N	6/14/2019
Positron emission tomography (PET)/magnetic resonance imaging (MRI) — combined scanning CPT (70540, 71550, 72195, 73218, 73718, 74181, 78812)	Y	Y	Y	6/14/2019
Positron emission tomography (PET) — myocardial blood flow, absolute quantitation, rest and stress CPT (0482T)	N	N	N	1/1/2018

<p>Positron emission tomography (PET) — NaF-18 scan to identify bone metastasis of cancer</p> <p>(See also eviCore Oncology Imaging Policy and Positron Emission Tomography (NaF-18) NCD)</p> <p>CPT (78811, 78814)</p> <p>HCPCS (G0252)</p>	N	N	N	7/12/19
<p>Post-Op Px™ (formerly the Prostate Px Plus [Aureon]) post prostatectomy prostate cancer prognostic test</p> <p>CPT (88313, 88346, 88350, 88323, 88399)</p>	N	N	N	6/14/2019
<p>Power morcellators in uterine surgery for polyp/fibroid removal (includes hysteroscopic and laparoscopic techniques)</p> <p>(E.g., THS® Tower-free Hysteroscopy System, MyoSure® tissue removal system Trueclear Morcellator System)</p> <p>(See also FDA Laparoscopic Power Morcellators)</p> <p>CPT (58541–58548, 58550–58554, 58558, 58561, 58570–58573, 58578, 58679)</p>	N	N	N	5/10/2019
<p>Powered exoskeleton for ambulation in patients with lower limb disabilities</p> <p>(E.g., Ekso™ GT, Indego® powered exoskeleton [aka Vanderbilt exoskeleton], ReWalk, X1 Mina Exoskeleton)</p> <p>(No specific code)</p>	N	N	N	10/12/2018
<p>Procalcitonin (PCT) measurement</p> <p>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.</p> <p>CPT (84145)</p>	SEE NOTE	SEE NOTE	SEE NOTE	2/8/2019
<p>Prokera® corneal-epithelial inserts (aka corneal bandage)</p> <p>(See also Amniotic Membrane Transplantation for Ocular Reconstruction)</p> <p>CPT (65778)</p>	Y	Y	Y	3/8/2019
<p>Prolotherapy — all indications</p> <p>(Aka proliferant therapy, proliferation therapy, joint sclerotherapy, or reconstructive ligament therapy)</p> <p>CPT (No specific code)</p>	N	N	N	2/8/2019
<p>PROMETHEUS LABS</p> <p>IBD sgi Diagnostic to distinguish between inflammatory bowel disease (IBD) versus non-IBD and Crohn's disease (CD) versus ulcerative colitis (UC)</p> <p>(See also Medicare noncoverage LCD Prometheus IBD sgi Diagnostic Policy)</p> <p>CPT (81479, 82397, 83520, 86140, 88346, 88350)</p> <p>Serologic diagnosis of inflammatory bowel disease – ANCA and ANSA</p> <p>CPT (83520, 88346, 88350)</p> <p>Anser ADA™</p>	N	N	N	6/14/2019

CPT (84999) Anser IFX™ CPT (84999)				
PROMETHEUS LABS (See also Genetic Counseling and Testing) PRO-PredictRx® EnzAct (TPMT enzyme activity) for inflammatory bowel disease (IBD) CPT (82657, 82542) PRO-PredictRx® Metabolites (metabolite levels) for IBD CPT (82542)	Y	Y	Y	10/12/2018
Prostate cancer vaccines (immunotherapy) for the treatment of prostate cancer (Provenge® [Sipuleucel-T] only) (See also Provenge® [sipuleucel-T]) Note: ProsVAC-VF will not be covered, as it is investigational HCPCS (Q2043; no other codes for these vaccines, alternate codes: 96365, 96366)	Y	Y	Y	1/1/2019
Proove Opioid Risk Test (Proove Biosciences) (See also Gene Expression Profiling) CPT (81291, 81479)	N	N	N	10/12/2018
Prostatic acid phosphatase assay testing for all diagnoses, including Gouaucher's disease and osteoporosis CPT (84066)	N	N	N	3/8/2019
Prostatic artery embolization (PAE) for benign prostatic hypertrophy (BPH) CPT (53899, 37242, 75894)	N	N	N	1/12/2018
Prostatic urethral lift (PUL) implant for benign prostatic hypertrophy (BPH) (E.g., UroLift System) (See also Prostatic Urethral Lift [PUL]) CPT (52441, 52442)	Y	Y	Y	8/17/2018
Prosthetic replacement of ocular surface ecosystem (PROSE)/Boston Ocular Surface Prosthesis (BOSP) CPT (92499, which includes fitting, fabrication, combined with HCPCS S0515 [PROSE device]) Use HCPCS code V2627 for Medicare	Y	Y	Y	6/14/2019
Proton beam (particle beam) therapy for various indications (See also Stereotactic Radiosurgery and Proton Beam Therapy) CPT (77520, 77522, 77523, 77525) HCPCS (S8030)	Y	Y	Y	10/12/2018
Pudendal nerve decompression surgery CPT (64722)	N	N	N	10/1/2018
Pulmonary artery pressure monitoring — wireless (E.g., CardioMEMS HF System)	N	N	N	10/1/2018

CPT (No specific code)				
Quantitative pupillometry (E.g., NPI™-100 Pupillometer, VIP™-200 Pupillometer) CPT (0341T)	N	N	N	10/1/2018
Quantitative sensory testing (QST) to assess nerve fiber sensation (multiple stimuli) CPT (0106T, 0107T, 0108T, 0109T, 0110T)	N	N	N	10/1/2018
Radiation — superficial radiation treatment (Grenz ray) for dermatological conditions (See also Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions) CPT (77499 unlisted procedure, therapeutic radiology treatment management)	N	N	N	10/12/2018
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)	Y	Y	Y	7/12/19
Radiofrequency ablation — Barrett's Esophagus (E.g., BARRX System) CPT (43229)	Y	Y	Y	5/10/2019
Radiofrequency ablation — benign bone tumors (See also Radiofrequency Ablation of Tumors) CPT (20982)	Y	Y	Y	5/10/2019
Radiofrequency ablation — cardiac (for atrial fibrillation) (E.g., Cardioblate®) CPT (33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266)	Y	Y	Y	6/14/2019
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)	Y	Y	Y	10/12/2018
Radiofrequency ablation — cooled/pulsed for sacroiliac joint pain (See also Radiofrequency Ablation for Spinal Pain) CPT (64999)	N	N	N	10/12/2018

Radiofrequency ablation — endometrial CPT (58353, 58563, 58999)	Y	Y	Y	6/14/2019
Radiofrequency ablation — fecal incontinence (E.g., Secca® procedure) (See also Fecal Incontinence Treatment) CPT (46999) HCPCS (L8699)	N	N	N	5/10/2019
Radiofrequency ablation — hepatic cancer (See also Radiofrequency Ablation of Tumors) CPT (47370, 47380, 47382, 76940, 77013, 77022)	Y	Y	Y	5/10/2019
Radiofrequency ablation — lung cancer (See also Radiofrequency Ablation of Tumors) CPT (32998)	Y	Y	Y	5/10/2019
Radiofrequency ablation — MRI-guided ultrasound/RFA ablation of uterine fibroids (E.g., Acessa™ System, ExAblate®, VizAblate®) CPT (0071T, 0072T, 0404T, 58674) <i>Note: CPT 58674 is covered for Medicare eff. 10/12/19</i>	N	N	N	10/1/2018
Radiofrequency ablation (coblation/microtenotomy) — plantar fasciitis CPT (No specific code; possible codes: 28899, 64640, 29893)	N	N	N	10/1/2018
Radiofrequency ablation — renal cancer (See also Cryosurgical and Radiofrequency Ablation for Renal Tumors) CPT (50592)	Y	Y	Y	5/10/2019
Radiofrequency ablation — sympathetic (renal) nerve for hypertension (E.g., Symplicity™ Renal Denervation System, EnligHTN™ Multielectrode Renal Denervation System, One-Shot Renal Denervation System, V2 Renal Denervation System, Thermocouple Catheter™) CPT (0338T, 0339T, 64999)	N	N	N	1/12/2018
Radiofrequency ablation — female stress urinary incontinence (See also Transurethral Radiofrequency Tissue Micro-Remodeling) (E.g., Lyrette™ Transurethral SUI System [formerly Renessa® System]) <i>Note: Radiofrequency Micro-Remodeling with the SURx System is not covered</i> CPT (53860)	Y	Y	Y	8/17/2018
Radiofrequency ablation — trigeminal neuralgia CPT (64600, 64605, 64610)	Y	Y	Y	6/14/2019
Radiofrequency ablation — varicosities (See also Varicose Vein Treatment) CPT (36475, 36476)	Y	Y	Y	3/8/2019
Radiofrequency ablation — wound healing/muscle disuse atrophy/diabetic neuropathy (E.g. Provant Wound Closure System, MicroVas System for stage III or IV pressure ulcers)	N	N	N	3/8/2019

CPT (97032, 97139) HCPCS (G0281, G0282) Note: Above HCPCS codes not covered if billed for Provant or MicroVas				
Radiofrequency tissue volume reduction somnoplasty for upper airway obstruction (See also Obstructive Sleep Apnea Diagnosis and Treatment) CPT (41530)	N	N	Y	2/8/2019
Radiostereometric analysis CPT (0347T, 0348T, 0349T, 0350T)	N	N	N	10/1/2018
Red blood cell long chain fatty acid chromatography analysis CPT (0111T)	N	N	N	10/1/2018
Relizorb™ point-of-care digestive enzyme cartridge (Aka enteral feeding in-line cartridge [EFIC]) (See also Relizorb [immobilized lipase] Cartridge) HCPCS ([Q9994 del. 01/01/2019], B4105 (eff. 01/01/2019))	N	N	N	7/25/2018
Remote real-time interactive video-conferenced critical care evaluation and management CPT (No specific code, [0188T, 0189T del. 01/01/2019])	N	N	N	3/8/2019
ReShape® Integrated Dual Balloon System for obesity (See also Bariatric Surgery) CPT (No specific code)	N	N	N	6/14/2019
Retinal polarization scan, ocular screening with on-site automated results, bilateral (CPT 0469T)	N	N	N	6/14/2019
Rhinomanometry/acoustic rhinometry CPT (92512) Note: Covered for Medicare eff. 10/12/19	N	Y	N	10/1/2018
Rhizotomy (dorsal) for spastic cerebral palsy CPT (63185, 63190)	Y	Y	Y	6/14/2019
Risk-Reduction mastectomy (aka prophylactic) CPT (19303, 19304)	Y	Y	Y	6/14/2019
Risk-reduction oophorectomy (aka prophylactic) CPT (58940, 58661)	Y	Y	Y	6/14/2019
Robotically-assisted adrenalectomy* (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., 60540 adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal in addition to HCPCS S2900)	Y	Y	Y	6/14/2019

<p>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. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>				
<p>Robotically-assisted cardiac surgery (inclusive of coronary artery bypass graft) * HCPCS (S2900) Report the code that best describes the basic surgery being performed (E.g., 33510 Coronary artery bypass, vein only; single coronary venous graft in addition to HCPCS S2900) 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. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y	6/14/2019
<p>Robotically-assisted gastrointestinal surgery (E.g. gastroesophageal reflux disease, gallbladder indications) * (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., 43280 laparoscopy, surgical, esophagogastric fundoplasty in addition to HCPCS S2900) 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. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y	6/14/2019
<p>Robotically-assisted gynecological surgery (inclusive of hysterectomy) * (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., 58541 laparoscopy, surgical, supracervical hysterectomy, for uterus ≤ 250g in addition to HCPCS S2900) 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. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y	6/14/2019
<p>Robotically-assisted prostatectomy* (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., 55866 laparoscopy, surgical prostatectomy in addition to HCPCS S2900) 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. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y	6/14/2019
<p>Robotically-assisted urological procedures* (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)</p>	Y	Y	Y	6/14/2019

<p>Report the code that best describes the basic surgery being performed (E.g., 50546 laparoscopy, surgical; nephrectomy, including partial ureterectomy in addition to HCPCS S2900)</p> <p>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. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>				
<p>Sacral nerve stimulators for fecal incontinence, urinary urge incontinence, urinary frequency, and urinary retention (E.g., Medtronic® InterStim®)</p> <p>(See also Fecal Incontinence Treatment)</p> <p>CPT (64561, 64581, 64585, 64590, 64595, 95970, 95971, 95972)</p> <p>HCPCS (A4290, L8680, L8681, L8685, L8686, L8687, L8688, L8689, L8695)</p>	Y	Y	Y	5/10/2019
<p>Salivary hormone 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.)</p> <p>Note: Late night salivary cortisol is considered medically necessary for diagnosing Cushing's syndrome.</p> <p>CPT (No specific code)</p> <p>HCPCS (S3650)</p>	N	N	N	2/8/2019
<p>Scintimammography for breast lesions (radiotracer nuclear imaging)/low dose breast-specific gamma imaging (BSGI)/molecular breast imaging (MBI) (E.g., Technetium-99m-sestamibi [Miraluma Scan])</p> <p>CPT (78800, 78801)</p> <p>HCPCS (A9500, S8080)</p>	N	N	N	10/1/2018
<p>Sclerotherapy for esophageal varices</p> <p>CPT (43204, 43243)</p>	Y	Y	Y	6/14/2019
<p>Sclerotherapy for varicose veins (endovenous chemical ablation) (I.e., liquid or foam [e.g., Varithena®])</p> <p>(See also Varicose Vein Treatment)</p> <p>CPT (36465, 36466, 36482, 36483, 36470, 36471)</p>	Y	Y	Y	3/8/2019
<p>ScoliScore™ 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 (TGFB1) gene; not an all-inclusive list])</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (No specific code)</p>	N	N	N	4/12/2019
<p>Selective internal radiation therapy (SIRT) for primary hepatocellular carcinoma, hepatoma or metastatic liver tumors</p> <p>SIR-Spheres®</p>	Y	Y	Y	3/8/2019

CPT (37243, 75894, 79445, 77778)				
SelectMDx for prostate cancer (MDxHealth Inc.) (See also Gene Expression Profiling) CPT (81479)	N	N	N	10/1/2018
Sentinel lymph node biopsy for breast cancer CPT (38792, 38500, 38525, 38530, 78195)	Y	Y	Y	6/14/2019
Sentinel lymph node biopsy for melanoma CPT (38792, 38500, 38510, 38525, 38530, 78195) 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.	Y	Y	Y	6/14/2019
Serum markers for liver disease (E.g., ASH FibroSURE™, FibroMAX™, FIBROSpect II®, HCV FibroSURE™ [Quest], FibroTest + ActiTest, HepaScore™, NASH FibroSURE™) CPT (81596 eff. 01/01/2019)	Y	Y	Y	6/14/2019
Shoulder resurfacing (E.g., Copeland™ Extended Articulating Surface [EAS]™ Resurfacing Heads, DePuy Global CAP™ CTA Resurfacing Shoulder Humeral Head, Axiom Shoulder Resurfacing System, HemiCAP® [also referred to as Contoured Articular Prosthetic [CAP] Humeral Head Resurfacing Prosthesis]) CPT (23470, 23472, 23929)	N	N	N	10/1/2018
Sleep monitoring (home attended or unattended) (E.g., NovaSom QSG™ [Sleep Solution™], SNAP™ System [only those systems measuring ≥ 3 channels]) (See also Obstructive Sleep Apnea Diagnosis and Treatment) CPT (95800, 95801) HCPCS (G0398, G0399, G0400)	Y	Y	Y	2/8/2019
Sleeve gastrectomy (See also Bariatric Surgery) CPT (43775)	Y	Y	Y	6/14/2019
SmartPill™ Motility Testing System (See also Capsule Endoscopy [Camera Pill]) CPT (91112) Note: Covered for Medicare eff. 10/12/19	N	Y	N	5/10/2019
SpaceOar System — rectal protection from radiation therapy for prostate cancer (See also LCD: Prostate Rectal Spacers) CPT (55874)	N	Y	N	10/12/2018
Spectroscopy — intravascular catheter-based coronary vessel or graft (E.g., infrared) CPT (0205T)	N	N	N	10/1/2018

Spectroscopy — multi-wavelength fluorescent measurement of advanced glycation products (AGE) to replace skin biopsy for risk assessment CPT (88749)	N	N	N	10/1/2018
Spectroscopy — real time spectral analysis of prostate tissue by fluorescence spectroscopy (E.g., Precision Biopsy ClariCore Optical Biopsy System®) CPT (0443T)	N	N	N	2/8/2019
Speculoscopy for the screening or diagnosis of cervical cancer (Aka cervicography; e.g., PapSure®) CPT (58999)	N	N	N	2/8/2019
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, 0165T, 0375T)	N	N	N	10/12/2018
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	10/12/2018
Spinal — cervical traction (e.g., freestanding over-the-door mechanism or attached to headboard) HCPCS (E0840, E0849, E0850)	Y	Y	Y	6/14/2019
Spinal — continuous or intermittent traction for low back pain HCPCS (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	10/1/2018
Spinal — endoscopy (epiduroscopy) (See also “ Spinal minimally invasive ” below) CPT (64999)	N	N	Y	10/1/2018
Spinal — interspinous distraction devices (E.g. Superior® 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)	Y	Y	Y	4/12/2019

CPT (22853, 22854, 22859)				
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	10/1/2018
Spinal — lumbar discography for chronic low back pain (to confirm that symptoms are attributable to a particular disc prior to therapeutic intervention) Note: Eff. October 1, 2013, Medicaid members are no longer eligible for coverage of discography. CPT (62290, 72295)	Y	Y	N	6/14/2019
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 ([0195T, 0196T del. 01/01/2019], 22899) Considered investigational and not medically necessary	SEE NOTE	SEE NOTE	SEE NOTE	4/12/2019
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 articular 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.	Y	Y	Y	11/9/2018
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 biacuplasty § Intradiscal electrothermal annuloplasty (IDET)/ percutaneous intradiscal radiofrequency thermocoagulation (e.g., SpineCATH™) § 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)	N	N	N	10/1/2018

<p>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.</p> <p>§ Endoscopic and Percutaneous Epidural Lysis of Adhesions (RACZ procedure) (Approved Medicare ONLY – CPT codes 62263 and 62264)</p> <p>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)</p> <p>HCPCS (G0276, S2348)</p>				
<p>Spinal — sacroiliac joint (SIJ) fusion (open) CPT (27280, 27299)</p>	Y	Y	Y	3/8/2019
<p>Spinal — sacroiliac joint (SIJ) fusion (minimally invasive) (E.g., iFuse Implant System® [SI-BONE]) CPT (27279)</p>	Y	Y	Y	3/8/2019
<p>Spinal — vertebral axial decompression devices/mechanical spinal distraction therapy for low back pain (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) HCPCS (S9090)</p>	N	N	N	10/1/2018
<p>Spinal — vertebral stapling for idiopathic scoliosis CPT (22899)</p>	N	N	N	10/1/2018
<p>Spinal — vertebroplasty CPT (22510, 22511, 22512, 22513, 22514, 22515)</p>	Y	Y	Y	6/14/2019
<p>SPOT-Light® HER2 CISH™ Kit for breast cancer to determine Herceptin® treatment candidacy (See also Genetic Counseling and Testing) CPT (88368)</p>	Y	Y	Y	3/8/2019
<p>ST2 Assay as a prognostic indicator for acute dyspnea and acute or chronic heart failure CPT (83520)</p>	N	N	N	10/1/2018
<p>Stereotactic radiosurgery — multiple indications; click on Medical Guideline link for clinical criteria CPT (61796, 91797, 61798, 61799, 63620, 63621, 77371, 77372, 77373, 77432, 77435, 77520, 77522, 77523, 77525) HCPCS (G0339, G0340)</p>	Y	Y	Y	10/12/2018
<p>Subfascial endoscopic perforator surgery for chronic venous insufficiency (SEPS) (See also Varicose Vein Treatment) CPT (37500)</p>	N	Y	N	3/8/2019
<p>Suprachoroidal injection of pharmacologic agents for the treatment of ophthalmological conditions (E.g., iScience Surgical Ophthalmic Microcannula [aka iTrack])</p>	N	N	N	9/14/2018

(See also Intravitreal Injections/Implants) CPT (0465T)				
Surface electromyography for the evaluation of segmental spinal joint dysfunction and muscle tone CPT (96002, 96004) HCPCS (S3900) Note: Covered for Medicare eff. 10/12/19	N	Y	N	10/1/2018
Surgical decompression for peripheral polyneuropathy CPT (28035, 64702, 64704, 64708, 64712, 64714, 64722, 64726, 64727) Note: The above CPT codes are not covered when rendered for non-compressive peripheral neuropathy syndromes due to insufficient evidence of therapeutic value.	N	N	N	7/12/19
Surgical interventions for the prevention of lymphedema (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) CPT (38999)	N	N	N	11/9/2018
Sympathectomy/endoscopic thoracic sympathectomy for hyperhidrosis CPT (32664)	Y	Y	Y	5/10/2019
Target Now™ molecular profiling test (Aka MI Profile, MI Profile X) (See also Gene Expression Profiling) CPT (88360, 88368, 81599)	N	N	N	10/12/2018
Tarsi Implant — removal and reinsertion CPT (0510T, 0511T eff. 01/01/2019)	N	N	N	12/14/2018
Tear osmolarity measurement for the dry eye diagnosis (e.g., TearLab® Osmolarity System) CPT (83861)	Y	Y	Y	6/14/2019
Tele-retinal imaging/digital photography computer programs (i.e., algorithms) to automatically detect or diagnose diabetic retinopathy when administered by nonspecialists (E.g., DigiScope Diabetic Retinal Evaluation Service, Inoveon Diabetic Retinopathy Evaluation Service) Note: Diabetic retinopathy telescreening systems are considered medically necessary for diabetic retinopathy screening when administered by an ophthalmologist or optometrist CPT (92227)	N	N	N	10/1/2018
Tenex Health TX Procedure (formerly known as the FAST [Focused Aspiration of Scar Tissue] procedure) for the treatment of tendinopathies CPT (17999, 20999)	N	N	N	9/14/2018
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 (Aka electrothermal arthroscopy, electrothermally -assisted capsule shift and electrothermally-assisted capsulorrhaphy [ETAC])	N	N	N	10/1/2018

CPT (29999) HCPCS (S2300)				
Thermography (indications other than breast) CPT (93740)	N	N	N	10/1/2018
Thermography — breast (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) CPT (No specific code)	N	N	N	11/9/2018
Tinnitus retraining therapy (TRT) 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)	N	N	N	10/1/2018
Tongue suspension/suturing procedures for the obstructive sleep apnea (E.g., AIRvance System [formerly Repose™ System], Encore™) (See Obstructive Sleep Apnea Diagnosis and Treatment) CPT (41512)	N	N	N	2/8/2019
TOP2A FISH (topoisomerase II Alpha) pharmDX (Dako Agilent Technologies company) for breast cancer prognosis (See also Genetic Counseling and Testing) CPT (88365, 88368)	N	N	N	3/8/2019
Topical oxygen wound therapy (TOWT) (aka continuous diffusion of oxygen therapy [CDO]) (See also Topical Oxygen Wound Therapy [Medicaid/FHP]) HCPCS (A4575, E1390)	N	N	Y	9/14/2018
Topographic genotyping — PancaGEN (Interpace) (formerly PathFinder TG® [RedPath]) (See also Genetic Counseling and Testing; Medicare LCD: Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG®) CPT (81479)	N	Y	N	10/12/2018
Total ankle replacement (E.g., Scandinavian Total Ankle Replacement System [STAR Ankle] or any other FDA-approved device) CPT (27702, 27703)	Y	Y	Y	9/14/2018
Trabeculectomy for glaucoma (ab externo) (See also Glaucoma Surgery) CPT (65850, 66170, 66172)	Y	Y	Y	12/14/2018
Trabectome® for glaucoma (ab interno) (See also Glaucoma Surgery) CPT (65820, 66999)	N	N	N	12/14/2018
Transanal endoscopic microsurgery (TEM)	Y	Y	Y	3/9/2019

<p>Note: Medically necessary when any of the following are applicable:</p> <ul style="list-style-type: none"> § 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 <p>CPT (0184T) Note: Covered eff. 5/14/2019</p>				
<p>Transcatheter mitral valve repair (TMVR), percutaneous approaches (E.g., MitraClip®)</p> <p>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.</p> <p>CPT (0345T, 33418, 33419, 93590, 93592, 0483T, 0484T, [0543T, 0544T eff. 07/01/2019])</p>	N	SEE NOTE	N	5/10/2019
<p>Transcranial magnetic stimulation for Major Depressive Disorder (MDD) (NeuroStar®TMS Therapy System)</p> <p>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).</p> <p>CPT codes (90867, 90868, 90869)</p>	Y	Y	Y	6/14/2019
<p>Transcranial magnetic stimulation for neurologic or psychological indications other than depression (E.g., migraines [e.g., Cerena Single-Pulse Transcranial Magnetic Stimulator], strokes, obsessive compulsive disorder [e.g., Brainsway Deep Transcranial Magnetic Stimulation System], Parkinson's disease, dystonia, tinnitus and auditory hallucinations)</p> <p>CPT (90867, 90868, 90869)</p>	N	N	N	9/14/2018
<p>Transendoscopic therapies for dysphagia and gastrointestinal reflux disease (GERD) (E.g., Bard EndoCinch™ Suturing System, Enteryx™, EsophyX™, LINX Reflux Mgmt. System, Stretta® radiofrequency ablation) (See also Medicare LCD: Select Minimally Invasive GERD Procedures)</p> <p>Natural orifice transoral endoscopic surgery (NOTES) for bariatric surgery/transoral gastroplasty (TOGA) (E.g., Apollo OverStitch endoscopic suturing system, StomaphyX™ endoluminal fastener and delivery system, etc.) (See also Bariatric Surgery)</p> <p>CPT (43210, 43257, 43284, 43285, 43289, 43499, 43999, 49999) Note: CPTs 43210 and 43285 are covered for Medicare eff. 10/12/19</p>	N	N	N	10/1/2018
<p>Transhemorrhoidal dearterialization (THD) CPT (0249T)</p>	Y	Y	Y	6/14/2019
<p>Transilluminated powered phlebectomy (TriVex System) for varicosities (See also Varicose Vein Treatment)</p>	Y	Y	Y	3/8/2019

CPT (No specific code)				
Transmyocardial revascularization CPT (33140, 33141)	Y	Y	Y	6/14/2019
Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed CPT (0548T, 0549T, 0550T, 0551T eff. 07/01/2019)	N	N	N	10/12/2018
Transpupillary thermotherapy for retinoblastoma CPT (67299)	Y	Y	Y	2/8/2019
Transtelephonic spirometry for monitoring pulmonary function following lung or heart-lung transplantation. CPT (94014, 94015, 94016)	Y	N	Y	10/1/2018
Transurethral microwave thermotherapy CPT (53850)	Y	Y	Y	6/14/2019
Transurethral needle ablation of the prostate (TUNA)/transurethral radiofrequency needle ablation (RFNA) (including TUNA using water vapor/Rezum system (aka transurethral water vapor therapy) CPT (53852, 53854 [eff. as of 01/01/2019], 53899)	Y	Y	Y	6/14/2019
Transvascular Autonomic Modulation (TVAM) for the treatment of autonomic dysfunction using balloon angioplasty devices (See also FDA MedWatch Safety Alert) CPT (No specific code)	N	N	N	3/8/2019
Tremor analysis device (E.g., Physiologic recording of tremor using accelerometers) CPT (95999)	N	N	N	10/1/2018
Triggerfish® System for continuous intraocular pressure monitoring for glaucoma (Sensimed) CPT (0329T)	N	N	N	11/9/2018
Tropism testing for HIV (E.g., Trofile™ co-receptor assay for HIV [Monogram Biosciences], HIV-1 Coreceptor Tropism Testing [Quest Diagnostics]) (See also Genetic Counseling and Testing) CPT (No specific code)	Y	Y	Y	10/12/2018
Ultrasound — intravascular noncoronary vessel CPT (37252, 37253)	Y	Y	Y	6/14/2019
Ultrasound — low frequency for wounds (E.g., MIST Therapy System, Noncontact normothermic wound therapy [e.g., Warm-Up®]) CPT (97610) HCPCS (A6000, E0231, E0232 [Warm-Up]) <i>Note: CPT 97610 is covered for Medicare eff. 10/12/19</i>	N	N	N	10/1/2018
Ultrasound — pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	N	N	N	5/10/2019

CPT (0508T)				
Ultrasound-guided ligation of hemorrhoidal vascular bundle(s) CPT (0249T)	Y	Y	Y	10/1/2018
Ultrasound-guided spinal injection(s), single/multilevel), diagnostic/therapeutic agent (See also Pain Management) CPT (0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0228T, 0229T, 0230T, 0231T)	N	N	N	1/12/2018
Unicondylar interpositional spacer (E.g., UniSpacer™ Knee System) CPT (No specific code)	N	N	N	10/1/2018
Urine cytology for bladder cancer screening or as a primary detection modality (without cystoscopy) (E.g., UroVysion™) CPT (88112, 88120, 88121)	N	N	N	10/1/2018
Uterine artery embolization for symptomatic fibroids CPT (37243)	Y	Y	Y	6/14/2019
Vacuum-Assisted Socket System™ for artificial limbs HCPCS (L5781, L5782)	Y	Y	Y	6/14/2019
Vacuum assisted wound closure (VAC) (aka negative-pressure wound therapy [NPWT]) Note: SNAP® Wound Care System is considered investigational CPT (97605, 97606, 97607, 97608) HCPCS (A6550, A9272, E2402, K0743, K0744, K0745, K0746)	Y	Y	Y	1/11/2019
Vacuum bell for treatment of pectus excavatum (See also Surgical Correction of Chest Wall Deformities) CPT (No specific code)	N	N	N	10/12/2018
Vaginal bowel control for fecal incontinence (E.g., Eclipse™ Vaginal Insert System) (See also Fecal Incontinence Treatment) Note: The eclipse system is covered for Medicare members per Noridian LCD . CPT (A4335, [A4563 eff. 01/01/2019])	N	SEE NOTE	N	5/10/2019
Vagus nerve stimulation — epilepsy CPT (61885, 61886, 61888, 64553, 64568, 64569, 64570, 95970, 95974, 95975 del. 01/01/2019) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	Y	Y	Y	12/14/2018
Vagus nerve stimulation — multiple conditions	SEE NOTE	SEE NOTE	SEE NOTE	3/8/2019

<p>(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.)</p> <p>Note: Vagus nerve stimulation is considered investigational for all indications except:</p> <ul style="list-style-type: none"> § 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]) <p>CPT (0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 61885, 61886, 61888, 64553, 64568, 64569, 64570, 64585, 64590, 64595, 95970, [95974, 95975 del. 01/01/2019])</p> <p>HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)</p>				
<p>Venoplasty for relapsing remitting multiple sclerosis CPT (36901, 36902, 36903, 36904, 36905, 36906)</p>	N	N	N	10/1/2018
<p>VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576)</p>	N	N	N	10/1/2018
<p>VeriStrat® proteomic expression profiling for non-small cell lung cancer treatment (Biodesix) (See also Medicare Coverage Article: Biomarkers for Oncology) CPT (84999, 81538)</p>	Y	Y	Y	6/14/2019
<p>Vertical expandable prosthetic titanium rib (See also Vertical Expandable Prosthetic Titanium Rib [VEPTR]) CPT (No specific code)</p>	Y	Y	Y	3/8/2019
<p>Viadur® (leuprolide acetate implant) for advanced prostate cancer CPT (11981, 11982, 11983) HCPCS (J9219)</p>	Y	Y	Y	6/14/2019
<p>Virtual colonoscopy CPT codes ([74261, 74262 for diagnostic], [74263 for screening])</p>	Y	Y	Y	1/11/2019
<p>Viscocolostomy (See also Canaloplasty and Viscocolostomy) CPT (66174, 66175)</p>	N	N	N	4/12/2019
<p>Visual electrophysiology testing CPT ([92275 del. 01/01/2019, 0509T [eff. 01/01/2019], 95930)</p>	Y	Y	Y	7/13/2018
<p>Visual evoked potential, screening of visual acuity, automated (See also Visual Evoked Potential Testing for Pediatric Populations in the Primary Care Setting) CPT (0333T)</p>	N	N	N	3/8/2019

Visual evoked potential testing for glaucoma (See also Visual Electrophysiology Testing) CPT (0464T)	N	N	N	7/13/2018
Visual field assessment — real time, remote surveillance data transmission (E.g., ForeseeHome™ AMD Monitoring Program) CPT (0378T, 0379T)	N	N	N	10/1/2018
Vitamin D Deficiency Testing (See Vitamin D Deficiency Testing for coding)	Y	Y	Y	3/8/2019
Water-induced thermotherapy CPT (55899)	Y	Y	Y	6/14/2019
Waterjet ablation — prostate, transurethral (E.g. PROCEPT Aquablation™ System) CPT (0421T)	N	N	N	10/1/2018
Wireless Esophageal pH Monitoring (Bravo™ System) CPT (91035)	Y	Y	Y	7/13/2018
Xofigo® (radium Ra 223 dichloride injection) CPT (79101) HCPCS (A9606)	Y	Y	Y	1/12/2018
Xpresys Lung version 2 (XL2) liquid biopsy test for the management of lung nodules (See Medicare LCD: MoIDX: Xpresys Lung) CPT (81599)	N	Y	N	3/8/2019
Zika virus diagnostic testing (E.g., Zika Virus Antibody [IgM], Zika Virus Qualitative Real-Time PT-PCR Panel [serum/urine], [Quest], Zika Virus RNA Qualitative Real-Time RT-PCR test [Focus Diagnostics; subsidiary of Quest, EmblemHealth's preferred lab]) See also: § FDA web page on Emergency Use Authorizations § Medicare coverage for Zika Virus and Testing § Quest Zika Virus Infection web page CPT (86794, 87662)	Y	Y	Y	6/14/2019
Zika virus general population screening	N	N	N	