

# Gastroesophageal and Gastrointestinal (GI) Services and Procedures

**Policy Number:** MCS039.11  
**Approval Date:** March 13, 2024  
**Effective Date:** May 1, 2024

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Related Medicare Advantage Policy Guideline
• <a href="#">Capsule Endoscopy</a>

## Coverage Guidelines

Gastroesophageal and gastrointestinal services and procedures are covered when Medicare coverage criteria are met.

**Note:** The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determination, Local Coverage Determinations and Local Coverage Articles). (Accessed February 26, 2024)

## Bariatric Surgery

Bariatric surgery for the treatment of morbid obesity is covered when criteria are met. Refer to the Coverage Summary titled [Obesity: Treatment of Obesity, Non-Surgical and Surgical \(Bariatric Surgery\)](#).

## Endoscopy

Endoscopy is covered when coverage criteria are met. Refer to the [NCD for Endoscopy \(100.2\)](#). (Accessed February 26, 2024)

## Wireless Capsule Endoscopy (CPT Codes 91110 and 91111)

Medicare does not have an NCD for wireless capsule endoscopy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Wireless Capsule Endoscopy](#).

**For coverage guidelines for states/territories with no LCDs/LCAs**, refer to the InterQual® CP: Procedures, Capsule Endoscopy.

Click [here](#) to view the InterQual® criteria.

**Note:** After checking the [Wireless Capsule Endoscopy](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines. (Accessed February 26, 2024)

## Colon Capsule Endoscopy (CCE) (CPT Code 91113)

Medicare does not have an NCD for colon capsule endoscopy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Colon Capsule Endoscopy](#).

## Intestinal Bypass

Intestinal bypass is not covered. Refer to the Coverage Summary titled [Obesity: Treatment of Obesity, Non-Surgical and Surgical \(Bariatric Surgery\)](#).

## Gastric Balloon for Treatment of Obesity

Gastric balloon for treatment of obesity is not covered. Refer to the Coverage Summary titled [Obesity: Treatment of Obesity, Non-Surgical and Surgical \(Bariatric Surgery\)](#).

## Electrogastrography or Electroenterography (CPT Codes 91132 and 91133)

Medicare does not have a National Coverage Determination (NCD) for electrogastrography or electroenterography. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Gastrointestinal Motility Disorders, Diagnosis and Treatment](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed February 26, 2024)

## Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD) (includes Stretta® procedure, Bard EndoCinch™ Suturing System, Plicator™ and Enteryx™ systems) (CPT Code 43257)

Medicare does not have an NCD for endoscopic procedures for treatment of gastric reflux (GERD). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Endoscopic Procedures for the Treatment of GERD](#).

**For coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Minimally Invasive Procedures for Gastric and Esophageal Diseases](#).

**Note:** After checking the [Endoscopic Procedures for the Treatment of GERD](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.  
(Accessed February 26, 2024)

## **LINX® Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT Code 43284)**

Medicare does not have an NCD for LINX® reflux management system for the treatment of GERD. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [LINX® Reflux Management System for the Treatment of GERD](#).

**For coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Minimally Invasive Procedures for Gastric and Esophageal Diseases](#).

**Note:** After checking the [LINX® Reflux Management System for the Treatment of GERD](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

The LINX® reflux management system consists of a series of titanium beads with magnetic cores that are connected with independent titanium wires to form an annular shape.

The LINX® system is indicated for patients with diagnosed gastroesophageal reflux disease (GERD) and continue to have chronic GERD symptoms despite maximum medical therapy. FDA approval information available at [https://www.accessdata.fda.gov/cdrh\\_docs/pdf10/p100049c.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf).  
(Accessed February 26, 2024)

## **Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC) (CPT Codes 74261, 74262, and 74263)**

Medicare does not have an NCD for virtual colonoscopy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Virtual Colonoscopy \(Computed Tomographic Colonography\)](#).

For non-screening CTC coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Computed Tomographic Colonography](#).

**Note:** After checking the [Virtual Colonoscopy \(Computed Tomographic Colonography\)](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.  
(Accessed February 26, 2024)

### ***Screening CTC for Colorectal Cancer***

Effective May 12, 2009, CMS has determined that the current evidence is inadequate to conclude that CTC is an appropriate colorectal cancer screening test, therefore, CTC for colorectal cancer screening remains nationally non-covered. Refer to the [NCD for Colorectal Cancer Screening Tests \(210.3\)](#). (Accessed February 26, 2024)

## **Gastric Electrical Stimulation Therapy (e.g., Enterra®) (CPT Codes 43647, 43648, 43881, 43882, 64590, and 64595)**

Medicare does not have an NCD for gastric electrical stimulation therapy (e.g., Enterra®). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Gastrointestinal Motility Disorders, Diagnosis and Treatment](#).

**Notes:**

- After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
- When CPT code 64590 is used for peripheral nerve stimulation, refer to the Coverage Summary titled [Electrical and Ultrasonic Stimulators](#).
- For sacral nerve stimulation for incontinence, refer to the Coverage Summary titled [Urinary and Fecal Incontinence, Diagnosis, and Treatments](#).

(Accessed February 26, 2024)

**Fecal Calprotectin Testing (CPT Code 83993)**

Medicare does not have an NCD for fecal calprotectin testing. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Fecal Calprotectin Testing](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

**Virtual Upper Gastrointestinal Endoscopy (CPT Codes 76497 and 76498)**

Medicare does not have an NCD for virtual upper gastrointestinal endoscopy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Virtual Upper Gastrointestinal Endoscopy](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

**Endoscopic Excision of Rectal Tumors (CPT Code 0184T)**

Medicare does not have an NCD for Transanal Endoscopic Microsurgery (TEMS). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Endoscopic Excision of Rectal Tumors](#).

**For coverage guidelines for states/territories with no LCDs/LCAs**, refer to the UnitedHealthcare Commercial Medical Policy titled [Category III Codes](#).

**Note:** After checking the [Endoscopic Excision of Rectal Tumors](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

**Per Oral Endoscopic Myotomy (POEM) (CPT Codes 43497 and 43499)**

Medicare does not have an NCD for per oral endoscopic myotomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled [Minimally Invasive Procedures for Gastric and Esophageal Diseases](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

## Gastric Peroral Endoscopic Myotomy (G-POEM) (CPT Codes 43497 and 43499)

Medicare does not have an NCD for gastric peroral endoscopic myotomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines,** refer to the UnitedHealthcare Commercial Medical Policy titled [Minimally Invasive Procedures for Gastric and Esophageal Diseases](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

## Rectal Sensation, Tone, and Compliance Test (CPT Code 91120)

Medicare does not have a National Coverage Determination (NCD) for rectal sensation, tone, and compliance test. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

**For coverage guidelines,** refer to the UnitedHealthcare Commercial Medical Policy titled [Gastrointestinal Motility Disorders, Diagnosis and Treatment](#).

**Note:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed February 26, 2024)

## Modified Barium Swallow (MBS) (CPT Codes 74210, 74220, 74221, and 74230)

Medicare does not have a National Coverage Determination (NCD) for barium studies. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Modified Barium Swallow \(MBS\)](#).

**For coverage guidelines for states/territories with no LCDs/LCAs,** refer to the InterQual® CP: Imaging, Imaging, Abdomen and Pelvis.

Click [here](#) to view the InterQual® criteria.

**Note:** After checking the [Modified Barium Swallow \(MBS\)](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the InterQual® criteria referenced above for coverage guidelines.

(Accessed February 26, 2024)

## Supporting Information

Wireless Capsule Endoscopy				
Accessed February 26, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34081 (A56461)	<a href="#">Endoscopy by Capsule</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33774 (A56704)	<a href="#">Wireless Capsule Endoscopy</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35089 (A57753)	<a href="#">Wireless Capsule Endoscopy</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L36427 (A56727)	<a href="#">Wireless Capsule Endoscopy</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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**Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)  
(Stretta® procedure, Bard EndoCinch™ Suturing System, Plicator™ and Enteryx™ systems)**

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34540 (A57039)	<a href="#">Stretta Procedure</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L35080 (A56863)	<a href="#">Select Minimally Invasive GERD Procedures</a>	Part A and B MAC	National Government Services	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35350 (A57414)	<a href="#">Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34553 (A56703)	<a href="#">Stretta Procedure</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34659 (A56395)	<a href="#">Endoscopic Treatment of GERD</a>	Part A and B MAC	Wisconsin Physicians Service Insurance Corp.*	IN, IA, KS, MI, MO, NE

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**Virtual Colonoscopy (Computed Tomographic Colonography)**

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34055 (A56800)	<a href="#">Virtual Colonoscopy (CT Colonography)</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33562 (A57026)	<a href="#">Computed Tomographic (CT) Colonography for Diagnostic Uses</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, WI, VT
L33452 (A56772)	<a href="#">Virtual Colonoscopy (CT Colonography)</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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**Endoscopic Excision of Rectal Tumors**

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35490 (A56902)	<a href="#">Category III Codes</a>	Part A and B MAC	Wisconsin Physicians Service. Corp.*	IN, IA, KS, MI, MO, NE

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**LINX® Reflux Management System for the Treatment of GERD**

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35080 (A56863)	<a href="#">Select Minimally Invasive GERD Procedures</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

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### Colon Capsule Endoscopy (CCE)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38777 (A58362)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38805 (A58410)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L38571 (A58294)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, WI, VT
L38824 (A58436)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38826 (A58438)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA-NORTHERN, CA-SOUTHERN, GU, HI, MP, NV
L38807 (A58414)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38755 (A58321)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L38837 (A58471)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation*	IA, IN, KS, MI, MO, NE

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### Modified Barium Swallow (MBS)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33449 (A56621)	<a href="#">Swallowing Studies for Dysphagia</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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### MACs with Corresponding States/Territories

MACs	States/Territories
CGS	KY, OH
First Coast	FL, PR, VI
NGS	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian	AK, AS, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas	DC, AR, CO, DE, LA, MD, MS, NJ, NM, OK, PA, TX
Palmetto	AL, GA, NC, SC, TN, VA, WV
WPS*	IA, IN, KS, MI, MO, NE

\***Note:** Wisconsin Physicians Service Insurance Corporation Contract Number 05901 - applies only to WPS Legacy Mutual of Omaha MAC A Providers

## Policy History/Revision Information

Date	Summary of Changes
03/13/2024	<p><b>Coverage Guidelines</b></p> <p><b><i>Wireless Capsule Endoscopy (CPT Codes 91110 and 91111)</i></b></p> <ul style="list-style-type: none"><li>Added instruction to refer to the [listed] InterQual® criteria for coverage guidelines if no Local Coverage Determination (LCD)/Local Coverage Article (LCA) is found after checking the table [in the <i>Supporting Information</i> section of the policy] and searching the <a href="#">Medicare Coverage Database</a></li><li>Removed language pertaining to individual consideration review by a Medical Director for the diagnosis of esophageal varices</li></ul> <p><b><i>Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC) (CPT Codes 74261, 74262, and 74263)</i></b></p> <ul style="list-style-type: none"><li>Removed language pertaining to individual consideration for non-screening CTC coverage for diverticulitis</li></ul> <p><b><i>Gastric Peroral Endoscopic Myotomy (G-POEM) (CPT Codes 43497 and 43499) (new to policy)</i></b></p> <ul style="list-style-type: none"><li>Added language to indicate:<ul style="list-style-type: none"><li>Medicare does not have a National Coverage Determination (NCD) for gastric peroral endoscopic myotomy; LCDs/LCAs do not exist</li><li>For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Minimally Invasive Procedures for Gastric and Esophageal Diseases</i></li><li>After searching the <a href="#">Medicare Coverage Database</a>, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines</li></ul></li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Added list of applicable <i>Medicare Administrative Contractors (MACs) with Corresponding States/Territories</i></li><li>Updated lists of applicable LCDs/LCAs to reflect the most current information:<ul style="list-style-type: none"><li>Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers</li><li>Modified reference information for <i>LINX® Reflux Management System for the Treatment of GERD</i></li></ul></li></ul> <p><b>Administrative</b></p> <ul style="list-style-type: none"><li>Archived previous policy version MCS039.10</li></ul>

## Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in



circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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