KX MODIFIER

Guideline Number: MPG360.04 Approval Date: April 10, 2019

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POLICY SUMMARY

Overview

This policy is applicable to the list below. Other uses of KX may be required and addressed in other policies as needed.

Supplier usage of the KX modifier identifies that the requirements identified in the medical policy have been met. Documentation is essential to support that the item is reasonable and necessary and that the specific coverage criteria specified in each policy have been met.

Below is a list of LCDs which include a KX modifier requirement for some or all items within that specific LCD. Use of the KX modifier with any other DMEPOS is inappropriate usage.

- Ankle-Foot/Knee-Ankle-Foot Orthosis
- Automatic External Defibrillators
- Cervical Traction Devices
- Commodes
- External Infusion Pumps
- Glucose Monitors
- High Frequency Chest Wall Oscillation Devices
- Hospital Beds
- Immunosuppressive Drugs
- Knee Orthoses
- Manual Wheelchair Bases
- Nebulizers
- Negative Pressure Wound Therapy Devices
- Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics)
- Oral Appliances for Obstructive Sleep Apnea / Respiratory Assist Devices
- Orthopedic Footwear
- Patient Lifts
- Positive Airway Pressure Devices
- Power Mobility Devices
- Pressure Reducing Support Surfaces
- Refractive Lenses
- Speech Generating Devices
- Therapeutic Shoes for Persons with Diabetes
- Transcutaneous Electrical Nerve Stimulators (TENS)
- Urological Supplies
- Walkers
- Wheelchair Options and Accessories
- Wheelchair Seating

Related Policies

None
Guidelines
The KX modifier has differing requirements for usage depending on the specific Local Coverage Determination (LCD); suppliers should review the LCD/Article’s carefully to understand the documentation requirements and the proper use of the KX modifier for each policy.

It is important to remember, if the requirements specified in the LCD/Article are not met the KX modifier must not be used.

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.

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
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<tr>
<td>KX</td>
<td>Requirements specified in the medical policy have been met</td>
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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 Local Coverage Determinations (LCDs)

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<th>LCD</th>
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<tr>
<td><strong>L33312 (Wheelchair Seating)</strong></td>
<td>CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV CGS: IL, IN, KY, MI, MN, OH, WI Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP</td>
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<td><strong>L33318 (Knee Orthoses)</strong></td>
<td>CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV CGS: IL, IN, KY, MI, MN, OH, WI Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP</td>
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<td><strong>L33369 (Therapeutic Shoes for Persons with Diabetes)</strong></td>
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<td><strong>L33370 (Nebulizers)</strong></td>
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| **L33611 (Oral Appliances for Obstructive Sleep Apnea)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33641 (Orthopedic Footwear)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33642 (Pressure Reducing Support Surfaces - Group 2)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33686 (Ankle-Foot/Knee-Ankle-Foot Orthosis)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33690 (Automatic External Defibrillators)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33692 (Pressure Reducing Support Surfaces - Group 3)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33718 (Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33736 (Commodes)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33739 (Speech Generating Devices (SGD))** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33785 (High Frequency Chest Wall Oscillation Devices)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| **L33788 (Manual Wheelchair Bases)** | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**CGS**: IL, IN, KY, MI, MN, OH, WI  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
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| L33789 (Power Mobility Devices) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33791 (Walkers) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33792 (Wheelchair Options/Accessories) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33793 (Refractive Lenses) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33794 (External Infusion Pumps) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33799 (Patient Lifts) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33800 (Respiratory Assist Devices) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33802 (Transcutaneous Electrical Nerve Stimulators [TENS]) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33803 (Urological Supplies) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY ( Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33820 (Hospital Beds And Accessories) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
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Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
| L33821 (Negative Pressure Wound Therapy Pumps) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
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Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP |
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| L33822 (Glucose Monitors) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| L33823 (Cervical Traction Devices) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| L33824 (Immunosuppressive Drugs) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| L33827 (Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics)) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| L33830 (Pressure Reducing Support Surfaces - Group 1) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
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**CMS Articles**

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| A52457 (Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52458 (Automatic External Defibrillators - Policy Article) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52461 (Commodes - Policy Article) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52464 (Glucose Monitor - Policy Article) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52465 (Knee Orthoses - Policy Article) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
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Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52466 (Nebulizers - Policy Article) | CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
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| A52467 (Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52468 (Pressure Reducing Support Surfaces - Group 3 - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52469 (Speech Generating Devices (SGD) - Policy Article)            | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52474 (Immunosuppressive Drugs - Policy Article)                    | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52476 (Cervical Traction Devices - Policy Article)                  | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52480 (Oral Antiemetic Drugs (Replacement for Intravenous Antiemetics) - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52481 (Orthopedic Footwear - Policy Article)                        | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52489 (Pressure Reducing Support Surfaces - Group 1 - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52490 (Pressure Reducing Support Surfaces - Group 2 - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52494 (High Frequency Chest Wall Oscillation Devices - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
| A52497 (Manual Wheelchair Bases - Policy Article)                    | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT  
**Noridian**: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WY, MP |
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| A52498 (Power Mobility Devices - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52499 (Refractive Lenses - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52501 (Therapeutic Shoes for Persons with Diabetes - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52503 (Walkers - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52504 (Wheelchair Options/Accessories - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52505 (Wheelchair Seating - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52507 (External Infusion Pumps - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52508 (Hospital Beds And Accessories - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52511 (Negative Pressure Wound Therapy Pumps - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52512 (Oral Appliances for Obstructive Sleep Apnea - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
| A52516 (Patient Lifts - Policy Article) | **CGS**: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV  
**Noridian**: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT |
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<td>A52517 (Respiratory Assist Devices - Policy Article)</td>
<td>CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP</td>
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<td>A52520 (Transcutaneous Electrical Nerve Stimulators (TENS) - Policy Article)</td>
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<td>A52521 (Urological Supplies - Policy Article)</td>
<td>CGS: AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV Noridian: CT, DC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT Noridian: AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, ND, NE, NV, OR, SD, UT, WA, WI, MP</td>
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### CMS Claims Processing Manual
Chapter 5 Part B Outpatient Rehabilitation and CORF/OPT Services

### MLN Matters

Article MM5916, Adjudicating Claims for Immunosuppressive Drugs When Medicare Did Not Pay for the Original Transplant

### 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.

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| 04/10/2019 | • Annual review, modifiers removed GA, GY and GZ  
• Reorganized policy template; relocated Terms and Conditions and Purpose section  
• Reformatted list of applicable HCPCS codes |

### 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.