

# NONINVASIVE TESTS OF CAROTID FUNCTION (NCD 20.17)

Guideline Number: MPG218.05

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[Terms and Conditions](#)

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## Related Medicare Advantage Coverage Summaries

- [Cardiovascular Diagnostic Procedures](#)
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## POLICY SUMMARY

See [Purpose](#)

### Overview

Noninvasive tests of carotid function aid physicians in studying and diagnosing carotid disease. There are varieties of these tests which measure various physiological and anatomical aspects of carotid function, including pressure (systolic, diastolic, and pulse), turbulence, flow, and collateral circulation.

It is useful to classify noninvasive tests of carotid function into direct and indirect tests. The direct tests examine the anatomy and physiology of the carotid artery, while the indirect tests examine hemodynamic changes in the distal beds of the carotid artery (the orbital and cerebral circulations).

### Guidelines

It is important to note that the names of these tests are not standardized. Following are some of the tests, this list is not inclusive and that local medical consultants should make determinations:

#### Direct Tests

- Carotid Phonoangiography
- Ultrasound Imaging including Real Time
- B-Scan and Doppler Devices
- Spectral Bruit Analysis
- Direct Bruit Analysis
- Doppler Flow Velocity

#### Indirect Tests

- Periorbital Directional Doppler Ultrasonography
- Ophthalmodynamometry
- Oculoplethysmography

#### Nationally Non-Covered Indications:

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that **"tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute"**.

## APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws

that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT Code | Description   |
|----------|---|
| 92260    | Ophthalmodynamometry  |
| 93880    | Duplex scan of extracranial arteries; complete bilateral study  |
| 93882    | Duplex scan of extracranial arteries; unilateral or limited study   |
| 93886    | Transcranial Doppler study of the intracranial arteries; complete study   |
| 93888    | Transcranial Doppler study of the intracranial arteries; limited study  |
| 93890    | Transcranial Doppler study of the intracranial arteries; vasoreactivity study                                       |
| 93892    | Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection |
| 93893    | Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection    |

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| Modifier | Description         |
|----------|---------------------|
| 50       | Bilateral Procedure |
| 52       | Reduced Services    |

**Coding Clarification:** This list contains ICD-10 diagnosis codes that are **never covered when they are given as the primary reason for the test**. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

| ICD-10 Diagnosis Code | Description   |
|-----------------------|---|
| <b>Non-Covered</b>    |   |
| R99                   | Ill-defined and unknown cause of mortality  |
| Z00.00                | Encounter for general adult medical examination without abnormal findings                     |
| Z00.01                | Encounter for general adult medical examination with abnormal findings                        |
| Z00.110               | Health examination for newborn under 8 days old   |
| Z00.111               | Health examination for newborn 8 to 28 days old   |
| Z00.121               | Encounter for routine child health examination with abnormal findings                         |
| Z00.129               | Encounter for routine child health examination without abnormal findings                      |
| Z00.5                 | Encounter for examination of potential donor of organ and tissue                              |
| Z00.70                | Encounter for examination for period of delayed growth in childhood without abnormal findings |
| Z00.71                | Encounter for examination for period of delayed growth in childhood with abnormal findings    |
| Z00.8                 | Encounter for other general examination   |
| Z02.0                 | Encounter for examination for admission to educational institution                            |
| Z02.1                 | Encounter for pre-employment examination  |
| Z02.2                 | Encounter for examination for admission to residential institution                            |
| Z02.3                 | Encounter for examination for recruitment to armed forces                                     |
| Z02.4                 | Encounter for examination for driving license   |
| Z02.5                 | Encounter for examination for participation in sport  |
| Z02.6                 | Encounter for examination for insurance purposes  |
| Z02.71                | Encounter for disability determination  |
| Z02.79                | Encounter for issue of other medical certificate  |
| Z02.81                | Encounter for paternity testing   |
| Z02.82                | Encounter for adoption services   |

| ICD-10 Diagnosis Code | Description   |
|-----------------------|---|
| <b>Non-Covered</b>    |   |
| Z02.83                | Encounter for blood-alcohol and blood-drug test   |
| Z02.89                | Encounter for other administrative examinations   |
| Z02.9                 | Encounter for administrative examinations, unspecified  |
| Z04.6                 | Encounter for general psychiatric examination, requested by authority   |
| Z04.8                 | Encounter for examination and observation for other specified reasons (Removed 09/30/2018)                                      |
| Z04.81                | Encounter for examination and observation of victim following forced sexual exploitation <b>(Effective 10/01/2018)</b>          |
| Z04.82                | Encounter for examination and observation of victim following forced labor exploitation <b>(Effective 10/01/2018)</b>           |
| Z04.89                | Encounter for examination and observation for other specified reasons <b>(Effective 10/01/2018)</b>                             |
| Z04.9                 | Encounter for examination and observation for unspecified reason  |
| Z11.0                 | Encounter for screening for intestinal infectious diseases  |
| Z11.1                 | Encounter for screening for respiratory tuberculosis  |
| Z11.2                 | Encounter for screening for other bacterial diseases  |
| Z11.3                 | Encounter for screening for infections with a predominantly sexual mode of transmission   |
| Z11.4                 | Encounter for screening for human immunodeficiency virus [HIV]  |
| Z11.51                | Encounter for screening for human papillomavirus (HPV)  |
| Z11.59                | Encounter for screening for other viral diseases  |
| Z11.6                 | Encounter for screening for other protozoal diseases and helminthiases  |
| Z11.8                 | Encounter for screening for other infectious and parasitic diseases   |
| Z11.9                 | Encounter for screening for infectious and parasitic diseases, unspecified  |
| Z12.0                 | Encounter for screening for malignant neoplasm of stomach   |
| Z12.10                | Encounter for screening for malignant neoplasm of intestinal tract, unspecified   |
| Z12.13                | Encounter for screening for malignant neoplasm of small intestine   |
| Z12.2                 | Encounter for screening for malignant neoplasm of respiratory organs  |
| Z12.6                 | Encounter for screening for malignant neoplasm of bladder   |
| Z12.71                | Encounter for screening for malignant neoplasm of testis  |
| Z12.72                | Encounter for screening for malignant neoplasm of vagina  |
| Z12.73                | Encounter for screening for malignant neoplasm of ovary   |
| Z12.79                | Encounter for screening for malignant neoplasm of other genitourinary organs  |
| Z12.81                | Encounter for screening for malignant neoplasm of oral cavity   |
| Z12.82                | Encounter for screening for malignant neoplasm of nervous system  |
| Z12.83                | Encounter for screening for malignant neoplasm of skin  |
| Z12.89                | Encounter for screening for malignant neoplasm of other sites   |
| Z12.9                 | Encounter for screening for malignant neoplasm, site unspecified  |
| Z13.0                 | Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism |
| Z13.21                | Encounter for screening for nutritional disorder  |
| Z13.220               | Encounter for screening for lipid disorders   |
| Z13.228               | Encounter for screening for other metabolic disorders   |
| Z13.29                | Encounter for screening for other suspected endocrine disorder  |
| Z13.3                 | Encounter for screening examination for mental health and behavioral disorders (Removed 09/30/2018)                             |
| Z13.30                | Encounter for screening examination for mental health and behavioral disorders, unspecified <b>(Effective 10/01/2018)</b>       |

| ICD-10 Diagnosis Code | Description  |
|-----------------------|--|
| <b>Non-Covered</b>    |  |
| Z13.31                | Encounter for screening for depression <b>(Effective 10/01/2018)</b>   |
| Z13.32                | Encounter for screening for maternal depression <b>(Effective 10/01/2018)</b>                                      |
| Z13.39                | Encounter for screening examination for other mental health and behavioral disorders <b>(Effective 10/01/2018)</b> |
| Z13.4                 | Encounter for screening for certain developmental disorders in childhood (Removed 09/30/2018)                      |
| Z13.40                | Encounter for screening for unspecified developmental delays <b>(Effective 10/01/2018)</b>                         |
| Z13.41                | Encounter for autism screening <b>(Effective 10/01/2018)</b>   |
| Z13.42                | Encounter for screening for global developmental delays (milestones) <b>(Effective 10/01/2018)</b>                 |
| Z13.49                | Encounter for screening for other developmental delays <b>(Effective 10/01/2018)</b>                               |
| Z13.5                 | Encounter for screening for eye and ear disorders  |
| Z13.71                | Encounter for nonprocreative screening for genetic disease carrier status  |
| Z13.79                | Encounter for other screening for genetic and chromosomal anomalies  |
| Z13.810               | Encounter for screening for upper gastrointestinal disorder  |
| Z13.811               | Encounter for screening for lower gastrointestinal disorder  |
| Z13.818               | Encounter for screening for other digestive system disorders   |
| Z13.820               | Encounter for screening for osteoporosis   |
| Z13.828               | Encounter for screening for other musculoskeletal disorder   |
| Z13.83                | Encounter for screening for respiratory disorder NEC   |
| Z13.84                | Encounter for screening for dental disorders   |
| Z13.850               | Encounter for screening for traumatic brain injury   |
| Z13.858               | Encounter for screening for other nervous system disorders   |
| Z13.88                | Encounter for screening for disorder due to exposure to contaminants   |
| Z13.89                | Encounter for screening for other disorder   |
| Z13.9                 | Encounter for screening, unspecified   |
| Z36.0                 | Encounter for antenatal screening for chromosomal anomalies  |
| Z36.1                 | Encounter for antenatal screening for raised alphafetoprotein level  |
| Z36.2                 | Encounter for other antenatal screening follow-up  |
| Z36.3                 | Encounter for antenatal screening for malformations  |
| Z36.4                 | Encounter for antenatal screening for fetal growth retardation   |
| Z36.5                 | Encounter for antenatal screening for isoimmunization  |
| Z36.81                | Encounter for antenatal screening for hydrops fetalis  |
| Z36.82                | Encounter for antenatal screening for nuchal translucency  |
| Z36.83                | Encounter for fetal screening for congenital cardiac abnormalities   |
| Z36.84                | Encounter for antenatal screening for fetal lung maturity  |
| Z36.85                | Encounter for antenatal screening for Streptococcus B  |
| Z36.86                | Encounter for antenatal screening for cervical length  |
| Z36.87                | Encounter for antenatal screening for uncertain dates  |
| Z36.88                | Encounter for antenatal screening for fetal macrosomia   |
| Z36.89                | Encounter for other specified antenatal screening  |
| Z36.8A                | Encounter for antenatal screening for other genetic defects  |
| Z36.9                 | Encounter for antenatal screening, unspecified   |
| Z40.00                | Encounter for prophylactic removal of unspecified organ  |
| Z40.01                | Encounter for prophylactic removal of breast   |
| Z40.02                | Encounter for prophylactic removal of ovary(s)   |

| ICD-10 Diagnosis Code | Description   |
|-----------------------|---|
| <b>Non-Covered</b>    |   |
| Z40.09                | Encounter for prophylactic removal of other organ                                   |
| Z40.8                 | Encounter for other prophylactic surgery  |
| Z40.9                 | Encounter for prophylactic surgery, unspecified                                     |
| Z41.1                 | Encounter for cosmetic surgery  |
| Z41.2                 | Encounter for routine and ritual male circumcision                                  |
| Z41.3                 | Encounter for ear piercing  |
| Z41.8                 | Encounter for other procedures for purposes other than remedying health state       |
| Z41.9                 | Encounter for procedure for purposes other than remedying health state, unspecified |
| Z46.1                 | Encounter for fitting and adjustment of hearing aid                                 |
| Z56.0                 | Unemployment, unspecified   |
| Z56.2                 | Threat of job loss  |
| Z56.3                 | Stressful work schedule   |
| Z56.4                 | Discord with boss and workmates   |
| Z56.5                 | Uncongenial work environment  |
| Z56.6                 | Other physical and mental strain related to work                                    |
| Z56.81                | Sexual harassment on the job  |
| Z56.82                | Military deployment status  |
| Z56.89                | Other problems related to employment  |
| Z56.9                 | Unspecified problems related to employment  |
| Z57.0                 | Occupational exposure to noise  |
| Z57.1                 | Occupational exposure to radiation  |
| Z57.2                 | Occupational exposure to dust   |
| Z57.31                | Occupational exposure to environmental tobacco smoke                                |
| Z57.39                | Occupational exposure to other air contaminants                                     |
| Z57.4                 | Occupational exposure to toxic agents in agriculture                                |
| Z57.5                 | Occupational exposure to toxic agents in other industries                           |
| Z57.6                 | Occupational exposure to extreme temperature  |
| Z57.7                 | Occupational exposure to vibration  |
| Z57.8                 | Occupational exposure to other risk factors   |
| Z57.9                 | Occupational exposure to unspecified risk factor                                    |
| Z59.0                 | Homelessness  |
| Z59.1                 | Inadequate housing  |
| Z59.2                 | Discord with neighbors, lodgers and landlord  |
| Z59.3                 | Problems related to living in residential institution                               |
| Z59.4                 | Lack of adequate food and safe drinking water                                       |
| Z59.5                 | Extreme poverty   |
| Z59.6                 | Low income  |
| Z59.7                 | Insufficient social insurance and welfare support                                   |
| Z59.8                 | Other problems related to housing and economic circumstances                        |
| Z59.9                 | Problem related to housing and economic circumstances, unspecified                  |
| Z60.2                 | Problems related to living alone  |
| Z62.21                | Child in welfare custody  |
| Z71.0                 | Person encountering health services to consult on behalf of another person          |
| Z74.1                 | Need for assistance with personal care  |
| Z74.2                 | Need for assistance at home and no other household member able to render care       |
| Z74.3                 | Need for continuous supervision   |

| ICD-10 Diagnosis Code | Description   |
|-----------------------|---|
| <b>Non-Covered</b>    |   |
| Z74.8                 | Other problems related to care provider dependency  |
| Z74.9                 | Problem related to care provider dependency, unspecified  |
| Z75.5                 | Holiday relief care   |
| Z76.0                 | Encounter for issue of repeat prescription  |
| Z76.1                 | Encounter for health supervision and care of foundling  |
| Z76.2                 | Encounter for health supervision and care of other healthy infant and child   |
| Z76.3                 | Healthy person accompanying sick person   |
| Z76.4                 | Other boarder to healthcare facility  |
| Z76.81                | Expectant parent(s) prebirth pediatrician visit   |
| Z80.1                 | Family history of malignant neoplasm of trachea, bronchus and lung  |
| Z80.2                 | Family history of malignant neoplasm of other respiratory and intrathoracic organs                                    |
| Z80.49                | Family history of malignant neoplasm of other genital organs  |
| Z80.51                | Family history of malignant neoplasm of kidney  |
| Z80.52                | Family history of malignant neoplasm of bladder   |
| Z80.59                | Family history of malignant neoplasm of other urinary tract organ   |
| Z80.6                 | Family history of leukemia  |
| Z80.7                 | Family history of other malignant neoplasms of lymphoid, hematopoietic and related tissues                            |
| Z80.8                 | Family history of malignant neoplasm of other organs or systems   |
| Z80.9                 | Family history of malignant neoplasm, unspecified   |
| Z81.0                 | Family history of intellectual disabilities   |
| Z81.1                 | Family history of alcohol abuse and dependence  |
| Z81.2                 | Family history of tobacco abuse and dependence  |
| Z81.3                 | Family history of other psychoactive substance abuse and dependence   |
| Z81.4                 | Family history of other substance abuse and dependence  |
| Z81.8                 | Family history of other mental and behavioral disorders   |
| Z82.0                 | Family history of epilepsy and other diseases of the nervous system   |
| Z82.1                 | Family history of blindness and visual loss   |
| Z82.2                 | Family history of deafness and hearing loss   |
| Z82.3                 | Family history of stroke  |
| Z82.41                | Family history of sudden cardiac death  |
| Z82.49                | Family history of ischemic heart disease and other diseases of the circulatory system                                 |
| Z82.5                 | Family history of asthma and other chronic lower respiratory diseases   |
| Z82.61                | Family history of arthritis   |
| Z82.62                | Family history of osteoporosis  |
| Z82.69                | Family history of other diseases of the musculoskeletal system and connective tissue                                  |
| Z82.71                | Family history of polycystic kidney   |
| Z82.79                | Family history of other congenital malformations, deformations and chromosomal abnormalities                          |
| Z82.8                 | Family history of other disabilities and chronic diseases leading to disablement, not elsewhere classified            |
| Z83.0                 | Family history of human immunodeficiency virus [HIV] disease  |
| Z83.1                 | Family history of other infectious and parasitic diseases   |
| Z83.2                 | Family history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism |
| Z83.3                 | Family history of diabetes mellitus   |
| Z83.41                | Family history of multiple endocrine neoplasia [MEN] syndrome   |

| ICD-10 Diagnosis Code | Description   |
|-----------------------|---|
| <b>Non-Covered</b>    |   |
| Z83.49                | Family history of other endocrine, nutritional and metabolic diseases |
| Z83.511               | Family history of glaucoma  |
| Z83.518               | Family history of other specified eye disorder                        |
| Z83.52                | Family history of ear disorders                                       |
| Z83.6                 | Family history of other diseases of the respiratory system            |
| Z83.71                | Family history of colonic polyps                                      |
| Z83.79                | Family history of other diseases of the digestive system              |
| Z84.0                 | Family history of diseases of the skin and subcutaneous tissue        |
| Z84.1                 | Family history of disorders of kidney and ureter                      |
| Z84.2                 | Family history of other diseases of the genitourinary system          |
| Z84.3                 | Family history of consanguinity                                       |
| Z84.81                | Family history of carrier of genetic disease                          |
| Z84.89                | Family history of other specified conditions                          |

## PURPOSE

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

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

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

## REFERENCES

### CMS National Coverage Determinations (NCDs)

[NCD 20.17 Noninvasive Tests of Carotid Function](#)

### CMS Local Coverage Determinations (LCDs)

| LCD   | Medicare Part A  | Medicare Part B                                |
|---|--|--|
| <a href="#">L34221 (Noninvasive Cerebrovascular Studies) Noridian</a>           |  | AS, CA, GU, HI, MP, NV                         |
| <a href="#">L34045 (Non-Invasive Vascular Studies) CGS</a>                      | KY, OH   | KY, OH   |
| <a href="#">L33627 (Non-Invasive Vascular Studies) NGS</a>                      | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI   | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI         |
| <a href="#">L33695 (Non-Invasive Extracranial Arterial Studies) First Coast</a> | FL, PR, VI   | FL, PR, VI                                     |
| <a href="#">L35753 (Non-Invasive Cerebrovascular Studies) WPS</a>               | AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY | IA, IN, KS, MI, MO, NE                         |
| <a href="#">L35397 (Non-Invasive Cerebrovascular Arterial Studies) Novitas</a>  | AK, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX   | AK, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX |
| <a href="#">L33977 (Transcranial Doppler Studies) First Coast</a>               |  | FL, PR, VI                                     |

## CMS Articles

| Article  | Medicare Part A  | Medicare Part B                                |
|--|--|--|
| <a href="#">A52859 (Non-Invasive Vascular Studies – Supplemental Instructions Article) NGS</a>     | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI   | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI         |
| <a href="#">A52992 (Billing and Coding: Non-Invasive Cerebrovascular Arterial Studies) Novitas</a> | AK, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX   | AK, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX |
| <a href="#">A54398 (Response to Comments: Non-Invasive Cerebrovascular Studies) WPS</a>            | 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                         |

## CMS Benefit Policy Manual

[Chapter 15; § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests](#)

## MLN Matters

[Article MM10901, Local Coverage Determinations \(LCDs\)](#)

## GUIDELINE HISTORY/REVISION INFORMATION

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

| Date       | Action/Description  |
|------------|---|
| 06/12/2019 | <ul style="list-style-type: none"><li>Annual review, no changes</li></ul> |

## TERMS AND CONDITIONS

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

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

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

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

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

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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](#).