

# 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

**LCD Title**

Non-Covered Category III CPT Codes

**Proposed LCD in Comment Period**

N/A

**Source Proposed LCD**

DL34555

**Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 01/01/2019

**Revision Ending Date**

N/A

**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

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## **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.

**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 enrg
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 disectomy 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 epri w/us cer/thor
0229T	Njx tfrml epri w/us cer/thor
0230T	Njx tfrml epri w/us lumb/sac
0231T	Njx tfrml epri 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 cml
0264T	Im b1 mrw cel ther xcl hrvt
0265T	Im b1 mrw cel ther hrvt onl
0266T	Implt/rpl crtd sns dev total
0267T	Implt/rpl crtd sns dev lead
0268T	Implt/rpl crtd sns dev gen
0269T	Rev/remvl crtd sns dev total
0270T	Rev/remvl crtd sns dev lead
0271T	Rev/remvl crtd sns dev gen
0272T	Interrogate crtd sns dev
0273T	Interrogate crtd 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 nrv 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/ rppt
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 endomicroscopy
0399T	Myocardial strain imaging
0400T	Mltispectrl digital les alys



CODE	DESCRIPTION
0401T	Mltispectrl digital les alys
0403T	Diabetes prev standard curr
0404T	Trnscrvt 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 xtnt
0420T	Dstrj neurofibroma xtnt
0421T	Waterjet prostate abltj cml
0422T	Tactile breast img uni/bi
0423T	Assay secretory type ii pla2
0424T	Insj/rplc nstim apnea cml
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 stim ld
0431T	Rmvl/rplc nstim apnea pls gn
0432T	Repos nstim apnea stim ld
0433T	Repos nstim apnea sensing ld
0434T	Interro eval nps apnea
0435T	Prgrmg eval nps apnea 1 ses

CODE	DESCRIPTION
0436T	Prgrmg eval npgs apnea study
0437T	Impltj synth rnfcmnt abdl wal
0439T	Myocrd contrast prfuj echo
0440T	Abltj perc uxtr/perph nrv
0441T	Abltj perc lxtr/perph nrv
0442T	Abltj perc plex/trncl nrv
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/rplcmt aortic ventr sys
0452T	Insj/rplcmt dev vasc seal
0453T	Insj/rplcmt mech-elec ntrfce
0454T	Insj/rplcmt 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 rplcmt 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	Supchrnl 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 <b>CPT/HCPCS Codes Group 1: Codes</b> deleted 0188T, 0189T, 0190T, 0337T, 0346T, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T, 0388T, 0406T, and 0407T. <b>Under CPT/HCPCS Codes Group 1: Codes</b> 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 21<sup>st</sup> 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"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
09/27/2018	R27	<p>Under <b>CPT/HCPCS Codes Group 1: Codes</b> 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><b>Note:</b> The revised LCD is being issued for compelling reasons; therefore, CMS has approved the expedited revision process.</p> <p><i>At this time 21<sup>st</sup> 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"> <li>• Creation of Uniform LCDs With Other MAC Jurisdiction</li> </ul>
09/23/2018	R26	<p>Under <b>CPT/HCPCS Codes</b> deleted CPT code 0398T as it is now included in the <b>Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor L37761</b> LCD.</p> <p><i>At this time 21</i></p>	<ul style="list-style-type: none"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<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>	
07/23/2018	R25	<p>Under <b>CPT/HCPCS Codes Group 1: Codes</b>, removed CPT code 0254T. This revision is due to a reconsideration request.</p> <p><i>At this time 21<sup>st</sup> 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"> <li>• Reconsideration Request</li> </ul>
02/26/2018	R24	<p>Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> 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"> <li>• Provider Education/Guidance</li> <li>• Public Education/Guidance</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
02/26/2018	R23	Under <b>CPT/HCPCS Group 1: Codes</b> , deleted CPT code 0449T.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
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"> <li>• Change in Affiliated Contract Numbers</li> </ul>
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"> <li>• Change in Affiliated Contract Numbers</li> </ul>
01/01/2018	R20	<p>Under <b>CPT/HCPCS Codes Group 1</b> 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"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>

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 <b>CPT/HCPCS Codes</b> – 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"> <li>• Provider Education/Guidance</li> <li>• Reconsideration Request</li> </ul>
10/02/2017	R18	<p>Under <b>CPT/HCPCS Codes</b> – <b>Group 1: Codes</b> 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"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/02/2017	R17	Under <b>CPT/HCPCS Codes- Group 1: Codes</b> deleted CPT codes 0387T, 0389T, 0390T, and 0391T as these are now	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		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 <b>Non-Coverage of Extracorporeal Shock Wave Lithotripsy for Musculoskeletal Conditions LCD L35627</b> . 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 21 <sup>st</sup> 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.	<ul style="list-style-type: none"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> <li>• Other</li> </ul>
03/16/2017	R16	Under <b>CMS National Coverage Policy</b> - 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.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> </ul>
01/01/2017	R15	Under <b>CPT/HCPCS Codes</b> 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	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>



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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 <b>CPT/HCPCS Codes Group 1: Codes</b> added CPT code 0253T due to omission.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
08/22/2016	R13	Under <b>CPT/HCPCS Codes Group 1: Codes</b> 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"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
03/24/2016	R12	Under <b>CPT/HCPCS Codes</b> 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"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
02/25/2016	R11	Throughout the LCD punctuation corrections were made. Under <b>CMS National Coverage Policy</b> 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"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> <li>• Other</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		addresses Heartsbreath Test for heart transplant rejection (see Transmittal 99, CR 6366, dated 02/13/2009) as this information was manualized. Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> 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 <b>Group I CPT/HCPCS Codes</b> "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"> <li>• Provider Education/Guidance</li> <li>• Public Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
01/01/2016	R9	Under <b>CPT/HCPCS Codes</b> 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"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R8	Under <b>CPT/HCPCS Codes</b> removed 0345T, 0378T and 0379T. The CPT codes 0378T and 0379T removal is effective on October 9, 2015.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• New/Updated Technology</li> <li>• Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> <li>• Reconsideration Request</li> </ul>

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10/01/2015	R7	Under <b>CPT/HCPCS Codes</b> 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/HCPCS codes per CR 9152 effective July 1, 2015.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R6	Under <b>CPT/HCPCS Codes</b> removed 0262T from the Non-Covered Category III Codes LCD due to a provider reconsideration request.	<ul style="list-style-type: none"> <li>• New/Updated Technology</li> <li>• Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> <li>• Reconsideration Request</li> </ul>
10/01/2015	R5	Under <b>CPT/HCPCS Codes</b> 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"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R4	Under <b>CPT/HCPCS Codes</b> 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"> <li>• Provider Education/Guidance</li> <li>• Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R3	Under <b>CPT/HCPCS Codes</b> , removed code 0101T as it has been added to another LCD.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
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"> <li>• Provider Education/Guidance</li> <li>• Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> <li>• Revisions Due To CPT/HCPCS Code</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
			Changes
10/01/2015	R1	<p>Under <b>CMS National Coverage Policy</b> 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, <i>Medicare Claims Processing Manual</i>, 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 Heartbreath 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 <b>CPT/HCPCS Codes</b> Group 1 added the following CPT codes:</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Automated Edits to Enforce Reasonable &amp; Necessary Requirements</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>

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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 <b>CPT/HCPCS Codes</b> , 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

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## Keywords

- Non-Covered Cat 3 codes
- Category 3 Codes