

## CATEGORY III CPT CODES

Guideline Number: MPG043.21

Approval Date: August 12, 2020

[Terms and Conditions](#) ⓘ

Table of Contents	Page
<a href="#">POLICY SUMMARY</a> .....	1
<a href="#">APPLICABLE CODES</a> .....	2
<a href="#">QUESTIONS AND ANSWERS</a> .....	2
<a href="#">PURPOSE</a> .....	2
<a href="#">REFERENCES</a> .....	2
<a href="#">GUIDELINE HISTORY/REVISION INFORMATION</a> .....	8
<a href="#">TERMS AND CONDITIONS</a> .....	8

### Related Policies

See [References](#)

### POLICY SUMMARY

See [Purpose](#) ⓘ

#### Overview

The American Medical Association (AMA) developed Category III CPT codes to track the utilization of emerging technologies, services, and procedures. The Category III CPT codes description does not establish a service or procedure as safe, effective or applicable to the clinical practice of medicine. The development and coverage guidelines in this policy were based on a review of pertinent medical literature, policies from other Medicare contractors, and discussions with appropriate specialists. Title XVIII of the Social Security Act, Section 1862(a) (1) (A) allows coverage and payment for items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Because of the specific purpose these Category III codes serve, UnitedHealthcare will consider the item, service, or procedure represented by these codes to be not proven effective; therefore, the codes will be denied as not medically necessary, unless an LCD or coverage article specifically extending coverage to a particular Category III code has been published. If providers believe that any of the Category III codes qualify for Medicare coverage (have been proven both-safe and effective as well as reasonable and necessary), those providers may request their removal from this list through the standard reconsideration process. Copies of the extended coverage details must be submitted with the reconsideration.

#### Guidelines

Unless an NCD, LCD or coverage article is published to address coverage for a specific Category III CPT code, UnitedHealthcare considers all services and procedures listed in the current and future Category III CPT code list as not proven effective and will deny submitted claims as not medically necessary.

Section 1862(a)(1)(A) of the Social Security Act is the basis for denying payment for types of care, specific items, services, or procedures, not excluded by any other statutory clause, meeting all technical requirements for coverage, but are determined to be any of the following:

- Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used
- Not proven to be safe and effective based on peer review or scientific literature
- Experimental
- Not medically necessary in the particular case
- Furnished at a level, duration or frequency that is not medically appropriate
- Not furnished in accordance with accepted standards of medical practice, or
- Not furnished in a setting appropriate to the patient's medical needs and condition.

Items and services must be established as safe and effective to be considered medically necessary. That is, the items and services must be:

- Consistent with the symptoms or diagnosis of the illness or injury under treatment; and
- Necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental or investigational); and
- Not furnished primarily for the convenience of the patient, the provider or supplier; and
- Furnished at the most appropriate level that can be provided safely and effectively to the patient.

Medical devices that are not approved for marketing by the Food and Drug Administration (FDA) are considered investigational by Medicare and are not considered reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve functioning of a malformed body member. UnitedHealthcare payment, therefore, may not be made for medical procedures and services performed using devices that have not been approved for marketing by the FDA or for those not included in an FDA-approved investigational (IDE) trial.

## APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

### CPT Codes

[Category III CPT Codes List](#)

*CPT® is a registered trademark of the American Medical Association*

## QUESTIONS AND ANSWERS

1	Q:	When a Category III CPT code is replaced by a Category I CPT code, is this item, service, or procedure presumed to be medically necessary?
	A:	No, additionally the absence of a CPT code from a CMS coverage policy does not indicate coverage.
2	Q:	What if a payment amount appears in the Medicare fee schedule for a service?
	A:	The presence of a payment amount in the Medicare Physician Fee Schedule (MPFS) and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service should be covered by Medicare.

## PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## REFERENCES

### CMS National Coverage Determinations (NCDs)

[NCD 20.33 Transcatheter Mitral Valve Repair \(TMVR\)](#)

[NCD 20.8.4 Leadless Pacemakers](#)

[NCD 150.10 Lumbar Artificial Disc Replacement \(LADR\)](#)

[NCD 150.13 Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis](#)

[NCD 150.3 Bone \(Mineral\) Density Studies](#)

[NCD 190.7 Human Tumor Stem Cell Drug Sensitivity Assays](#)

[NCD 220.12 Single Photon Emission Computed Tomography \(SPECT\)](#)

[NCD 230.3 Sterilization](#)

[NCD 260.10 Heartsbreath Test for Heart Transplant Rejection](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33392 (Category III CPT® Codes)</a>	<a href="#">A56195 (Billing and Coding: Category III CPT® Codes)</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L34370 (Category III CPT® Codes)</a>	<a href="#">A57230 (Billing and Coding: Category III CPT® Codes)</a> <a href="#">A54327 (ArgusM II Retinal Prosthesis System)</a>	CGS	KY, OH	KY, OH
N/A	<a href="#">A53044 (ArgusM II Retinal Prosthesis System)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L35490 (Category III Codes)</a>	<a href="#">A56902 (Billing and Coding: Category III Codes)</a> <a href="#">A57845 (Response to Comments: Category III Codes (L35490))</a>	WPS	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	KS, IA, MO, NE, MI, IN
<a href="#">L36219 (Non Covered Services)</a>	<a href="#">A57641 (Billing and Coding: Non-Covered Services)</a> <a href="#">A55607 (Additional Information Required for Coverage and Pricing for Category III CPT® Codes)</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L35008 (Non-Covered Services)</a>	<a href="#">A57642 Billing and Coding: Non-Covered Services</a> <a href="#">A55681 (Additional Information Required for Coverage and Pricing for Category III CPT® Codes)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L33777 (Noncovered Services)</a>	<a href="#">A57743 (Billing and Coding: Noncovered Services)</a> <a href="#">A54740 (Noncovered services revision to the Part A-B LCD)</a> <a href="#">A56166 (Noncovered services revision to the Part A and Part B LCD)</a> <a href="#">A55880 (Noncovered services (procedure codes 0449T and 0450T) – Revision to the Part A and Part B local coverage article)</a> <a href="#">A55834 (Response to Comments: L33777 Noncovered Services)</a> <a href="#">A55919 (Noncovered services revision to the Part A and Part B LCD)</a> <a href="#">A56946 (Noncovered Services revision to the Part A and Part B LCD)</a>	First Coast	FL, PR, VI	FL, PR, VI
N/A	<a href="#">A57742 (Billing and Coding: National Noncovered Services)</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L35094 (Services That Are Not Reasonable and Necessary)</a>	<a href="#">A56967 (Billing and Coding: Services That Are Not Reasonable and Necessary)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L34636 (Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring))</a>	<a href="#">A57476(Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring))</a>	WPS	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	IA, IN, KS, MI, MO, NE
<a href="#">L33380 (Long-Term Wearable Electrocardiographic Monitoring (WEM))</a>	<a href="#">A57062(Billing and Coding: Long-Term Wearable Electrocardiographic Monitoring (WEM))</a>	First Coast	FL, PR, VI	FL, PR, VI
	<a href="#">A55836 (Long-term wearable electrocardiographic monitoring (WEM) revision to the Part A and Part B LCD)</a>			
<a href="#">L33584 (Implantable Miniature Telescope (IMT))</a>	<a href="#">A57411(Billing and Coding: Implantable Miniature Telescope (IMT))</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
N/A	<a href="#">A53501 (Implantable Miniature Telescope (IMT) for Macular Degeneration)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L36232 (Diagnostic Evaluation and Medical Management of Moderate-Severe Dry Eye Disease (DED))</a>	<a href="#">A57676 (Billing and Coding: Diagnostic Evaluation and Medical Management of Moderate-Severe Dry Eye Disease (DED))</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L33559 (Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA))</a>	<a href="#">A56737 (Billing and Coding: Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA))</a> NGS	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L33423 (Cardiac Computed Tomography &amp; Angiography)</a>	<a href="#">A56691 (Billing and Coding: Cardiac Computed Tomography &amp; Angiography)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L37578 (Micro-Invasive Glaucoma Surgery (MIGS))</a>	<a href="#">A56491 (Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS))</a>	CGS	KY, OH	KY, OH
<a href="#">L37244 (Micro-Invasive Glaucoma Surgery (MIGS))</a>	<a href="#">A56588 (Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS))</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L37531 (Micro-Invasive Glaucoma Surgery (MIGS))</a>	<a href="#">A56866 (Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS))</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L38223 (Micro-Invasive Glaucoma Surgery (MIGS))</a>	<a href="#">A56633 (Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS))</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L38299 (Micro-Invasive Glaucoma Surgery (MIGS))</a>	<a href="#">A57863 (Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS))</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L38301 (Micro-Invasive Glaucoma Surgery (MIGS))</a>	<a href="#">A57864 (Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS))</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L38233 (Micro-Invasive Glaucoma Surgery (MIGS))</a>	<a href="#">A56647 (Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS))</a>	First Coast	FL, PR, VI	FL, PR, VI
N/A	<a href="#">A56179 (Insertion of anterior segment aqueous drainage device – Current Procedural Terminology (CPT®) codes 0191T, 0474T and 0449T)</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L35130 (Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous)</a>	<a href="#">A57752 (Billing and Coding: Vertebroplasty, Vertebral Augmentation (Kyphoplasty) Percutaneous)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L34228 (Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF))</a>	A57694 (Billing and Coding: Percutaneous Vertebral Augmentation) <b>Retired 02/18/2020</b>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L34106 (Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF))</a>	A57695 (Billing and Coding: Percutaneous Vertebral Augmentation) <b>Retired 02/18/2020</b>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L37761 (Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor)</a>	<a href="#">A56690 (Billing and Coding: Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L37421 (Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor)</a>	<a href="#">A57435 (Billing and Coding: Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor)</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L37790 (Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor)</a>	<a href="#">A56470 (Billing and Coding for Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor)</a>	CGS	KY, OH	KY, OH
<a href="#">L37729 (Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor)</a>	<a href="#">A57512 (Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor)</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L37738 (Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor)</a>	<a href="#">A57513 (Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L37398 (Electroretinography (ERG))</a>	<a href="#">A57677 (Billing and Coding: Electroretinography (ERG))</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L37371 (Electroretinography (ERG))</a>	<a href="#">A56672 (Billing and Coding: Electroretinography (ERG))</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L36831 (Visual Electrophysiology Testing)</a>	<a href="#">A57060 (Billing and Coding: Visual Electrophysiology Testing)</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L38014 (Corneal Hysteresis)</a>	<a href="#">A56248 (Billing and Coding: Corneal Hysteresis)</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L38211(Corneal HysterESIS)</a>	<a href="#">A56910 (Billing and Coding: Corneal HysterESIS)</a>	WPS	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	IA, IN, KS, MI, MO, NE
<a href="#">L38378 (Fluid Jet System in the Treatment of Benign Prostatic Hyperplasia (BPH))</a>	<a href="#">A57926 (Billing and Coding: Fluid Jet System in the Treatment of Benign Prostatic Hyperplasia (BPH))</a>	CGS	KY, OH	KY, OH
<a href="#">L38367 (Fluid Jet System in the Treatment of Benign Prostatic Hyperplasia (BPH))</a>	<a href="#">A56797 (Billing and Coding: Fluid Jet System in the Treatment of Benign Prostatic Hyperplasia (BPH))</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L37929 (Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea)</a>	<a href="#">A57548 (Billing and Coding: Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea)</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L34993 (Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy)</a>	<a href="#">A57727 (Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy)</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L34995 (Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy)</a>	<a href="#">A57728 (Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L33631 (Outpatient Physical and Occupational Therapy Services)</a>	<a href="#">A56566 (Billing and Coding: Outpatient Physical and Occupational Therapy Services)</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L36460 Bone Mass Measurement</a>	<a href="#">A57132 (Billing and Coding: Bone Mass Measurement)</a>	CGS	KY, OH	KY, OH
<a href="#">L36356 (Bone Mineral Density Studies)</a>	<a href="#">A56484 (Billing and Coding: Bone Mineral Density Studies)</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L37826 (Lumbar Artificial Disc Replacement)</a>	<a href="#">A56390 (Billing and Coding: Lumbar Artificial Disc Replacement)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L38033 (Cervical Disc Replacement)</a>	<a href="#">A57021 (Billing and Coding: Cervical Disc Replacement)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L34554 (In Vitro Chemosensitivity &amp; Chemoresistance Assays)</a>	<a href="#">A56871 (Billing and Coding: In Vitro Chemosensitivity &amp; Chemoresistance Assays)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	<a href="#">A53006 (Hemorrhoid Artery Ligation CPT Code 0249T Article)</a>	Palmetto		AL, GA, NC, SC, TN, VA, WV
L34555 (Non-Covered Category III CPT Codes) <b>Retired 03/23/2020</b>	A56480 (Billing and Coding: Non-Covered Category III CPT Codes) <b>Retired 03/23/2020</b>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV



LCD	Article	Contractor	Medicare Part A	Medicare Part B
L36954 (Noncovered Services other than CPT® Category III Noncovered Services) <b>Retired 03/23/2020</b>	A56506 (Billing and Coding: Noncovered Services other than CPT® Category III Noncovered Services) <b>Retired 03/23/2020</b>	Palmetto		AL, GA, NC, SC, TN, VA, WV

### **CMS Transmittals**

[Transmittal 4064, Change Request 10781, Dated 06/01/2018 \(July 2018 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)\)](#)

[Transmittal 4076, Change Request 10788, Dated 06/26/2018 \(July 2018 Update of the Ambulatory Surgical Center \(ASC\) Payment System\)](#)

[Transmittal 4313, Change Request 11318, Dated 05/24/2019 \(July 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)\)](#)

[Transmittal 4319, Change Request 11328, Dated 06/14/2019 \(July 2019 Update of the Ambulatory Surgical Center \(ASC\) Payment System\)](#)

### **MLN Matters**

[Article MM10781, July 2018 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

[Article MM10788, July 2018 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#)

[Article MM11318, July 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

[Article MM11328, July 2019 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#)

[Article SE19009, Chimeric Antigen Receptor \(CAR\) T-Cell Therapy Revenue Code and HCPCS Setup Revisions](#)

[Article MM11814, July 2020 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

### **Related Medicare Advantage Policy Guidelines**

[Anterior Segment Aqueous Drainage Device](#)

[Bone \(Mineral\) Density Studies \(NCD 150.3\)](#)

[Capsule Endoscopy](#)

[Coronary Fractional Flow Reserve Using Computed Tomography \(FFR-ct\)](#)

[Epidural Injection](#)

[Excision of Rectal Tumor](#)

[External Electrocardiographic Recording](#)

[Extracorporeal Shock Wave Treatment \(ESWT\)](#)

[Heartsbreath Test for Heart Transplant Rejection \(NCD 260.10\)](#)

[Human Tumor Stem Cell Drug Sensitivity Assays \(NCD 190.7\)](#)

[Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea](#)

[Insertion of Posterior Spinous Process Device](#)

[Leadless Pacemakers \(NCD 20.8.4\)](#)

[Lumbar Artificial Disc Replacement \(LADR\) \(NCD 150.10\)](#)

[Magnetic Resonance Image Guided High Intensity Focused Ultrasound \(MRgFUS\) for Essential Tremor](#)

[Ocular Telescope](#)

[Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis \(NCD 150.13\)](#)

[Retinal Prosthesis](#)

[Transcatheter Mitral Valve Repair \(TMVR\) \(NCD 20.33\)](#)

[Vertebral Augmentation Procedure \(VAP\)/Percutaneous Vertebroplasty](#)

[Visual Field Assessment with Concurrent Real Time Data Analysis and Accessible Data Storage](#)

### **Related Medicare Advantage Coverage Summaries**

[Artificial Disc Replacement, Cervical and Lumbar](#)

[Brachytherapy Procedures](#)

[Gastroesophageal and Gastrointestinal \(GI\) Services and Procedures](#)

[Glaucoma Surgical Treatments](#)

[Orthopedic Procedures, Devices and Products](#)

[Prostate: Services and Procedures](#)

[Spine Procedures](#)

[Transcatheter Heart Valve Procedures](#)

[Vision Services, Therapy and Rehabilitation](#)

### **UnitedHealthcare Commercial Policies**

[Abnormal Uterine Bleeding and Uterine Fibroids](#)

[Apheresis](#)

[Bariatric Surgery](#)

[Bone or Soft Tissue Healing and Fusion Enhancement Products](#)

[Breast Imaging for Screening and Diagnosing Cancer](#)

[Bronchial Thermoplasty](#)

- [Cardiovascular Disease Risk Tests](#)
- [Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes](#)
- [Corneal Hysteresis and Intraocular Pressure Measurement](#)
- [Epidural Steroid and Facet Injections for Spinal Pain](#)
- [Extracorporeal Shock Wave Therapy \(ESWT\) for Musculoskeletal Conditions and Soft Tissue Wounds](#)
- [Glaucoma Surgical Treatments](#)
- [Infertility Diagnosis and Treatment](#)
- [Macular Degeneration Treatment Procedures](#)
- [Neurophysiologic Testing and Monitoring](#)
- [Obstructive Sleep Apnea Treatment](#)
- [Omnibus Codes](#)
- [Prolotherapy and Platelet Rich Plasma Therapies](#)
- [Surgical Treatment for Spine Pain](#)
- [Total Artificial Disc Replacement for the Spine](#)
- [Transcatheter Heart Valve Procedures](#)

## GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Action/Description
08/12/2020	<p><b>Policy Summary</b></p> <p><b>Guidelines</b></p> <ul style="list-style-type: none"> <li>Removed/relocated notation addressing coverage of Category I CPT codes (refer to <i>Questions and Answers</i> section)</li> </ul> <p><b>Questions and Answers</b></p> <ul style="list-style-type: none"> <li>Added Q&amp;A #1 and #2 addressing coverage and payment of Category I [formerly Category III] CPT codes</li> </ul> <p><b>Applicable Codes</b></p> <p><b>Non-Covered</b></p> <ul style="list-style-type: none"> <li>Removed/relocated CPT code 0042T (refer to list of <i>Provisional Coverage</i> codes)</li> </ul> <p><b>Provisional Coverage</b></p> <ul style="list-style-type: none"> <li>Added CPT code 0042T</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version MPG043.20</li> </ul>

## TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.



You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use and distribution of this information are strictly prohibited.

\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).