## Coverage Summary

### Gastroesophageal and Gastrointestinal (GI) Services and Procedures

**Policy Number:** G-004  
**Products:** UnitedHealthcare Medicare Advantage Plans  
**Original Approval Date:** 07/16/2008

**Approved by:** UnitedHealthcare Medicare Benefit Interpretation Committee  
**Last Review Date:** 05/14/2019

<table>
<thead>
<tr>
<th>Related Medicare Advantage Policy Guidelines:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Capsule Endoscopy</td>
</tr>
<tr>
<td>• Colonic Irrigation (NCD 100.7)</td>
</tr>
<tr>
<td>• Diagnostic Breath Analyses (NCD 100.5)</td>
</tr>
<tr>
<td>• Endoscopy (NCD 100.2)</td>
</tr>
<tr>
<td>• Excision of Rectal Tumor</td>
</tr>
<tr>
<td>• Gastric Freezing (NCD 100.6)</td>
</tr>
<tr>
<td>• Gastrophotography (NCD 100.12)</td>
</tr>
<tr>
<td>• High Resolution Anoscopy</td>
</tr>
<tr>
<td>• Implantation of Anti-Gastroesophageal Reflux Device (NCD 100.9)</td>
</tr>
<tr>
<td>• Injection Sclerotherapy for Esophageal Variceal Bleeding (NCD 100.10)</td>
</tr>
<tr>
<td>• Laparoscopic Cholecystectomy (NCD 100.13)</td>
</tr>
<tr>
<td>• 24-Hour Ambulatory Esophageal pH Monitoring (NCD 100.3)</td>
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</table>

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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.

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](#)).

### INDEX TO COVERAGE SUMMARY

<table>
<thead>
<tr>
<th>I. COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diagnostic Breath Analysis</td>
</tr>
<tr>
<td>2. Bariatric Surgery</td>
</tr>
<tr>
<td>3. Endoscopy</td>
</tr>
<tr>
<td>4. Wireless Capsule Endoscopy</td>
</tr>
<tr>
<td>5. Esophageal Manometry</td>
</tr>
<tr>
<td>6. Gastric Freezing</td>
</tr>
<tr>
<td>7. Twenty-four (24) Hour Ambulatory Esophageal pH Monitoring</td>
</tr>
<tr>
<td>8. Colonic Irrigation</td>
</tr>
<tr>
<td>9. Intestinal Bypass</td>
</tr>
<tr>
<td>10. Injection Sclerotherapy for Esophageal Variceal Bleeding</td>
</tr>
<tr>
<td>11. Gastric Balloon for Treatment of Obesity</td>
</tr>
<tr>
<td>12. Gastrophotography</td>
</tr>
<tr>
<td>13. Laparoscopic Cholecystectomy</td>
</tr>
</tbody>
</table>
14. Implantation of Anti-gastroesophageal Reflux Device

15. Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)

16. LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD)

17. Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC)

18. Lithotripsy for Salivary Stones

19. Gastric Electrical Stimulation Therapy (e.g., Enterra®)

20. Fecal Calprotectin Testing

21. Virtual Upper Gastrointestinal Endoscopy

22. Endoscopic Excision of Rectal Tumors

23. High Resolution Anoscopy

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

V. ATTACHMENTS

I. COVERAGE

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

Guidelines/Notes:

1. Diagnostic Breath Analysis
   Diagnostic breath analysis is covered when coverage criteria are met. See the NCD for Diagnostic Breath Analyses (100.5). (Accessed April 22, 2019)

2. Bariatric Surgery
   Bariatric surgery for the treatment of morbid obesity is covered when criteria are met. See the Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery).

3. Endoscopy
   Endoscopy is covered when coverage criteria are met. See the NCD for Endoscopy (100.2). (Accessed April 22, 2019)

4. Wireless Capsule Endoscopy (CPT codes 91110 and 91111)
   - Medicare does not have a National Coverage Determination (NCD) for wireless capsule endoscopy
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment A).
   - For states with no LCDs/LCAs, see the MCG™ Care Guidelines, 23rd edition, 2019, Capsule Endoscopy ACG: A-0134 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
5. **Esophageal Manometry**
Esophageal manometry is covered when coverage criteria are met. See the NCD for Esophageal Manometry (100.4). (Accessed April 22, 2019)

6. **Gastric Freezing**
Gastric freezing is not covered. See the NCD for Gastric Freezing (100.6). (Accessed May 7, 2019)

7. **Twenty-four (24) Hour Ambulatory Esophageal pH Monitoring**
Twenty-four hour ambulatory esophageal pH monitoring is covered when coverage criteria are met. See the NCD for 24 Hour Ambulatory Esophageal pH Monitoring (100.3). (Accessed May 7, 2019)

8. **Colonic Irrigation**
Colonic irrigation is covered when coverage criteria are met. See the NCD for Colonic Irrigation (100.7). (Accessed May 7, 2019)

9. **Intestinal Bypass**
Intestinal bypass is not covered. See the Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery).

10. **Injection Sclerotherapy for Esophageal Variceal Bleeding**
Injection sclerotherapy for esophageal variceal bleeding is covered. See the NCD for Injection Sclerotherapy for Esophageal Variceal Bleeding (100.10). (Accessed May 7, 2019)

11. **Gastric Balloon for Treatment of Obesity**
Gastric balloon for treatment of obesity is not covered. See the Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery).

12. **Gastrophotography**
Gastrophotography is covered for diagnosis and treatment of gastrointestinal disorders. See the NCD for Gastrophotography (100.12). (Accessed May 7, 2019)

13. **Laparoscopic Cholecystectomy**
Laparoscopic cholecystectomy is covered for removal of a diseased gallbladder. See the NCD for Laparoscopic Cholecystectomy (100.13). (Accessed May 7, 2019)

14. **Implantation of Anti-gastroesophageal Reflux Device**
The implantation of an anti-gastroesophageal reflux device may be covered when coverage criteria are met. See the NCD for Implantation of Anti-Gastroesophageal Reflux Device (100.9). (Accessed May 7, 2019)

*Note: CMS has authorized hospitals to receive special add-on payments (pass through payments) under the Outpatient Prospective Payment System (OPPS) for the insertion of a special device for measuring and monitoring acid levels associated with gastroesophageal reflux disease (GERD). This information is available at https://www.cms.gov/newsroom/press-releases/medicare-adds-list-outpatient-services-eligible-additional-payments. (Accessed May...*)
15. **Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)** (includes Stretta procedure, the Bard® EndoCinch™ Suturing System, Plicator™ and Enteryx™) (CPT code 43257)
   - Medicare does not have a National Coverage Determination (NCD) for Endoscopic Procedures for Treatment of Gastric Reflux (GERD).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states. Compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the [LCD Availability Grid (Attachment B)](https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf).
   - **Committee approval date:** May 14, 2019
   - Accessed July 17, 2019

16. **LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD)** (CPT codes 43284 and 43285)
   - Medicare does not have a National Coverage Determination (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 state-specific LCDs/LCAs, see the [LCD Availability Grid (Attachment F)](https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf).
   - For states with no LCDs/LCAs, see the [UnitedHealthcare Commercial Medical Policy for Gastroesophageal Reflux Disease (GERD)](https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf) for coverage guideline. **(IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** May 14, 2019
   - Accessed July 17, 2019

The LINX™ Reflux Management System (LINX device) consists of a series of titanium beads, each with a magnetic core, connected together with titanium wires to form a ring shape. The LINX device is surgically implanted around the lower end of the esophagus. It is used to treat gastroesophageal reflux disease (GERD) in patients who continue to have GERD symptoms despite the use of maximum medical therapy for the treatment of their reflux. FDA approval information for this device is available at [https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf). (Accessed May 8, 2019)

17. **Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC)** (CPT codes 74261, 74262 and 74263)
   - Medicare does not have a National Coverage Determination (NCD) for virtual colonoscopy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the [LCD Availability Grid (Attachment C)](https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf).
   - For non-screening CTC coverage guideline for states with no LCDs/LCAs, see the [UnitedHealthcare Commercial Medical Policy for Computed Tomographic Colonography](https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf). *(Except for screening CTC for colorectal cancer which is statutorily excluded by Medicare as stated below) with individual consideration for diverticulitis. **(IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

Page 4 of 9

UHC MA Coverage Summary: Gastroesophageal and Gastrointestinal (GI) Services and Procedures

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Committee approval date: May 14, 2019
Accessed July 17, 2019

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. See the NCD for Colorectal Cancer Screening Tests (210.3). (Accessed May 7, 2019)

18. Lithotripsy for Salivary Stones
   - Medicare does not have a National Coverage Determination (NCD) for lithotripsy for salivary stones.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - For coverage guideline, see the UnitedHealthcare Commercial Medical Policy for Lithotripsy for Salivary Stones. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: May 14, 2019
   - Accessed July 17, 2019

19. Gastric Electrical Stimulation Therapy (e.g., Enterra®) (CPT codes 43647, 43648, 43881, 43882, 64590 and 64595)
   - Medicare does not have a National Coverage Determination (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 guideline, see the UnitedHealthcare Commercial Medical Policy for Gastrointestinal Motility Disorders, Diagnosis and Treatment. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: May 14, 2019
   - Accessed July 17, 2019

Notes:
- When CPT code 64590 is used for peripheral nerve stimulation, see the Coverage Summary for Stimulators: Electrical and Spinal Cord Stimulators.
- For sacral nerve stimulation for incontinence, see the Coverage Summary for Incontinence: Urinary and Fecal Incontinence, Diagnosis and Treatments

20. Fecal Calprotectin Testing (CPT code 83993)
   - Medicare does not have a National Coverage Determination (NCD) for fecal calprotectin testing.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - For coverage guideline, see the UnitedHealthcare Commercial Medical Policy for Fecal Calprotectin Testing. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: May 14, 2019
   - Accessed July 17, 2019
21. **Virtual Upper Gastrointestinal Endoscopy (CPT codes 76497 and 76498)**
   - Medicare does not have a National Coverage Determination (NCD) for virtual upper gastrointestinal endoscopy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - **For coverage guideline**, see the *UnitedHealthcare Commercial Medical Policy for Virtual Upper Gastrointestinal Endoscopy.* (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** May 14, 2019
   - **Accessed July 17, 2019**

22. **Endoscopic Excision of Rectal Tumors (CPT code 0184T)**
   - Medicare does not have a National Coverage Determination (NCD) for Transanal Endoscopic Microsurgery (TEMS)
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) for **all 50 states** exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the *LCD Availability Grid (Attachment D).*
   - **Committee approval date:** May 14, 2019
   - **Accessed July 17, 2019**

23. **High Resolution Anoscopy (CPT codes 46601 and 46607)**
   - Medicare does not have a National Coverage Determination (NCD) for high resolution anoscopy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the *LCD Availability Grid (Attachment E).*
   - **For states with no LCDs/LCAs**, see the Palmetto GBA **LCA for Coverage for High Resolution Anoscopy (A53408)** for coverage guideline. (IMPORTANT NOTE: After checking LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** May 14, 2019
   - **Accessed July 17, 2019**

**II. DEFINITIONS**

**III. REFERENCES**

See above

**IV. REVISION HISTORY**

05/14/2019 **Guideline 6 (Gastric Freezing)**
- Removed notation indicating this (gastric freezing) procedure is obsolete and therefore not covered by Medicare [duplicative to the language outlined in the referenced National Coverage Determination (NCD) for Gastric Freezing (100.6)]

**Guideline 19 ([Gastric Electrical Stimulation Therapy (e.g., Enterra®) (CPT codes 43647, 43648, 43881, 43882, 64590 and 64595)]**
- Updated list of applicable CPT codes:
  - Added 43648, 43881, 43882 and 64595

Page 6 of 9
*UHC MA Coverage Summary: Gastroesophageal and Gastrointestinal (GI) Services and Procedures*
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V. ATTACHMENT(S)

**Attachment A - LCD Availability Grid**

**Wireless Capsule Endoscopy**  
(CPT Code 91110 & 91111)  
CMS website accessed July 17, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
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<tr>
<td>L36427</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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<tr>
<td>L34081</td>
<td>Endoscopy by Capsule</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>OH, KY</td>
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<tr>
<td>L33774</td>
<td>Wireless Capsule Endoscopy</td>
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<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L35089</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DE, DC, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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</table>

End of Attachment A

**Attachment B – LCD Availability Grid**

**Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)**  
(Stretta procedure, the Bard® EndoCinch™ Suturing System, Plicator™ and Enteryx™)  
(CPT code 43257)  
CMS website accessed July 17, 2019

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<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA – NORTHERN, CA-SOUTHERN, GU, HI, MP, NV</td>
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<td>L35008</td>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY</td>
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<td>L34659</td>
<td>Endoscopic Treatment of GERD</td>
<td>MAC – Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IN, IA, KS, MI, MO, NE</td>
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<td>L34659</td>
<td>Endoscopic Treatment of GERD</td>
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<td>Wisconsin Physicians Service Insurance Corporation</td>
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<td>L34540</td>
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<td>L35350</td>
<td>Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)</td>
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<td>Novitas Solutions, Inc.</td>
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End of Attachment B
### Attachment C - LCD Availability Grid

**Virtual Colonoscopy (Computed Tomographic Colonography)**

(CPT codes 74261, 74262 and 74263)

CMS website accessed July 17, 2019

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<thead>
<tr>
<th>LCD ID</th>
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<th>Contractor Type</th>
<th>Contractor Name</th>
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<tr>
<td>L33452</td>
<td>Virtual Colonoscopy (CT Colonography)</td>
<td>A and B MAC</td>
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<td>AL, GA, NC, SC, TN, VA, WV</td>
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<td>L33562</td>
<td>Computed Tomographic (CT) Colonography for Diagnostic Uses</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, WI, VT</td>
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<td>L33283</td>
<td>Computed Tomographic Colonography</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
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<td>L34055</td>
<td>Virtual Colonoscopy (CT Colonography)</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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**End of Attachment C**

### Attachment D – LCD Availability Grid

**Endoscopic Excision of Rectal Tumors**

(CPT code 0184T)

CMS website accessed July 17, 2019

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<thead>
<tr>
<th>LCD ID</th>
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<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
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<td>L35490</td>
<td>Category III Codes</td>
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<td>IN, IA, KS, MI, MO, NE</td>
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<td>L35490</td>
<td>Category III Codes</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service</td>
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<td>L33392</td>
<td>Category III CPT® Codes</td>
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<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<td>L33777</td>
<td>Noncovered Services</td>
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<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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<tr>
<td>L36219</td>
<td>Non-Covered Services</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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</tr>
<tr>
<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
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**End of Attachment D**
### Attachment E – LCD Availability Grid
**High Resolution Anoscopy**
(CPT codes 46601 and 46607)
CMS website accessed July 17, 2019

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<th>Contractor Name</th>
<th>States</th>
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<tbody>
<tr>
<td>A53408</td>
<td>Coverage for High Resolution Anoscopy</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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</table>

End of Attachment E

### Attachment F - LCD Availability Grid
**LINX™ Reflux Management System for the Treatment of GERD**
(CPT code 43284 and 43285)
CMS website accessed July 17, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34434</td>
<td>Upper Gastrointestinal Endoscopy and Visualization</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
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<td>L35080</td>
<td>Select Minimally Invasive GERD Procedures</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT WI</td>
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<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>CO, NM, OK, TX, AR, LA, MS, DE, MD, NJ, PA</td>
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<td>L36219</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
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<td>L35008</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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End of Attachment F