

# Category III CPT Codes

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[Terms and Conditions](#)

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## Policy Summary

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### Overview

The American Medical Association (AMA) develops temporary Current Procedural Terminology (CPT) Category III codes to track the utilization of emerging technologies, services, and procedures. The Category III CPT code description does not establish a service or procedure as safe, effective or applicable to the clinical practice of medicine.

The coverage guidelines in this policy are 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.

### Guidelines

Section 1862(a)(1)(A) of the Social Security Act is the basis for denying payment for types of care, items, services, and procedures, not excluded by any other statutory clause while meeting all technical requirements for coverage, that 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 for a particular patient;
- 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); 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 and are not considered reasonable and necessary under SSA 1862(a)(1)(A). Medicare payment, therefore, may not be made for procedures performed using devices that have not been approved for marketing by the FDA unless performed in an approved FDA Investigational Device Exemption (IDE) trial.

## Applicable Codes

The following list(s) of procedure and/or diagnosis 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.

This list contains the following CPT codes:

- [Non-Covered](#)
- [Provisional Coverage](#)
- [Possible Provisional Coverage](#)
- [No Longer Considered Investigational: Global Coverage Allowed](#)

CPT Code	Description
Non-Covered	
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images
0058T	Cryopreservation; reproductive tissue, ovarian (Deleted 12/31/2020 – See 89398)
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
0085T	Breath test for heart transplant rejection (Non-Covered) (Deleted 12/31/2020 – See 84999)
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes (See the Medicare Advantage Policy Guideline titled <a href="#">Biomarkers in Cardiovascular Risk Assessment</a> ) (Deleted 12/31/2020 – See 84999)
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment (Deleted 12/31/2020 – See 93998)

CPT Code	Description
<b>Non-Covered</b>	
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (e.g., infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure) (Deleted 12/31/2019 – See 93799)
0206T	Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including report (Deleted 12/31/2019 – See 93799)
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar

CPT Code	Description
<b>Non-Covered</b>	
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level (Deleted 12/31/2020 – See 64999)
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure) (Deleted 12/31/2020 – See 64999)
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
0254T	Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral (Deleted 12/31/2019 - See 34717, 34718)
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming
0274T	Percutaneous laminotomy/laminectomy (intra-laminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic
0278T	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)

CPT Code	Description
<b>Non-Covered</b>	
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
0333T	Visual evoked potential, screening of visual acuity, automated, with report
0335T	Insertion of sinus tarsi implant
0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral (Deleted 12/31/2019 – See 92499)
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion
0357T	Cryopreservation; immature oocyte(s) (Deleted 12/31/2019 – See 89398)
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report
0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels (Deleted 12/31/2019 – See 22899)
0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence (Deleted 12/31/2019 – See 46999)
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report (Deleted 12/31/2019 – See 92499)
0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure) (Deleted 12/31/2020 – See 27599)
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)
0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure) (Deleted 12/31/2019 – See 93356)
0400T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions (Deleted 12/31/2020 – See 96999)
0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions (Deleted 12/31/2020 – See 96999)
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)

CPT Code	Description
<b>Non-Covered</b>	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve)
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (e.g., retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (e.g., retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space (See the Medicare Advantage Policy Guideline titled <a href="#">Anterior Segment Aqueous Drainage Device</a> )
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure (Deleted 12/31/2019 – See 78434)

CPT Code	Description
<b>Non-Covered</b>	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (e.g., thoracotomy, transapical)
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands
0493T	Near-infrared spectroscopy studies of lower extremity wounds (e.g., for oxyhemoglobin measurement)
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only
0518T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only

CPT Code	Description
<b>Non-Covered</b>	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only
0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor
0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae (Effective 07/01/2019)
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture (Effective 07/01/2019)
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach (Effective 07/01/2019)
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score (Effective 07/01/2019)
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional (Effective 07/01/2019)
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure (Effective 07/01/2019)
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure) (Effective 07/01/2019)
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide (Effective 07/01/2019)
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure) (Effective 07/01/2019)
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral (Effective 01/01/2020)
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations (Effective 01/01/2020) [See the Medicare Advantage Policy Guideline titled <a href="#">Human Tumor Stem Cell Drug Sensitivity Assays (NCD 190.7)</a> ]
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation (Effective 01/01/2020)
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral (Effective 01/01/2020)
0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound (Effective 01/01/2020)
0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound (Effective 01/01/2020)
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis (Effective 01/01/2020)



CPT Code	Description
<b>Non-Covered</b>	
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure) (Effective 01/01/2020)
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous (Effective 01/01/2020)
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic (Effective 01/01/2020)
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open (Effective 01/01/2020)
0591T	Health and well-being coaching face-to-face; individual, initial assessment (Effective 01/01/2020)
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes (Effective 01/01/2020)
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes (Effective 01/01/2020)
0596T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); initial insertion, including urethral measurement (Effective 07/01/2020)
0597T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); replacement (Effective 07/01/2020)
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (e.g., lower extremity) (Effective 07/01/2020)
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (e.g., upper extremity) (List separately in addition to code for primary procedure) (Effective 07/01/2020)

CPT Code	Description
<b>Provisional Coverage</b>	
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy (See the Medicare Advantage Policy Guideline titled <a href="#">Retinal Prosthesis</a> )
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (i.e., TEMS), including muscularis propria (i.e., full thickness) (See the Medicare Advantage Policy Guideline titled <a href="#">Excision of Rectal Tumor</a> )
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion (See the Medicare Advantage Policy Guideline titled <a href="#">Anterior Segment Aqueous Drainage Device</a> )

CPT Code	Description
Provisional Coverage	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space (See the Medicare Advantage Policy Guideline titled <a href="#">Anterior Segment Aqueous Drainage Device</a> )
0275T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar (See the Medicare Advantage Policy Guidelines titled <a href="#">Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (NCD 150.13)</a> ]
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation (See the Medicare Advantage Policy Guideline titled <a href="#">Long-Term Wearable Electrocardiographic Monitoring</a> ) (Deleted 12/31/2020 – See 93241, 93245)
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording) (See the Medicare Advantage Policy Guideline titled <a href="#">Long-Term Wearable Electrocardiographic Monitoring</a> ) (Deleted 12/31/2020 – See 93242, 93246)
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report (See the Medicare Advantage Policy Guideline titled <a href="#">Long-Term Wearable Electrocardiographic Monitoring</a> ) (Deleted 12/31/2020 – See 93243, 93247)
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation (See the Medicare Advantage Policy Guideline titled <a href="#">Long-Term Wearable Electrocardiographic Monitoring</a> ) (Deleted 12/31/2020 – See 93244, 93248)
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis (See the Medicare Advantage Policy Guideline titled <a href="#">Ocular Telescope</a> )
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus [See the Medicare Advantage Policy Guideline titled <a href="#">Transcatheter Mitral Valve Repair (TMVR) (NCD 20.33)</a> ]
0355T	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), colon, with interpretation and report (See the Medicare Advantage Policy Guideline titled <a href="#">Capsule Endoscopy</a> )
0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure) (See the Medicare Advantage Policy Guideline titled <a href="#">Anterior Segment Aqueous Drainage Device</a> )
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed (See the Medicare Advantage Policy Guideline titled <a href="#">Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor</a> )
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training (See the Medicare Advantage Policy Guideline titled <a href="#">Therapeutic Continuous Glucose Monitors</a> )
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision (See the Medicare Advantage Policy Guideline titled <a href="#">Therapeutic Continuous Glucose Monitors</a> )

CPT Code	Description
Provisional Coverage	
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation (See the Medicare Advantage Policy Guideline titled <a href="#">Therapeutic Continuous Glucose Monitors</a> )
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device (See the Medicare Advantage Policy Guideline titled <a href="#">Anterior Segment Aqueous Drainage Device</a> )
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure) (See the Medicare Advantage Policy Guideline titled <a href="#">Anterior Segment Aqueous Drainage Device</a> )
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure) (See the Medicare Advantage Policy Guideline titled <a href="#">Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a> )
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator (See the Medicare Advantage Policy Guideline titled <a href="#">Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a> )
0468T	Removal of chest wall respiratory sensor electrode or electrode array (See the Medicare Advantage Policy Guideline titled <a href="#">Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a> )
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report [See the Medicare Advantage Policy Guideline titled <a href="#">Coronary Fractional Flow Reserve Using Computed Tomography (FFR-ct)</a> ]
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission [See the Medicare Advantage Policy Guideline titled <a href="#">Coronary Fractional Flow Reserve Using Computed Tomography (FFR-ct)</a> ]
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model [See the Medicare Advantage Policy Guideline titled <a href="#">Coronary Fractional Flow Reserve Using Computed Tomography (FFR-ct)</a> ]
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report [See the Medicare Advantage Policy Guideline titled <a href="#">Coronary Fractional Flow Reserve Using Computed Tomography (FFR-ct)</a> ]
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia [See the Medicare Advantage Policy Guideline titled <a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a> ]
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)
0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy (Effective 07/01/2019)
0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy (Effective 07/01/2019)

CPT Code	Description
<b>Provisional Coverage</b>	
0550T	Transperineal periurethral balloon continence device; removal, each balloon (Effective 07/01/2019)
0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume (Effective 07/01/2019)
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report (Effective 07/01/2019) [See the Medicare Advantage Policy Guideline titled <a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a> ]
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data (Effective 07/01/2019) [See the Medicare Advantage Policy Guideline titled <a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a> ]
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density (Effective 07/01/2019) [See the Medicare Advantage Policy Guideline titled <a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a> ]
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report (Effective 07/01/2019) [See the Medicare Advantage Policy Guideline titled <a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a> ]
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis (Effective 07/01/2019) [See the Medicare Advantage Policy Guideline titled <a href="#">Bone (Mineral) Density Studies (NCD 150.3)</a> ]
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report (Effective 01/01/2021)
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission (Effective 01/01/2021)
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography (Effective 01/01/2021)
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report (Effective 01/01/2021)

CPT Code	Description
<b>Possible Provisional Coverage</b>	
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure) [See the Medicare Advantage Policy Guideline titled <a href="#">Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)</a> ]
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) [See the Medicare Advantage Policy Guideline titled <a href="#">Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)</a> ]

CPT Code	Description
<b>Possible Provisional Coverage</b>	
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) [See the Medicare Advantage Policy Guideline titled <a href="#">Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)</a> ]
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day (Bundled) [See the Medicare Advantage Policy Guideline titled <a href="#">Chimeric Antigen Receptor (CAR) T-Cell Therapy (NCD 110.24)</a> ]
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (e.g., cryopreservation, storage) (Bundled) [See the Medicare Advantage Policy Guideline titled <a href="#">Chimeric Antigen Receptor (CAR) T-Cell Therapy (NCD 110.24)</a> ]
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration (Bundled) [See the Medicare Advantage Policy Guideline titled <a href="#">Chimeric Antigen Receptor (CAR) T-Cell Therapy (NCD 110.24)</a> ]
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous [See the Medicare Advantage Policy Guideline titled <a href="#">Chimeric Antigen Receptor (CAR) T-Cell Therapy (NCD 110.24)</a> ]
CPT Code	Description
<b>No Longer Considered Investigational; Global Coverage Allowed</b>	
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance (Deleted 12/31/2019 – See 46948)

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## 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.

## References

### CMS National Coverage Determinations (NCDs)

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

[NCD 110.24 Chimeric Antigen Receptor \(CAR\) T-Cell Therapy](#)

[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 230.3 Sterilization](#)

## CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<b>Category III Codes</b>				
<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
<b>Noncovered Services</b>				
N/A	<a href="#">A57742 Billing and Coding: National Noncovered Services</a>	First Coast	FL, PR, VI	FL, PR, VI
<b>ArgusM II Retinal Prosthesis System</b>				
N/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
<b>Bone Mineral Density Studies</b>				
<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
<b>Cardiac Computed Tomography &amp; Angiography</b>				
<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	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="#">L38278 Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease</a>	<a href="#">A58406 Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease</a>			
<b>Cervical Artificial Disc Replacement</b>				
<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
<b>Colon Capsule Endoscopy (CCE)</b>				
<a href="#">L38777 Colon Capsule Endoscopy (CCE)</a>	<a href="#">A58362 Billing and Coding: Colon Capsule Endoscopy</a>	CGS	KY, OH	KY, OH

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<b>Colon Capsule Endoscopy (CCE)</b>				
<a href="#">L38805 Colon Capsule Endoscopy (CCE)</a>	<a href="#">A58410 Billing and Coding: Colon Capsule Endoscopy (CCE)</a>	First Coast	FI, PR, VI	FI, PR, VI
<a href="#">L38824 Colon Capsule Endoscopy (CCE)</a>	<a href="#">A58436 Billing and Coding: Colon Capsule Endoscopy (CCE)</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L38826 Colon Capsule Endoscopy (CCE)</a>	<a href="#">A58438 Billing and Coding: Colon Capsule Endoscopy (CCE)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L38807 Colon Capsule Endoscopy (CCE)</a>	<a href="#">A58414 Billing and Coding: Colon Capsule Endoscopy (CCE)</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="#">L38837 Colon Capsule Endoscopy (CCE)</a>	<a href="#">A58471 Billing and Coding: Colon Capsule Endoscopy (CCE)</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
<b>Computed Tomography Cerebral Perfusion Analysis (CTP)</b>				
N/A	<a href="#">A58218 Billing and Coding: Computed Tomography Cerebral Perfusion Analysis</a>	CGS	KY, OH	KY, OH
<a href="#">L38667 Computed Tomography Cerebral Perfusion Analysis (CTP)</a>	<a href="#">A58152 Billing and Coding: Computed Tomography Cerebral Perfusion Analysis</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L38709 Computed Tomography Cerebral Perfusion Analysis (CTP)</a>	<a href="#">A58223 Billing and Coding: Computed Tomography Cerebral Perfusion Analysis (CTP)</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L38700 Computed Tomography Cerebral Perfusion Analysis (CTP)</a>	<a href="#">A58225 Billing and Coding: Computed Tomography Cerebral Perfusion Analysis (CTP)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L38769 Computed Tomography Cerebral Perfusion Analysis (CTP)</a>	<a href="#">A58354 Billing and Coding: Computed Tomography Cerebral Perfusion Analysis (CTP)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<b>Corneal Hysteresis</b>				
<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
<b>Corneal Hysteresis</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
<b>Electrocardiographic (EKG or ECG) Monitoring</b>				
<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="#">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
<b>Electroretinography (ERG)</b>				
<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="#">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="#">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



LCD	Article	Contractor	Medicare Part A	Medicare Part B
<b>Electroretinography (ERG)</b>				
<a href="#">L37015 Visual Electrophysiology Testing</a>	<a href="#">A57599 Billing and Coding: Visual Electrophysiology Testing</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
<b>Extracorporeal Shock Wave Therapy (ESWT)</b>				
<a href="#">L38775 Extracorporeal Shock Wave Therapy (ESWT)</a>	<a href="#">A58367 Billing and Coding: Extracorporeal Shock Wave Therapy (ESWT)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<b>Facet Joint Injections</b>				
<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
<b>Fluid Jet System</b>				
<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="#">L38726 Transurethral Waterjet Ablation of the Prostate</a>	<a href="#">A58264 Billing and Coding: Transurethral Waterjet Ablation of the Prostate</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L38367 Fluid Jet System Treatment for LUTs/BPH</a>	<a href="#">A56797 Billing and Coding: Fluid Jet System Treatment for LUTs/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="#">L38705 Transurethral Waterjet Ablation of the Prostate</a>	<a href="#">A58227 Billing and Coding: Transurethral Waterjet Ablation of the Prostate</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L38707 Transurethral Waterjet Ablation of the Prostate</a>	<a href="#">A58229 Billing and Coding: Transurethral Waterjet Ablation of the Prostate</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L38712 Transurethral Waterjet Ablation of the Prostate</a>	<a href="#">A58243 Billing and Coding: Transurethral Waterjet Ablation of the Prostate</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="#">L38549 Transurethral Waterjet Ablation of the Prostate</a>	<a href="#">A58008 Billing and Coding: Transurethral Waterjet Ablation of the Prostate</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<b>Fluid Jet System</b>				
<a href="#">L38682 Transurethral Waterjet Ablation of the Prostate</a>	<a href="#">A58209 Billing and Coding: Transurethral Waterjet Ablation of the Prostate</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
<b>Hypoglossal Nerve Stimulation</b>				
<a href="#">L38307 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	<a href="#">A57149 Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea</a>	CGS	KY, OH	KY, OH
<a href="#">L38398 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep</a>	<a href="#">A56953 Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L38387 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	<a href="#">A57092 Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive 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="#">L38310 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	<a href="#">A57948 Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L38312 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	<a href="#">A57949 Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L38385 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	<a href="#">A56938 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</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="#">L38276 Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea</a>	<a href="#">A58075 Billing and Coding: Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<b>Hypoglossal Nerve Stimulation</b>				
<a href="#">L38528 Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea</a>	<a href="#">A57944 Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea</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
<b>Implantable Continuous Glucose Monitors</b>				
<a href="#">L38662 Implantable Continuous Glucose Monitors (I-CGM)</a>	<a href="#">A58127 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)</a>	CGS	KY, OH	KY, OH
<a href="#">L38664 Implantable Continuous Glucose Monitors (I-CGM)</a>	<a href="#">A58136 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L38623 Implantable Continuous Glucose Monitors (I-CGM)</a>	<a href="#">A58116 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L38657 Implantable Continuous Glucose Monitors (I-CGM)</a>	<a href="#">A58133 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L38659 Implantable Continuous Glucose Monitors (I-CGM)</a>	<a href="#">A58138 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L38617 Implantable Continuous Glucose Monitors (I-CGM)</a>	<a href="#">A58110 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)</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="#">L38686 Implantable Continuous Glucose Monitors (I-CGM)</a>	<a href="#">A58213 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM)</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
<b>Implantable Miniature Telescope (IMT)</b>				
<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

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<b>Implantable Miniature Telescope (IMT)</b>				
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
<b>Intracanalicular Ophthalmic Insert</b>				
<a href="#">L38792 Dexamethasone Intracanalicular Ophthalmic Insert (Dextenza®)</a>	<a href="#">A58392 Billing and Coding: Dexamethasone Intracanalicular Ophthalmic Insert (Dextenza®)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<b>In Vitro Chemosensitivity &amp; Chemoresistance Assays</b>				
<a href="#">L37628 In Vitro Chemosensitivity &amp; Chemoresistance Assays</a>	<a href="#">A56071 Billing and Coding: In Vitro Chemosensitivity &amp; Chemoresistance Assays</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L37630 In Vitro Chemosensitivity &amp; Chemoresistance Assays</a>	<a href="#">A56073 Billing and Coding: In Vitro Chemosensitivity &amp; Chemoresistance Assays</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<a href="#">L34554 In Vitro Chemosensitivity &amp; Chemoresistance Assay</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
<b>Low-Level Laser Therapy</b>				
<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
<b>Lumbar Artificial Disc Replacement</b>				
<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
<b>Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS)</b>				
<a href="#">L37790 Magnetic Resonance Guided Focused Ultrasound Surgery System (MRgFUS) for the treatment of neurologic conditions</a>	<a href="#">A58323 Billing and Coding: Magnetic Resonance Guided Focused Ultrasound Surgery System (MRgFUS) for the treatment of neurologic conditions</a>	CGS	KY, OH	KY, OH
	A56470 Billing and Coding for Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor Retired 03/07/2021			
<a href="#">L38506 Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor</a>	<a href="#">A57884 Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L37421 Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor</a>	<a href="#">A57435 Billing and Coding: Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Tremor</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
<b>Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS)</b>				
<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="#">L38495 Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor</a>	<a href="#">A57839 Billing and Coding: Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor</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="#">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
<b>Micro-Invasive Glaucoma Surgery (MIGS)</b>				
<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="#">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="#">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="#">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
<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="#">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
<b>Myocardial Contrast Perfusion Echocardiography</b>				
<a href="#">L38786 Echocardiography for Myocardial Perfusion</a>	<a href="#">A58503 Billing and Coding: Echocardiography for Myocardial Perfusion</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<b>Neurostimulator System for Treatment of Central Sleep Apnea</b>				
<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
<b>Percutaneous Sacroplasty</b>				
<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 Retired 02/18/2020	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 Retired 02/18/2020	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
<b>Platelet Rich Plasma</b>				
<a href="#">L38745 Platelet Rich Plasma</a>	<a href="#">A58282 Billing and Coding: Platelet Rich Plasma</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<b>Transanal Endoscopic Surgery (TES)</b>				
<a href="#">L38551 Transanal Endoscopic Surgery (TES)</a>	<a href="#">A58000 Billing and Coding: Transanal Endoscopic Surgery (TES)</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<b>Retired</b>				
L33777 Noncovered Services Retired 07/01/2020	A57743 Billing and Coding: Noncovered Services Retired 07/01/2020	First Coast	FL, PR, VI	FL, PR, VI
	A54740 Noncovered services revision to the Part A-B LCD Retired 07/01/2020			
	A56166 Noncovered services revision to the Part A and Part B LCD Retired 07/01/2020			
	A55880 Noncovered services (procedure codes 0449T and 0450T) – Revision to the Part A and Part B local coverage article Retired 07/01/2020			
	A55834 Response to Comments: L33777 Noncovered Services Retired 07/01/2020			
	A55919 Noncovered services revision to the Part A and Part B LCD Retired 07/01/2020			

LCD	Article	Contractor	Medicare Part A	Medicare Part B
	A56946 Noncovered Services revision to the Part A and Part B LCD Retired 07/01/2020			
L33392 Category III CPT® Codes Retired 07/01/2020	A56195 Billing and Coding: Category III CPT® Codes Retired 07/01/2020	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35094 Services That Are Not Reasonable and Necessary Retired 07/01/2020	A56967 Billing and Coding: Services That Are Not Reasonable and Necessary Retired 07/01/2020	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
L36219 Non Covered Services Retired 06/30/2020	A57641 Billing and Coding: Non-Covered Services Retired 06/30/2020  A55607 Additional Information Required for Coverage and Pricing for Category III CPT® Codes Retired 06/30/2020	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L35008 Non-Covered Services Retired 06/30/2020	A57642 Billing and Coding: Non-Covered Services Retired 06/30/2020  A55681 Additional Information Required for Coverage and Pricing for Category III CPT® Codes Retired 06/30/2020	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36232 Diagnostic Evaluation and Medical Management of Moderate-Severe Dry Eye Disease (DED) Retired 06/25/2020	A57676 Billing and Coding: Diagnostic Evaluation and Medical Management of Moderate-Severe Dry Eye Disease (DED) Retired 06/25/2020	First Coast	FL, PR, VI	FL, PR, VI
L34370 Category III CPT® Codes Retired 06/19/2020	A57230 Billing and Coding: Category III CPT® Codes Retired 06/19/2020	CGS	KY, OH	KY, OH
L34555 Non-Covered Category III CPT Codes Retired 03/23/2020	A56480 Billing and Coding: Non-Covered Category III CPT Codes Retired 03/23/2020	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36954 Noncovered Services other than CPT® Category III Noncovered Services Retired 03/23/2020	A56506 Billing and Coding: Noncovered Services other than CPT® Category III Noncovered Services Retired 03/23/2020	Palmetto		AL, GA, NC, SC, TN, VA, WV

## CMS Transmittal(s)

[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\)](#)  
[Transmittal 10188, Change Request 11842, Dated 06/19/2020 \(July 2020 Update of the Ambulatory Surgical Center \(ASC\) Payment System\)](#)  
[Transmittal 10224, Change Request 11814, Dated 07/15/2020 \(July 2020 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)\)](#)

## **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 MM11814, July 2020 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)  
[Article MM11842, July 2020 Update of the Ambulatory Surgical Center \(ASC\) Payment System](#)

## **Related Medicare Advantage Policy Guidelines**

[Anterior Segment Aqueous Drainage Device](#)  
[Biomarkers in Cardiovascular Risk Assessment](#)  
[Bone \(Mineral\) Density Studies \(NCD 150.3\)](#)  
[Capsule Endoscopy](#)  
[Chimeric Antigen Receptor \(CAR\) T-cell Therapy \(110.24\)](#)  
[Coronary Fractional Flow Reserve Using Computed Tomography \(FFR-ct\)](#)  
[Excision of Rectal Tumor](#)  
[Human Tumor Stem Cell Drug Sensitivity Assays \(NCD 190.7\)](#)  
[Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea](#)  
[Long-Term Wearable Electrocardiographic Monitoring](#)  
[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](#)  
[Therapeutic Continuous Glucose Monitors](#)  
[Transcatheter Mitral Valve Repair \(TMVR\) \(NCD 20.33\)](#)

## **Related Medicare Advantage Coverage Summaries**

[Artificial Disc Replacement, Cervical and Lumbar](#)  
[Brachytherapy Procedures](#)  
[Cardiovascular Diagnostic and Therapeutic Procedures](#)  
[Gastroesophageal and Gastrointestinal \(GI\) Services and Procedures](#)  
[Glaucoma Surgical Treatments](#)  
[Orthopedic Procedures, Devices and Products](#)  
[Spine Procedures](#)  
[Transcatheter Heart Valve Procedures](#)  
[Vision Services, Therapy and Rehabilitation](#)

## **UnitedHealthcare Commercial Policies**

[Autologous Cellular Therapy for Certain Indications](#)  
[Abnormal Uterine Bleeding and Uterine Fibroids](#)  
[Apheresis](#)  
[Bariatric Surgery](#)  
[Breast Imaging for Screening and Diagnosing Cancer](#)  
[Bronchial Thermoplasty](#)



- [Cardiac Event Monitoring](#)
- [Cardiovascular Disease Risk Tests](#)
- [Chemosensitivity and Chemoresistance Assays in Cancer](#)
- [Computer-Assisted Surgical Navigation for Musculoskeletal Procedures](#)
- [Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes](#)
- [Corneal Hysteresis and Intraocular Pressure Measurement](#)
- [Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation](#)
- [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	Summary of Changes
04/01/2021	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>● Reformatted policy; transferred content to new template</li> </ul>
03/10/2021	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>● Removed reference link to the Medicare Advantage Policy Guideline titled <i>Extracorporeal Shock Wave Treatment (ESWT)</i></li> </ul> <p><b>Policy Summary</b></p> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> <li>● Revised criteria for establishing items/services as safe and effective to be considered medically necessary; replaced criterion requiring “[items and services must be] necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental <i>or investigational</i>)” with “[items and services must be] necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental)”</li> </ul> <p><b>Applicable Codes</b></p> <p><i>CPT Codes</i></p> <p><b>Non-Covered</b></p> <ul style="list-style-type: none"> <li>● Revised notation pertaining to 0085T to indicate this code is “non-covered”</li> <li>● Removed reference link to the Medicare Advantage Policy Guideline titled <i>Extracorporeal Shock Wave Treatment (ESWT)</i> for CPT codes 0101T and 0102T</li> <li>● Reclassified/relocated: <ul style="list-style-type: none"> <li>○ 0355T and 0439T (refer to list of <i>Provisional Coverage</i> codes)</li> <li>○ 0356T (refer to list of <i>Possible Provisional Coverage</i> codes)</li> </ul> </li> </ul> <p><b>Provisional Coverage</b></p> <ul style="list-style-type: none"> <li>● Added 0355T, 0439T, 0623T, 0624T, 0625T, and 0626T</li> </ul> <p><b>Possible Provisional Coverage</b></p> <ul style="list-style-type: none"> <li>● Added 0356T</li> <li>● Revised notation pertaining to 0537T, 0538T, and 0539T to indicate these codes are “bundled”</li> </ul>

Date	Summary of Changes
	<p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version MPG043.25</li> </ul>

## 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 NCDs, LCDs, LCAs, 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.

## 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.

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\*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](#).