

# Gastroesophageal and Gastrointestinal (GI) Services and Procedures

Policy Number: MCS039.04  
Approval Date: February 15, 2022

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Related Medicare Advantage Policy Guidelines
• <a href="#">Capsule Endoscopy</a>
• <a href="#">Colonic Irrigation (NCD 100.7)</a>
• <a href="#">Gastrophotography (NCD 100.12)</a>

## Coverage Guidelines

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

### Diagnostic Breath Analysis

Diagnostic breath analysis is covered when coverage criteria are met. Refer to the [National Coverage Determination \(NCD\) for Diagnostic Breath Analyses \(100.5\)](#). (Accessed March 8, 2022)

## 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 March 8, 2022)

## 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® 2021, Jan. 2022 Release, CP: Procedures, Capsule Endoscopy, with individual consideration for wireless capsule endoscopy of the esophagus for following diagnosis:

- Esophageal Varices

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 policy referenced above for coverage guidelines.

## 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](#).

## Esophageal Manometry

Esophageal manometry is covered when coverage criteria are met. Refer to the [NCD for Esophageal Manometry \(100.4\)](#). (Accessed March 8, 2022)

## Gastric Freezing

Gastric freezing is not covered. Refer to the [NCD for Gastric Freezing \(100.6\)](#). (Accessed March 8, 2022)

## Twenty-Four (24) Hour Ambulatory Esophageal pH Monitoring

Twenty-four hour ambulatory esophageal pH monitoring is covered when coverage criteria are met. Refer to the [NCD for 24 Hour Ambulatory Esophageal PH Monitoring \(100.3\)](#). (Accessed March 8, 2022)

## Colonic Irrigation

Colonic irrigation is covered when coverage criteria are met. Refer to the [NCD for Colonic Irrigation \(100.7\)](#). (Accessed March 8, 2022)

## Intestinal Bypass

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

## Injection Sclerotherapy for Esophageal Variceal Bleeding

Injection sclerotherapy for esophageal variceal bleeding is covered. Refer to the [NCD for Injection Sclerotherapy for Esophageal Variceal Bleeding \(100.10\)](#). (Accessed March 8, 2022)

## 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 \(Bariatric Surgery\)](#).

## Gastrophotography

Gastrophotography is covered for diagnosis and treatment of gastrointestinal disorders. Refer to the [NCD for Gastrophotography \(100.12\)](#). (Accessed March 8, 2022)

## 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 at this time.

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 March 8, 2022)

## Laparoscopic Cholecystectomy

Laparoscopic cholecystectomy is covered for removal of a diseased gallbladder. Refer to the [NCD for Laparoscopic Cholecystectomy \(100.13\)](#). (Accessed March 8, 2022)

## 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 Medical Policy titled [Minimally Invasive Procedures for Gastroesophageal Reflux Disease \(GERD\) and Achalasia](#).

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.

## 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 Medical Policy titled [Minimally Invasive Procedures for Gastroesophageal Reflux Disease \(GERD\) and Achalasia](#).

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 8, 2022)

## **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 \(CTC\)](#).

For non-screening CTC coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Computed Tomographic Colonography](#) (except for screening CTC for colorectal cancer which is statutorily excluded by Medicare as stated below) with individual consideration for diverticulitis.  
Note: After checking the [Virtual Colonoscopy \(CTC\)](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### ***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 March 8, 2022)

## **Lithotripsy for Salivary Stones**

Medicare does not have an NCD for lithotripsy for salivary stones. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Lithotripsy for Salivary Stones](#).  
Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.  
(Accessed March 8, 2022)

## **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 at this time.

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.

Notes:

- When CPT code 64590 is used for peripheral nerve stimulation, refer to the Coverage Summary titled [Electrical and Spinal Cord Stimulators](#).
- For sacral nerve stimulation for incontinence, refer to the Coverage Summary titled [Urinary and Fecal Incontinence, Diagnosis and Treatments](#).

(Accessed March 8, 2022)

## **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 at this time.

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 March 8, 2022)

## 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 at this time.

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 March 8, 2022)

## 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 WPS [LCD for Category III Codes \(L35490\)](#).

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.

## High Resolution Anoscopy (CPT codes 46601 and 46607)

Medicare does not have an NCD for high resolution anoscopy. 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 [High Resolution Anoscopy](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the Palmetto [LCA for Coverage for High Resolution Anoscopy \(A53408\)](#).

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

## Supporting Information

Wireless Capsule Endoscopy				
Accessed March 8, 2022				
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
<a href="#">Back to Guidelines</a>				

Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) (Stretta® procedure, Bard EndoCinch™ Suturing System, Plicator™ and Enteryx™ systems)				
Accessed March 8, 2022				
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

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

Accessed March 8, 2022

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	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 MAC	Wisconsin Physicians Service Insurance Corp.	AK, AL*, AR*, AZ, CA, CO*, CT*, DE*, FL, GA*, HI, IA, ID, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT, NC*, ND, NE, NH*, NJ*, NM*, NV, OH*, OK*, OR, PA*, RI*, SC, SD, TN*, TX*, UT, VA*, VT*, WA, WI*, WV*, WY  Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L34659 (A56395)	<a href="#">Endoscopic Treatment of GERD</a>	Part B MAC	Wisconsin Physicians Service Insurance Corp.	IN, IA, KS, MI, MO, NE

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**Virtual Colonoscopy (Computed Tomographic Colonography)**

Accessed March 8, 2022

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**

Accessed March 8, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35490 (A56902)	<a href="#">Category III Codes</a>	Part A MAC	Wisconsin Physicians Service, Corp.	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH,

### Endoscopic Excision of Rectal Tumors

Accessed March 8, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
				NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
L35490 (A56902)	<a href="#">Category III Codes</a>	Part B MAC	Wisconsin Physicians Service. Corp.	IN, IA, KS, MI, MO, NE

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### High Resolution Anoscopy

Accessed March 8, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A53408	<a href="#">Coverage for High Resolution Anoscopy</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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

Accessed March 8, 2022

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
L34434 (A56389)	<a href="#">Upper Gastrointestinal Endoscopy and Visualization</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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### Colon Capsule Endoscopy (CCE)

Accessed March 8, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38777 (A58362)	<a href="#">Colon Capsule Endoscopy</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 MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL*, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA*, HI*, IA, ID*, IL*, IN, KS, KY*, LA*,

Colon Capsule Endoscopy (CCE)

Accessed March 8, 2022

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
				<p>MA*, MD*, ME*, MI, MO, MS*, MT*, NC*, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC*, SD*, TN*, TX*, UT*, VA, *, VT*, WA*, WI*, WV*, WY*</p> <p>Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.</p>
L38837 (A58471)	<a href="#">Colon Capsule Endoscopy (CCE)</a>	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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## Policy History/Revision Information

Date	Summary of Changes
03/03/2022	<p><b>Coverage Guidelines</b> <i>Wireless Capsule Endoscopy (CPT codes 91110 and 91111)</i></p> <ul style="list-style-type: none"> <li>Updated language pertaining to medical necessity criteria; replaced reference to “InterQual® CP: Procedures Capsule Endoscopy” with “InterQual® 2021, Jan. 2022 Release, CP: Procedures, Capsule Endoscopy”</li> </ul>
02/15/2022	<p><b>Coverage Guidelines</b> <i>Colon Capsule Endoscopy (CCE) (CPT code 91113)</i></p> <ul style="list-style-type: none"> <li>Updated list of applicable CPT codes:                             <ul style="list-style-type: none"> <li>Added 91113</li> <li>Removed 0355T</li> </ul> </li> <li><i>Electrogastrography or Electroenterography (CPT codes 91132 and 91133) (new to policy)</i> <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 <i>electrogastrography or electroenterography</i></li> <li>Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time</li> <li>For coverage guidelines, refer to the UnitedHealthcare Medical Policy titled <i>Gastrointestinal Motility Disorders, Diagnosis and Treatment</i></li> </ul> </li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated list of available LCDs/LCAs to reflect the most current reference links</li> <li>Archived previous policy version MCS039.03</li> </ul>

## Instructions for Use

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as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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