

Local Coverage Determination (LCD): Non-Covered Category III CPT Codes (L34555)

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Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S) |
|-----------------|---------------------|-----------------|--------------|----------------|
| Palmetto GBA | A and B MAC | 10111 - MAC A | J - J | Alabama |
| Palmetto GBA | A and B MAC | 10112 - MAC B | J - J | Alabama |
| Palmetto GBA | A and B MAC | 10211 - MAC A | J - J | Georgia |
| Palmetto GBA | A and B MAC | 10212 - MAC B | J - J | Georgia |
| Palmetto GBA | A and B MAC | 10311 - MAC A | J - J | Tennessee |
| Palmetto GBA | A and B MAC | 10312 - MAC B | J - J | Tennessee |
| Palmetto GBA | A and B and HHH MAC | 11201 - MAC A | J - M | South Carolina |
| Palmetto GBA | A and B and HHH MAC | 11202 - MAC B | J - M | South Carolina |
| Palmetto GBA | A and B and HHH MAC | 11301 - MAC A | J - M | Virginia |
| Palmetto GBA | A and B and HHH MAC | 11302 - MAC B | J - M | Virginia |
| Palmetto GBA | A and B and HHH MAC | 11401 - MAC A | J - M | West Virginia |
| Palmetto GBA | A and B and HHH MAC | 11402 - MAC B | J - M | West Virginia |
| Palmetto GBA | A and B and HHH MAC | 11501 - MAC A | J - M | North Carolina |
| Palmetto GBA | A and B and HHH MAC | 11502 - MAC B | J - M | North Carolina |

LCD Information

Document Information

LCD ID

L34555

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Non-Covered Category III CPT Codes

Revision Effective Date

For services performed on or after 01/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL34555

Retirement Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright**Statement**

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Notice Period Start Date

08/17/2017

Notice Period End Date

10/01/2017

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1862(a)(7) and 42 CFR §411.15(a) exclude routine physical examinations.

Title XVIII of the Social Security Act, §1862(a)(1)(D) addresses services that are determined to be investigational or experimental.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, §1842(b)(18)(C) defines a practitioner.

Title XVIII of the Social Security Act, §1842 (p)(1) states that each claim submitted by a physician "shall include the appropriate diagnosis code (or codes)..."

42 CFR 411.15 (k) excludes particular services from coverage.

CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3 Diagnosis Code Requirements.

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 13, §50.1 Payment for Radionuclides.

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 13, §70.4 Clinical Brachytherapy.

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 32, §§290-290.3 Transcatheter Aortic Valve Replacement (TAVR) and Coding Requirements and Claims Processing.

CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.5.1 Reasonable and Necessary Provisions in LCDs.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §150.10 Lumbar Artificial Disc Replacement (LADR) as being non-covered specifically for beneficiaries over 60 years of age.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §260.10 Heartsbreath Test for Heart Transplant Rejection.

HCFA Ruling 95-1, §V Acceptable Standards of Practice - Application.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

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

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

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

- Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used
- Not proven to be safe and effective based on peer review or scientific literature
- Experimental

- Not medically necessary in the particular case
- Furnished at a level, duration or frequency that is not medically appropriate
- Not furnished in accordance with accepted standards of medical practice, or
- Not furnished in a setting (such as inpatient care at a hospital or skilled nursing facility (SNF), outpatient care through a hospital or physician's office or home care) 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;
- Necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental or investigational);
- Not furnished primarily for the convenience of the patient, the attending physician or other physician or supplier;
- Furnished at the most appropriate level that can be provided safely and effectively to the patient.

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

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

| CODE | DESCRIPTION |
|-------|----------------|
| 99999 | Not Applicable |

CPT/HCPCS Codes

Group 1 Paragraph:

The following CPT Category III Codes are noncovered:

Group 1 Codes:

| CODE | DESCRIPTION |
|-------|-------------------------------|
| 0042T | Ct perfusion w/contrast cbf |
| 0058T | Cryopreservation ovary tiss |
| 0071T | Us leiomyomata ablate <200 |
| 0072T | Us leiomyomata ablate >200 |
| 0095T | Rmvl artific disc addl crvcl |
| 0098T | Rev artific disc addl |
| 0101T | Extracorp shockwv tx hi energ |
| 0102T | Extracorp shockwv tx anesth |
| 0106T | Touch quant sensory test |
| 0107T | Vibrate quant sensory test |
| 0108T | Cool quant sensory test |
| 0109T | Heat quant sensory test |
| 0110T | Nos quant sensory test |
| 0111T | Rbc membranes fatty acids |
| 0126T | Chd risk imt study |
| 0163T | Lumb artif diskectomy addl |
| 0165T | Revise lumb artif disc addl |

| CODE | DESCRIPTION |
|-------|------------------------------|
| 0174T | Cad cxr with interp |
| 0175T | Cad cxr remote |
| 0184T | Exc rectal tumor endoscopic |
| 0198T | Ocular blood flow measure |
| 0200T | Perq sacral augmt unilat inj |
| 0201T | Perq sacral augmt bilat inj |
| 0202T | Post vert arthrplst 1 lumbar |
| 0205T | Inirs each vessel add-on |
| 0206T | Cptr dbs alys car elec dta |
| 0207T | Clear eyelid gland w/heat |
| 0208T | Audiometry air only |
| 0209T | Audiometry air & bone |
| 0210T | Speech audiometry threshold |
| 0211T | Speech audiom thresh & recog |
| 0212T | Compre audiometry evaluation |
| 0213T | Njx paravert w/us cer/thor |
| 0214T | Njx paravert w/us cer/thor |
| 0215T | Njx paravert w/us cer/thor |
| 0216T | Njx paravert w/us lumb/sac |
| 0217T | Njx paravert w/us lumb/sac |
| 0218T | Njx paravert w/us lumb/sac |
| 0219T | Plmt post facet implt cerv |
| 0220T | Plmt post facet implt thor |
| 0221T | Plmt post facet implt lumb |
| 0222T | Plmt post facet implt addl |
| 0228T | Njx tfrml eprl w/us cer/thor |
| 0229T | Njx tfrml eprl w/us cer/thor |
| 0230T | Njx tfrml eprl w/us lumb/sac |
| 0231T | Njx tfrml eprl w/us lumb/sac |
| 0232T | Njx platelet plasma |
| 0234T | Trluml perip athrc renal art |
| 0235T | Trluml perip athrc visceral |

| CODE | DESCRIPTION |
|-------|-------------------------------|
| 0236T | Trluml perip athrc abd aorta |
| 0237T | Trluml perip athrc brchiocph |
| 0238T | Trluml perip athrc iliac art |
| 0253T | Insert aqueous drain device |
| 0263T | Im b1 mrw cel ther cmpl |
| 0264T | Im b1 mrw cel ther xcl hrvst |
| 0265T | Im b1 mrw cel ther hrvst onl |
| 0266T | Implt/rpl crt d sns dev total |
| 0267T | Implt/rpl crt d sns dev lead |
| 0268T | Implt/rpl crt d sns dev gen |
| 0269T | Rev/remvl crt d sns dev total |
| 0270T | Rev/remvl crt d sns dev lead |
| 0271T | Rev/remvl crt d sns dev gen |
| 0272T | Interrogate crt d sns dev |
| 0273T | Interrogate crt d sns w/pgrmg |
| 0274T | Perq lamot/lam crv/thrc |
| 0278T | Tempr |
| 0290T | Laser inc for pkp/lkp recip |
| 0312T | Laps impltj nstim vagus |
| 0313T | Laps rmvl nstim array vagus |
| 0314T | Laps rmvl vgl arry&pls gen |
| 0315T | Rmvl vagus nerve pls gen |
| 0316T | Replc vagus nerve pls gen |
| 0317T | Elec alys vagus nerv pls gen |
| 0329T | Mntr io press 24hrs/> uni/bi |
| 0330T | Tear film img uni/bi w/i&r |
| 0331T | Heart symp image plnr |
| 0332T | Heart symp image plnr spect |
| 0333T | Visual ep scr acuity auto |
| 0335T | Insj sinus tarsi implant |
| 0338T | Trnscth renal symp denrv unl |
| 0339T | Trnscth renal symp denrv bil |

| CODE | DESCRIPTION |
|-------------|------------------------------|
| 0341T | Quant pupillometry w/ rpt |
| 0342T | Thxp apheresis w/hdl delip |
| 0347T | Ins bone device for rsa |
| 0348T | Rsa spine exam |
| 0349T | Rsa upper extr exam |
| 0350T | Rsa lower extr exam |
| 0351T | Intraop oct brst/node spec |
| 0352T | Oct brst/node i&r per spec |
| 0353T | Intraop oct breast cavity |
| 0354T | Oct breast surg cavity i&r |
| 0355T | Gi tract capsule endoscopy |
| 0356T | Insrt drug device for iop |
| 0357T | Cryopreservation oocyte(s) |
| 0358T | Bia whole body |
| 0362T | Bhv id suprt assmt ea 15 min |
| 0373T | Adapt bhv tx ea 15 min |
| 0375T | Total disc arthrp ant appr |
| 0377T | Anoscpy inj agent for incont |
| 0380T | Comp animat ret imag series |
| 0381T | Ext h rate epi sz 14 days |
| CODE | DESCRIPTION |
| 0382T | Ext h rate sz 14 day ri only |
| 0383T | Ext h rate sz up to 30 days |
| 0384T | Ex h rate sz 30 day ri only |
| 0385T | Ex h rate for sz ovr 30 day |
| 0386T | Ex h rate sz 30+ day ri only |
| 0394T | Hdr elctrnc skn surf brchtx |
| 0395T | Hdr elctr ntrst/ntrcv brchtx |
| 0396T | Intraop kinetic balnce sensr |
| 0397T | Ercp w/optical endomicroscpy |
| 0399T | Myocardial strain imaging |
| 0400T | Mltispectrl digital les alys |

| CODE | DESCRIPTION |
|-------|------------------------------|
| 0401T | Mltispectrl digital les alys |
| 0403T | Diabetes prev standard curr |
| 0404T | Trnscrv uterin fibroid abltj |
| 0405T | Ovrsght xtrcorp liv asst pat |
| 0408T | Insj/rplc cardiac modulj sys |
| 0409T | Insj/rplc car modulj pls gn |
| 0410T | Insj/rplc car modulj atr elt |
| 0411T | Insj/rplc car modulj vnt elt |
| 0412T | Rmvl cardiac modulj pls gen |
| 0413T | Rmvl car modulj tranvns elt |
| 0414T | Rmvl & rpl car modulj pls gn |
| 0415T | Repos car modulj tranvns elt |
| 0416T | Reloc skin pocket pls gen |
| 0417T | Prgrmg eval cardiac modulj |
| 0418T | Interro eval cardiac modulj |
| 0419T | Dstrj neurofibroma xtnsv |
| 0420T | Dstrj neurofibroma xtnsv |
| 0421T | Waterjet prostate abltj cmpl |
| 0422T | Tactile breast img uni/bi |
| 0423T | Assay secretory type ii pla2 |
| 0424T | Insj/rplc nstim apnea compl |
| 0425T | Insj/rplc nstim apnea sen ld |
| 0426T | Insj/rplc nstim apnea stm ld |
| 0427T | Insj/rplc nstim apnea pls gn |
| 0428T | Rmvl nstim apnea pls gen |
| 0429T | Rmvl nstim apnea sen ld |
| 0430T | Rmvl nstim apnea stimj ld |
| 0431T | Rmvl/rplc nstim apnea pls gn |
| 0432T | Repos nstim apnea stimj ld |
| 0433T | Repos nstim apnea sensing ld |
| 0434T | Interro eval npgs apnea |
| 0435T | Prgrmg eval npgs apnea 1 ses |

| CODE | DESCRIPTION |
|-------|-------------------------------|
| 0436T | Prgrmg eval npgs apnea study |
| 0437T | Impltj synth rnfcmt abdl wal |
| 0439T | Myocrd contrast prfuj echo |
| 0440T | Abltj perc uxtr/perph nrn |
| 0441T | Abltj perc lxtr/perph nrn |
| 0442T | Abltj perc plex/trncl nrn |
| 0443T | R-t spctrl alys prst8 tiss |
| 0444T | 1st plmt drug elut oc ins |
| 0445T | Sbsqt plmt drug elut oc ins |
| 0446T | Insj impltbl glucose sensor |
| 0447T | Rmvl impltbl glucose sensor |
| 0448T | Remvl insj impltbl gluc sens |
| 0450T | Insj aqueous drain dev each |
| 0451T | Insj/rplcmnt aortic ventr sys |
| 0452T | Insj/rplcmnt dev vasc seal |
| 0453T | Insj/rplcmnt mech-elec ntrfce |
| 0454T | Insj/rplcmnt subq electrode |
| 0455T | Remvl aortic ventr cmpl sys |
| 0456T | Remvl aortic dev vasc seal |
| 0457T | Remvl mech-elec skin ntrfce |
| 0458T | Remvl subq electrode |
| 0459T | Relocaj rplcmnt aortic ventr |
| 0460T | Repos aortic ventr dev eltrd |
| 0461T | Repos aortic contrpulsj dev |
| 0462T | Prgrmg eval aortic ventr sys |
| 0463T | Interrog aortic ventr sys |
| 0464T | Visual ep test for glaucoma |
| 0465T | Supchrdrl njx rx w/o supply |
| 0466T | Insj ch wal respir eltrd/ra |
| 0467T | Revj/rplmnt ch respir eltrd |
| 0468T | Rmvl ch wal respir eltrd/ra |
| 0469T | Rta polarize scan oc scr bi |

| CODE | DESCRIPTION |
|-------|------------------------------|
| 0470T | Oct skn img acquisj i&r 1st |
| 0471T | Oct skn img acquisj i&r addl |
| 0472T | Prgrmg io rta eltrd ra |
| 0473T | Reprgrmg io rta eltrd ra |
| 0474T | Insj aqueous drg dev io rsrv |
| 0475T | Rec ftl car sgl 3 ch i&r |
| 0476T | Rec ftl car sgl elec tr data |
| 0477T | Rec ftl car sgl xrtj alys |
| 0478T | Rec ftl car 3 ch rev i&r |

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

| ICD-10 CODE | DESCRIPTION |
|-------------|----------------|
| XX000 | Not Applicable |

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

N/A

Sources of Information

N/A

Bibliography

The development and coverage guidelines in this policy were based on a review of pertinent medical literature, policies from other Medicare contractors, and discussions with appropriate specialists.

Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|-----------------------|-------------------------|---|--|
| 01/01/2019 | R28 | <p>Under CPT/HCPCS Codes Group 1: Codes deleted 0188T, 0189T, 0190T, 0337T, 0346T, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T, 0388T, 0406T, and 0407T. Under CPT/HCPCS Codes Group 1: Codes the code descriptions were revised for 0333T, 0335T, 0362T, and 0373T. This revision is due to the Annual CPT/HCPCS Code Update.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 09/27/2018 | R27 | <p>Under CPT/HCPCS Codes Group 1: Codes CPT code 0474T has been added. On August 29, 2018, the manufacturer of the CyPass device (0474T) announced an immediate, voluntary market withdrawal from the global market for patient safety reasons. Therefore, CPT code 0474T is non-covered. This revision will become effective on 09/27/18.</p> <p>Note: The revised LCD is being issued for compelling reasons; therefore, CMS has approved the expedited revision process.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> | <ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction |
| 09/23/2018 | R26 | <p>Under CPT/HCPCS Codes deleted CPT code 0398T as it is now included in the Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor L37761 LCD.</p> <p><i>At this time 21</i></p> | <ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|-----------------------|-------------------------|--|--|
| | | <p><i>st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> | |
| 07/23/2018 | R25 | <p>Under CPT/HCPCS Codes Group 1: Codes, removed CPT code 0254T. This revision is due to a reconsideration request.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> | <ul style="list-style-type: none"> Reconsideration Request |
| 02/26/2018 | R24 | <p>Under Coverage Indications, Limitations and/or Medical Necessity in the first sentence added the verbiage "American Medical Association" in front of the acronym "AMA" and added the verbiage "Current Procedural Terminology" in front of the acronym "CPT". In the third sentence added the verbiage "National Coverage Determination" in front of the acronym "NCD" and added the verbiage "Local Coverage Determination" in front of the acronym "LCD". Under the seventh bullet added the verbiage "Skilled Nursing Facility" in front of the acronym "SNF". In the last sentence added the verbiage "Investigational Device Exemption" in front of the acronym "IDE".</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> | <ul style="list-style-type: none"> Provider Education/Guidance Public Education/Guidance |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|-----------------------|-------------------------|---|--|
| | | | |
| 02/26/2018 | R23 | Under CPT/HCPCS Group 1: Codes , deleted CPT code 0449T. | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 02/26/2018 | R22 | The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision. | <ul style="list-style-type: none"> Change in Affiliated Contract Numbers |
| 01/29/2018 | R21 | The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision. | <ul style="list-style-type: none"> Change in Affiliated Contract Numbers |
| 01/01/2018 | R20 | <p>Under CPT/HCPCS Codes Group 1 deleted CPT codes 0052T, 0053T, 0178T, 0179T, 0180T, 0255T, 0293T, 0294T, 0299T, 0300T, 0301T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T, 0309T, 0310T and 0340T. Descriptions were revised for CPT codes 0465T, 0466T, 0468T and 0469T. This revision is due to the Annual CPT/HCPCS Code Update.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the</i></p> | <ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|-----------------------|-------------------------|--|--|
| | | <i>fields included on the LCD are applicable as noted in this policy.</i> | |
| 12/02/2017 | R19 | <p>Under CPT/HCPCS Codes – Group 1: Codes, CPT code 0402T was deleted.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> | <ul style="list-style-type: none"> Provider Education/Guidance Reconsideration Request |
| 10/02/2017 | R18 | <p>Under CPT/HCPCS Codes – Group 1: Codes the code description was changed for CPT codes 0471T and 0473T. This revision is due to the Q4 CPT/HCPCS Update.</p> <p><i>10/20/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p> | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 10/02/2017 | R17 | Under CPT/HCPCS Codes- Group 1: Codes deleted CPT codes 0387T, 0389T, 0390T, and 0391T as these are now | <ul style="list-style-type: none"> Provider Education/Guidance |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|-----------------------|-------------------------|---|--|
| | | <p>covered for dates of service on or after 01/18/17 through Coverage with Evidence Development (CED) when procedures are performed in CMS approved CED studies, per Change Requests 10117, Transmittals 201 and 3815, dated July 28, 2017. CPT 0438T was deleted as this is now a covered procedure effective 10/02/17. CPT codes 0163T and 0165T were added effective 08/14/07. CPT codes 0101T and 0102T were added effective 08/09/17 as these were previously included in the retired Non-Coverage of Extracorporeal Shock Wave Lithotripsy for Musculoskeletal Conditions LCD L35627. CPT codes 0469T, 0470T, 0471T, 0472T, 0473T, 0475T, 0476T, 0477T, and 0478T were added and the description was changed for CPT code 0254T due to the July 2017 Quarterly CPT/HCPCS Updates effective 07/01/17. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> | <ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes Other |
| 03/16/2017 | R16 | <p>Under CMS National Coverage Policy - Grammatical corrections to replace upper case letters in title for Pub 100-04 Chapter 13 Section 50.1 to read "Payment for Radionuclides" and removed "addresses", Pub 100-04 Chapter 13 Section 70.4 removed "addresses", Pub 100-04 Chapter 32 Section 290-290.3 "Transcatheter Aortic Valve Replacement (TAVR) and Coding Requirements and Claims Processing", Pub 100-08 Chapter 13 Section 13.5.1 "Reasonable and Necessary Provisions in LCDs", Pub 100-03 Chapter 1 Part 2 Section 150.10 removed "addresses", Pub 100-03 removed "addresses" and grammatical correction "Heartsbreath Test for Heart Transplant Rejection and removed "addresses" from HCFA Ruling 95-1 and grammatical correction to "Acceptable Standards of Practice-Application". Revision to code description for 0333T as per the 2017 Quarter 1 CPT/HCPCS codes update effective January 25, 2017.</p> | <ul style="list-style-type: none"> Provider Education/Guidance Typographical Error |
| 01/01/2017 | R15 | <p>Under CPT/HCPCS Codes deleted CPT codes 0169T, 0286T, 0287T, 0288T, 0289T, 0291T, 0292T, 0336T, 0392T and 0393T, added CPT codes 0446T, 0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T and 0468T and the description was revised for CPT</p> | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |

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| | | codes 0274T, 0409T, 0415T, 0418T, 0419T, 0420T, 0434T, 0437T, 0439T and 0443T. This revision is due to the 2017 Annual CPT/HCPCS Code Update and becomes effective 1/1/17. | |
| 09/06/2016 | R14 | Under CPT/HCPCS Codes Group 1: Codes added CPT code 0253T due to omission. | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 08/22/2016 | R13 | Under CPT/HCPCS Codes Group 1: Codes added CPT codes 0437T, 0438T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T and 0445T. Please refer to Change Request (CR) 9658 dated June 28, 2016. These CPT codes are effective for dates of service on or after July 1, 2016. | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 03/24/2016 | R12 | Under CPT/HCPCS Codes removed CPT code 0281T per the Decision Memo for Percutaneous Left Atrial Appendage (LAA) Closure Therapy (CAG-00445N) dated February 8, 2016. The effective date of this revision is retroactive back to February 8, 2016. | <ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes |
| 02/25/2016 | R11 | Throughout the LCD punctuation corrections were made. Under CMS National Coverage Policy added (a) to the following Title XVIII of the Social Security Act, §1862(a)(7) and 42 CFR §411.15 exclude routine physical examinations. The following citation was separated into two individual citations and the verbiage was revised: Title XVIII of the Social Security Act, §1842 (p)(1) states that each claim submitted by a physician or §1842(b)(18)(C) of the Act practitioner "shall include the appropriate diagnosis code (or codes)..." For services from physicians and §1842(b)(18)(C) of the Act practitioners submitted with an ICD-9 code that is missing, invalid, or truncated, contractors must return the billed service to the provider as unprocessable. The "a" was deleted for the following: 42 CFR 411.15 (a), (k) excludes particular services from coverage. The "s" was deleted from Manuals X7. The title was corrected for the following: CMS Internet-Only Manual, Pub. 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3 and CMS Internet-Only Manual, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13, §13.5.1. The cited Change Request was deleted from the following: CMS Internet-Only Manuals, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §260.10 | <ul style="list-style-type: none"> Provider Education/Guidance Typographical Error Other |

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| | | addresses Heartsbreath Test for heart transplant rejection (see Transmittal 99, CR 6366, dated 02/13/2009) as this information was manualized. Under Coverage Indications, Limitations and/or Medical Necessity revised "an" to now read "a" in the first sentence of the second paragraph and added "the" to the first sentence of the fifth paragraph. | |
| 02/19/2016 | R10 | Under Group I CPT/HCPCS Codes "Non-Covered CPT/HCPCS Codes" added non-coverage for 0213T-0218T (the codes were in the Paravertebral Facet Joint Block L33439 which is being retired on 2/14/16 and new coverage indications will be in the Facet Joint Injections, Medial Branch Blocks and Facet Joint Radiofrequency Neurotomy LCD L36471 effective 2/15/16. In the new LCD L36471 facet joint blocks with Ultrasound are non-covered.) Due to the 2016 Quarter I CPT/HCPCS Update the following codes had a description change 0419T, 0420T and 0421T. | <ul style="list-style-type: none"> Provider Education/Guidance Public Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 01/01/2016 | R9 | Under CPT/HCPCS Codes the following codes were removed from the LCD due to CR 8691:0312T, 0313T, 0314T, 0315T, 0316T, and 0317T; these CPT codes are added back in the LCD due to CR 9252. The following CPT codes were added to the LCD due to CR 9353: 0394T, 0395T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0406T, 0407T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, and 0436T. The following two codes had descriptor changes: 0358T and 0392T due to CR 9353. The following CPT codes were deleted: 0099T 0103T, 0123T, 0223T, 0224T, 0225T, 0233T, 0240T, 0241T, 0243T, 0244T due to CR 9353 2016 Annual HCPCS Update. These changes are effective January 1, 2016. | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 10/01/2015 | R8 | Under CPT/HCPCS Codes removed 0345T, 0378T and 0379T. The CPT codes 0378T and 0379T removal is effective on October 9, 2015. | <ul style="list-style-type: none"> Provider Education/Guidance New/Updated Technology Automated Edits to Enforce Reasonable & Necessary Requirements Reconsideration Request |

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| 10/01/2015 | R7 | Under CPT/HCPCS Codes removed CPT code 0376T as this code is an add-on code to the primary code 0191T. CPT Codes 0392T and 0393T were added to the paragraph section of CPT/HCPC S codes per CR 9152 effective July 1, 2015. | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 10/01/2015 | R6 | Under CPT/HCPCS Codes removed 0262T from the Non-Covered Category III Codes LCD due to a provider reconsideration request. | <ul style="list-style-type: none"> New/Updated Technology Automated Edits to Enforce Reasonable & Necessary Requirements Reconsideration Request |
| 10/01/2015 | R5 | Under CPT/HCPCS Codes added CPT Category III code 0357T to the non-covered array of codes. This change was due to CR 8975, 2015 Annual Update of HCPCS Codes, dated 10/24/2014. | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 10/01/2015 | R4 | Under CPT/HCPCS Codes the following CPT Codes were added to the array: 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0387T, 0388T, 0389T, 0390T, and 03901T. The following codes were deleted from the LCD: 0059T, 0181T, 0199T, 0239T, 0245T, 0246T, 0343T, 0344T. Some of the descriptors were changed. These changes were due to CR 8975, 2015 Annual Update of HCPCS Codes, dated 10/24/2014. | <ul style="list-style-type: none"> Provider Education/Guidance Automated Edits to Enforce Reasonable & Necessary Requirements Revisions Due To CPT/HCPCS Code Changes |
| 10/01/2015 | R3 | Under CPT/HCPCS Codes , removed code 0101T as it has been added to another LCD. | <ul style="list-style-type: none"> Provider Education/Guidance Revisions Due To CPT/HCPCS Code Changes |
| 10/01/2015 | R2 | Under CPT/HCPCS code section the following codes were removed from this LCD due to CR 8691 concerning NCD 160.18, Vagus Nerve Stimulation: 0312T, 0313T, 0314T, 0315T, 0316T, and 0317T. This removal is effective July 1, 2014. | <ul style="list-style-type: none"> Provider Education/Guidance Automated Edits to Enforce Reasonable & Necessary Requirements Revisions Due To CPT/HCPCS Code Changes |

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| | | | Changes |
| 10/01/2015 | R1 | <p>Under CMS National Coverage Policy added the following manual citations as they did not appear when this LCD was transferred to ICD-10: Title XVIII of the Social Security Act, §1862(a)(7) and 42 Code of Federal Regulations, §411.15, exclude routine physical examinations.</p> <p>Title XVIII of the Social Security Act, §1862(a)(1)(D), addresses services that are determined to be investigational or experimental. Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim which lacks the necessary information to process the claim. Title XVIII of the Social Security Act, §1842 (p)(1) states that each claim submitted by a physician or §1842(b)(18)(C) of the Act practitioner "shall include the appropriate diagnosis code (or codes)...". For services from physicians and §1842(b)(18)(C) of the Act practitioners submitted with an ICD-9 code that is missing, invalid, or truncated, contractors must return the billed service to the provider as unprocessable. 42 CFR 411.15 (a), (k), excludes particular services from coverage. CMS Internet-Only Manuals, Pub. 100-08, <i>Medicare Program Integrity Manual</i>, Chapter 3, §3.4.1.3; Diagnosis Code Requirement. CMS Internet-Only Manuals, Pub. 100-04, <i>Medicare Claims Processing Manual</i>, Chapter 13, §50.1, addresses payment for radionuclides. CMS Internet-Only Manuals, Pub. 100-04, <i>Medicare Claims Processing Manual</i>, Chapter 13, §70.4, addresses Clinical Brachytherapy. CMS Internet-Only Manuals, Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, §§290-290.3 Transcatheter Aortic Valve Replacement (TAVR) and coding requirements. CMS Internet-Only Manuals, Pub. 100-08, <i>Medicare Program Integrity Manual</i>, Chapter 13, §13.5.1, pertains to Local Medical Review Policy; coverage decision guidelines. CMS Internet-Only Manuals, Pub. 100-03, <i>Medicare National Coverage Determinations Manual</i>, Chapter 1, Part 2, §150.10, addresses Lumbar Artificial Disc Replacement (LADR) as being non-covered specifically for beneficiaries over 60 years of age. CMS Internet-Only Manuals, Pub. 100-03, <i>Medicare National Coverage Determinations Manual</i>, Chapter 1, Part 4, §260.10, addresses Heartsbreath Test for heart transplant rejection (see Transmittal 99, CR 6366, dated 02/13/2009). HCFA Ruling 95-1, §V, addresses acceptable standards of practice. Under CPT/HCPCS Codes Group 1 added the following CPT codes:</p> | <ul style="list-style-type: none"> • Provider Education/Guidance • Automated Edits to Enforce Reasonable & Necessary Requirements • Revisions Due To CPT/HCPCS Code Changes |

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| | | 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0356T, 0358T, 0359T, 0360T, 0361T, and 0362T, and 0363T. The following codes were added to the CPT/HCPCS Codes , paragraph section of Group 1 with the long descriptors: 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, and 0374T. These changes were due to the July CPT/HCPCS update from CMS. | |

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A55691 - Response to Comments: Non-Covered Category III CPT Codes

LCD(s)

DL34555

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

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- Category 3 Codes