

## Note regarding Federal members

The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational for the purposes approved and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

## Note regarding [Humanitarian Device Exemption \(HDE\)](#)

- [Humanitarian Use Device \(HUD\)](#) — a medical device intended to benefit patients in the treatment or diagnosis of a disease or condition that affects or is manifested in not more than 8,000 individuals in the United States per year. (Previously 4000 individuals; increased to 8000 on June 7, 2017)
- [Humanitarian Device Exemption \(HDE\)](#) — a marketing application for an HUD. An HDE is exempt from the effectiveness requirements of Sections 514 and 515 of the FD&C Act and is subject to certain profit and use restrictions.

## Note regarding Transplant Program Case Management

EmblemHealth's transplant program manages members with health care needs associated with having or preparing for a solid organ or bone marrow transplant. All transplant services are reviewed with the medical director assigned to support the transplant case management program. All requested transplant services are reviewed for medical necessity and evidence-based criteria are utilized to support the best care coordination and outcomes for EmblemHealth transplant members. To request transplant case management services for the EmblemHealth transplant program, members and providers may call 1-800-447-0768.

For additional information pertaining to experimental drugs, new drugs or medical technologies please [click here](#)

EmblemHealth's Medical Guidelines are accessible through hyperlinks within the database or by [clicking here](#)

**Key** N = No Y = Yes FFS = fee for service HDE = humanitarian device exemption

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID	LAST REVIEW
<a href="#">AbioCor® Implantable Replacement Heart</a> NOTE: This investigational device is FDA-approved as a Humanitarian Device Exemption (HDE) for the treatment of severe biventricular end stage heart disease patients who are not cardiac transplant candidates and who Are < 75 years old, require multiple inotropic support, are not treatable by LVAD destination therapy, and are not weanable from biventricular support if on such support. Pre certification requests when presented as such will be case by case reviewed for all LOBs EXCEPT for Medicare members, whose costs relating directly to the provision of services related to the <a href="#">National Coverage Determination (NCD)</a> (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD. CPT ([33927, 33928, 33929 eff. 01/01/2018], [ <del>0051T, 0052T, 0053T</del> del. 01/01/2018])	SEE NOTE	SEE NOTE	SEE NOTE	7/14/2017
Acticon™ Neosphincter artificial bowel sphincter (See also <a href="#">Fecal Incontinence Treatment</a> ) CPT (No specific code)	Y	Y	Y	7/14/2017
Actigraphy as a stand-alone measurement parameter for the diagnosis of obstructive sleep apnea (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) CPT (95803)	N	N	N	2/9/2018
Agilium Freestep for unicompartmental osteoarthritis	N	N	N	12/9/2016

HCPCS (A9285)				
<a href="#">Alcohol septal ablation for hypertrophic cardiomyopathy</a> CPT (93583, 93799)	Y	Y	Y	4/21/2017
<b>Allogeneic hematopoietic stem cell transplantation (HSCT) for multiple myeloma, myelofibrosis and sickle cell disease</b>  Note: Medicare members, whose costs relating directly to the provision of services related to the <a href="#">CMS Decision Memo for Stem Cell Transplantation</a> (that were non-covered services prior to the issuance of the Memo) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the Memo.  (See also <a href="#">National Coverage Determinations Manual</a> for complete Medicare coverage information regarding medically necessary clinical conditions for stem cell transplantation) CPT (38205, 38240, 38242, 38243, S2142, S2150)	SEE <a href="#">Transplant Program Case Management</a>	SEE CMS NOTE	SEE <a href="#">Transplant Program Case Management</a>	7/14/2017
<b>AlloSure® Donor-Derived Cell-Free DNA Test to assess probability of allograft rejection in kidney transplant recipients</b> CPT (81479)	N	N	N	7/14/2017
<b>Altered auditory feedback devices</b> (E.g., SpeechEasy®/FluencyMaster) CPT (No specific code) HCPCS (E1399)	N	N	N	7/14/2017
<a href="#">Amniotic membrane transplantation for ocular reconstruction</a> CPT (65778, 65779, 65780, 65781, 65782, V2790)	Y	Y	Y	4/21/2017
<b>Apheresis therapy with selective high density lipoprotein (HDL) delipidation and plasma reinfusion</b> CPT (0342T)	N	N	N	7/14/2017
<b>Atherectomy — peripheral, open or percutaneous, infrainguinal atherosclerotic arterial occlusive disease</b> CPT (37225, 37227, 37229, 37231)	Y	Y	Y	1/19/2017
<b>Atherectomy — peripheral, open or percutaneous, of arterial vasculature</b> (E.g., abdominal aorta, brachiocephalic, iliac, renal, etc.) CPT (0234T, 0235T, 0236T, 0237T, 0238T)	N	N	N	7/14/2017
<b>Aqueous Shunts/implants for primary open angle glaucoma (FDA-approved external approach insertion)</b> (E.g., Ahmed glaucoma implant, Baerveldt seton, Ex-PRESS mini glaucoma shunt, Glaucoma pressure regulator Krupin-Denver valve implant, Molteno implant, Schocket shunt; e.g., ExPRESS® Ophthalmic Glaucoma Device) (See also <a href="#">Glaucoma Surgery</a> ) CPT (66179, 66180, 66183, 66184, 66185, 67255)	Y	Y	Y	5/12/2017
<b>Aqueous shunts/implants for primary open angle glaucoma (without FDA approval and/or internal approach insertion)</b> (E.g., CyPass® iStent®, iStent Supra, Eyepass, or DeepLight SOLX® Gold Shunt, AqueSys XEN Gel Stent) (See also <a href="#">Glaucoma Surgery</a> )  Note: Noncoverage exception — the iStent, an internal-approach device, is considered medically necessary for members with mild to moderate glaucoma who are on medication	N	N	N	5/12/2017

and when performed with cataract surgery CPT (0191T, 0253T, 0376T, 0449T, 0450T, [0474T eff. 07/01/2017])				
<a href="#">Argus II Retinal Prosthesis System for advanced retinitis pigmentosa</a> Note: The Argus II is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use in adults, age 25 years or older, with severe to profound RP who have bare light perception (can perceive light, but not the direction from which it is coming) or no light perception in both eyes, evidence of intact inner layer retina function, and a previous history of the ability to see forms. Patients must also be willing and able to receive the recommended post-implant clinical follow-up, device fitting, and visual rehabilitation. Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. CPT (0100T, [0472T, 0473T new eff. 07/01/17])	SEE NOTE	SEE NOTE	SEE NOTE	7/14/2017
<b>Arthroscopic knee surgery with primary diagnosis of osteoarthritis</b> <ul style="list-style-type: none"> <li>Arthroscopic lavage used alone for the osteoarthritic knee</li> <li>Arthroscopic debridement for osteoarthritic patients presenting with knee pain only</li> <li>Arthroscopic debridement and lavage with or without debridement for patients presenting with severe osteoarthritis as defined in the Outerbridge classification scale, grades III and IV.</li> </ul> (See also <a href="#">Arthroscopy for the Osteoarthritic Knee</a> for covered indications) CPT (29870, 29871, 29877) HCPCS (G0289)	N	N	N	4/21/2017
<b>Antibody assay testing for detecting neutralizing antibodies against interferon beta (Betaseron) for multiple sclerosis patients</b> (E.g., Bab Sreen, NabFeron®) CPT (86382)	N	N	N	2/9/2018
<b>Assisted Embryo Hatching</b> (See also <a href="#">Assisted Reproductive Technologies</a> for case-by-case consideration) CPT (89253)	N	N	N	2/10/2017
<b>Audiometry — pure tone/speech (threshold), automated</b> CPT (0208T, 0209T, 0210T, 0211T, 0212T)	N	N	N	7/14/2017
<b>Autologous adipose-derived regenerative cell therapy for scleroderma in the hands</b> CPT (0489T, 0490T eff. 01/01/2018)	N	N	N	12/12/2017
<b>Autologous blood-derived products/platelet growth factors/platelet rich plasma for bone/tissue injury (including surgically created wounds and non-unions; muscle, tendon and ligament injuries)</b> (E.g., Achilles tendinopathy or rupture, anterior cruciate ligament, epicondylitis or type II shoulder impingement, plantar fasciitis, rotator cuff, etc.) For Medicare members see <a href="#">Coverage with Evidence Development Autologous Platelet-Rich Plasma</a> CPT (0232T) HCPCS (S9055, G0460)	N	SEE NOTE	N	7/14/2017
<b>Autologous bone marrow cell therapy, intramuscular, with preparation of harvested cells, multiple injections, one, leg, including ultrasound guidance (if performed)</b>	N	N	N	7/8/2017

CPT (0263T, 0264T, 0265T)				
<a href="#">Autologous chondrocyte implantation</a> (aka transplantation) CPT (27412) HCPCS (J7330, S2112)	Y	Y	Y	10/13/2017
Automated evacuation of meibomian glands — heat and intermittent pressure (E.g., LipiFlow [TearScience®]) CPT (0207T)	N	N	N	7/14/2017
Awise MCV™ for the diagnosis and prognosis of rheumatoid arthritis (See also <a href="#">Gene Expression Profiling</a> ) CPT (83520)	N	N	N	2/9/2018
MCV+ CPT (83520, 86200)				2/9/2018
Awise® MTX (aka Awise PG) for measuring methotrexate polyglutamates for rheumatoid arthritis (metabolite marker testing) (See also <a href="#">Gene Expression Profiling</a> ) CPT (81479)	N	Y	N	2/9/2018
Awise® Lupus (aka Awise SLE) diagnostic biomarker panel for diagnosis of systemic lupus erythematosus (SLE) (See also <a href="#">Gene Expression Profiling</a> ) CPT (83520, 86039, 86225, 88184, 88185, 88187)	N	N	N	2/9/2018
Awise® CTD (aka Awise SLE+) (See also <a href="#">Gene Expression Profiling</a> ) CPT (83520, 86039, 86225, 88184, 88185, 88187, 86235, 86200)				2/9/2018
<a href="#">Balloon sinuplasty</a> (E.g., Balloon Sinuplasty System™ Functional Infundibular Endoscopic Sinus System [FinESS], Relieva Seeker Balloon Sinuplasty System) Note: When performed with functional endoscopic sinus surgery (FESS), it is considered integral to FESS and not separately reimbursable CPT (31295, 31296, 31297, [31298 eff. 01/01/2018])	Y	Y	Y	10/13/2017
Behavioral prevention program for diabetes — online/electronic (See also <a href="#">Nutritional Counseling Services</a> ) CPT (0488T eff. 01/01/2018)	N	N	N	12/12/2017
Biliopancreatic diversion (BPD) (Scopinaro procedure) for clinically severe obesity (See also <a href="#">Bariatric Surgery</a> ) CPT (43847)	N	N	N	3/10/2017
Biliopancreatic diversion (BPD) with duodenal switch (DS) for clinically severe obesity (See also <a href="#">Bariatric Surgery</a> ) CPT (43845)	Y	Y	Y	3/10/2017

Bioelectrical impedance (whole body) CPT (0358T)	N	N	N	7/8/2017																						
Bioimpedance (a form of plethysmography) for the assessment of lymphedema (E.g. L-Dex U400) CPT (93702 )  <b>Note: When plethysmography is reported in conjunction with 93970 or 93971 (as an adjunct to standard diagnosis) it is also not covered</b>	N	N	N	7/8/2017																						
Bioengineered skin/tissue products for reconstruction (E.g., abdominal, breast)  <table><tr><td>AlloDerm®</td><td>Q4116</td></tr><tr><td>Cortiva™ ™ (prev. AlloMax, NeoForm™),</td><td>Q4100- Breast &amp; Misc. C1781 - Hernia</td></tr><tr><td>Cymetra® Micronized AlloDerm® injectable for vocal cord paralysis Note: Not considered medically necessary for any other condition</td><td>Q4112</td></tr><tr><td>DermaMatrix (discontinued 6/2014)</td><td>N/A</td></tr><tr><td>FlexHD</td><td>Q4128</td></tr></table>	AlloDerm®	Q4116	Cortiva™ ™ (prev. AlloMax, NeoForm™),	Q4100- Breast & Misc. C1781 - Hernia	Cymetra® Micronized AlloDerm® injectable for vocal cord paralysis Note: Not considered medically necessary for any other condition	Q4112	DermaMatrix (discontinued 6/2014)	N/A	FlexHD	Q4128	Y	Y	Y	7/14/2017												
AlloDerm®	Q4116																									
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Bioengineered skin/tissue products for reconstruction (E.g., abdominal, breast)  <table><tr><td>DermACELL®</td><td>Q4122</td></tr><tr><td>AlloPatch HD, Matrix HD</td><td>Q4128</td></tr><tr><td>Interfyl™ Human Connective Tissue Matrix</td><td>Q4171</td></tr><tr><td>Marigen</td><td>Q4158</td></tr><tr><td>NeoxFlo® or ClarixFlo™</td><td>Q4155</td></tr><tr><td>Neox® Wound Matrix</td><td>Q4148, Q4156</td></tr><tr><td>Repriza</td><td>Q4143</td></tr><tr><td>Strattice™ Reconstructive</td><td>Q4130</td></tr><tr><td>SurgiMend®</td><td>(No specific code)</td></tr><tr><td>XCM BIOLOGIC® Tissue Matrix</td><td>Q4142</td></tr><tr><td>XenMatrix™</td><td>No specific code</td></tr></table>	DermACELL®	Q4122	AlloPatch HD, Matrix HD	Q4128	Interfyl™ Human Connective Tissue Matrix	Q4171	Marigen	Q4158	NeoxFlo® or ClarixFlo™	Q4155	Neox® Wound Matrix	Q4148, Q4156	Repriza	Q4143	Strattice™ Reconstructive	Q4130	SurgiMend®	(No specific code)	XCM BIOLOGIC® Tissue Matrix	Q4142	XenMatrix™	No specific code	N	N	N	1/12/2018
DermACELL®	Q4122																									
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XenMatrix™	No specific code																									
Bioengineered skin/tissue products for wounds/surgical applications (E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)  (See also <a href="#">Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds</a> )  <table><tr><td>Affinity</td><td>Q4159</td></tr><tr><td>AlloSkin™, AlloSkin RT, AlloSkin AC</td><td>Q4115, Q4123, Q4141</td></tr><tr><td>AlloPatch HD, FlexHD or Matrix HD</td><td>Q4128</td></tr><tr><td>Amnioband or Guardian per square cm</td><td>Q4151 (AmnioBand Viable and AmnioBand SL)</td></tr><tr><td>AmnioBand 1mg</td><td>Q4168 (AmnioBand Particulate)</td></tr><tr><td>AmnioExcel or BioDExCel</td><td>Q4137</td></tr></table>	Affinity	Q4159	AlloSkin™, AlloSkin RT, AlloSkin AC	Q4115, Q4123, Q4141	AlloPatch HD, FlexHD or Matrix HD	Q4128	Amnioband or Guardian per square cm	Q4151 (AmnioBand Viable and AmnioBand SL)	AmnioBand 1mg	Q4168 (AmnioBand Particulate)	AmnioExcel or BioDExCel	Q4137	Y	Y	Y	10/13/2017										
Affinity	Q4159																									
AlloSkin™, AlloSkin RT, AlloSkin AC	Q4115, Q4123, Q4141																									
AlloPatch HD, FlexHD or Matrix HD	Q4128																									
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AmnioBand 1mg	Q4168 (AmnioBand Particulate)																									
AmnioExcel or BioDExCel	Q4137																									

Amniopro, Bioskin, Biorenew, Woundex, Amniogen-45, Amniogen-200, per square centimeter	Q4163			
Apligraf®	Q4101			
Architect, Architect PX or Architect FX	Q4147			
Artacent™	Q4169			
Biodfence and Biodfence dryflex	Q4140, Q4138			
bio-ConneKt® Wound Matrix	Q4161			
Biovance	Q4154			
CYGNUS	Q4170			
Cytal™	Q4166			
DermACELL®	Q4122			
Dermagraft®	Q4106			
DermaPure	Q4152			
Dermavest	Q4153			
EpiFix®	Q4131			
EZ-DERM™	Q4136			
FortaDerm™ (New name PuraPly™ eff. 7/1/2015) PuraPly™ Antimicrobial Wound Matrix (PuraPly AM) PuraPly™ Wound Matrix (PuraPly)	Q4172			
GammaGraft	Q4111			
Grafix® core, Grafix® prime	Q4132, Q4133			
Helicoll™	Q4164			
hMatrix®	Q4134			
Hyalomatrix®	Q4117			
Integra® Bilayer Matrix, Integra, Integra Matrix	Q4104, Q4108			
Integra Dermal Regeneration Template	Q4105			
keramatrix®	Q4165			
Marigen	Q4158			
MatriStem® MicroMatrix, MariStem wound Matrix, MicroStem Burn Matrix (New commercial name for MariStem is Cytal)	Q4118, Q4166 for Cytal			
Mediskin	Q4135			
MemoDerm™, DermaSpan, TranZgraft or InteguPly	Q4126			
MIRODERM™	Q4175			
Nushield	Q4160			
OASIS® Wound Matrix, Oasis Burn Matrix, Ultra Tri-layer Matrix	Q4102, Q4103, Q4124			
PalinGen or PalinGen XPlus, per square centimeter (to identify PalinGen®) Membrane and PalinGen® Hydromembrane	Q4173			
PalinGen or ProMatrX (to identify ProMatrX, PalinGen Flow and PalinGen SportFlow)	Q4174			
PriMatrix™	Q4110			
Revitalon	Q4157			

Talymed™	Q4127				
Tensix	Q4146				
Theraskin®	Q4121				
TransCyte	Q4100, Q4182 (eff. 01/01/2018)				
<b>Bioengineered skin/tissue products for wounds/surgical applications (E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)</b>		<b>N</b>	<b>Y</b>	<b>N</b>	<b>10/13/2017</b>
GRAFTJACKET®	Q4107				
<b>Bioengineered skin/tissue products for wounds/surgical applications (E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns)</b> <b>(See also <a href="#">Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds</a>)</b>					
Allowrap	Q4150				
AmnioFix®	J3590				
Amniopro Flow, Bioskin Flow, Biorenew Flow, Woundex Flow, Amniogen-A, Amniogen-C, 0.5 cc	Q4162				
Amniomatrix® or biodmatrix, injectable	Q4139				
Arthroflex®	Q4125				
Epifix injectable	Q4145				
Excellagen	Q4149	<b>N</b>	<b>N</b>	<b>N</b>	<b>10/13/2017</b>
GRAFTJACKET® XPRESS	Q4113				
Integra Flowable Wound Injectable	Q4114				
Repriza	Q4143				
TruSkin™	Q4167				
Unite®	No Specific Code				
Neopatch, per square centimeter	Q4176 (eff. 01/01/2018)				
Floweramnioflo, 0.1 cc	Q4177 (eff. 01/01/2018)				
Floweramniopatch, per square centimeter	Q4178 (eff. 01/01/2018)				
Flowerderm, per square centimeter	Q4179 (eff. 01/01/2018)				
Revita, per square centimeter	Q4180 (eff. 01/01/2018)				
Amnio wound, per square centimeter	Q4181 (eff. 01/01/2018)				
<b><a href="#">Biomagnetic Therapy</a></b> <b>CPT (97799)</b>		<b>N</b>	<b>N</b>	<b>N</b>	<b>6/9/2017</b>
<b>Biomarker testing — growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1) for assessing multiple medical conditions including cardiovascular diseases</b> <b>(See also <a href="#">Gene Expression Profiling</a>)</b> <b>CPT (83006)</b>		<b>N</b>	<b>N</b>	<b>N</b>	<b>1/19/2017</b>
<b>Biomarker testing — Des-gamma-carboxy prothrombin (DCP) for diagnosing and monitoring hepatocellular carcinoma (HCC) and other indications</b>		<b>N</b>	<b>N</b>	<b>N</b>	<b>1/19/2017</b>

(aka prothrombin produced by vitamin K absence or antagonism II [PIVKA II]) CPT (83951)				
Biomarker testing for assessing and managing iron deficiency anemia in late-stage chronic kidney disease CPT (No specific code)	N	N	N	7/14/2017
Biomarker testing for assessing cardiac disease risk — secretory type II phospholipase A2 (sPLA2-IIA) (E.g., AccuCardia [Zeus Scientific]) CPT (0423T )	N	N	N	7/14/2017
Biomarker testing for diagnosis/management of rheumatoid arthritis (E.g., <a href="#">IdentRA® Panel 2</a> [Quest Diagnostics, preferred lab; panel includes Rheumatoid Factor, Cyclic Citrullinated Peptide [CCP] Antibody (IgG) and <a href="#">14.3.3 eta Protein</a> ], Vectra® DA [Crescendo Bioscience]) (See also <a href="#">Gene Expression Profiling</a> and <a href="#">Vectra DA Coding and Billing Guidelines</a> for Medicare) CPT (81490, 83520 86140, 86200, 86431)	N	Y	N	2/10/2017
Biomarker testing for Alzheimer’s disease (cerebrospinal fluid or urine-based) (E.g., ADmark® Alzheimer’s Evaluation [Athena]) CPT (83520 )	N	N	N	7/8/2017
Biomarker testing for breast cancer — urokinase plasminogen activator (uPA) and its plasminogen activator inhibitor type 1 (PAI-1) (See also <a href="#">Gene Expression Profiling and Biomarker Testing for Breast Cancer</a> ) CPT (85415)	Y	Y	Y	2/10/2017
Biomechanical mapping, transvaginal, with report CPT (0487T eff. 01/01/2018)	N	N	N	12/12/2017
Bioness L300 Foot Drop System for traumatic brain Injury (TBI) (aka functional electrical stimulation) HCPCS (E0770)	N	N	N	7/14/2017
Biosynthetic fistula plugs for enteric/anorectal fistula repair (E.g., Biodesign Enterocutaneous Fistula Plug, SIS Fistula Plug, Surgisis RVP Recto-Vaginal Fistula Plug, GORE® BIO -A® Fistula Plug) CPT (46707)	N	N	N	1/19/2017
Biosynthetic Implant for ventral hernia repair/abdominal wall fascial defect CPT (0437T)	N	N	N	1/19/2017
Blood coagulation home testing devices HCPCS (E1399, G0248, G0249, G0250)	Y	Y	Y	8/11/2017
Body photography — “total” body or “whole” body/computer-based optical diagnostic devices/imaging techniques for evaluating pigmented	N	N	N	7/14/2017

<b>skin lesions suspected of malignancy</b> (I.e., multispectral digital skin lesion analysis [MSDSLA], Optical coherence tomography, reflectance confocal microscopy [RCM]; including, but not limited to dermatoscopic devices/total body systems MoleSafe, such as Episcopy™, Nevoscope™, Dermascopy™, MoleMax™, VivaScope®, MelaFind®, MoleMapCD, etc.) CPT (96904, 96931, 96932, 96933, 96934, 96935, 96936, 0400T, 0401T, 0470T, 0471T [eff. 07/01/2017])				
<a href="#">Bone anchored hearing aids</a> (Access coding and clinical criteria by clicking on link)	Y	Y	Y	3/10/2017
<b>Bone growth stimulators</b> (See <a href="#">Osteogenesis Stimulators</a> for covered/noncovered indications) CPT (20974, 20975, 20979) HCPCS (E0747, E0748, E0749, E0760, A4559)	SEE NOTE	SEE NOTE	SEE NOTE	5/12/2017
<b>Brachytherapy — breast cancer</b> CPT (19296, 19297, 19298, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77778, 77789, 77790, 77799, 77770, 77771, 77772) HCPCS (Q3001, 0395T)	Y	Y	Y	7/14/2017
<b>Brachytherapy — electronic, skin surface application</b> CPT (0394T, 0395T) Note: 0395T (electronic brachytherapy, interstitial or intracavitary) is considered investigational for interstitial indications. When billed for breast cancer, 0395T is reimbursable (see row above)	N	N	N	7/14/2017
<b>Brachytherapy — endometrial/cervical cancer</b> CPT (58346, 57155, 57156, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77770, 77771, 77772, 77778, 77789, 77790, 77799) HCPCS (Q3001)	Y	Y	Y	7/14/2017
<b>Brachytherapy — epithelial ovarian cancer</b> CPT (55920, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77316, 77317, 77318, 77761, 77762, 77763, 77770, 77771, 77772, 77778, 77789, 77790, 77799) HCPCS (Q3001)	N	Y	N	7/14/2017
<b>Brachytherapy — intracoronary for stent restenosis</b> CPT (77770, 77771, 77772, 92974) HCPCS (Q3001)	Y	Y	Y	7/14/2017
<b>Brachytherapy — prostate, temporary high dose</b> CPT (55860, 55862, 55865, 55875, 55876, 76873, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77316, 77317, 77318, 77770, 77771, 77772, 77778, 77790, 77799) HCPCS (Q3001)	Y	Y	Y	7/14/2017
<b>Breast ductal endoscopy (aka fiberoptic ductoscopy or mammary ductoscopy) for breast cancer screening</b>	N	N	N	3/10/17

<b>CPT (No specific code)</b>				
<b>Breast ductal lavage for breast cancer screening</b> (E.g., ForeCYPE Breast Health Test, Halo breast PAP Test System, Mammary Aspirate Specimen Cytology Test, Pro-Duct Catheter, etc.) <b>CPT (19499)</b>	N	N	N	3/10/17
<b>Bronchial thermoplasty for severe asthma</b> <b>CPT (31660, 31661, 31899)</b>	N	N	N	7/14/2017
<b>Bronchoscopy — rigid or flexible, including fluoroscopic guidance; not considered medically necessary when performed per the CPT code descriptives below.</b>  Note: The <a href="#">IBV® Valve System</a> is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use to control prolonged air leaks of the lung, or significant air leaks that are likely to become prolonged air leaks following lobectomy, segmentectomy, or lung volume reduction surgery (LVRS). An air leak present on post-operative day 7 is considered prolonged unless present only during forced exhalation or cough. An air leak present on day 5 should be considered for treatment if it is: 1) continuous, 2) present during normal inhalation phase of inspiration, or 3) present upon normal expiration and accompanied by subcutaneous emphysema or respiratory compromise. IBV Valve System use is limited to 6 weeks per prolonged air leak. The use of the device is limited to patients who have had endomyocardial biopsy within the previous month. Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis.  <b>CPT</b>  31647 — with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe 31648 — with removal of bronchial valve(s), initial lobe 31649 — with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure) 31651 — with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s]) 31626 – with placement of fiducial markers, single or multiple 31627 – with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s]) 31634 - with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	SEE NOTE	SEE NOTE	SEE NOTE	7/14/2017
<b>Cadaver lung organ perfusion system — initiation, monitoring, surgical preparation</b> <b>CPT (0494T, 0495T, 0496T eff. 01/01/2018)</b>	N	N	N	12/12/2017
<b>Camera pill — esophageal and small bowel indications</b> (E.g., PillCam ESO, PillCam SB, Olympus Capsule Endoscope System) (See also <a href="#">Capsule Endoscopy</a> ) <b>CPT (91110, 91111)</b>	Y	Y	Y	5/12/2017
<b><a href="#">Camera pill</a> — colon (PillCam® Colon)</b> (See also <a href="#">Capsule Endoscopy</a> ) <b>CPT (0355T)</b>	N	N	N	5/12/2017
<b>Camera pill accessory systems to determine gastrointestinal patency</b> (E.g., Given® AGILE Patency System for Given® PillCam™)	N	N	N	5/12/2017

(See also <a href="#">Capsule Endoscopy</a> ) CPT (91299)				
Canaloplasty (See also <a href="#">Canaloplasty and Viscocanalostomy</a> ) CPT (66174, 66175)	Y	Y	Y	4/21/2017
Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report CPT (94780, 94781)	N	N	N	7/14/2017
Cardiac — catheterization (right-heart) with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report, includes provision of patient home electronics unit (See also <a href="#">NGS LCD Cardiac Catheterization and Coronary Angiography</a> ) CPT (93799)	N	N	N	1/12/2018
Cardiac — central arterial pressure waveforms analysis (E.g., SphygmoCor® System) CPT (93050 )	N	N	N	7/14/2017
Cardiac — contractility modulation using an implantable device (E.g., Cardiac Contractility Modulation [CCM] System Optimizer) (CPT 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T)	N	N	N	1/12/2018
Cardiac — counterpulsation (external) (See also <a href="#">Enhanced External Counterpulsation for Chronic Stable Angina</a> ) CPT (92971) HCPCS (G0166)	Y	Y	Y	8/11/2017
Cardiac — counterpulsation (implanted extra-aortic counterpulsation device [EACD]) CPT (0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T)	N	N	N	1/12/2018
Cardiac — HeartFlow® digital 3D modeling CPT ([0501T, 0502T, 0503T, 0504T eff. 01/01/2018], 93799)	N	N	N	3/10/2017
Cardiac — hemodynamic monitors, implantable left atrial (E.g., HeartPOD System, Promote LAP System) CPT ( <del>0293T, 0294T</del> [del. 01/01/2018] No specific code)	N	N	N	7/14/2017

<b>Cardiac — leadless pacemaker</b> (E.g., Micra Transcatheter Pacing System, Nanostim™ Leadless Pacemaker) Note: Medicare members, whose costs relating directly to the provision of services related to the <a href="#">NCD for Leadless Pacemakers</a> (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD for the treatment of significant symptomatic degenerative mitral regurgitation when furnished according to an FDA approved indication and when the conditions put forth within the NCD are met. CPT (0387T, 0388T, 0389T, 0390T, 0391T)	N	SEE NOTE	N	1/12/2018
<b>Cardiac — left atrial appendage (LAA) closure devices</b> (E.g., Amplatzer Amulet/Cardiac Plug devices, AtriClip®, LARIAT Procedure, PLAATO System, Watchman or any other equivalent device) <b><a href="#">(CMS Decision Memo for Percutaneous Left Atrial Appendage (LAA) Closure Therapy)</a></b> Note: Case-by-case consideration will be given (only for FDA-approved devices) to members with non-valvular atrial fibrillation who: <ul style="list-style-type: none"> <li>Are at increased risk for stroke and systemic embolism and are recommended for anticoagulation therapy</li> <li>Are deemed by their physicians to be suitable for warfarin</li> <li>Have an appropriate rationale to seek a nonpharmacologic alternative to warfarin, taking into account the safety and effectiveness of the device compared to warfarin</li> </ul> CPT (33340)	N	SEE NOTE	N	1/12/2018
<b>Cardiac — left partial ventriculectomy (Batista procedure/ventricular reduction surgery)</b> CPT (33542, 33548, 33999)	N	N	N	1/12/2018
<b>Cardiac — lipoprotein subclassification testing (aka advanced lipoprotein testing)</b> (E.g., VAP Cholesterol Panel [Atherotech®; closed permanently 2/28/2016], FHNEXT [Ambry]) (See also <a href="#">Lipoprotein Subclassification Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease</a> ) CPT (No specific code)	N	N	N	6/9/2017
<b>Cardiac — myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics)</b> CPT (0399T) Note: List separately in addition to code for primary procedure; use in conjunction with 93303, 93304, 93306, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93351, 93355	N	N	N	1/12/2018
<b>Cardiac — resynchronization therapy/biventricular pacing for congestive heart failure</b> (E.g., InSync®, St. Jude Frontier™ Biventricular Cardiac Pacing System or any other FDA-approved device) (See also <a href="#">Cardiac Resynchronization Therapy [Biventricular Pacing]</a> ) CPT (33206, 33207, 33208, 33211, 33213, 33221, 33214, 33217, 33220, 33224, 33225, 33226, 33240, 33241, 33243, 33244, 33249)	Y	Y	Y	3/10/2017
<b>Cardiac — septal closure devices</b>	Y	Y	Y	7/14/2017

(E.g., Amplatzer®, CardioSEAL®) CPT (93580, 93581, 33999 )				
<b>Cardiac — <a href="#">transcatheter aortic valve replacement</a> or implantation (TAVR/TAVI) for severe aortic valve stenosis</b> (E.g., CoreValve [Medtronic, SAPIEN [Edwards]]) <b>CPT (33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369)</b> Note: Percutaneous closure of paravalvular leakage (CPT 93591, 93592) is considered investigational. Requests for this service will receive case-by-case review.	Y	Y	Y	11/10/2017
<b>Cardiac — transcatheter pulmonary valve implantation (TPVI)</b> (E.g., Melody® Transcatheter Pulmonary Valve [Medtronic]) <b>CPT (33477)</b> Stent Placement: In terms of physician work, placing a Melody valve is similar to placing a stent; however, this does not clearly capture placement of a new valve. Angioplasty: Melody placement involves predilation of the conduit; however, ballooning is usually not coded separately when performed as a means of stent deployment.	Y	Y	Y	7/14/2017
<b>Cardiac — transcatheter heart valve implantation within an existing bioprosthetic valve</b> <b>CPT (No specific code)</b>	N	N	N	7/14/2017
<b>Cardiac — ventricular assist devices (VADs) — adult (e.g., Thoratec®, HeartMate II®)</b> <b>CPT (33975–33983, 33990, 33991, 33992, 33993 )</b> <b>HCPCS (Q0478–Q0508)</b>	Y	Y	Y	7/14/2017
<b>Cardiac — VADs pediatric (<a href="#">Berlin Heart EXCOR®</a> Pediatric Ventricular Assist Device)</b> NOTE: The EXCOR is an investigational device that is FDA-approved as a humanitarian device exemption (HDE), as a bridge to transplant, for severe isolated left ventricular or biventricular dysfunction; therefore, pre certification requests when presented as such will receive case-by-case review for all LOBs. <b>CPT (33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993)</b> <b>HCPCS (Q0478–Q0506)</b>	SEE NOTE	SEE NOTE	SEE NOTE	7/14/2017
<b>Cardiac defibrillators — automatic external (home use, wearable)</b> (See also <a href="#">Automatic External Defibrillators</a> ) <b>CPT (93292, 93745)</b> <b>HCPCS (K0606, K0607, K0608, K0609)</b>	Y	Y	Y	4/21/2017
<b>Cardiac defibrillators — implantable cardioverter (ICD)</b> (See also <a href="#">Implantable Cardioverter Defibrillators</a> ) <b>CPT (33215, 33220, 33223, 33226, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264)</b>	Y	Y	Y	5/12/2017
<b>Cardiac defibrillators — subcutaneous implantable (S-ICD)</b> (E.g. S-ICD™ System) (See also <a href="#">Implantable Cardioverter Defibrillators</a> ) <b>CPT (33270, 33271, 33272, 33273, 93260, 93261, 93644)</b>	Y	Y	Y	5/12/2017
<b>Cardiac monitoring — ECG remote algorithm analysis, computerized</b>	N	N	N	1/12/2018

<p>database analysis of multiple cycles of digitized cardiac electrical data (≥ 2 leads)</p> <p>(See also <a href="#">Cardiac Event Monitors</a>)</p> <p>CPT (0206T)</p>				
<p>Cardiac monitoring — external electrocardiographic recording up to 30 days; 24 hour monitoring</p> <p>(See also <a href="#">Cardiac Event Monitors</a>)</p> <p>CPT (93268, 93270, 93271, 93272)</p>	Y	Y	Y	7/14/2017
<p>Cardiac monitoring — external electrocardiographic recording up to 48 hours</p> <p>(See also <a href="#">Cardiac Event Monitors</a>)</p> <p>CPT (93224, 93225, 93226, 93227)</p>	Y	Y	Y	7/14/2017
<p>Cardiac monitoring — external electrocardiographic recording &gt; 48 hours up to 21 days</p> <p>(E.g., Zio Patch)</p> <p>(See also <a href="#">Cardiac Event Monitors</a>)</p> <p>CPT (0295T, 0296T, 0297T, 0298T)</p>	Y	Y	Y	7/14/2017
<p>Cardiac monitoring — external patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection/review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event</p> <p>(See also <a href="#">Cardiac Event Monitors</a>)</p> <p>CPT (0497T, 0498T eff. 01/01/2018)</p>	N	N	N	12/12/2017
<p>Cardiac monitoring — external heart rate and 3-axis accelerometer data (up to 14 days) for diagnosing nocturnal epileptic seizures (accelerometry)</p> <p>(E.g., ProGuardianREST)</p> <p>CPT (0381T, 0382T, 0383T, 0384T, 0385T, 0386T)</p>	N	N	N	7/14/2017
<p>Cardiac monitoring — fetal magnetic cardiac, at least 3 channels</p> <p>CPT (0475T, 0476T, 0477T, 0478T eff. 07/01/2017)</p>	N	N	N	7/14/2017
<p>Cardiac monitoring — hemodynamic, left atrial</p> <p>(E.g., HeartPOD System, Promote LAP System)</p> <p>CPT (No specific code [<del>0293T, 0294T</del> del. 01/01/2018])</p>	N	N	N	12/21/2016
<p>Cardiac monitoring — implantable loop recorders for recurrent infrequent syncopal episodes</p> <p>(E.g., Reveal Insertable Loop Recorder [Medtronic])</p> <p>(See also <a href="#">Cardiac Event Monitors</a>)</p> <p>CPT (33282, 33284, 93285, 93291, 93298, 93299)</p>	Y	Y	Y	7/14/2017
<p>Cardiac monitoring — intracardiac ischemic to detect potential heart attack</p> <p>(E.g., AngelMed Guardian System)</p>	N	N	N	12/21/2016

<b>CPT (<del>0302T, 0303T, 0304T, 0305T, 0306T, 0307T</del> [del. 01/01/2018]) (No specific code)</b>				
<b>Cardiac monitoring — real-time/mobile outpatient cardiac telemetry</b> Current EmblemHealth contracts: Alere Home Monitoring CardioLink CardioNet Medtronic Monitoring Life Watch Service Raytel Cardiac Services  (See also <a href="#">Cardiac Event Monitors</a> ) <b>CPT (93228, 93229)</b>	Y	Y	Y	7/14/2017
<b>Cardiography — combined acoustic and electrical</b> (Aka, acoustic heart sound recording, computer analysis and interpretation; e.g., Zargis Acoustic Cardioscan) <b>CPT (93799)</b>	N	N	N	1/12/2018
<b>Cardiophysiologic mapping/multichannel electrocardiography (≤ 64-leads)</b> (E.g. EnSite Velocity, Rhythmia Mapping System, CARTO 3, Polar Constellation Advanced Mapping System, PRIME ECG System, Visual ECG; list not meant to be all-inclusive) <b>CPT (<del>0178T, 0179T, 0180T</del> [del. 01/01/2018] No specific code)</b>	N	N	N	1/12/2018
<b>Carotid artery stenting</b> (E.g., Enroute Transcarotid Neuroprotection System) <b>CPT (37215, 37216, 37217, 37218)</b> Note: CPT codes 0075T and 0076T are not reimbursable	Y	Y	Y	7/14/2017
<b>Carotid sinus baroreflex activation device — all aspects</b> (E.g., <a href="#">Barostim™ neo™ Legacy System</a> [(CVRx Inc.)]) Note: The Barostim is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use in patients with resistant hypertension who have had bilateral implantation of the Rheos Carotid Sinus Leads (Models 1010R, 1010L, 1014L and 1014R) which have been discontinued and are obsolete and were determined to be responders in the Rheos pivotal clinical study. The approved implantable pulse generator (IPG) will replace an existing IPG in a patient whose battery is depleted and needs to be replaced and/or electrode lead repair procedures are necessary. Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. <b>CPT (0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T)</b>	N	N	N	7/14/2017
<b>Ceramic-on-ceramic hip replacements</b> (E.g., Ceramic TRANSCEND® Hip Articulation System, Duraloc® Option Ceramic Hip System, Keramos™ Ceramic/Ceramic Total Hip System, Novation™ Ceramic Articulation Hip System, Reflection® Ceramic Acetabular System or any other FDA-approved device) <b>CPT (27130, 27132, 27134, 27137, 27138)</b>	Y	Y	Y	7/14/2017
<b>Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time</b> <b>CPT (0042T)</b>	N	N	N	7/14/2017
<b><a href="#">Chelation therapy</a> for heavy metal toxicity and overload conditions</b> <b>HPCPS (J0470, J0600, J0895, J3520)</b>	Y	Y	Y	2/10/2017

<a href="#">Chemical peels</a> for actinic keratoses (AKs)/premalignant skin lesions <b>Note:</b> Click on Medical Guideline link for clinical criteria and coverage specifics CPT (15788, 15789, 15792, 15793)	Y	Y	Y	8/11/2017
Chemoembolization for hepatic cancer CPT (37243, 75894)	Y	Y	Y	7/14/2017
Chemosensitivity and chemoresistance assays for cancer (i.e., laboratory tests used to identify chemotherapeutic agents that may be ineffective against tumor growth) (E.g., chemoresistance assays; including but not limited to the Oncotech Extreme Drug Resistance, EDR® Assay or the Drug Resistances Assay [DRATM], and chemosensitivity assays [including but not limited to ChemoFX® assay]) (See also <a href="#">Genetic Counseling and Testing</a> ) CPT (89240, 81535, 81536)	N	N	N	4/21/2017
Circulating tumor cell (CTC) assay (aka immunological detection techniques for quantify circulating tumor cells in the blood) (E.g. CellSearch System®, Oncotype SEQ™, Foundation ACT, OnoCEE, Cancer Intercept, GeneStrat®, PCR [RTPCR], etc.) (See also <a href="#">Genetic Counseling and Testing</a> and <a href="#">Medicare LCD: Circulating Tumor Cell Testing</a> ) CPT (86152, 86153, 81445 [GeneStrat])	N	N	N	3/10/2017
Cochlear implants (single and multichannel) <b>Note:</b> Links to approved indications (list may not be all-inclusive): <a href="#">Advanced Bionics HiResolution® Bionic Ear System</a> <a href="#">Advanced Bionics Clarion Multi-Strategy</a> <a href="#">Advanced Bionics Clarion HiFocus</a> <a href="#">Cochlear Limited® Cochlear™ Nucleus® cochlear implants</a> <a href="#">MED-EL Maestro® (Sonata, or Pulsar) -Predecessor CI: Combi 40+</a> CPT (69930, 92601, 92602, 92603, 92604, V5273) HCPCS (L8614–L8629)	Y	Y	Y	7/14/2017
Cochlear implants (hybrid) (E.g., Nucleus® Hybrid™ L24 Cochlear Implant System) CPT (69930, 92601, 92602, 92603, 92604) HCPCS (L8614, L8615, L8616, L8617, L8618, L8619, V5273)	Y	Y	Y	6/9/2017
<a href="#">Cognitive rehabilitation</a> CPT (97532)	Y	Y	Y	3/10/2017
Coenzyme Q10 (CoQ10 or Q10) serum/body fluid testing of Q10 levels for supplementation of any disease (Aka ubiquinone, ubidecarenone, coenzyme Q) (See also <a href="#">Medicare Local Coverage Determination [LCD]: Coenzyme Q10</a> ) CPT (No specific code)	N	N	N	7/14/2017
Coil embolization for arterio-venous malformations (AVMs)/aneurysm	Y	Y	Y	10/13/2017

and splenic artery aneurysm CPT (37241, 37242, 37243, 37244, 61624, 61635, 75894)				
Collagen meniscus implant (E.g., Menaflex™) HCPCS (G0428)	N	N	N	7/14/2017
Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment CPT (93895, 0126T)	N	N	N	7/14/2017
Complex decongestion physiotherapy for lymphedema (See also <a href="#">Lymphedema Treatment</a> ) CPT (97140, 97016) HCPCS (S8950, E0650, E0651, E0652, E0655, E0660, E0665–E0673, E0676) Note: HCPCS code E0676 is not covered for DVT Prophylaxis	Y	Y	Y	10/13/2017
Computed tomography (CT) — low dose for lung cancer detection CPT (No specific code) HCPCS (G0296, G0297)	Y	Y	Y	7/14/2017
Computed tomography (CT) screening for coronary artery disease (E.g., calcium scoring using electron beam computed tomography [EBCT], ultrafast CT, etc.) CPT (75571) HCPCS (S8092)	N	N	N	7/14/2017
Computed tomographic angiography (CTA) for coronary diagnostics via multislice or multidetector CT modalities CPT (75574)	Y	Y	Y	7/14/2017
Computer-aided animation and analysis of time series retinal images for disease-progression monitoring CPT (0380T)	N	N	N	7/14/2017
Computer-assisted detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation or remotely CPT (0174T, 0175T)	N	N	N	7/14/2017
Computer-assisted detection breast MRI CPT (0159T)	N	N	N	7/14/2017
Computer-assisted detection breast ultrasound CPT (76999)	N	N	N	7/14/2017
Computer-assisted brush biopsy, with or without melanoma-associated antigens A (MAGE-A) staining, for detecting cancers of the esophagus, oral cavity, pharynx and larynx (E.g., OralCDx® BrushTest®, WATS3D [formerly known as EndoCDx]) CPT (No specific code)	N	N	N	7/14/2017

<b>Computer-assisted detection mammography (e.g., MammoReader or any other FDA-approved device)</b> <b>CPT (No specific code)</b> Note: New 2017 mammography codes now include computer-assisted detection mammography	Y	Y	Y	7/14/2017
<b>Computer-assisted orthopedic surgery</b> <b>CPT (20985, 0054T, 0055T, 0396T)</b>	N	N	N	7/14/2017
<b>Confocal laser endomicroscopy (CLE) (aka confocal fluorescent endomicroscopy and optical endomicroscopy)</b> <b>CPT (43206, 43252, 88375, 0397T)</b>	N	N	N	7/14/2017
<b>Continuous or intermittent measurement, computerized or electronic, wheeze rate detectors during treatment assessment or during sleep for documentation of nocturnal wheeze and cough for diagnostic evaluation, 3–24 hours</b> (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) <b>CPT (94799)</b>	N	N	N	7/14/2017
<a href="#">Continuous passive motion devices</a> <b>HCPSC (E0935)</b>	Y	Y	Y	5/12/2017
<b>Cooling devices in the home setting for neuro/musculoskeletal conditions, pain conditions, post-surgical healing or as a prophylactic measure for hair loss secondary to chemotherapy</b> <b>HCPSC (E0218, E0236)</b>	N	N	N	7/14/2017
<b>Cord blood harvesting and banking</b> <b>CPT (No specific code)</b> <b>HCPSC (S2140)</b>	N	N	N	7/14/2017
<b>Corneal — computer topography</b> <b>CPT (92025)</b>	Y	Y	Y	7/14/2017
<b>Corneal — collagen cross-linking (CXL) for progressive keratoconus</b> <b>CPT (0402T)</b>	N	N	N	7/14/2017
<b>Corneal — hysteresis</b> <b>CPT (92145)</b>	N	N	N	7/14/2017
<b>Corneal — intrastromal corneal ring segments for keratoconus (Intacs®)</b> (See also <a href="#">Intrastromal Corneal Ring Segments for Keratoconus</a> ) <b>CPT (65785)</b> <b>HCPSC (L8610)</b>	Y	Y	Y	6/9/2017
<b>Corneal — pachymetry for glaucoma</b> <b>CPT (76514)</b>	Y	Y	Y	7/14/2017
<b>Current Perception Threshold/Sensory Nerve Conduction Threshold Test (sNCT)</b> <b>HCPSC (G0255)</b>	N	N	N	7/14/2017

<b>Cryoablation — atrial fibrillation</b> (E.g., Arctic Front® Cardiac CryoAblation Catheter) CPT (93656, 93657)	Y	Y	Y	7/14/2017
<b>Cryoablation — Barrett’s esophagus</b> CPT (43229, 43270)	N	N	N	7/14/2017
<b>Cryoablation — bone tumors</b> CPT (20983)	N	N	N	7/14/2017
<b>Cryoablation — breast fibroadenomas</b> CPT (19105)	N	N	N	7/14/2017
<b>Cryoablation — hepatic cancer</b> (See also <a href="#">Cryosurgery for Liver Tumors</a> ) CPT (47381, 47383, 47371, 76940, 76998, 77013, 77022)	Y	Y	Y	10/13/2017
<b>Cryoablation — peripheral nerves for the treatment of knee and intercostal pain (lovera cryotherapy)</b> CPT (64620, 64640, 0441T, 0442T)	Y	Y	Y	1/19/2017
<b>Cryoablation — peripheral nerves upper extremity</b> CPT (0440T)	N	N	N	
<b>Cryoablation — plantar fasciitis</b> CPT (64640)	N	N	N	7/14/2017
<b>Cryoablation — prostate cancer</b> (See also <a href="#">Cryosurgical Ablation for Prostate Cancer</a> ) CPT (55873)	Y	Y	Y	10/13/2017
<b>Cryoablation — pulmonary tumors</b> CPT (0340T [del. 01/01/2018]) Note: CPT code 32994 is covered for Medicare members only	N	N	N	7/14/2017
<b>Cryoablation — renal cancer</b> (See also <a href="#">Cryosurgical and Radiofrequency Ablation for Renal Tumors</a> ) CPT (50250, 50542, 50593)	Y	Y	Y	6/9/2017
<b>Cryoablation — uterine for menorrhagia</b> (E.g., HerOption) CPT (58356)	Y	Y	Y	7/14/2017
<b>Cryoplasty (aka cryo-balloon angioplasty) for peripheral vascular disease</b> (E.g., PolarCath [NuCryo; previously Boston Scientific]) CPT (37799 combined with angioplasty codes 36901, 36902, 36905, 36906, 36907, 36908, 36909, 37246, 37247, 37248, 37249)	N	N	N	7/14/2017
<b>Cryopreservation — immature oocyte(s)</b> (See also <a href="#">Assisted Reproductive Technologies</a> ) Note: Refer to Limitations/Exclusion Section within EmblemHealth’s Assisted Reproductive Technologies Medical Guideline for information pertaining to the cryopreservation of	N	N	N	2/9/2018

mature oocytes and sperm for members with iatrogenic infertility. CPT (0357T)				
Cryopreservation — reproductive tissue, ovarian (See also <a href="#">Assisted Reproductive Technologies</a> ) CPT (0058T)	N	N	N	4/21/2017
Cryotherapy — whole body; any indication (E.g., Asthma, Alzheimer's, Anxiety, Chronic pain, Depression, Fibromyalgia, Insomnia, Migraines, Multiple sclerosis, Osteoarthritis, Rheumatoid Arthritis, Weight Loss) CPT (No specific code)	N	N	N	7/14/2017
Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy CPT (0499T eff. 01/01/2018)	N	N	N	12/12/2017
Descemet's Stripping Endothelial Keratoplasty (DSEK) Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK) Descemet Membrane Endothelial Keratoplasty (DMEK) Deep Lamellar Endothelial Keratoplasty (DLEK) CPT (65756, 65757, 0290T )	Y	Y	Y	7/14/2017
<a href="#">Deep brain stimulation — essential tremor/advanced Parkinson's disease</a> CPT (61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, 95961, 95962, 95970, 95978) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	Y	Y	Y	6/9/2017
<a href="#">Deep brain stimulation — obsessive compulsive disorder</a> (Reclaim™ DBS™ Therapy) Note: The Reclaim™ DBS™ Therapy is an investigational device that is FDA-approved as a humanitarian exemption (HDE) for bilateral stimulation of the anterior limb of the internal capsule, ALC, as an adjunct to medications and as an alternative to anterior capsulotomy for treatment of chronic, severe, treatment-resistant obsessive compulsive disorder (OCD) in adult patients who have failed at least three selective serotonin reuptake inhibitors (SSRIs). Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. CPT (21499, 61863, 61864, 61867, 61885, 61886, 61880, 61888, 95961, 95962) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	SEE NOTE	SEE NOTE	SEE NOTE	6/9/2017
<a href="#">Dermabrasion</a> for actinic keratoses (AKs) and superficial basal cell carcinomas Note: Click on Medical Guideline link for clinical criteria and coverage specifics CPT (15781, 15782, 15783)	Y	Y	Y	8/11/2017
DermaClose® RC Continuous External Tissue Expander for wound management CPT (No specific code)	N	N	N	7/14/2017
Destruction neurofibromata — extensive, (cutaneous, dermal extending	N	N	N	7/14/2017

into subcutaneous) (Face, head and neck, > 50 neurofibromata; trunk and extremities, > 100 neurofibromata) CPT (0419T, 0420T)				
Dexamethasone/fluocinolone acetonide intravitreal implants for FDA approved indications (E.g., Ozurdex®, Iluvien®, Retisert) (See also <a href="#">Intravitreal Injections/Implants</a> ) CPT (67027) HCPCS (J7311, J7312, J7313)	Y	Y	Y	1/19/2017
<a href="#">Dorsal column stimulators for chronic pain management</a> (aka spinal stimulators) Note: Considered investigational for stimulation of the dorsal root ganglion. CPT (63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 95970, 95971, 95972, 64999) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695, L8699)	Y	Y	Y	3/13/2017
Double balloon enteroscopy CPT (No specific code)	Y	Y	Y	7/14/2017
Drug eluting ocular implant — lacrimal canaliculus (aka intracanalicular plugs) (including punctal dilation and implant removal) CPT (0356T, 0444T, 0445T)	N	N	N	7/14/2017
Drug eluting stents — cardiac CPT (92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944)	Y	Y	Y	7/14/2017
Drug eluting stents — sinus (E.g., Propel® Mometasone Furoate Implant sinus implant, Relieva Stratus™ MicroFlow spacer and the SinuFoam™ spacer) (See also <a href="#">Functional Endoscopic Sinus Surgery [FESS]</a> ) CPT (0406T, 0407T)	N	N	N	3/10/2017
Duopa (carbidopa and levodopa) enteral suspension for the treatment of motor fluctuations in patients with advanced Parkinson's disease CPT (43246, 44373, 49446, 64999, 95999, 99199) HCPCS (E0781, J7799, J7340)	Y	Y	Y	7/14/2017
Dynamic Decompression System for pectus excavatum (See also <a href="#">Surgical Correction of Chest Wall Deformities</a> ) CPT (No specific code)	N	N	N	10/13/2017
Elastography (e.g., FibroScan®) for management of benign liver disease CPT (0346T, 91200)	Y	Y	Y	7/14/2017
Elastography for evaluation of breast lesions (or any other indication) CPT (0346T) Note: CPT 0346T and 91200 are allowable for liver elastography	N	N	N	7/14/2017

Electrical continence aids, rectal inserts and related accessories HCPCS (A4335, A4337)	N	N	Y	7/14/2017
Electrical modulation pain reprocessing — transcutaneous CPT (0278T)	N	N	N	7/14/2017
Electrical nerve stimulation — neuromuscular conditions Note: Eff. October 1, 2013, Medicaid members are no longer eligible for coverage of functional electrical stimulation (FES) for spinal cord and head injury, cerebral palsy and upper motor neuron disease. CPT (64550, 64999) HCPCS (A4595, A4630, E0720, E0730, E0731, E0745)	Y	Y	N	7/14/2017
Electrical Stimulation — auricular of acupuncture points (aka auricular electrostimulation) CPT (S8930)	N	N	N	7/14/2017
Electrical stimulation (neurostimulation) — central sleep apnea (E.g., remedē® System) CPT (0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T)	N	N	N	7/14/2017
Electrical stimulation — hypoglossal nerve for obstructive sleep apnea (E.g., Inspire® Upper Airway Stimulation (UAS)) (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) CPT (0466T, 0467T, 0468T, 64999)	N	N	N	2/9/2018
Electrical stimulation — pudendal nerve terminal motor latency (PNTML) for fecal incontinence (See also <a href="#">Fecal Incontinence Treatment</a> ) CPT (No specific code)	N	N	N	7/14/2017
Electrical stimulation — percutaneous tibial nerve (aka posterior/peripheral) for urinary voiding dysfunction (e.g., Urgent® PC Neuromodulation System, Stoller afferent nerve system [PerQ SANS System]) Note: Coverage predicated on the failure of behavioral modification (e.g., pelvic floor exercise, fluid intake timing, etc.), as well as pharmacological management (e.g., anticholinergic, muscle relaxant, etc.) CPT (64566, 97014, 97032) HCPCS (L8680)	Y	Y	Y	7/14/2017
Electrical stimulation — tibial nerve for fecal incontinence (See also <a href="#">Fecal Incontinence Treatment</a> ) CPT (64566)	N	N	N	7/14/2017
Electrical stimulation/diathermy (pulsed) — knee osteoarthritis (E.g., BionCare®BIO-1000, OrthoCor Active Knee System) HCPCS (E0762)	N	N	N	7/14/2017
Electrical stimulation — perianal for fecal incontinence (See also <a href="#">Fecal Incontinence Treatment</a> )	N	N	N	7/14/2017

<b>CPT (No specific code)</b>				
<b>Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for acute postoperative pain, chronic pain other than low back pain and chronic low back pain</b> Note: TENS coverage for Medicaid members is restricted solely to osteoarthritis of the knee. The above indications are covered for Commercial and Medicare members commensurate with <a href="#">Noridian LCD for Transcutaneous Electrical Nerve Stimulators (TENS)</a> <b>CPT (64550)</b> <b>HCPCS (A4557, A4595, E0730, E0731, E0720)</b>	Y	Y	SEE NOTE	7/14/2017
<b>Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for nausea</b> <b>HCPCS (A4558, E0765)</b>	N	Y	Y	7/14/2017
<b>Electrical stimulation — transcutaneous electrical nerve stimulation [TENS] for migraine prophylaxis</b> (E.g., Cefaly® TENS) <b>HCPCS (No specific code)</b>	N	N	N	7/14/2017
<b>Electrical stimulation — wounds</b> <b>HCPCS (E0769, G0281)</b> Note: CPT G0282 — Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 — is not covered	N	Y	Y	7/14/2017
<b>Electrogastrography as a diagnostic tool for gastroparesis or functional dyspepsia</b> <b>CPT (91132, 91133)</b>	N	N	N	7/14/2017
<b>Electric tumor fields for newly diagnosed or recurrent glioblastoma following surgery and radiotherapy</b> (E.g., Optune® [Novocure]) Note: Considered investigational for all other indications <b>HCPCS (A4555, E0766)</b>	Y	Y	Y	8/11/2017
<b>Electromagnetic therapy for wounds</b> <b>HCPCS (G0295, G0329, E0761)</b>	N	Y	N	7/14/2017
<b>Electronic nicotine delivery systems for smoking cessation (ENDS)</b> <b>CPT (No specific code)</b>	N	N	N	7/14/2017
<b>Embolization of ovarian and Internal Iliac veins for pelvic congestion syndrome (PCS)</b> <b>CPT (36012, 37241, 75894, 75898)</b>	N	N	N	1/12/2018
<b>Endomechanical ablative approach for varicose vein treatment/endovenous mechanochemical ablation (MOCA)</b> (E.g., ClariVein™ Catheter) (See also <a href="#">Varicose Vein Treatment</a> ) <b>CPT (36473, 36474)</b>	N	N	N	9/8/2017
<b>Endoscope, retrograde imaging/illumination colonoscope device (implantable)</b> (E.g., Third Eye® Panoramic™ Device for Colonoscopy)	N	N	N	7/14/2017

HCPCS (44799)				
Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (e.g., brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral (E.g., Endo PAT 2000) CPT (0337T)	N	N	N	7/14/2017
Endovascular Iliac atherectomy for peripheral arterial disease (E.g., Zenith® Branch Endovascular Graft-Iliac Bifurcation with the H & L-B One-Shot™) CPT (0254T, [0255T del. 01/01/2018])	N	N	N	7/14/2017
Endovascular stent grafts — abdominal aortic aneurysms (AAA) (E.g., Aorfix™, AneuRx®, Zenith®, Excluder®, AFX and Powerlink®, Talent™, OVATION Abdominal Stent Graft System, Endurant®)  Note: Coverage is applicable only FDA-approved grafts utilized per labeled indications. The plan considers the following investigational:  Fenestrated and branched endografts  Implanted pressure sensors for the detection of endoleaks  CPT ([34701, 34702, 34703, 34705, 34706, 34709 eff. 01/01/2018], 34812, 34820, [34800, 34802, 34803, 34804, 34805, 34825, 34826 del. 01/01/2018])  Note: Non-covered codes pertaining to fenestrated grafts: CPT (34839, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)	Y	Y	Y	7/14/2017
Endovascular stent grafts — thoracic aortic aneurysms (TAA) (limited to descending type only)  (E.g., GORE TAG Thoracic Endoprosthesis, Valiant® Thoracic Stent Graft with the Captiva Delivery System)  Note: Coverage is applicable only FDA-approved grafts utilized per labeled indications. The following are considered investigational: <ul style="list-style-type: none"> <li>▪ Treatment of aneurysms of the ascending aorta/aortic arch</li> <li>▪ Treatment of aortic dissections/traumatic aortic transections</li> <li>▪ Implanted pressure sensors for the detection of endoleaks</li> </ul> CPT (33880, 33881, 33883, 33884, 33886, [34806 del. 01/01/2018], [34710, 34711 eff. 01/01/2018], 75956, 75957, 75958, 75959)	Y	Y	Y	7/14/2017
Enfant® Pediatric VEP Vision Testing System for infants > 6 months of age and pre-school children  (See also <a href="#">Visual Evoked Potential Testing for Pediatric Populations in the Primary Care Setting</a> ) CPT (95930)	Y	Y	Y	3/10/2017
Engauge-Cancer-DLBCL gene expression assay for risk stratification / treatment of for B-cell lymphoma (measuring expression of LMO2 and CD137) CPT (81479, 81599, 84999)	N	N	N	7/14/2017
Epidermal nerve fiber density test for the diagnosis of small fiber neuropathy CPT (88356)	Y	Y	Y	7/14/2017
Epiretinal radiation for wet age-related macular degeneration (placement	N	N	N	7/14/2017

of intraocular radiation source applicator) CPT (0190T)				
Erectile dysfunction and penile prostheses CPT (54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417) HCPCS ( [Medicare benefit discontinuance of L7900 and L7902 for the vacuum pump and ring eff. 07/1/2015])	Y	SEE NOTE	Y	7/14/2017
Exhaled nitric oxide measurement for asthma diagnosis/management and other respiratory disorders (E.g., Breathmeter, Insight eNO System™, Nitric Oxide Monitoring System [NIOX®], NIOX MINO®/VERO) CPT (95012, 83987)	N	N	N	1/12/2018
Extracorporeal immunoabsorption using protein a columns (Prosorba®) for ITP/rheumatoid arthritis CPT ( <del>36515</del> [del. 01/01/2018] No specific code)	Y	Y	Y	7/14/2017
Extracorporeal liver assist system — oversight of patient care during extracorporeal liver assist procedure (Review of status, review of laboratories and other studies, and revision of orders and liver assist care plan) CPT (0405T)	N	N	N	7/14/2017
Extracorporeal shockwave therapy for chronic epicondylitis CPT (0102T) Note: Coverage discontinued for Medicare members eff. 01/01/2016	N	N	N	7/14/2017
Extracorporeal shockwave therapy for chronic plantar fasciitis CPT (28890) Note: Coverage discontinued for Medicare members eff. 01/01/2016	N	N	N	7/14/2017
Extracorporeal shockwave therapy for musculoskeletal indications other than epicondylitis or plantar fasciitis CPT (0101T [high energy])	N	N	N	7/14/2017
Extra-osseous subtalar joint for talotarsal stabilization CPT (0335T) HCPCS (S2117)	N	N	N	7/14/2017
Facet joint arthroplasty (replacement) CPT (0202T)	N	N	N	7/14/2017
Fetal fibronectin testing CPT (82731)	Y	Y	Y	7/14/2017
<a href="#">Fecal microbiota transplant (FMT) for recurrent C difficile infection (RCDI)</a> CPT (44705) HCPCS (G0455)	Y	Y	Y	4/21/2017
<a href="#">FENIX™ Continence Restoration System</a> Note: The Fenix is an investigational mechanical compression device that is FDA-approved	SEE NOTE	SEE NOTE	SEE NOTE	7/14/2017

as a humanitarian device exemption (HDE) for fecal incontinence in patients who are not candidates for or have previously failed conservative treatment and less invasive therapy options (e.g., bulking agents, radiofrequency ablation, sacral nerve stimulation). Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. CPT (43284, 43285)				
Fluorescein angiography — anterior segment imaging with interpretation and report (only when performed by ophthalmologist) CPT (92287)	Y	Y	Y	7/14/2017
Fractional ablative laser fenestration of burn and traumatic scars for functional improvement of infants and children CPT (0479T, 0480T eff. 01/01/2018)	N	N	N	12/12/2017
Gait motion analysis (aka comprehensive motion analysis studies) for evaluation musculoskeletal function (E.g., cerebral palsy, meningomyelocele, traumatic brain injury, incomplete quadriplegia, spastic hemiplegia, spastic diplegia) CPT (96000, 96001, 96002, 96003)	Y	Y	Y	7/14/2017
Galectin-3 testing for congestive heart failure CPT (82777)	N	N	N	7/14/2017
Gastric pacing— Enterra™ Therapy System (aka gastric electrical stimulation [GES]) for chronic, intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology (See also <a href="#">Gastric Electrical Stimulation</a> ) CPT (43647, 43648, 43881, 43882, 64590, 64595) HCPCS (E0765)	Y	Y	Y	12/12/2017
Gene expression profiling — ASXL1 ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12) CPT (81175, 81176 eff. 01/01/2018)	N	N	N	12/12/2017
Gene expression profiling — brain malformations (E.g., Comprehensive Brain Malformations Next Generations Sequencing Panel (GeneDx)) ( <a href="#">Gene Expression Profiling</a> ) CPT (81405, 81406, 81407, 81408)	N	N	N	10/13/2017
Gene expression profiling — breast cancer Breast Cancer Index [81479], (Biotheranostics), EndoPredict® (Myriad), MammaPrint® (Agendia), OncoType® DX (Genomic), Prosigna™ [NanoString Technologies], HERmark® (Integrated Oncology LabCorp Specialty Group — covered for Medicare-covered only) (See also <a href="#">Gene Expression Profiling and Biomarker Testing for Breast Cancer</a> )	Y	Y	Y	2/9/2018

<p>CPT (81519, [81520, 81521 eff. 01/01/2018] all LOBs)</p> <p>HCCPS (S3854 for Commercial)</p>				
<p>Gene expression profiling — breast cancer (other than Breast Cancer Index [81479], MammaPrint®), OncoType [81519] and Prosigna [0008M])</p> <p>(E.g., BreastOnCPx™ [Integrated Oncology LabCorp Specialty Group]; BluePrint® [Agendia]; Breast Cancer Gene Expression Ratio [Quest Diagnostics]; HERmark® [Integrated Oncology LabCorp Specialty Group — not covered for Commercial and Medicaid]; Mammostrat [Genomic]; Rotterdam Signature; SYMPHONY™ Personalized Breast Cancer Genomic Profile [Agendia])</p> <p>(See also <a href="#">Gene Expression Profiling and Biomarker Testing for Breast Cancer</a>)</p> <p>CPT (81519 all LOBs)</p> <p>HCCPS (S3854 for Commercial)</p> <p>Note: CPT codes 81432 and 81433 for hereditary breast cancer disorders are <u>not</u> considered medically necessary</p>	N	N	N	2/9/2018
<p>Gene expression profiling — colon cancer (including Septin9 [Sept9] DNA analysis for early detection of colorectal cancer)</p> <p>(E.g., ColoVantage [Quest], Epi proColon [Epigenomics], GeneFx® Colon [Precision Therapeutics], ColoNext™ [Ambry], OncoType® DX [Genomic])</p> <p>Note: Medicare members are covered for Oncotype only</p> <p>(See also <a href="#">Oncotype DX Colon Cancer Assay Coding and Billing Guidelines</a> for Medicare and <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81525, 81327)</p>	N	SEE NOTE FOR SPECIFIC TESTS	N	2/9/2018
<p>Gene expression profiling — coronary artery disease</p> <p>(E.g., Corus® CAD test [CARDIODX])</p> <p>(See also <a href="#">Corus CAD Test Coding and Billing Guidelines</a> for Medicare and <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (84999, 81493)</p>	N	Y	N	7/14/2017
<p>Gene expression profiling — F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence</p> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81238 eff. 01/01/2018)</p>	N	N	N	12/12/2017
<p>Gene expression profiling — G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis common variant(s)/known familial variant(s)/full gene sequence</p> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81247, 81248, 81249 eff. 01/01/2018)</p>	Y	Y	Y	12/12/2017
<p><a href="#">Gene expression profiling — heart transplant rejection</a></p> <p>(E.g., AlloMap® [CareDx])</p> <p>CPT (81595, 86849 unlisted immunology)</p>	Y	Y	Y	4/21/2017
<p>Gene expression profiling — melanoma</p> <p>(E.g., DecisionDx [Castle Biosciences], myPath® [Myriad])</p> <p>(See also NGS <a href="#">Medicare LCD: Molecular Pathology Procedures</a> and <a href="#">Gene Expression Profiling of Melanomas</a>)</p> <p>Note: DecisionDx is covered for Medicare members only. See Gene Expression Profiling of</p>	N	SEE NOTE	N	10/13/2017

<b>Melanomas guideline)</b> CPT (81479, 81504, 81599, 84999, 88299)				
<b>Gene expression profiling — microbial pathogens</b> (E.g., DecodEx Microbial Genetic Identification [PathoGenius]) (See also <a href="#">Gene Expression Profiling</a> ) CPT (87801)	N	N	N	9/8/2017
<b>Gene expression profiling — myeloma</b> (E.g., MyPRS™ Myeloma Prognostic Risk Signature™ [Signal Genetics]) (See also <a href="#">Gene Expression Profile Testing for Multiple Myeloma</a> ) CPT (81479, 81504, 81599, 84999, 86849, 88299)	N	N	N	10/13/2017
<b>Gene expression profiling — narcolepsy</b> (I.e. HLA-DQB1*06:02 typing) (See also <a href="#">Palmetto LCD: MoIDX: HLA-DQB1*06:02 Testing for Narcolepsy</a> ) CPT (81383)	N	N	N	8/11/2017
<b>Gene expression profiling — RUNX1 (runt related transcription factor 1)</b> (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8) CPT (81334 eff. 01/01/2018)	N	N	N	12/12/2017
<b>Gene expression profiling — thyroid nodules of indeterminate cytology</b> (E.g., Afirma® Thyroid FNA Analysis [Veracyte], ThyGenX [Interpace Diagnostics™, LLC; test formerly known as the miRInform® from Asuragen], ThyraMIR Thyroid miRNA classifier [Interpace], <a href="#">Thyroid FNA Cytomorphology with Molecular Reflex</a> [Quest; preferred lab], ThyroSeq next generation sequencing [University of Pittsburgh]) (See also <a href="#">Gene Expression Profiling</a> ) CPT (81545)	Y	Y	Y	7/14/2017
<b>Gene/biomarker expression profiling for prostate cancer</b> (E.g., 4Kscore® Test [OPKO]; ConfirmMDx [MDxHealth]; Decipher [GenomeDX Biosciences Corp]; OncoType® DX [Genomic]; Prolaris® [Myriad]; ProMark® [Metamark Genetics]) Note: <ul style="list-style-type: none"> <li>ConfirmMDx is covered for Medicare members per <a href="#">LCD: ConfirmMDx Epigenetic Molecular Assay</a></li> <li>Decipher is covered for Medicare members per <a href="#">LCD: Decipher® Prostate Cancer Classifier Assay</a></li> <li>Prolaris is covered for Medicare members per <a href="#">LCD: Prolaris™ Prostate Cancer Genomic Assay</a></li> <li>Oncotype is covered for Medicare members per <a href="#">LCD: Oncotype DX® Prostate Cancer Assay</a></li> <li>ProMark is covered for Medicare members per <a href="#">LCD: ProMark Risk Score</a></li> </ul> (See also <a href="#">Gene Expression Profiling</a> ) CPT (81479, [81539 4Kscore® Test only], [81541, 81551 eff. 01/01/2018], 81599)	N	SEE NOTE FOR SPECIFIC TESTS	N	1/12/2018
<b>Gene therapy — aka CAR T Therapy, cell therapy, embryonic cell therapy, fresh cell treatment, glandular therapy, organotherapy, and xenotransplant therapy [Kymriah™, Yescarta™, etc.]) for lymphoproliferative disorders, hematological malignancies or any other indications</b>	N	N	N	10/13/2017

(Specific to Medicaid members <u>only</u> ; see <a href="#">KYMRIAH™ (tisagenlecleucel) for Acute Lymphoblastic Leukemia — Medicaid</a> ) CPT (No specific code)				
Gene therapy — Luxterna™ for biallelic mutation-associated retinal dystrophy CPT (No specific code)	N	N	N	1/12/2018
Genetic testing — amyotrophic lateral sclerosis (ALS) SOD1 mutation CPT (81404) HCPSCS (S3800) (See also <a href="#">Genetic Counseling and Testing</a> )	N	N	N	4/12/2017
Genetic testing — Alzheimer's disease (E.g., apolipoprotein E [APO E-4], amyloid AB precursor gene, presenilin genes 1 and 2, ADmark® Alzheimer's Evaluation [Athena]) (See also <a href="#">Genetic Testing for Alzheimer's Disease</a> ) CPT (81401, 81405, 81406, 83520, 84999) HCPSCS (S3852)	N	N	N	10/13/2017
Genetic testing — analysis of <a href="#">PIK3CA status in tumor cells</a> CPT (81404, 81479)	N	N	N	10/13/2017
Genetic testing — breast cancer (See also <a href="#">BRCA-1 &amp; BRCA- 2 Genetic Testing [Sequence analysis/rearrangement testing]</a> , <a href="#">Gene Expression Profiling</a> ) <b>Note: The BRCAPlus, BREVAGen and BreastNext/CancerNext™ tests (Ambry Genetics) are not considered medically necessary.</b> CPT (81162, 81211, 81212, 81213, 81214, 81215, 81216, 81217) Note: CPT codes 81432 and 81433 for hereditary breast cancer disorders are <u>not</u> considered medically necessary	Y	Y	Y	2/9/2018
Genetic testing — cadherin-1 (CDH1) for hereditary diffuse gastric cancer (HDGC) Note: Medically necessary when any of the following criteria is met <ul style="list-style-type: none"> <li>2 gastric cases in a family, 1 confirmed diffuse gastric cancer (DGC) diagnosed before age 50 years</li> <li>3 confirmed cases of DGC in 1st- or 2nd-degree relatives independent of age</li> <li>DGC diagnosed before age 40 years without a family history</li> <li>Personal or family history of DGC and lobular breast cancer, 1 diagnosed before age 50 years</li> </ul> CPT (81406, 81435, 81479)	Y	Y	Y	3/10/2017
Genetic testing — CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9 (See also, <a href="#">Gene Expression Profiling</a> , <a href="#">Genetic Counseling and Testing</a> and NGS <a href="#">Medicare LCD: Molecular Pathology Procedures</a> ) CPT (81219)	N	Y	N	3/10/2017
Genetic testing — cancer of unknown primary (CUP) (aka tissue origin testing) (E.g., ResponseDX [formerly Pathwork®] Tissue Origin Test [Response Genetics], Rosetta Cancer Origin Test™ [formerly miReview® mets] [Rosetta Genomics])	N	SEE NOTE FOR SPECIFIC TESTS	N	7/14/2017

<p>Note:</p> <ul style="list-style-type: none"> <li>▪ Cancer TYPE ID is covered for Medicare members; see <a href="#">bioTheranostics Cancer TYPE ID</a></li> <li>▪ ResponseDX is covered for Medicare members; see <a href="#">ResponseDX Tissue of Origin Coding and Billing Guidelines</a></li> </ul> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81479, 81540)</p>				
<p><b>Genetic testing — cardiac ion channelopathies</b></p> <p>(i.e., Catecholaminergic Polymorphic Ventricular Tachycardia [CPVT], Long QT syndrome [LQTS])</p> <p>(See also <a href="#">Cardiac Ion Channel Genetic Testing</a>)</p> <p>CPT (81403, 81405, 81408)</p>	Y	Y	Y	3/10/2017
<p><b>Genetic testing — cardiac ion channelopathies</b></p> <p>(i.e., Brugada syndrome, Short QT syndrome [SQTS])</p> <p>(See also <a href="#">Cardiac Ion Channel Genetic Testing</a>)</p> <p>CPT (81413, 81414)</p> <p>HCPCS (S3861 for Brugada)</p>	N	N	N	3/10/2017
<p><b>Genetic testing — acute myeloid leukemia (AML) therapeutic management</b></p> <p>1. CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha [a]), full gene sequence analysis FLT3 gene analysis</p> <p>(See Also <a href="#">Medicare LCD Molecular Pathology Procedures</a>)</p> <p>CPT (81218) [CEBPA], 81245, 81246 [FLT3]</p>	Y	Y	Y	5/12/2017
<p><b>Genetic testing — <a href="#">cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) Syndrome</a></b></p> <p>CPT (81406, 81599)</p> <p>HCPCS (G0452 [Medicare])</p>	Y	Y	Y	2/9/2018
<p><b>Genetic testing — colorectal cancer/Lynch syndrome (aka hereditary nonpolyposis colorectal cancer HNPCC)</b></p> <p>(E.g. tests from Quest Labs, Colaris tests from Myriad Labs):</p> <p>FAP — testing for APC mutations (exclusive of the mutation at codon 11307K on the APC gene)</p> <p>HNPCC— testing for MLH1 &amp; MSH2, MSH6, SH2, PMS2 mutations</p> <p>HNPCC — microsatellite instability analysis (also known as the replication error test)</p> <p>MYH-associated neoplasia or MAP (MYH genetic testing) (See also <a href="#">Genetic Testing for Colorectal Cancer/Lynch Syndrome</a>)</p> <p>CPT (81201, 81202, 81203, 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 81435, 81436)</p>	Y	Y	Y	3/10/2017
<p><b>Genetic testing — colon cancer; fecal DNA (e.g., Cologuard® [Exact Sciences], ColoSure™ [LabCorp], PreGen-Plus™ [Exact Sciences], QIAamp DNA Stool Mini Kit [not covered for any line of business])</b></p> <p>(See also <a href="#">Genetic Counseling and Testing</a>)</p> <p><b>Note: Only Cologuard is covered for Commercial and Medicare members, once every 3 years; all:</b></p> <p>Age 50 to 85 years</p>	SEE NOTE	SEE NOTE	Y	2/9/2018

<p>Asymptomatic (no signs or symptoms of colorectal disease including but not limited to lower gastrointestinal pain, blood in stool, positive guaiac fecal occult blood test or fecal immunochemical test)</p> <p>At average risk of developing colorectal cancer (no personal history of adenomatous polyps, colorectal cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis; no family history of colorectal cancers or adenomatous polyps, familial adenomatous polyposis, or hereditary nonpolyposis colorectal cancer)</p> <p>CPT (81528)</p>				
<p>Genetic testing — comparative genomic hybridization (CGH) microarray for chromosomal imbalance for the evaluation of chromosomal imbalances in patients suspected of having a genetic syndrome (i.e. have congenital anomalies, dysmorphic features, developmental delays, mental retardation, and/or other developmental disabilities)</p> <p>Various manufacturers; list not meant to be all-inclusive — Chromosomal Microarray Analysis (CMA) (Baylor College of Medicine Medical Genetics Laboratories:); Chromosome Microarray (Laboratory Corporation of America [LabCorp]); Clarisure™ (Quest Diagnostics Inc.); GenomeDx (GeneDx Inc.); Oligo HD Scan™, BAC HD Scan™, and Prenatal Scan™ (CombiMatrix Molecular Diagnostics [CMDX]); SignatureChipWG™, SignatureChipOS™, and SignaturePrenatalChip® (Signature Genomic Laboratories) (List not meant to be all-inclusive) — Chromosomal Microarray Analysis</p> <p>Note: Not covered —FirstStepDx PLUS genetic testing service for autism (Lineagen) CPT (81229, 81479, 81243)</p> <p>(See also <a href="#">Chromosomal Microarray Analysis</a>)</p> <p>CPT (81228, 81229, 88230, 88262)</p> <p>HCPCS (S3870)</p>	Y	Y	Y	10/13/2017
<p>Genetic testing — comparative genomic hybridization (CGH) microarray for chromosomal imbalance (various manufacturers)</p> <p>(See also <a href="#">Chromosomal Microarray Analysis</a>)</p> <p>CPT (81228, 81229, 88230, 88262)</p> <p>HCPCS (S3870)</p>	Y	Y	Y	10/13/2017
<p>Genetic testing — craniosynostosis next generation sequencing (NGS) panel</p> <p>(E.g., Connective Tissue Gene Tests such as the Skeletal Dysplasia Ciliopathy NGS Panel)</p> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81479, 81405, 81404)</p>	N	N	N	2/9/2018
<p>Genetic testing — cystic fibrosis (general population screening in the absence of signs/symptoms)</p> <p>(See also <a href="#">Genetic Testing for Cystic Fibrosis</a>)</p> <p>CPT (81220, 81221, 81222, 81223, 81224)</p>	N	N	N	2/9/2018
<p>Genetic testing — cystic fibrosis (pregnancy-planning and for those in early stages of pregnancy when results will be used to inform decisions regarding childbearing or fetal diagnosis)</p> <p>(See also <a href="#">Carrier Screening for Parents or Prospective Parents</a>)</p> <p>CPT (81220, 81221, 81222, 81223, 81224)</p>	Y	Y	Y	2/9/2018
<p>Genetic testing — cystic fibrosis (diagnostic use for suspected cystic fibrosis)</p> <p>(See also <a href="#">Genetic Testing for Cystic Fibrosis</a>)</p>	Y	Y	Y	10/13/2017

CPT (81220, 81221, 81222, 81223, 81224)				
Genetic testing — dementia (See also <a href="#">Genetic Testing for Frontotemporal Dementia (FTD)</a> CPT (81406, 81479)	N	N	N	10/13/2017
Genetic testing — epilepsy (confirmatory diagnosis to identify familial mutations to allow carrier testing and prenatal diagnosis) (See also <a href="#">Genetic Counseling and Testing</a> and <a href="#">Gene Expression Profiling</a> ) (E.g., NGS Epilepsy/Seizure Panel [Greenwood Genetic Center]) CPT (81479)	N	N	N	2/9/2018
Genetic testing — <a href="#">Factor V Leiden mutation analysis</a> CPT (81241)	Y	Y	Y	2/9/2018
Genetic testing — familial hypertrophic cardiomyopathy (See also <a href="#">Hereditary Cardiomyopathy</a> ) CPT (81403, 81405, 81406, 81407, 81479) HCPCS (S3865, S3866) Note: CPT codes 81408 and 81439 are not covered (see also <a href="#">Molecular Pathology Procedures LCD</a> )	Y	Y	Y	10/13/2017
Genetic testing — Guanylyl cyclase c (GCC or GUCY2C) lymph node analysis for colorectal cancer staging (E.g., Previstage™ GCC) CPT (No specified code)	N	N	N	2/9/2018
Genetic testing — <a href="#">hereditary pancreatitis</a> CPT (81222, 81223, 81224, 81401, 81404, 81479)	Y	Y	Y	10/13/2017
Genetic testing — hereditary retinal disorders (E.g., sequence analysis ≥ 15 genes including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RH0, RP1, RP2, RPE65, RPGR, AND USH2A) (See also <a href="#">Genetic Counseling and Testing</a> ) CPT (81434)	N	N	N	4/21/2017
Genetic testing — <a href="#">Li-Fraumeni syndrome</a> CPT (81404, 81405, 81479)	Y	Y	Y	10/13/2017
Genetic testing — Janus Kinase 2 (JAK2) V617F Gene Mutation Assay (See also <a href="#">Janus Kinase 2 (JAK2) V617F Gene Mutation Assay</a> ) CPT (81270, 81403)	SEE NOTE	SEE NOTE	SEE NOTE	6/9/2017
Genetic testing — age-related macular degeneration (AMD), risk-determination for (E.g., Macular Degeneration Mutation Analysis [Quest], Macula Risk PGx [Arctic]; RetnaGene AMD [Sequenom], ARUP lab test offerings) (See also <a href="#">Genetic Counseling and Testing</a> ) CPT (81401, 81405, 81408)	N	N	N	3/10/2017
Genetic testing — infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	N	N	N	12/12/2017

(ie, genotyping) CPT (0500T eff. 01/01/2018)				
Genetic testing — malignant melanoma (CDKN2A) (E.g., Melaris® [Myriad Genetics]) (See also <a href="#">Gene Expression Profiling of Melanomas</a> ) CPT (81404)	N	N	N	10/13/2017
Genetic testing — methylenetetrahydrofolate reductase (MTHFR) genotyping as part of the clinical evaluation for thrombophilia, recurrent pregnancy loss, coronary artery disease, or any other indication (See also <a href="#">Genetic Counseling and Testing</a> and <a href="#">Recurrent Pregnancy Loss</a> ) CPT (81291)	N	N	N	9/8/2017
Genetic testing — Myeloid Molecular Profile (Genoptix) (See also <a href="#">Gene Expression Profile Testing for Multiple Myeloma</a> or <a href="#">Gene Expression Profiling</a> ) CPT (81450)	N	N	N	7/14/2017
Genetic testing — next generation sequencing of multiple genes for hereditary cancers (E.g., Paradigm Cancer Diagnostics [PCDx] Test; Ambry Genetics Hereditary Cancer Panel tests such as CancerNext™, myRisk™; FoundationOne; Oncofocus; Guardant 360® Panel; Molecular Intelligence™ Service or Target Now™ Molecular Profiling Service; GeneKey; GeneTrails® Solid Tumor Panel; OnkoMatch™; OncInsights™, etc.) (See also <a href="#">Gene Expression Profiling</a> and <a href="#">Genetic Testing for Cancer Susceptibility</a> ) CPT (81201*, 81202, 81203, 81211*, 81212, 81213*, 81214, 81215, 81216, 81217, 81292*, 81294*, 81295*, 81297*, 81298*, 81300*, 81317*, 81319*, 81402, 81404, 81406, 84999) *Denotes CancerNext™ coding	N	N	N	2/9/2018
Genetic testing — Noonan spectrum disorders (Sequence analysis panel, ≥ 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1) (See also <a href="#">Genetic Counseling and Testing</a> ) CPT (81442)	N	N	N	4/21/2017
Genetic testing — NOTCH1, SF3B1 and BIRC3 prognostic genetic testing in chronic lymphocytic leukemia (CLL) (See also <a href="#">Genetic Counseling and Testing</a> ) CPT (81450, 81455, 81479)	N	N	N	3/10/2017
Genetic testing — NRAS mutation testing (neuroblastoma RAS viral, vras, oncogene homolog) to determine pharmacotherapy candidacy for the management of colorectal cancer (See also <a href="#">Genetic Counseling and Testing</a> ; for Medicare members, see <a href="#">NRAS Genetic Testing</a> ) CPT (81311)	Y	Y	Y	3/10/2017
Genetic testing — Panexia® (Myriad Genetics) for pancreatic cancer/other oncologic indications	N	N	N	7/14/2017

<p>(See also <a href="#">Genetic Testing for Cancer Susceptibility</a> and <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81216, 81406)</p>				
<p>Genetic testing — Pediatric Neurology Region of Interest Trio (Claritas Genomics Inc.)</p> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81479)</p>	N	N	N	7/14/2017
<p>Genetic testing — peripheral neuropathies</p> <p>(See also <a href="#">Genetic Testing for Inherited Peripheral Neuropathies</a>)</p> <p>CPT (81324, 81325, 81326, [81448 eff. 01/01/2018])</p>	N	N	N	10/13/2017
<p>Genetic testing — presenilin-1 gene</p> <p>(See also <a href="#">Genetic Testing for Alzheimer's Disease</a> and <a href="#">Genetic Counseling and Testing</a>)</p> <p>CPT (No specific code)</p> <p>HCPCS (S3855)</p>	N	N	N	3/10/2017
<p>Genetic testing — pregnancy planning (screening for Fragile X Syndrome)</p> <p>(See also <a href="#">Carrier Screening for Parents or Prospective Parents</a>)</p> <p>CPT (81243, 81244)</p>	Y	Y	Y	1/19/2017
<p>Genetic testing — pregnancy planning (screening for hereditary hemochromatosis)</p> <p>(See also <a href="#">Carrier Screening for Parents or Prospective Parents</a>, <a href="#">Genetic Testing of Hereditary Hemochromatosis</a>, <a href="#">Genetic Counseling and Testing</a>)</p> <p>Note: The plan covers prenatal testing for hereditary hemochromatosis when the disease-causing alleles are first identified in an affected family member or both parents.</p> <p>CPT (81256)</p>	N	N	N	10/13/2017
<p>Genetic testing — pregnancy planning (non-standard universal-type screening)</p> <p>(E.g., Counsyl preconception carrier genetic screening test, GeneAware Complete Panel, Progenity® Pan-Ethnic Panel 3]) Note: Screening for rare diseases is not endorsed by ACOG as part of standard prenatal testing</p> <p>(See also <a href="#">Carrier Screening for Parents or Prospective Parents</a>, <a href="#">Genetic Counseling and Testing</a>, <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81200, 81205, 81209, 81220, 81221, 81222, 81223, 81225, 81241, 81242, 81243, 81244, 81250, 81251, 81252, 81253, 81255, 81256, 81257, 81260, 81290, 81291, 81330, 81332, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81479)</p>	N	N	N	10/13/2017
<p>Genetic testing — pregnancy planning; cell-free DNA non-invasive prenatal testing (NIPT) for high risk pregnancies</p> <p>(E.g., Harmony™ [Ariosa Diagnostics]; MaterniT21™ [Sequenom], Panorama™ [Natera], Verifi® [Illumina])</p> <p>(See also <a href="#">Noninvasive Prenatal Testing (NIPT) for Fetal Aneuploidy</a>)</p> <p>Note: NIPT is not covered for sex chromosome aneuploidies, low/average risk pregnancies (e.g., VisibiliT™ [Sequenom]), those with multiple gestations or the analysis of chromosomal microdeletions for various conditions (e.g., DiGeorge syndrome, Cri-du-chat syndrome, etc.)</p>	Y	Y	Y	5/12/2017

CPT (81420, 81422, 81507, 81599, 84999)				
<p>Genetic testing — prostate cancer antigen 3 gene (PCA 3) screening for prostate cancer</p> <p>(See also <a href="#">Genetic Counseling and Testing</a>)</p> <p>Note: PCA3 testing is considered medically necessary for Medicare members only when all biopsies in previous encounter(s) are negative for prostatic cancer, the subsequent prostate specific antigen (PSA) is rising, and when the patient or physician wants to avoid repeat biopsy (“watchful waiting”).</p> <p>The PROGENSA® PCA3 test (Hologic®) is covered for Medicare members only when all biopsies in previous encounter(s) are negative and when the patient or physician wants to avoid repeat biopsy (watchful waiting).</p> <p>CPT (81313)</p> <p>HCPCS (S3721)</p>	N	SEE NOTE	N	3/10/2017
<p>Genetic testing — <a href="#">PTEN hamartoma tumor syndrome (PHTS)</a></p> <p>(Cowden syndrome [CS], Bannayan-Riley-Ruvalcaba syndrome [BRRS] and Adult Lhermitte Duclos disease [ALDD])</p> <p>CPT (81321, 81322, 81323)</p>	Y	Y	Y	11/10/2017
<p>Genetic testing — Saethre-Chotzen Syndrome (TWIST) Sequencing and MLPA (<a href="#">Greenwood Genetic Center</a>)</p> <p>(See also <a href="#">Gene Expression Profiling</a> and <a href="#">Genetic Counseling and Testing</a>)</p> <p>CPT (81403, 81404)</p>	N	N	N	1/12/2018
<p>Genetic testing — SLCO1B1 genotyping for statin dosing or selection</p> <p>CPT (81328 eff. 01/01/2018)</p>	N	N	N	8/11/2017
<p>Genetic testing — SHOX-related short stature</p> <p>(See also <a href="#">Gene Expression Profiling</a> and <a href="#">Genetic Counseling and Testing</a>)</p> <p>CPT (81479)</p>	Y	Y	Y	10/13/2017
<p>Genetic testing — <a href="#">statin-induced myopathy</a></p> <p>CPT (81400)</p>	N	N	N	11/10/2017
<p>Genetic testing — whole exome sequencing, whole genome/ mitochondrial sequencing</p> <p>(See also <a href="#">Genetic Counseling and Testing</a>)</p> <p>CPT (Exome [81415, 81416, 81417], Genome [81425, 81426, 81427, 81460, 81465], Mitochondrial [81440])</p>	N	N	N	2/09/2018
<p>GlucoWatch® Automatic Glucose Biographer (No longer marketed in the U.S.)</p> <p>HCPCS (S1030, S1031)</p>	N	N	N	7/14/2017
<p>GlycoMark® assay ( Nippon Kayaku, Co., Ltd) for glycemic control</p> <p>(Aka 1,5-anhydroglucitol [1,5-AG])</p> <p>(<a href="#">See also Medicare LCD: GlycoMark Testing for Glycemic Control</a>)</p> <p>CPT (84378, 84999)</p>	N	N	N	7/14/2017
<p>Genomic sequencing analysis (at least 9 genes)/duplication deletion analysis — aortic dysfunction or dilation</p> <p>(E.g., Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial</p>	N	N	N	4/21/2017

tortuosity syndrome) (See also <a href="#">Genetic Counseling and Testing</a> ) <b>CPT (81410, 81411)</b> Note: Genetic testing panels for Marfan syndrome, other syndromes associated with thoracic aortic aneurysms and dissections, and related disorders that are not limited to focused genetic testing as defined by CPT codes 81405 and 81408 are considered investigational.				
<b>Genomic sequencing analysis — acute myelogenous leukemia (AML), disease management</b> (See also <a href="#">Medicare LCD Genomic Sequence Analysis Panels in the Treatment of Acute Myelogenous Leukemia</a> ) <b>CPT (81450)</b>	N	Y	N	1/19/2017
<b>Genomic sequencing analysis (at least 60 genes)/duplication deletion analysis — hearing loss</b> (E.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome) (See also <a href="#">Gene Expression Profiling</a> ) <b>CPT (81252, 81253, 81254, 81430, 81431)</b>	N	N	N	8/11/2017
<b>Genomic sequencing analysis — x-linked intellectual disability (XLID)</b> (E.g., syndromic and non-syndromic XLID) (See also <a href="#">Gene Expression Profiling</a> ) <b>CPT (81470, 81471)</b>	N	N	N	1/19/2017
<b>Guardant 360 liquid biopsy test for advanced solid tumors</b> <b>CPT (81455)</b>	N	N	N	7/14/2017
<b>Heart rate variability testing (Anscore™)</b> <b>CPT (No specific code)</b>	N	N	N	7/14/2017
<a href="#">Heartsbreath test for transplant rejection (aka Tolatile Organic Compounds Breath Analysis)</a> Note: Commercial and Medicaid: The Heartsbreath investigational test is FDA-approved as a Humanitarian Device Exemption (HDE) for use as an aid in the diagnosis of grade 3 heart transplant rejection in patients who have received heart transplants within the preceding year. The Heartsbreath test is intended to be used as an adjunct to, and not as a substitute for, endomyocardial biopsy. The use of the device is limited to patients who have had endomyocardial biopsy within the previous month. Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. Medicare: Not covered per <a href="#">National Coverage Determination (NCD) for Heartsbreath Test for Heart Transplant Rejection</a> <b>CPT (0085T)</b>	SEE NOTE	N	SEE NOTE	9/8/2017
<b>HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant</b> <b>HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence</b> <b>HBA1/HBA2 (alpha globin 1 and alpha globin 2)(eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants</b>	Y	Y	Y	12/12/2017

CPT (81258, 81259, 81269 eff. 01/01/2018)				
HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE) HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s) HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s) HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence CPT (81361, 81362, 81363, 81364 eff. 01/01/2018)	N	N	N	12/12/2017
Hepatitis C virus (HCV) antibody screening for adults at high risk for HCV infection (defined as persons with a current or past history of illicit injection drug use, and persons who have a history of receiving a blood transfusion prior to 1992) Note: Repeat screening is covered annually only for members who have had continued illicit injection drug use since prior negative screening test. CPT (86803) HCPCS (G0472)	Y	Y	Y	7/14/2017
<a href="#">High frequency chest wall oscillation devices</a> (compression vest) HCPCS (A7025, A7026, E0483) CPT (94669)	Y	Y	Y	6/9/2017
High intensity focused ultrasound (HIFU) for prostate cancer CPT (55899, 76999) HCPCS	N	N	N	1/12/2018
High resolution anoscopy for detecting anal intraepithelial neoplasia — diagnostic adjunct in following up on abnormal cytology CPT (46601, 46607)	Y	Y	Y	7/14/2017
High resolution anoscopy for detecting anal intraepithelial neoplasia — screening of high risk individuals CPT (46601, 46607) Diagnosis codes (Z12.12, Z12.89, Z12.89)	N	N	N	7/14/2017
High resolution esophageal pressure topography (motility study) stand-alone or combined with stimulation and/or acid or alkali perfusion CPT (91299)	N	N	N	9/8/2017
HIV genotyping (E.g., HIV-1 Genotype [Quest Diagnostics]; HIV-1 TrueGene™ [Visible Genetics]; ViroSeq™ [Abbott Laboratories]) CPT (87901, 87906)	Y	Y	Y	7/14/2017
HIV phenotyping (E.g., PhenoSense™, Phenoscript™) CPT (87903, 87904, 87900) Note: While CPT code 87900 is relevant to phenotyping, it is also applicable to alternate viral infections	Y	Y	Y	7/14/2017

Holotranscobalamin (HoloTC) biomarker lab test for Vitamin B-12 deficiency CPT (No specific code)	N	N	N	8/11/2017
Home nocturnal penile tumescence testing (RigiScan® Monitor) CPT (54250)	Y	Y	Y	7/14/2017
Home prothrombin time/international normalized ratio (INR) monitoring for anticoagulation management CPT (93792, 93793 eff. 01/01/2018) HCPCS (G0248, G0249, G0250)	Y	Y	N	7/14/2017
<a href="#">Home uterine activity monitoring</a> CPT (99500, S9001)	Y	Y	Y	4/21/2017
Human growth hormone for idiopathic short stature (TEV-TROPIN®) HCPCS (J2940, J2941, S9558, Q0515)	Y	Y	N	7/14/2017
Human papilloma virus (HPV) DNA testing with cytology co-testing for cervical cancer CPT (87623, 87624, 87625)	Y	Y	Y	7/14/2017
<b>Human platelet antigen (HPA) genotyping</b> <ul style="list-style-type: none"> <li>Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)</li> <li>Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)</li> <li>Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)</li> <li>Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R14)</li> <li>Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E)</li> <li>Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa])(eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)</li> <li>Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)</li> <li>Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)</li> </ul> CPT (81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112 eff. 01/01/2018)	Y	Y	Y	1/12/2018
HPV DNA testing as primary screening	N	N	N	8/11/2017

(E.g., cobas® HPV) CPT (87623, 87624, 87625)				
<a href="#">Hyaluronate injections for osteoarthritis of the knee</a> CPT (20610) HCPCS (J7321, J7323, J7324, J7325, J7326, J7327, J7328)	Y	Y	N	9/8/2017
<a href="#">Hyperbaric Oxygen Therapy</a> CPT (99183) HCPCS (G0277)	Y	Y	Y	5/12/2017
<b>Hyperthermia (whole-body) for cancer</b> Note: in addition to whole body, the use of intraluminal, endocavitary, interstitial and regional deep tissue hyperthermia exceeding 4 cm in depth is investigational (See also <a href="#">Hyperthermia Treatment for Cancer</a> ) CPT (77605, 77620)	N	N	N	1/12/2018
<b>Hypothermia — selective head or total body in neonates ≤ 28 days for treatment of moderate or severe hypoxic ischemic encephalopathy (HIE)</b> CPT (99184)	Y	Y	Y	8/11/2017
<b>Hysteroscopic techniques for sterilization</b> (E.g., Essure™ Coil Sterilization) (See also <a href="#">FDA Activities: Essure</a> for product warnings) CPT (58565) HCPCS (A4264)	Y	Y	Y	7/14/2017
<b>iBOT Mobility System® (standard feature)</b> Note: Additional features for balance, stair-climbing and remote functions are not considered medically necessary. HCPCS (K0877)	Y	Y	Y	7/14/2017
<b>IDH1 testing — IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)</b> CPT (81120 eff. 01/01/2018)	N	N	N	12/12/2017
<b>IDH2 testing — IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial)(eg, glioma), common variants (eg, R140W, R172M)</b> CPT (81121 eff. 01/01/2018)	N	N	N	12/12/2017
<a href="#">Ilizarov bone lengthening technique</a> CPT (20690, 20692, 20693, 20694, 20696, 20697)	Y	Y	Y	1/12/2018
<b>Imaging — tactile breast by computer-aided tactile sensors</b> (E.g., Breastview Visual Mapping System, iBreastExam) CPT (0422T)	N	N	N	8/11/2017
<b>Impella RP System for circulatory assistance</b> Covered for providing circulatory assistance for up to 14 days in pediatric or adult members with a body surface area ≥ 1.5 m2 who develop acute right heart failure or decompensation following left ventricular assist device implantation, myocardial infarction, heart transplant, or open-heart surgery.	Y	Y	Y	6/9/2017

<p>(See also <a href="#">The Impella® RP New Way to Treat Right Heart Failure Guide</a>)</p> <p><b>CPT (33990, 33991)</b></p> <p><b>For removal or repositioning of the device, utilize CPT code (33992 or 33993)</b></p>				
<p><b>Implantable infusion pumps for chronic intractable pain</b></p> <p>Note: Coverage for Medicaid members is limited to intractable cancer pain only. (This does not apply to members with pumps in place prior to October 1, 2013). Coverage for Commercial and Medicare members includes pain attributable to malignant or nonmalignant origin; as commensurate with the <a href="#">CMS National Coverage Determination (NCD) for Infusion Pumps</a></p> <p><b>CPT (62350, 62351, 62355, 62360, 62360, 62361, 62362, 62365, 62367, 62368, 62369, 62370, 95990, 95991, 96523)</b></p> <p><b>HCPCS (E0782, E0783, E0785, E0786, A4220)</b></p>	Y	Y	SEE NOTE	7/14/2017
<p><b>Implantable Miniature Telescope™ for macular degeneration</b></p> <p><b>CPT (0308T)</b></p>	N	Y	N	7/14/2017
<p><b>Immune cell function assays</b></p> <p>(E.g., Lymphocyte Stimulation, ImmuKnow®, CYLEX®, CU Index®, iSpot Lyme™)</p> <p><b>CPT (86352)</b></p>	N	N	N	9/8/2017
<p><b>Inflow™ intraurethral valve pump</b></p> <p><b>HCPCS (A4335)</b></p>	N	N	N	8/11/2017
<p><b>Infrared heating pad system and replacement pads</b></p> <p><b>HCPCS (A4639, E0221)</b></p>	N	N	N	8/8/2017
<p><b>Injectable autologous myoblast cells for fecal incontinence</b></p> <p>(See also <a href="#">Fecal Incontinence Treatment</a>)</p> <p><b>CPT (0277T, 0377T, 11950, 11951, 11952, 11954)</b></p> <p><b>HCPCS (L8605, L8699)</b></p>	N	N	N	7/14/2017
<p><b>Injectable autologous mesenchymal stem cells for fecal incontinence</b></p> <p><b>CPT (0277T, 0377T, 11950, 11951, 11952, 11954)</b></p> <p><b>HCPCS (L8605, L8699)</b></p>	N	N	N	7/14/2017
<p><b>Injectable autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation</b></p> <p><b>CPT (0481T eff. 01/01/2018)</b></p>	N	N	N	12/12/2017
<p><b>Injectable bulking agents for fecal incontinence</b></p> <p>(E.g., Solesta®)</p> <p>(See also <a href="#">Fecal Incontinence Treatment</a>)</p> <p><b>CPT (0377T)</b></p> <p><b>HCPCS (J3490, L8605)</b></p>	N	N	N	10/13/2017
<p><b>Injectable bulking agents for vocal cord medialization</b></p> <p><b>HCPCS (L8607)</b></p>	Y	Y	Y	7/14/2017
<p><b>Injection, Alemtuzumab</b></p> <p>(See also <a href="#">Alemtuzumab [Campath®]</a> or <a href="#">Alemtuzumab [Lemtrada™]</a>)</p> <p><b>HCPCS (J0202)</b></p>	Y	Y	Y	7/14/2017

Injection, isavuconazonium sulfate HCPCS (J1833)	Y	Y	Y	7/14/2017
Insulin — continuous glucose monitoring (CGM) and insulin delivery devices (aka combination devices) Insulin — external insulin pumps (standard/programmable wireless, e.g., OmniPod®) Note: See <a href="#">Insulin Delivery Devices and Continuous Glucose Monitoring Systems</a> for coding and clinical criteria	SEE NOTE	SEE NOTE	SEE NOTE	2/9/2018
Insulin — external insulin pumps (transdermal insulin delivery system [nonprogrammable [no wireless communication capability, e.g., V-Go™ Disposable Insulin Delivery Device]; remote wireless devices with smart phone capability, e.g., Dexcom G5) Note: See <a href="#">Insulin Delivery Devices and Continuous Glucose Monitoring Systems</a> HCPCS (A9274)	N	SEE NOTE	N	2/9/2018
Insulin — internal insulin pumps CPT (49419 [also used for morphine and chemotherapeutic agents administration, only deny for a diabetic indication])	N	N	N	8/11/2017
Insulin — outpatient intravenous insulin treatment/therapy (Aka Cellular Activation Therapy [CAT], Chronic Intermittent Intravenous Insulin Therapy [CIIT], Hepatic Activation Therapy [HAT], Intercellular Activation Therapy [iCAT], Metabolic Activation Therapy® [MAT®], Pulsatile Intravenous Insulin Treatment [PIVIT], Pulse Insulin Therapy [PIT] and Pulsatile Therapy [PT]) HCPCS (G9147)	N	N	N	8/11/2017
Insulin — insulin potentiation therapy (IPT) Coding note: No specific CPT; the following series of CPT and HCPCS J codes are used to describe the various IPT components. Some codes (i.e., code for glucose testing) may be used more than once during a single session of IPT. CPT (82948, 96365, 96366, 99070) HCPCS (J1817, J7030, J7040, J7050)	N	N	N	8/11/2017

<p><b>Intensity modulated radiation therapy (IMRT) — benign conditions</b></p> <p>(Specifically: Acoustic neuroma, craniopharyngioma, glomus tumor, hemangioblastoma, meningioma, pineocytoma, pituitary adenoma, schwannoma and cavernous malformations)</p> <p><b>(IMRT) — cancerous conditions</b></p> <p>(Specifically: Non-Hodgkin’s lymphoma [disease above the diaphragm], anal cancer, breast cancer, cervical cancer, endometrial cancer, head and neck cancer, adrenal, kidney, and bladder cancers, gastric adenocarcinoma [when dose to critical organs such as liver, heart, lung, kidneys and spinal cord is of concern], hepatobiliary cancer [including primary liver, intrahepatic bile duct, extrahepatic bile duct, gallbladder], primary malignant gliomas, primary central nervous system [PCNS] lymphoma, prostate cancer)</p> <p>Note:</p> <p>For bone metastasis, IMRT may be approved where overlap with previous radiotherapy fields is likely to cause complications.</p> <p>When comparative 3D and IMRT plans demonstrate that a 3D plan does not meet the “Acceptable” normal tissue constraints (using standard metrics published by the Radiation Therapy Oncology Group [RTOG]/National Comprehensive Cancer Network [NCCN]), then IMRT will be approved for the following:</p> <p>Bladder cancer</p> <p>Bone Metastasis</p> <p>Carcinoma of the esophagus/gastroesophageal junction (GEJ)</p> <p>Gastric adenocarcinoma</p> <p>Kidney and adrenal cancers</p> <p>Pancreas adenocarcinoma</p> <p>For breast cancer, inverse-planned IMRT is not medically necessary for either whole-breast irradiation (WBI) (with or without nodal irradiation) or the boost. Exceptions will be made on a case-by-case basis in those unusual clinical situations where inverse-planned IMRT dosimetry yields clinically meaningful and significant dosimetric improvement over forward-planned dosimetry.</p> <p>For lung cancer, IMRT is not medically necessary; case-by-case considerations are as follows:</p> <ul style="list-style-type: none"> <li>• Where there is disease in the bilateral mediastinum or bilateral hilar regions</li> <li>• Where there is disease in the para-spinal region</li> <li>• For superior sulcus tumors</li> </ul> <p>For pancreas adenocarcinoma, IMRT may be considered medically necessary when acceptable doses to critical organs (i.e., kidney, spinal cord, small bowel, stomach or liver) cannot be achieved with 3D planning.</p> <p><b>CPT (77301, 77338, 77385, 77386, 77387, 77499)</b></p> <p><b>HCPCS (G6015, G6016, G6017)</b></p> <p>EmblemHealth does not consider injection/implantation of bulking/spacer material (with/without image guidance) to be medically necessary in conjunction with IMRT for prostate cancer (CPT <del>04387</del> [del. 01/01/2018] [e.g., SpaceOAR®])</p>	Y	Y	Y	1/12/2018
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<p><b>Intensive behavioral program for diabetes prevention using a standardized curriculum in a group setting</b></p> <p>(See <a href="#">Nutrition Counseling Services</a> for covered services/coding)</p> <p><b>CPT (0403T)</b></p>	N	N	N	1/12/2018
<p><b>Interferential current stimulator</b></p> <p><b>CPT (S8130, S8131)</b></p>	N	N	N	8/11/2017
<p><b>Intracellular micronutrient testing — all indications</b></p> <p>(Aka intracellular micronutrient analysis/functional intracellular analysis)</p> <p>Note: This differs from tests for individual micronutrients, which may be considered medically necessary when used to confirm suspected micronutrient deficiencies</p> <p><b>CPT (82136, 82307, 82310, 82607, 82725, 82746, 82978, 83735, 84207, 84252, 84255, 84425, 84446, 84591, 84630, 86353, 84999)</b></p>	N	N	N	1/12/2018
<p><b>Intracranial angioplasty — atherosclerotic post stroke/vasospasm post aneurysmal subarachnoid hemorrhage</b></p> <p><b>Atherosclerotic stenosis secondary to stroke</b></p> <p>(E.g., NEUROLINK® System, including NEUROLINK® Stent &amp; Delivery Catheter and NEUROLINK® Balloon Dilatation Catheter; Wingspan® Stent System with Gateway® PTA Balloon Catheter)</p> <p><b>Vasospasm post aneurysmal subarachnoid hemorrhage</b></p> <p>(E.g., NeuroVasx cPAX Aneurysm Treatment System, ENTERPRISE Vascular Reconstruction Device and Delivery System, Low-Profile Visualized Intraluminal Support Device, Onyx® Liquid Embolic System [Onyx® HD-500])</p> <p><b>Note: These devices are FDA-approved as Humanitarian Device Exemptions (HDEs); therefore, pre certification requests when presented as such will receive case-by-case review for all LOBs EXCEPT for Medicare members with atherosclerotic disease ONLY, whose costs relating directly to the provision of services related to the <a href="#">Intracranial Stenting and Angioplasty NCD</a> (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers for cerebral artery stenosis (≥ 50% in patients with intracranial atherosclerotic disease when furnished in accordance with the FDA-approved protocols governing Category B [Investigational Device Exemption] IDE clinical trials). (Medicare does not provide vasospasm coverage)</b></p> <p><b><a href="#">NEUROLINK®</a></b></p> <p>Indicated for the treatment of patients with recurrent intracranial stroke attributable to atherosclerotic disease refractory to medical therapy in intracranial vessels ranging from 2.5 to 4.5 mm in diameter with &gt; 50% stenosis and that are accessible to the stent system</p> <p><b><a href="#">Wingspan</a></b></p> <p>Indicated for patients between 22 and 80 years old AND who meet ALL of the following criteria:</p> <p>≥ 2 strokes despite aggressive medical management most recent stroke occurred &gt; 7 days prior to planned treatment with Wingspan 70-99 % stenosis due to atherosclerosis of the intracranial artery related to the recurrent strokes have made good recovery from previous stroke and have a modified Rankin score of 3 or less prior to Wingspan treatment. The Rankin scale is used to measure the degree of disability in stroke patients. Lower scores indicate less disability.</p> <p><b><a href="#">cPax Aneurysm Treatment System</a></b></p> <p>Indicated for adults (≥ 22 years of age) for wide-necked large and giant-sized cerebral aneurysms (&gt;10) mm that require use of adjunctive assist-devices such as stents or balloons</p> <p><b><a href="#">ENTERPRISE Vascular Reconstruction Device and Delivery System</a></b></p> <p>Indicated for use with embolic coils for the treatment of wide-neck, intracranial, saccular or fusiform aneurysms arising from a parent vessel with a diameter of ≥ 3 mm and ≤ 4 mm</p> <p><b><a href="#">Low-Profile Visualized Intraluminal Support Device</a></b></p>	SEE NOTE	SEE NOTE	SEE NOTE	7/14/2017

<p>For use with bare platinum embolic coils for the treatment of unruptured, wide-neck (neck <math>\geq 4</math> mm or dome to neck ratio <math>&lt; 2</math> mm), intracranial, saccular aneurysms arising from a parent vessel with a diameter <math>\geq 2.5</math> mm and <math>\leq 4.5</math> mm</p> <p><a href="#">Onyx® Liquid Embolic System (Onyx® HD-500)</a></p> <p>Treatment of intracranial, saccular, sidewall aneurysms that present with a wide neck (<math>\geq 4</math> mm) or with a dome-to-neck ratio <math>&lt; 2</math> that are not amenable to treatment with surgical clipping</p> <p>CPT (61630, 61635, 61640, 61641, 61642)</p>				
<p>Intraocular lenses — new technology (multifocal, accommodating or toric lenses)</p> <p>(E.g., i.e., Array® Model SA40, ReZoom™, AcrySof® ReStor®, Tecnis ZM900, Crystalens™ Model AT-45, Crystalens HD™, Crystalens Aspheric Optic™, ARTISAN®, STAR Visian ICL™)</p> <p>HCPCS (Q1004, Q1005)</p>	N	N	N	8/11/2017
<p>Intraoperative assessment of surgical margins during breast-conserving surgery with radiofrequency spectroscopy or optical coherence tomography</p> <p>(E.g., MarginProbe®, RS-3000 Advance)</p> <p>CPT (0351T, 0352T, 0353T, 0354T, 19499)</p> <p>HCPCS (A4649)</p>	N	N	N	1/19/2017
<p>Intra-oral bone conduction prosthetic hearing devices (e.g., SoundBite™)</p> <p>(See also <a href="#">Bone anchored hearing aids</a>)</p> <p>CPT (L9900)</p>	N	N	N	3/10/2017
<p>Intrapulmonary percussive ventilators (IPV)</p> <p>(See also <a href="#">High Frequency Chest Wall Oscillation Devices and Intrapulmonary Percussive Ventilators</a>)</p> <p>HCPCS (E0481)</p>	N	N	N	6/9/2017
<p>Intrathecal opioid therapy for chronic non-malignant pain</p> <p>CPT (62350, 62351, 62355, 62360, 62361, 62362, 62365, 62367, 62368)</p> <p>HCPCS (E0785, J3490)</p>	Y	Y	Y	7/14/2017
<p>Irreversible electroporation (IRE) for tumors</p> <p>(E.g., NanoKnife System)</p> <p>CPT (No specific code)</p>	N	N	N	1/12/2018
<p>ketamine (administered via oral, parenteral, sublingual or intranasal methods) for the treatment of psychiatric disorders</p> <p>CPT (96365, 96366, 96367, 96368, 96374, 96375, 96376)</p> <p>HCPCS (J3490)</p>	N	N	N	2/10/2017
<p>Know error® system (Strand Diagnostics) to confirm surgical biopsy samples through bar coding</p> <p>CPT (81265, 81266)</p>	N	N	N	8/11/2017
<p>Koning Breast CT System (KBCT)</p> <p>CPT (76497)</p>	N	N	N	8/11/2017
<p>Kyphoplasty</p> <p>CPT (22513, 22514, 22515)</p>	Y	Y	Y	7/14/2017

<b>Lacrimal duct angioplasty</b> (E.g., Lacricath®) <b>CPT (68816)</b>	Y	Y	Y	7/14/2017
<b>Laparoscopic adjustable gastric silicone banding</b> (E.g., LAP-BAND® Adjustable Gastric Banding [LAGB®] System, REALIZE™ Adjustable Gastric Band or any other FDA-approved device) (See also <a href="#">Bariatric Surgery</a> ) <b>CPT (43770, 43771, 43772, 43773, 43774)</b>	Y	Y	Y	3/10/2017
<b>Laser — ablative, non-contact, full field and fractional ablation, open wound</b> <b>CPT (0491T, 0492T eff. 01/01/2018)</b>	N	N	N	12/12/2017
<b>Laser — benign prostatic hypertrophy/interstitial laser coagulation (ILC)</b> (E.g., Indigo®) <b>CPT (52647)</b>	Y	Y	Y	7/14/2017
<b>Laser — coronary angioplasty</b> <b>CPT (No specific code)</b>	N	N	N	8/11/2017
<b>Laser — in situ for keratomileusis (LASIK)</b> <b>HCPCS (S0800)</b>	N	N	N	8/11/2017
<b>Laser — laparoscopic CO2 laser ablation for endometriosis</b> <b>CPT (58578)</b>	Y	Y	Y	7/14/2017
<b>Laser — low level laser therapy / cold laser</b> <b>CPT (S8948)</b>	N	N	N	8/11/2017
<b>Laser — phototherapy for psoriasis (excimer laser UVB)</b> (E.g., YAG, Blue light X-Trac) (See also <a href="#">Photodynamic Therapy for Dermatologic Conditions</a> ) <b>CPT (96920, 96921, 96922)</b>	Y	Y	Y	9/21/2017
<b>Laser — phototherapy/ photochemotherapy for vitiligo (excimer laser UVB)</b> (E.g., YAG, Blue light X-Trac) (See also <a href="#">Photodynamic Therapy for Dermatologic Conditions</a> ) Note: Case-by-case consideration will be given for areas of the face, neck and hands only. <b>CPT (96920, 96921, 96922, 96910, 96912)</b>	N	N	N	9/21/2017
<b>Laser — prostate ablation</b> <b>CPT (52647, 52648)</b>	Y	Y	Y	7/14/2017
<a href="#">Laser — pulsed dye for cutaneous vascular lesions</a> <b>CPT (17106, 17107, 17108)</b>	Y	Y	Y	5/12/2017
<b>Laser — spinal (ablation /discectomy [percutaneous or laparoscopic, laser-assisted disc decompression [LADD], laser disc decompression) — all levels.</b> (See also <a href="#">Spinal — minimally invasive</a> [within this document], as well as <a href="#">CMS Decision Memo for Percutaneous Image-guided Lumbar</a> )	N	SEE NOTE	N	7/14/2017

<b><u>Decompression (PILD) for Lumbar Spinal Stenosis</u></b> Note: Medicare members, whose costs relating directly to the provision of services related to the National Coverage Determination (NCD) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD. <b>CPT (62287, 64999)</b> <b>HCPCS (G0276)</b> Note: This code must be used for Medicare members when services are provided in a blinded, randomized, controlled trial with a placebo procedure control arm				
<b>Laser — varicose veins (endovenous laser ablation)</b> <b>(See also <u>Varicose Vein Treatment</u>)</b> Note: Must be FDA-approved for noncosmetic indication(s); diode/Nd, YAG modalities with various wavelengths are acceptable) <b>CPT (36478, 36479)</b>	Y	Y	Y	3/23/2017
<b>Laser-induced thermotherapy for liver cancers</b> <b>No specific CPT (47399)</b>	N	N	N	8/11/2017
<b>Liquid-based cervical cytology</b> (E.g., Thin Prep) <b>CPT (88141, 88142)</b> <b>HCPCS (G0123, G0124)</b>	Y	Y	Y	7/14/2017
<b>Lumason contrast agent</b> <b>HCPCS (Q9950)</b>	Y	Y	Y	7/14/2017
<b><u>Lung volume reduction surgery</u> (reduction pneumoplasty)</b> <b>CPT (32491)</b> <b>HCPCS (G0302, G0303, G0304, G0305)</b>	Y	Y	Y	8/11/2017
<b>Magnetic Mini Mover Procedure (3MP) for the treatment of pectus excavatum</b> <b>(See also <u>Surgical Correction of Chest Wall Deformities</u>)</b> <b>CPT (No specific code)</b>	N	N	N	10/13/2017
<b>Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement</b> <b>MRgFUS</b> Note: MRgFUS is covered for Medicare members commensurate with the <a href="#">NGS LCD: Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor</a> (E.g., ExAblate®, Sonotherm®) for bone metastatic pain <b>CPT (0398T)</b>	N	SEE NOTE	N	2/9/2018
<b>Magnetic resonance spectroscopy</b> Note: Potentially appropriate only in the following clinical scenarios: Distinguishing low grade from high grade gliomas Evaluating a brain lesion of indeterminate nature when the MRS findings will be used to determine whether biopsy/resection can be safely postponed Distinguishing radiation-induced tumor necrosis from progressive disease within 18 months of completing radiotherapy. As an alternative to FDG PET if requested by the patient's referring epileptologist to assess	SEE NOTE	SEE NOTE	SEE NOTE	8/11/2017

<p>intractable epilepsy for which surgical treatment or another interventional modality is under active consideration</p> <p>CPT (76390)</p>				
<p><a href="#">Magnetoencephalography (MEG)/magnetic source imaging (MSI)</a> for operative planning</p> <p>CPT (95965, 95966, 95967)</p> <p>HCPCS (S8035)</p>	Y	Y	Y	7/17/2017
<p>Mammography — 3D (tomosynthesis for breast cancer screening and diagnosis [e.g., Selenia® Dimensions® Digital Tomosynthesis System])</p> <p>CPT (77061, 77062, 77063)</p> <p>HCPCS (G0279)</p> <p>Note: Tomosynthesis coverage added to Commercial and Medicaid members, retro to 1/1/2017, per 2/27/2017 letter to insurers from the New York State Department of Financial Services.</p>	Y	Y	Y	3/10/2017
<p>Mammography — digital</p> <p>CPT (77065, 77066, 77067)</p> <p>HCPCS (<del>G0202, G0204, G0206</del> [del. 01/01/2018])</p>	Y	Y	Y	7/14/2017
<p>Measurement of spirometric forced expiratory flows and lung volumes for infants or children &lt; 2yrs of age</p> <p>CPT (94010, 94011, 94012, 94013)</p>	N	N	N	8/11/2017
<p><a href="#">Mechanical Stretching Devices</a> (see guideline for indications)</p> <p>Dynamic splinting devices</p> <p>(E.g., Dynasplint® Systems, EMPI Advance Dynamic ROM®, LMB Pro-Glide™; extensionators/flexionators (ERMI)/patient-actuated serial stretch [PASS] devices; JAS Splints [Joint Active Systems]; bidirectional static progressive devices, etc.)</p> <p>CPT (29126, 29131, 29260, 29280)</p> <p>HCPCS (E1800, E1801, E1802, E1805, E1806, E1818, E1821, E1825, E1399)</p> <p>HCPCS (E1810, E1811, E1840, E1816 [covered for Medicare members only])</p>	Y	Y	Y	10/13/2017
<p>Meniett device for Ménière's disease</p> <p>CPT (69433)</p> <p>HCPCS (E2120, A4638)</p>	N	N	N	8/11/2017
<p>Merci® Retriever/Merci® Retrieval System for ischemic stroke</p> <p>CPT (No specific code)</p>	N	N	N	8/11/2017
<p><a href="#">Metal on metal hip resurfacing</a> (total or partial)</p> <p>(E.g., Birmingham Hip Resurfacing [BHR] System, CONSERVE® Plus Total Resurfacing Hip System, Cormet Hip Resurfacing System or any other FDA-approved devices)</p> <p>CPT (27130, 27125, 27132, 27134, 27137, 27138)</p> <p>HCPCS (S2118)</p>	Y	Y	Y	10/13/2017
<p>Microprocessor-controlled prosthetic knees (e.g., C-Leg/ Compact)</p> <p>(See also <a href="#">Noridian Medicare Local Coverage Determination (LCD) — Lower Limb Prostheses</a>)</p> <p>HCPCS (L5856, L5857, L5858)</p>	Y	Y	Y	7/14/2017

Microvolt T-wave alternans testing for patients at risk for sudden cardiac death CPT (93025)	Y	Y	Y	7/14/2017
Microwave thermotherapy for chest wall recurrence of breast cancer CPT ([0301T del. 01/01/2018], 19499)	N	N	N	8/11/2017
miRview™ meso (Rosetta Genomics) for differentiating malignant pleural mesothelioma from peripheral adenocarcinomas of the lung or metastatic carcinomas involving the lung pleura (See also <a href="#">Gene Expression Profiling</a> ) CPT (81479)	N	N	N	9/8/2017
Molecular Intelligence (Caris Life Sciences) tumor profiling (See also <a href="#">Gene Expression Profiling</a> ) CPT (81599, 81479)	N	N	N	1/12/2018
Myocardial sympathetic innervation imaging for the measurement of radioactive tracer 123Iodine meta-iodobenzylguanidine (MIBG) in heart failure patients (E.g., AdreView™ [Iobenguane I 123 injection]) CPT (0331T, 0332T)	N	N	N	8/11/2017
MRI-guided focal laser ablation for prostate cancer (E.g., Visualase Laser Ablation System) CPT (No specific code)	N	N	N	8/11/2017
My5-FU™ (Saladax Biomedical) (formerly OnDose™ [Myriad]) for 5-fluorouracil (5-FU) dosing guidance (See also <a href="#">Gene Expression Profiling</a> ) CPT ([84999, prior 01/01/2018], [81232, 81346 eff. 01/01/2018]) HCPCS (S3722)	N	N	N	9/8/2017
Multi-component fecal analysis lab testing for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption or small intestinal bacterial overgrowth (E.g., Comprehensive Stool Analysis [Bio-Reference]) CPT (No specific code)	N	N	N	8/11/2017
Nasal endoscopy, surgical; balloon dilation of eustachian tube (E.g., ACCLARENT AERA™ Eustachian Tube Balloon Dilation System) CPT (69799)	N	N	N	9/8/2017
Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency CPT (No specific code)	N	N	N	8/11/2017
Near-infrared spectroscopy studies of lower extremity wounds (E.g., for oxyhemoglobin measurement) CPT (76499 [prior 01/01/2018], 0493T [eff. 01/01/2018])	N	N	N	8/11/2017

<p><b><u>NeuRx DPS™, Diaphragm Pacing System</u> for amyotrophic lateral sclerosis (ALS)</b></p> <p>Note: The NeuRX is an investigational device that is FDA-approved as a humanitarian device exemption (HDE) for use in patients 21 years of age or older with a stimlatable diaphragm (both right and left portions) as demonstrated by voluntary contraction or phrenic nerve conduction studies, and who are experiencing chronic hypoventilation (CH), but not progressed to an FVC less than 45% predicted. (percutaneous, intramuscular, diaphragm motor point stimulating device)</p> <p>Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis.</p> <p>CPT (64575, 64580, 64585, 64590, 64595)</p> <p>HCPCS (C1778, C1816, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)</p>	SEE NOTE	SEE NOTE	SEE NOTE	8/11/2017
<p><b>Neuropsychiatric EEG-based Assessment Aid (NEBA) for the diagnosis of attention deficit hyperactivity disorder (ADHD)</b></p> <p>CPT (the following may be applicable: 95812, 95813, 95816, 95819, 95827, 95957)</p>	N	N	N	8/11/2017
<p><b>Nerve blocks for primary or secondary headache</b></p> <p>(E.g., cluster, migraine, cervicogenic [i.e., occipital neuralgia], posttraumatic, etc.)</p> <p>(See also <a href="#">Pain Management</a>)</p> <p>CPT (64405)</p>	N	N	N	1/12/2018
<p><b>Neulasta® Onpro™ kit</b></p> <p>CPT (96377)</p>	Y	Y	Y	1/19/2017
<p><b>NeuraGen Nerve Guide and NeuraWrap Nerve Protector</b></p> <p>CPT (64910, 64911)</p>	N	N	N	8/11/2017
<p><b>Neuroendocrine lab testing of saliva/urine for evaluating neurotransmitters/hormones</b></p> <p>CPT (No Specific Code)</p>	N	N	N	2/9/2018
<p><b>Neuropace® RNS® System for epilepsy</b></p> <p>CPT (61850, 61860, 61863, 61864, 61880, 61885, 61886, 61888, 95970, 95971)</p> <p>(See also <a href="#">Cortical Stimulation for Epilepsy [NeuroPace®]</a>)</p> <p>HCPCS (L8686, L8688)</p>	Y	Y	Y	8/11/2017
<p><b>Neutron beam radiotherapy for cancer for salivary gland cancers that are inoperable, recurrent, or are resected with gross residual disease or positive margins</b></p> <p>CPT (77423)</p>	Y	Y	Y	1/12/2018
<p><b>Noncontact normothermic wound therapy (e.g., Warm-Up®)</b></p> <p>CPT (97610)</p> <p>HCPCS (A6000, E0231, E0232)</p>	N	N	N	8/11/2017
<p><b>Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study</b></p> <p>(E.g., Endosure Wireless Implantable System)</p> <p>CPT (93982)</p>	N	N	N	8/11/2017

Nonpenetrating deep sclerectomy CPT (66999)	N	N	N	8/11/2017
<a href="#">Nuchal translucency screening</a> in 1st trimester pregnancies CPT (76813, 76814)	Y	Y	Y	6/9/2017
Occipital nerve stimulation (ONS) /percutaneous electrical nerve stimulation (PENS) for occipital neuralgia/cervicogenic headache CPT (64999, 64555, 64575)	N	N	N	8/11/2017
Ocular — blood flow measurement (See also <a href="#">Medicare Local Coverage Article: Ocular Blood Flow Tests</a> ) CPT (0198T [by repetitive intraocular pressure sampling], 92499 [when used to report ocular flow measurement by other technique])	N	N	N	8/11/2017
Ocular — intraocular pressure monitoring ≥ 24 hours (E.g., SENSIMED Triggerfish®) CPT (0329T)	N	N	N	8/11/2017
Ocular — intraocular tear film imaging (E.g., Ophtha Vision Imaging System, Tearscope-Plus, LipiView®) CPT (0330T)	N	N	N	8/11/2017
<a href="#">OncoVantage™</a> Solid Tumor Mutation Analysis (Quest) (See also <a href="#">Gene Expression Profiling</a> ) CPT (81445)	N	N	N	9/8/2017
OP-1™ implant (bone morphogenic protein 1) for recalcitrant long bone non-union fractures CPT (No specific code)	Y	Y	Y	7/14/2017
OPA1 gene sequencing (E.g., <a href="#">Optic Atrophy Evaluation</a> [OPA1] Test for autosomal dominant optic atrophy and/or optic neuropathy [Athena Diagnostics]) (See also <a href="#">Gene Expression Profiling</a> ) CPT (81407)	N	N	N	8/11/2017
Opioid antagonists under heavy sedation or general anesthesia as a technique for opioid detoxification (ultra rapid detoxification [UROD]) CPT (No specific code) HCPCS (H0047)	N	N	N	8/11/2017
Optical coherence tomography — intraoperative axillary lymph node/breast imaging/anterior segment ophthalmic imaging (E.g., RS-3000 Advance) CPT (92132 [anterior segment], 0351T, 0352T, 0353T, 0354T)	N	N	N	2/9/2018
Optical coherence tomography — intravascular, coronary native vessel or graft, diagnostic evaluation and/or therapeutic intervention (E.g., C7 Xr® Imaging System) CPT (92978, 92978)	N	N	N	2/9/2018

Optical coherence tomography — middle ear, interpretation and report CPT (0485T, 0486T eff. 01/01/2018)	N	N	N	12/12/2017
Oral appliance therapy for obstructive sleep apnea (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) CPT (E0485, E0486)	Y	Y	Y	2/9/2018
OsteoBridge® IDSF — Intramedullary Diaphyseal Segmental Defect Fixation Rod System for bone loss of either humerus, tibia or femur in oncology patients CPT (No specific code)	N	N	N	8/11/2017
Osteochondral allografting of the talus (See also <a href="#">Osteochondral Grafting</a> ) CPT (28446)	Y	Y	Y	1/12/2018
OV-Watch®/ovulation predictor kit CPT/HCCPS (No specific code)	N	N	N	8/11/2017
Ovarian cancer — combined ovarian cancer biomarker tests (E.g., Ova1™ [Vermillion]; OvaNext [Ambry Genetics]; Ovarian Cancer Focus Panel [Fulgent Genetics]; PreOvar [MiraDx]; ROMA™ [Fujirebio]) (See also <a href="#">Gene Expression Profiling</a> , <a href="#">Genetic Counseling and Testing</a> and <a href="#">Medicare LCD: Molecular Pathology Procedures</a> ) CPT (81211, 81213, 81292, 81294, 81295, 81297, 81298, 81300, 81317, 81319, 81479, 84999, 83001, 83002, 81503)	N	N	N	9/8/2017
Ovarian cancer — proteomic analysis testing (E.g., OvaCheck™ [Quest Diagnostics]; OvaSure™ [withdrawn by LabCorp]) CPT (83789, 81503)	N	N	N	8/11/2017
Palatal implants & stiffening procedures for obstructive sleep apnea (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) CPT (No specific code; may report using 42299 unlisted procedure for the palate)	N	N	N	2/9/2018
<a href="#">Pancreatic islet cell transplantation for chronic pancreatitis</a> CPT (48160, 48550)	Y	Y	Y	10/13/2017
Pancreatic islet cell transplantation for Type 1 diabetes HCCPS (G0341, G0342, G0343)	N	N	N	8/11/2017
Percutaneous sacral augmentation (sacroplasty) (injection with balloon or mechanical device) CPT (0200T, 0201T)	N	N	N	8/11/2017
Percutaneous mechanical thrombectomy (PMT) for deep vein thrombosis (DVT)/pulmonary embolism (PE) CPT (37187, 37188)	N	N	N	9/8/2017
Peripheral nerve blocks for diabetic neuropathy (See also <a href="#">Medicare LCD: Peripheral Nerve Blocks</a> )	N	N	N	8/11/2017

CPT (64400-64450)				
<a href="#">Periurethral bulking agents for urinary incontinence</a> CPT (51715) HCPCS (L8603, L8604, L8606)	Y	Y	Y	5/12/2017
Pervenio™ Lung RS test (Life Technologies) (See also <a href="#">Gene Expression Profiling</a> ) CPT (84999)	N	N	N	8/11/2017
Pharmacogenetic testing for medication sensitivity to any drug (other than those listed as covered in the pharmacogenetic testing rows below) (E.g., CYP3A4, CYP3A5; CYP2C19 genotyping to predict response to Voriconazole [Vfend®], AmpliChip Cytochrome P450 Genotyping Test [Roche]; GeneSight® Psychotropic assay for neuropsychiatric disorders, etc. [Assurex Health]) Note specific to Medicare members: <b>Warfarin:</b> See <a href="#">Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response</a> <b>GeneSight:</b> See <a href="#">LCD GeneSight® Assay for Refractory Depression</a> CPT (81225, 81226, 81227, 81291, 81355, 81401, 81479, [81230, 81231 eff. 01/01/2018]) HCPCS (G9143)	N	SEE NOTE	N	8/11/2017
Pharmacogenetic testing — <a href="#">BCR-ABL1 Mutation Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia</a> for tyrosine kinase inhibitor resistance (E.g., MolecularMD MRDx™ for Tasigna™ [nilotinib])CPT (81170, 81206, 81207, 81208, 81401, 81403)	Y	Y	Y	1/12/2018
Pharmacogenetic testing — BRAF mutation analysis for the treatment of unresectable or metastatic melanoma, metastatic colon cancer, non-small cell lung cancer or hairy cell leukemia (BRAF ID™ BRAF V600E/K test; cobas 4800 BRAF V600) (E.g., MEKINIST in combination with Tafinlar® [dabrafenib], [Zelboraf™ [vemurafenib], etc.) (See also <a href="#">BRAF Mutation Analysis</a> ) CPT (81210, 88363)	Y	Y	Y	10/13/2017
Pharmacogenetic testing — BRCA <ul style="list-style-type: none"> <li>For women with ovarian cancer who have been treated with ≥ 3 lines of chemotherapy and under consideration for treatment with Lynparza (olaparib)</li> <li>For women with deleterious or suspected deleterious gBRCAm human epidermal growth factor receptor 2 (HER-2)-negative metastatic breast cancer who have been treated with chemotherapy in the neoadjuvant, adjuvant or metastatic setting and under consideration for treatment with Lynparza (olaparib)</li> </ul> (E.g., BRACAnalysis CDx™ [Myriad]) CPT (81211, 81213)	Y	Y	Y	2/9/2018
Pharmacogenetic testing — BRCA for women with ovarian cancer under consideration for treatment with rucaparib (Rubraca) after ≥ 2 previous lines of chemotherapy (E.g., FoundationFocus CDxBRCA) CPT (81162, 81211)	Y	Y	Y	8/11/2017

<p>Pharmacogenetic testing — epidermal growth factor (EGFR) mutation testing for non-small lung cancer to predict response to treatment with tyrosine kinase inhibitors (e.g., erlotinib [Tarceva®], afatinib [Gilotrif®], gefitinib [Iressa®] and osimertinib [Tagrisso™])</p> <p>(E.g., cobas® [Roche], theascreen [Qiagen], KRAS Mutation Analysis [Quest])</p> <p>(See also <a href="#">Epidermal Growth Factor Receptor Mutation Analysis for Patients with Non-Small-Cell Lung Cancer</a>)</p> <p>CPT (81275, 81276, 81235, 81479)</p>	Y	Y	Y	1/12/2018
<p>Pharmacogenetic testing — FDA approved test for anaplastic lymphoma kinase (ALK) fusion gene for members under consideration for treatment with alectinib (Alecensa® [metastatic ALK + NSCLC]), crizotinib (Xalcori) or ceritinib (Zykadia) for non-small cell lung cancer</p> <p>(E.g., <a href="#">ALK 2p23 Rearrangement FISH [Quest Labs]</a>, Ventana ALK CDx Assay [Ventana Medical Systems], Vysis ALK Break Apart FISH Probe Kit)</p> <p>CPT (88271, 88272, 88273, 88274)</p>	Y	Y	Y	7/14/2017
<p>Pharmacogenetic testing — FDA cleared test to detect the following mutations in the CTFR gene for members with cystic fibrosis under consideration for treatment with ivacaftor (Kalydeco): G551D, G1244E, G1349D, G178R, G551S, R117H, S1251N, S1255P, S549N, and S549R</p> <p>CPT (No specific code)</p>	Y	Y	Y	8/11/2017
<p>Pharmacogenetic testing — FDA cleared test to detect the F508del mutation in the CTFR gene for members with cystic fibrosis under consideration for treatment with lumacaftor/ivacaftor (Orkambi)</p> <p>CPT (81222)</p>	Y	Y	Y	8/11/2017
<p>Pharmacogenetic testing — FTL3 mutation assay for members with acute myeloid leukemia (AML) being considered for treatment with midostaurin (Rydapt)</p> <p>(E.g., LeukoStrat CDx FLT Mutation Assay)</p> <p>CPT (81245, 81246)</p>	Y	Y	Y	8/11/2017
<p>Pharmacogenetic testing — for the presence of virus with the NS3 Q80K polymorphism for members with hepatitis C virus (HCV) genotype 1a infection under consideration for treatment with simeprevir (Olysio)</p> <p>CPT (87900, 87902,[81283 eff. 01/01/2018])</p>	Y	Y	Y	8/11/2017
<p>Pharmacogenetic testing — for the presence of virus with NS5A resistance-associated polymorphisms for members with hepatitis C virus genotype 1, 3 and 4 infections being considered for treatment with daclatasvir (Daklinza) or elbasvir and grazoprevir (Zepatier)</p> <p>CPT (87900, 87902)</p>	Y	Y	Y	8/11/2017
<p>Pharmacogenetic testing — genotyping for CYP2C19 polymorphisms for members who have been prescribed clopidogrel (Plavix)</p> <p>Note: One allowable per lifetime</p> <p>CPT (81225)</p>	Y	Y	Y	8/11/2017
<p>Pharmacogenetic testing — genotyping for CYP2D6 polymorphisms for members who have been prescribed doses of tetrabenazine (Xenazine) &gt; 50 mg per day</p>	Y	Y	Y	8/11/2017

Note: One allowable per lifetime CPT (81226)				
Pharmacogenetic testing — genotyping for CYP2D6 polymorphisms for members with Gaucher disease type 1 who are being considered for treatment with eliglustat (Cerdelga) Note: One allowable per lifetime CPT (81226)	Y	Y	Y	8/11/2017
Pharmacogenetic testing — genotyping for VKORC1 polymorphism (diagnostic tests to identify specific genetic variations that may be linked to reduced/enhanced effect or severe side effects of drugs metabolized by the vitamin K epoxide reductase complex subunit 1 gene including warfarin) For Medicare members see <a href="#">Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response</a> CPT (83155)	N	SEE NOTE	N	8/11/2017
Pharmacogenetic testing — genetic mutation analysis consistent with <a href="#">FDA approved labeling for Gleevec</a> (E.g. platelet-derived growth factor receptor, alpha poly peptide [PDGFRA], gastrointestinal stromal tumor [GIST]) CPT (81272, 81273, 81314) Specific tests with respective codes PDGFRB FISH for Gleevec Eligibility in Myelodysplastic Syndrome / Myeloproliferative Disease (MDS / MPD) CPT (88271, 88275, 88291) KIT D816V Mutation Detection by PCR for Gleevec Eligibility in Aggressive Systemic Mastocytosis (ASM) CPT (81402)	Y	Y	Y	10/13/2017
Pharmacogenetic testing — HLA-B*5701 screening for members infected with HIV-1 prior to commencing treatment with abacavir (Ziagen) CPT (81381)	Y	Y	Y	8/11/2017
Pharmacogenetic testing — HLA-B*1502 genotyping for members of Asian ancestry prior to commencing treatment with carbamazepine (Tegretol) CPT (81381)	Y	Y	Y	8/11/2017
Pharmacogenetic testing — KRAS sequence variant analysis for predicting response to drug therapy for non-small cell lung cancer, colorectal cancer or anal adenocarcinoma (See also <a href="#">Analysis of KRAS Status</a> ) CPT (81275, 81276)	Y	Y	Y	10/13/2017
Pharmacogenetic testing — macular degeneration, age-related, dry, for the selection of eye supplement formulations (AREDS or AREDS without zinc) (E.g., VitaRisk™ [Arctic Medical Laboratories]) CPT (81401, 81405, 81408, 81479, 81599)	N	N	N	7/14/2017
Pharmacogenetic testing — MGMT (O(6)-methylguanine-DNA	Y	Y	Y	7/14/2017

<p>methyltransferase) gene methylation assay for predicting response to temozolomide (Temodar) in members with glioblastoma</p> <p>(E.g., PredictMDx for Glioblastoma)</p> <p>CPT (81287)</p>				
<p>Pharmacogenetic testing — measurement of microsatellite instability and mismatch repair for members with unresectable or metastatic solid tumors under consideration for treatment with pembrolizumab (Keytruda)</p> <p>(See also <a href="#">Keytruda® [pembrolizumab]</a>)</p> <p>CPT (81301)</p>	Y	Y	Y	8/11/2017
<p>Pharmacogenetic testing — PD-L1 expression companion diagnostic for members with non-small cell lung cancer under consideration for treatment with pembrolizumab (Keytruda®)</p> <p>(E.g., PD-L1 IHC 22C3 pharmDx [Dako])</p> <p>(See also <a href="#">Keytruda® [pembrolizumab]</a>)</p> <p>CPT (88342, 88341, 88184, 88185)</p>	Y	Y	Y	7/14/2017
<p>Pharmacogenetic testing — PD-L1 expression for members with urothelial carcinoma under consideration for treatment with durvalumab (Imfinzi)</p> <p>(E.g., Ventana PD-L1 [SP263] Assay)</p> <p>CPT (88360, 88361)</p>	Y	Y	Y	8/11/2017
<p>Pharmacogenetic testing — UGT1A1 molecular assay screening test to determine irinotecan (Camptosar®) dosing for members with colorectal cancer</p> <p>(E.g., Invader® assay [Third Wave Technologies])</p> <p>CPT (81350)</p>	Y	Y	Y	7/14/2017
<p>Photodynamic therapy — actinic keratosis</p> <p>(E.g., BLU-U® Blue Light Photodynamic Therapy Illuminator in combination with Levulan® Kerastick®)</p> <p>(See also <a href="#">Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions</a>)</p> <p>CPT (96567)</p> <p>HCPCS (J7308)</p>	Y	Y	Y	9/21/2017
<p>Photodynamic Therapy — Visudyne® Ocular</p> <p>CPT (67221, 67225)</p> <p>HCPCS (J3396)</p>	Y	Y	Y	9/8/2017
<p>Photoscreening (MTI Photoscreener™) for the detection of eye disorders in children</p> <p>CPT (99174, 99177)</p>	Y	Y	Y	7/14/2017
<p>Photoselective vaporization of the prostate</p> <p>(E.g., GreenLight PVP®)</p> <p>CPT (52648)</p>	Y	Y	Y	7/14/2017
<p>Phrenic nerve stimulation for central sleep apnea</p>	N	N	N	8/11/2017

CPT (64575, 64590) HCPCS (L8680, L8682, L8683)				
Physical therapy post TMJ surgery CPT (No specific code) HCPCS (E1700, E1701, E1702)	Y	Y	Y	7/14/2017
Placental rapid immunoassay for detection of fetal membrane rupture <ul style="list-style-type: none"> <li>The AmniSure® ROM Test (AmniSure International, LLC) detects the placental alpha microglobulin-1 (PAMG-1) protein marker of the amniotic fluid</li> <li>The ROM Plus® Test (Clinical Innovations, LLC) detects alpha-fetoprotein (AFP) and placental protein 12 (PP12)</li> <li>The Actim® PROM Test (Medix Biochemica) detects insulin growth factor binding protein-1 (IGFBP-1)</li> </ul> CPT (84112)	N	N	N	2/9/2018
Plethysmography — cardiac (as part of enhanced external counterpulsation) CPT (No specific code)	Y	Y	Y	7/14/2017
Plethysmography — lung (as an adjunct to pulmonary function testing) NOTE: Total body plethysmography is appropriate for this indication. CPT (94726, 94750)	Y	Y	Y	7/14/2017
Plethysmography — penile (for cavernous nerve evaluation prior to nerve-sparing prostatic or colorectal cancer procedures) CPT (54240)	N	N	N	8/11/2017
Plethysmography (air-displacement) — total body for determining body composition CPT (94726, 94750)	N	N	N	7/14/2017
Pontocerebellar Hypoplasia Panel CPT (81479)	N	N	N	2/9/2018
Procalcitonin (PCT) measurement CPT (84145)	N	N	N	2/99/2018
Positron emission tomography (PET) — beta amyloid PET in dementia and neurodegenerative disease  Note: Medicare members, whose costs relating directly to the provision of services related to the <a href="#">Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease NCD</a> (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD.  CPT (78811, 78814) HCPCS (A9586)  These codes are not only for Beta amyloid positron tomography in dementia and neurodegenerative disease	N	SEE NOTE	N	7/14/2017
Positron emission tomography (PET)/magnetic resonance imaging (MRI) — combined scanning CPT (70540, 71550, 72195, 73218, 73718, 74181, 78812)	Y	Y	Y	7/14/2017
Positron emission tomography (PET) — NaF-18 scan to identify bone	N	N	N	8/11/2017

<b>metastasis of cancer</b> (See also <a href="#">Positron Emission Tomography (NaF-18) NCD</a> ) <b>CPT (78811, 78814)</b> <b>HCPCS (G0252)</b>				
<b>Post-Op Px™ (formerly the Prostate Px Plus [Aureon]) post prostatectomy prostate cancer prognostic test</b> <b>CPT (88313, 88346, 88350, 88323, 88399)</b>	N	N	N	7/14/2017
<b>Power morcellators in uterine surgery for polyp/fibroid removal (includes hysteroscopic and laparoscopic techniques)</b> (E.g., THS® Tower-free Hysteroscopy System, MyoSure® tissue removal system Trueclear Morcellator System) (See also <a href="#">Hysterectomy</a> ) <b>CPT (58541–58548, 58550–58554, 58558, 58561, 58570–58573, 58578, 58679)</b>	N	N	N	5/12/2017
<b>Powered exoskeleton for ambulation in patients with lower limb disabilities</b> (E.g., Ekso™ GT, Indego® powered exoskeleton [aka Vanderbilt exoskeleton], ReWalk, X1 Mina Exoskeleton) <b>(No specific code)</b>	N	N	N	9/8/2017
<b>Praxis Extended RAS Panel (Illumina) next generation sequencing (NGS) to determine Vetibix treatment eligibility for colorectal cancer patients</b> <b>CPT (81311, 81275, 81276)</b>	Y	Y	Y	7/14/2017
<b>Prolotherapy — all indications</b> (Aka proliferant therapy, proliferation therapy, joint sclerotherapy, or reconstructive ligament therapy) <b>CPT (No specific code)</b>	N	N	N	2/9/2018
<b>PROMETHEUS LABS</b> <b>IBD DIAGNOSTIC SYSTEM Serology 7th to aid in the differentiation of Crohn's disease from ulcerative colitis and to aid in diagnosis of inflammatory bowel disease</b> <b>CPT (81479, 82397, 83520, 86140, 88346, 88350)</b> Serologic diagnosis of inflammatory bowel disease – ANCA and ANSA <b>CPT (83520, 88346, 88350)</b> Anser ADA™ <b>CPT (84999)</b> Anser IFX™ <b>CPT (84999)</b>	N	N	N	7/14/2017
<b>PROMETHEUS LABS (See also <a href="#">Genetic Counseling and Testing</a>)</b> <b>PRO-PredictRx® EnzAct (TPMT enzyme activity) for inflammatory bowel disease (IBD)</b> <b>CPT (82657, 82542)</b> <b>PRO-PredictRx® Metabolites (metabolite levels) for IBD</b> <b>CPT (82542)</b>	Y	Y	Y	10/13/2017
<b>Prophylactic mastectomy</b>	Y	Y	Y	5/12/2017

(See also <a href="#">Risk-Reduction Mastectomy</a> ) CPT (19303, 19304)				
Prophylactic (risk-reduction) oophorectomy CPT (58940, 58661)	Y	Y	Y	7/14/2017
Prostate cancer vaccines (immunotherapy) for the treatment of prostate cancer (Provenge® [Sipuleucel-T] only) (See also <a href="#">Provenge® [sipuleucel-T]</a> ) Note: ProsVAC-VF will not be covered, as it is investigational HCPCS (Q2043; no other codes for these vaccines, alternate codes: 96365, 96366)	Y	Y	Y	1/19/2017
Proove Opioid Risk Test (Proove Biosciences) (See also <a href="#">Gene Expression Profiling</a> ) CPT (81291, 81479)	N	N	N	9/8/2017
Prostatic artery embolization (PAE) for benign prostatic hypertrophy (BPH) CPT (53899, 37242, 75894)	N	N	N	1/12/2018
Prostatic urethral lift (PUL) implant for benign prostatic hypertrophy (BPH) (E.g., UroLift System) (See also <a href="#">Medicare LCD: Prostatic Urethral Lift</a> ) CPT (52441, 52442)	N	Y	N	7/14/2017
Prosthetic replacement of ocular surface ecosystem (PROSE)/Boston Ocular Surface Prosthesis (BOSP) CPT (92499, which includes fitting, fabrication, combined with HCPCS S0515 [PROSE device]) Use HCPCS code V2627 for Medicare	Y	Y	Y	7/14/2017
<a href="#">Protégé GPS Self-Expanding Peripheral Stent System</a> for narrowing of iliac arteries Note: The Protégé is an investigational device that is FDA approved as a humanitarian exemption (HDE) for improving luminal diameter in patients with atherosclerotic disease of the common and/or external iliac arteries up to and including 100 mm in length, with a reference vessel diameter of 7.5 – 11 mm. Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. CPT (37220, 37221, 37222, 37223)	SEE NOTE	SEE NOTE	SEE NOTE	8/11/2017
Proton beam (particle beam) therapy for various (See also <a href="#">Stereotactic Radiosurgery and Proton Beam Therapy</a> ) CPT (77520, 77522, 77523, 77525) HCPCS (S8030)	Y	Y	Y	1/12/2018
Proton beam (particle beam) therapy for prostate cancer (See also <a href="#">Stereotactic Radiosurgery and Proton Beam Therapy</a> ) CPT (77520, 77522, 77523, 77525) HCPCS (S8030)	N	N	N	1/12/2018

<b>Pudendal nerve decompression surgery</b> <b>CPT (64722)</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>8/11/2017</b>
<b>Pulmonary artery pressure monitoring — wireless</b> (E.g., CardioMEMS HF System) <b>CPT (No specific code)</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>8/11/2017</b>
<b>Quantitative pupillometry</b> (E.g., NPi™-100 Pupillometer, VIP™-200 Pupillometer) <b>CPT (0341T)</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>8/11/2017</b>
<b>Quantitative sensory testing (QST) to assess nerve fiber sensation</b> (multiple stimuli) <b>CPT (0106T, 0107T, 0108T, 0109T, 0110T)</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>8/11/2017</b>
<b>Radiation — superficial radiation treatment (Grenz ray) for dermatological conditions</b> (See also <a href="#">Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions</a> ) <b>CPT (77499 unlisted procedure, therapeutic radiology treatment management)</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>9/21/2017</b>
<b>Localization devices as an alternative to wire localization prior to excisional breast biopsy or breast conservation surgery</b> (E.g., <a href="#">SAVI SCOUT®</a> Breast Localization and Surgical Guidance System, Radioactive seed localization [RSL]) <b>CPT (19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288)</b> Note: Reading of localization device is inclusive in biopsy procedure performed. Placement of soft tissue localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including image guidance CPT (10035, 10036 eff. 01/01/2016) <b>Stereotactic breast biopsy</b> (E.g., Mammotome®) <b>CPT (19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288, 19081, 19082, 19083, 19084, 19085, 19086)</b> <b>HCPSC (A4649)</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>8/11/2017</b>
<b>Radiofrequency — handheld radiofrequency spectroscopy for intraoperative assessment of surgical margins during breast-conserving surgery</b> (E.g. MarginProbe®) <b>CPT (19499)</b> <b>HCPSC (A4649)</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>8/11/2017</b>
<a href="#">Radiofrequency ablation — Barrett’s Esophagus</a> (E.g., BÂRRX System) <b>CPT (43229, 43270)</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>5/12/2017</b>
<b>Radiofrequency ablation — benign bone tumors</b> (See also <a href="#">Radiofrequency Ablation of Tumors</a> ) <b>CPT (20982)</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>5/12/2017</b>
<b>Radiofrequency ablation — cardiac (for atrial fibrillation)</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>7/14/2017</b>

(E.g., Cardioblate®) CPT (33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266)				
Radiofrequency ablation — continuous for cervical or lumbar pain (aka facet denervation, facet neurotomy, facet rhizotomy, articular rhizolysis) (See also <a href="#">Radiofrequency Ablation for Spinal Pain</a> ) CPT (77003, 64635, 64636, 64633, 64634)	Y	Y	Y	10/13/2017
Radiofrequency ablation — cooled/pulsed for sacroiliac joint pain (See also <a href="#">Radiofrequency Ablation for Spinal Pain</a> ) CPT (64999)	N	N	N	1/12/2018
Radiofrequency ablation — endometrial CPT (58353, 58563, 58999)	Y	Y	Y	7/14/2017
Radiofrequency ablation — fecal incontinence (E.g., Secca® procedure) (See also <a href="#">Fecal Incontinence Treatment</a> ) CPT (46999) HCPCS (L8699)	N	N	N	7/14/2017
Radiofrequency ablation — hepatic cancer (See also <a href="#">Radiofrequency Ablation of Tumors</a> ) CPT (47370, 47380, 47382, 76940, 77013, 77022)	Y	Y	Y	5/12/2017
Radiofrequency ablation — lung cancer (See also <a href="#">Radiofrequency Ablation of Tumors</a> ) CPT (32998)	Y	Y	Y	5/12/2017
Radiofrequency ablation — MRI-guided ultrasound/RFA ablation of uterine fibroids (E.g., Acessa™ System, ExAblate®, VizAblate®) CPT (0071T, 0072T, 0404T, 58674)	N	N	N	8/11/2017
Radiofrequency ablation (coblation/microtenotomy) — plantar fasciitis CPT (No specific code; possible codes: 28899, 64640, 29893)	N	N	N	8/11/2017
Radiofrequency ablation — renal cancer (See also <a href="#">Cryosurgical and Radiofrequency Ablation for Renal Tumors</a> ) CPT (50592)	Y	Y	Y	6/9/2017
Radiofrequency ablation — sympathetic (renal) nerve for hypertension (E.g., Symplicity™ Renal Denervation System, EnligHTN™ Multielectrode Renal Denervation System, One-Shot Renal Denervation System, V2 Renal Denervation System, Thermocouple Catheter™) CPT (0338T, 0339T, 64999)	N	N	N	1/12/2018
Radiofrequency ablation — female stress urinary incontinence (See also <a href="#">Transurethral Radiofrequency Tissue Micro-Remodeling</a> ) (E.g., Lyrette™ Transurethral SUI System [formerly Renessa® System]) Note: Radiofrequency Micro-Remodeling with the SURx System is not coveredCPT	Y	Y	Y	8/11/2017

(53860)				
Remote real-time interactive video-conferenced critical care evaluation and management CPT (0188T, 0189T)	N	N	N	2/24/2017
Radiofrequency ablation — trigeminal neuralgia CPT (64600, 64605, 64610)	Y	Y	Y	7/14/2017
Radiofrequency ablation — varicosities (See also <a href="#">Varicose Vein Treatment</a> ) CPT (36475, 36476)	Y	Y	Y	3/23/2017
Radiofrequency ablation — wound healing/muscle disuse atrophy/diabetic neuropathy (E.g. MicroVas System for stage III or IV pressure ulcers) CPT (97032, 97139) HCPCS (G0281, G0282)	N	N	N	2/19/2018
Radiofrequency tissue volume reduction somnoplasty for upper airway obstruction (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) CPT (41530)	N	N	Y	2/9/2018
Radiostereometric analysis CPT (0347T, 0348T, 0349T, 0350T)	N	N	N	8/11/2017
Red blood cell long chain fatty acid chromatography analysis CPT (0111T)	N	N	N	8/11/2017
Relizorb™ point-of-care digestive enzyme cartridge (Aka enteral feeding in-line cartridge [EFIC]) HCPCS (B9998)	N	N	N	2/9/2018
ReShape® Integrated Dual Balloon System for obesity (See also <a href="#">Bariatric Surgery</a> ) CPT (No specific code)	N	N	N	3/10/2017
Rhinomanometry/acoustic rhinometry CPT (92512)	N	N	N	8/11/2017
Rhizotomy (dorsal) for spastic cerebral palsy (See also <a href="#">Selective Dorsal Rhizotomy for Cerebral Palsy</a> ) CPT (63185, 63190)	Y	Y	Y	7/14/2017
Robotically-assisted adrenalectomy* HCPCS (S2900)  Report the code that best describes the basic surgery being performed (E.g., 60540 adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal in addition to HCPCS S2900)  Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.	Y	Y	Y	7/14/2017

<b>Retinal polarization scan, ocular screening with on-site automated results, bilateral</b> <b>(CPT 0469T [new eff. 07/01/17])</b>	N	N	N	7/14/2017
<b>Robotically-assisted cardiac surgery (inclusive of coronary artery bypass graft)*</b> <b>HCPCS (S2900)</b> <b>Report the code that best describes the basic surgery being performed</b> (E.g., 33510 Coronary artery bypass, vein only; single coronary venous graft in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.	Y	Y	Y	7/14/2017
<b>Robotically-assisted gastrointestinal surgery</b> (E.g. gastroesophageal reflux disease, gallbladder indications)* <b>HCPCS (S2900)</b> <b>Report the code that best describes the basic surgery being performed</b> (E.g., 43280 laparoscopy, surgical, esophagogastric fundoplasty in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.	Y	Y	Y	7/14/2017
<b>Robotically-assisted gynecological surgery (inclusive of hysterectomy)*</b> <b>HCPCS (S2900)</b> <b>Report the code that best describes the basic surgery being performed</b> (E.g., 58541 laparoscopy, surgical, supracervical hysterectomy, for uterus ≤ 250g in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.	Y	Y	Y	7/14/2017
<b>Robotically-assisted prostatectomy*</b> <b>HCPCS (S2900)</b> <b>Report the code that best describes the basic surgery being performed</b> (E.g., 55866 laparoscopy, surgical prostatectomy in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.	Y	Y	Y	7/14/2017
<b>Robotically-assisted urological procedures*</b> <b>HCPCS (S2900)</b> <b>Report the code that best describes the basic surgery being performed</b> (E.g., 50546 laparoscopy, surgical; nephrectomy, including partial ureterectomy in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.	Y	Y	Y	7/14/2017
<b>Sacral nerve stimulators for fecal incontinence, urinary urge</b>	Y	Y	Y	7/14/2017

<p>incontinence, urinary frequency, and urinary retention (E.g., Medtronic® InterStim®)</p> <p>(See also <a href="#">Fecal Incontinence Treatment</a>)</p> <p>CPT (64561, 64581, 64585, 64590, 64595, 95970, 95971, 95972)</p> <p>HCPCS (A4290, L8680, L8681, L8685, L8686, L8687, L8688, L8689, L8695)</p>				
<p>Salivary hormone testing — screening, diagnosis, monitoring, all indications (E.g., hormones such as cortisol, dehydroepiandrosterone [DHEA], estrogen, melatonin, progesterone, testosterone for conditions such as adrenal insufficiency, bipolar disorder, depression, or eating disorders, menopause, diseases related to aging, etc.)</p> <p><b>Note:</b> Late night salivary cortisol is considered <u>medically necessary</u> for diagnosing Cushing's syndrome.</p> <p>CPT (82530, 82533, 82530, 82626, 82627, 82670, 82671, 82672, 82677, 82679, 83516, 83520, 84144, 84402, 84403, 84436, 84437, 84439, 84443, 84479, 84480, 84481, 86316, 88341, 88342, 88344)</p> <p>HCPCS (S3650)</p>	N	N	N	2/9/2018
<p>Scintimammography for breast lesions (radiotracer nuclear imaging)/low dose breast-specific gamma imaging (BSGI)/molecular breast imaging (MBI) (E.g., Miraluma Scan)</p> <p>CPT (78800, 78801)</p> <p>HCPCS (A9500, S8080)</p>	N	N	N	8/11/2017
<p>Sclera fistulization for glaucoma</p> <p>CPT (66999)</p>	N	N	N	8/11/2017
<p>Sclerotherapy for esophageal varices</p> <p>CPT (43204, 43243)</p>	Y	Y	Y	7/14/2017
<p>Sclerotherapy for varicose veins (endovenous chemical ablation) (I.e., liquid or foam [e.g., Varithena®])</p> <p>(See also <a href="#">Varicose Vein Treatment</a>)</p> <p>CPT ([36465, 36466, 36482, 36483 eff. 01/01/2018], 36470, 36471)</p>	Y	Y	Y	3/23/2017
<p>ScoliScore™ AIS Prognostic Test and other genetic testing for the prediction of adolescent idiopathic scoliosis (E.g., CHD7 gene, the matrilin-1 gene (MATN1), melatonin receptor 1B gene (MTNR1B) rs4753426 and rs10830963 polymorphism testing, and the transforming growth factor beta 1 (TGFB1) gene; not an all-inclusive list))</p> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (0004M)</p>	N	N	N	4/21/2017
<p><a href="#">Selective internal radiation therapy (SIRT)</a> for primary hepatocellular carcinoma, hepatoma or metastatic liver tumors</p> <p>SIR-Spheres®</p> <p>CPT (37243, 75894, 79445, 77778)</p>	Y	Y	Y	9/8/2017
<p>SelectMDx for prostate cancer (MDxHealth Inc.)</p> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81479)</p>	N	N	N	8/11/2017

<b>Sentinel lymph node biopsy for breast cancer</b> <b>CPT (38792, 38500, 38525, 38530, 78195)</b>	Y	Y	Y	7/14/2017
<b>Sentinel lymph node biopsy for melanoma</b> <b>CPT (38792, 38500, 38510, 38525, 38530, 78195)</b>  Note: If metastatic disease is confirmed, these are other CPT codes related (38510, 38525, and 38530). When a complete lymphadenectomy is performed as a result of a positive lymph node biopsy, do not code the biopsy, only code the injection procedure; for the identification of sentinel node plus a complete lymphadenectomy, please check AMA/CPT for appropriate codes.	Y	Y	Y	7/14/2017
<b>Serum markers for liver disease</b> (E.g., ASH FibroSURE™, FibroMAX™, FIBROSpect II®, HCV FibroSURE™ [Quest], FibroTest + ActiTest, HepaScore™, NASH FibroSURE™) <b>CPT (No specific code)</b>	Y	Y	Y	7/14/2017
<b>Shoulder resurfacing</b> (E.g., Copeland™ Extended Articulating Surface [EAS]™ Resurfacing Heads, DePuy Global CAP™ CTA Resurfacing Shoulder Humeral Head, Axiom Shoulder Resurfacing System, HemiCAP® [also referred to as Contoured Articular Prosthetic [CAP] Humeral Head Resurfacing Prosthesis]) <b>CPT (23470, 23472, 23929)</b>	N	N	N	8/11/2017
<b>Sleep monitoring (home attended or unattended)</b> (E.g., NovaSom QSG™ [Sleep Solution™], SNAP™ System [only those systems measuring ≥ 3 channels]) (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) <b>CPT (95800, 95801)</b> <b>HCPCS (G0398, G0399, G0400)</b>	Y	Y	Y	2/9/2018
<b>Sleeve gastrectomy</b> (See also <a href="#">Bariatric Surgery</a> ) <b>CPT (43775)</b>	Y	Y	Y	3/10/2017
<b>SpaceOar System — rectal protection from radiation therapy for prostate cancer</b> <b>CPT (45999)</b> <b>HCPCS (A4649)</b>	N	N	N	8/11/2017
<b>Spectroscopy — intravascular catheter-based coronary vessel or graft</b> (E.g., infrared) <b>CPT (0205T)</b>	N	N	N	8/11/2017
<b>Spectroscopy — multi-wavelength fluorescent measurement of advanced glycation products (AGE) to replace skin biopsy for risk assessment</b> <b>CPT (88749)</b>	N	N	N	8/11/2017
<b>Spectroscopy — real time spectral analysis of prostate tissue by fluorescence spectroscopy</b> (E.g., Precision Biopsy ClariCore Optical Biopsy System®) <b>CPT (0443T)</b>	N	N	N	2/9/2018
<b>Speculoscopy for the screening or diagnosis of cervical cancer</b> (Aka cervicography; e.g., PapSure®)	N	N	N	2/9/2018

CPT (58999)				
<b>Spinal — artificial disc replacement (multiple-level cervical or lumbar)</b> (E.g., Mobi-C® Cervical Disc Prosthesis [two-level]) (See also <a href="#">Artificial Intervertebral Discs</a> ) CPT (22861, 22862, 22864, 22865, 0095T, 0098T, 0163T, 0164T, 0165T, 0375T) Note: CPT 22858 is covered for Medicaid only	N	N	Y	9/8/2017
<b>Spinal — artificial disc replacement (single-level cervical or lumbar) and only if FDA-approved</b> (See also <a href="#">Artificial Intervertebral Discs</a> ) E.g., Cervical — Bryan®, Prestige® Cervical Disc System, Prestige LP Cervical Disc, ProDisc-C®, SECURE®-C Artificial Cervical Disc E.g., Lumbar — Charité™, ProDisc-L® CPT (22856, 22857, 22858)	Y	Y	Y	9/8/2017
<b>Spinal — cervical traction (e.g., freestanding over-the-door mechanism or attached to headboard)</b> HCPCS (E0840, E0849, E0850)	Y	Y	Y	7/14/2017
<b>Spinal — continuous or intermittent traction for low back pain</b> HCPCS (E0830)	Y	Y	N	7/14/2017
<b>Spinal — dynamic spinal visualization (including cineradiography/videoradiography)</b> CPT (76120, 76125)	N	N	N	8/11/2017
<b>Spinal — endoscopy (epiduroscopy)</b> (See also <a href="#">“Spinal minimally invasive”</a> below) CPT ([20939 eff. 01/01/2018], 64999)	N	N	Y	8/11/2017
<b>Spinal — <a href="#">interspinous distraction devices</a></b> (E.g. X-Stop® Interspinous Process Decompression System) CPT (22867, 22868, 22869, 22870)	Y	Y	Y	5/12/2017
<b>Spinal — intervertebral stabilization devices (e.g., Dynesys® Spinal System, SATELLITE™ Spinal System, Stabilimax NZ®)</b> Note: These differ from interspinous distraction devices/spacers such as the X-Stop (See also <a href="#">Lumbar Fusion and Intervertebral Fusion Devices</a> for medically necessary fusion procedures/fixation devices) CPT (22853, 22854, 22859)	Y	Y	Y	3/10/2017
<b>Spinal — intrafacet implant(s), single/multi-level (inclusive of imaging and bone graft/device placement)</b> (E.g., NuFix, TruFUSE®) CPT (0219T, 0220T, 0221T, 0222T)	N	N	N	8/11/2017
<b>Spinal — lumbar fusion</b> (See also <a href="#">Lumbar Fusion and Intervertebral Fusion Devices</a> for covered fusion procedures and covered CPT coding)	SEE NOTE	SEE NOTE	SEE NOTE	3/10/2017
<b>Spinal — lumbar fusion arthrodesis pre-sacral interbody technique</b>				

<p>(Aka transsacral interbody fusion, axial lumbar interbody fusion, or AxiaLIF)</p> <p>(See also <a href="#">Lumbar Fusion and Intervertebral Fusion Devices</a> for descriptive of medical procedures)</p> <p>CPT (0195T, 0196T)</p> <p>Considered investigational and not medically necessary</p>				
<p>Spinal — lumbar discography for chronic low back pain (to confirm that symptoms are attributable to a particular disc prior to therapeutic intervention)</p> <p>CPT (62290, 72295)</p>	Y	Y	N	7/14/2017
<p>Spinal — manipulation under anesthesia for acute spinal injury</p> <p>(E.g., vertebral fracture, complete dislocation or acute traumatic incomplete dislocation [subluxation])</p> <p>CPT (22505, 00640)</p>	Y	Y	Y	7/14/2017
<p>Spinal — manipulation under anesthesia when services rendered by a chiropractor</p> <p>CPT (22505, 00640)</p>	N	N	N	8/11/2017
<p>Spinal — minimally invasive procedures</p> <p>(See also <a href="#">Radiofrequency Ablation of Spinal Pain</a>)</p> <p>List not meant to be all-inclusive:</p> <ul style="list-style-type: none"> <li>Automated percutaneous lumbar discectomy (APLD)/automated percutaneous nucleotomy</li> <li>Coblation® Nucleoplasty™, disc nucleoplasty, decompression nucleoplasty plasma disc decompression cryoneurolysis devices for annular repair (e.g., Inclose™ Surgical Mesh System, Xclose™ Tissue Repair System )</li> <li>Endoscopic epidural adhesiolysis</li> <li>Intervertebral disc biacuplasty</li> <li>Intradiscal electrothermal annuloplasty (IDET)/ percutaneous intradiscal radiofrequency thermocoagulation (e.g., SpineCATH™)</li> <li>Percutaneous decompression laminotomy (e.g., Vertos mild®)/percutaneous image-guided lumbar decompression (PILD) (For Medicare coverage, see <a href="#">Percutaneous Image-guided Lumbar Decompression for Lumbar Spinal Stenosis NCD</a>)</li> </ul> <p>Note: Medicare members, whose costs relating directly to the provision of services related to the National Coverage Determination (NCD) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD.</p> <ul style="list-style-type: none"> <li><a href="#">Endoscopic and Percutaneous Epidural Lysis of Adhesions (RACZ procedure)</a> (Approved Medicare ONLY – CPT codes 62263 and 62264)</li> </ul> <p>CPT (0274T, 0275T, <del>0209T</del> del. 01/01/2018], [20939 eff. 01/01/2018], 22526, 22527, 22586, 22899, 62263, 62264, 62287, 62380, 64999)</p> <p>HCPSC (G0276, S2348)</p>	N	N	N	8/11/2017
<p>Spinal — <a href="#">sacroiliac joint (SIJ) fusion (open)</a></p> <p>CPT (27280, 27299)</p>	Y	Y	Y	6/9/2017
<p>Spinal — <a href="#">sacroiliac joint (SIJ) fusion (minimally invasive)</a></p> <p>(E.g., iFuse Implant System® [SI-BONE])</p> <p>CPT (27279)</p>	N	Y	Y	6/9/2017
<p>Spinal — vertebral axial decompression devices/mechanical spinal</p>	N	N	N	8/11/2017

<b>distraction therapy for low back pain</b> (E.g., VAX-D® table, DRX9000™, the DRS System, the Alpha-Spina System, the Lordex Lumbar Spine System, or the Internal Disc Decompression [IDD] Therapy) <b>HCPCS (S9090)</b>				
<b>Spinal — vertebral stapling for idiopathic scoliosis</b> <b>CPT (22899)</b>	N	N	N	8/11/2017
<b>Spinal — vertebroplasty</b> <b>CPT (22510, 22511, 22512, 22513, 22514, 22515)</b>	Y	Y	Y	7/14/2017
<b>SPOT-Light® HER2 CISH™ Kit for breast cancer to determine Herceptin® treatment candidacy</b> (See also <a href="#">Genetic Counseling and Testing</a> ) <b>CPT (88368)</b>	Y	Y	Y	3/10/2017
<b>ST2 Assay as a prognostic indicator for acute dyspnea and acute or chronic heart failure</b> <b>CPT (83520)</b>	N	N	N	8/11/2017
<b>Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s)</b> <b>CPT (64999)</b>	N	N	N	8/11/2017
<a href="#">Stereotactic radiosurgery</a> — multiple indications; click on Medical Guideline link for clinical criteria <b>CPT (61796, 91797, 61798, 61799, 63620, 63621, 77371, 77372, 77373, 77432, 77435, 77520, 77522, 77523, 77525)</b> <b>HCPCS (G0340)</b>	Y	Y	Y	1/12/2018
<b>Subfascial endoscopic perforator surgery for chronic venous insufficiency (SEPS)</b> (See also <a href="#">Varicose Vein Treatment</a> ) <b>CPT (37500)</b>	N	Y	N	3/23/2017
<b>Suprachoroidal injection of pharmacologic agents for the treatment of ophthalmological conditions</b> (E.g., iScience Surgical Ophthalmic Microcannula [aka iTrack]) (See also <a href="#">Intravitreal Injections/Implants</a> ) <b>CPT (0465T)</b>	N	N	N	2/9/2018
<b>Sural nerve graft with radical prostatectomy</b> <b>CPT (64999, 55840, 55842, 55845)</b>	N	N	N	8/11/2017
<b>Surface electromyography for the evaluation of segmental spinal joint dysfunction and muscle tone</b> <b>CPT (96002, 96004)</b> <b>HCPCS (S3900)</b>	N	N	N	8/11/2017
<b>Surgical decompression for peripheral polyneuropathy</b> <b>CPT (01470, 28035, 64702, 64704, 64708, 64712, 64714, 64722, 64726, 64727)</b> Note: The above CPT codes are not covered when rendered for non-compressive peripheral	N	N	N	8/11/2017

neuropathy syndromes due to insufficient evidence of therapeutic value.				
<a href="#">Sympathectomy/ endoscopic thoracic sympathectomy for hyperhidrosis</a> CPT (32664)	Y	Y	Y	5/12/2017
Target Now™ molecular profiling test (Aka MI Profile, MI Profile X) (See also <a href="#">Gene Expression Profiling</a> ) CPT (88360, 88368, 81599)	N	N	N	9/8/2017
Tear osmolarity measurement for the dry eye diagnosis (e.g., TearLab® Osmolarity System) CPT (83861)	Y	Y	Y	7/14/2017
Tele-retinal imaging/digital photography computer programs (i.e., algorithms) designed to automatically detect or diagnose diabetic retinopathy by nonspecialists (E.g., DigiScope Diabetic Retinal Evaluation Service, Inoveon Diabetic Retinopathy Evaluation Service) CPT (92227)	N	N	N	8/11/2017
Thermal shrinkage of capsules, ligaments, tendons (e.g., lasers, radiofrequency ablation) for indications including but not limited to the shoulder, knee, hip, thumb, wrist and ankle (Aka electrothermal arthroscopy, electrothermally-assisted capsule shift and electrothermally-assisted capsulorrhaphy [ETAC]) CPT (29999) HCPCS (S2300)	N	N	N	8/11/2017
Thermography (indications other than breast) CPT (93740)	N	N	N	8/11/2017
Thermography — breast (See also <a href="#">FDA Consumer Posting — Breast Cancer Screening: Thermogram No Substitute for Mammogram</a> ) CPT (No specific code)	N	N	N	10/27/2017
Tinnitus retraining therapy (TRT) CPT (No specific code; evaluation and management codes may be used or possibly physical medicine and rehabilitation codes. TRT may also be billed as physical or speech therapy using V5299, 97039, E1399)	N	N	N	8/11/2017
Tongue suspension/suturing procedures for the obstructive sleep apnea (E.g., AirVance System [formerly Repose™ System], Encore™) (See <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) CPT (41512)	N	N	N	2/9/2018
TOP2A FISH (topoisomerase II Alpha) pharmDX (Dako Agilent Technologies company) for breast cancer prognosis (See also <a href="#">Genetic Counseling and Testing</a> ) CPT (88365, 88368)	N	N	N	3/10/2017
Topical oxygen wound therapy (TOWT) (aka continuous diffusion of	N	N	Y	9/8/2017

oxygen therapy [CDO]) (See also <a href="#">Topical Oxygen Wound Therapy [Medicaid/FHP]</a> ) HCPCS (A4575, E1390)				
Topographic genotyping — PancraGEN (Interpace) (formerly PathFinder TG® [RedPath]) (See also <a href="#">Genetic Counseling and Testing</a> ; <a href="#">Medicare LCD: Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG®</a> ) CPT (81479)	N	Y	N	9/8/2017
<a href="#">Total ankle replacement</a> (E.g., Scandinavian Total Ankle Replacement System [STAR Ankle] or any other FDA-approved device) CPT (27702, 27703)	Y	Y	Y	9/8/2017
Trabeculectomy for glaucoma (ab externo) (See also <a href="#">Glaucoma Surgery</a> ) CPT (65820, 66170, 66172)	Y	Y	Y	5/12/2017
Trabectome® for glaucoma (ab interno) (See also <a href="#">Glaucoma Surgery</a> ) CPT (65820, 65850, 66999)	N	N	N	5/12/2017
Transcatheter mitral valve repair (TMVR), percutaneous approaches (E.g., MitraClip®) Note: Medicare members, whose costs relating directly to the provision of services related to the <a href="#">NCD for Transcatheter Mitral Valve Repair</a> (TMVR) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD for the treatment of significant symptomatic degenerative mitral regurgitation when furnished according to an FDA approved indication and when the conditions put forth within the NCD are met. For information on the 2016 FDA recall of the Abbott Vascular MitraClip Delivery System click <a href="#">here</a> . CPT (0345T, 33418, 33419, 93590, 93592, [0483T, 0484T eff. 01/01/2018])	N	SEE NOTE	N	5/12/2017
<a href="#">Transcranial magnetic stimulation for Major Depressive Disorder</a> (MDD) (NeuroStar®TMS Therapy System) Note: Coverage will be considered for chronic refractory depression in members diagnosed with MDD (without psychoses) who have failed psychotherapy with pharmacotherapy (prerequisite of 4 antidepressants from 2 different classes), as well as electroconvulsive therapy (unless contraindicated). CPT codes (90867, 90868, 90869)	Y	Y	Y	6/9/2017
Transcranial magnetic stimulation for neurologic or psychological indications other than depression (E.g., migraines [including Cerena Single-Pulse Transcranial Magnetic Stimulator], strokes, Parkinson's disease, dystonia, tinnitus and auditory hallucinations) CPT (90867, 90868, 90869, <del>0310T</del> del. 01/01/2018]) Note: CPT 0310T (e.g., Nextstim® Navigated Brain Stimulation [NBS] System 4 with NexSpeech®) — motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity — is not separately reimbursable as there is insufficient evidence of therapeutic value.	N	N	N	8/11/2017
Transendoscopic therapies for dysphagia and gastrointestinal reflux	N	N	N	8/11/2017

<b>disease (GERD)</b> (E.g., Bard EndoCinch™ Suturing System, Enteryx™, EsophyX™, LINX Reflux Mgmt. System, Stretta® radiofrequency ablation) (See also <a href="#">Medicare LCD: Endoscopic Treatment of GERD</a> ) <b>Natural orifice transoral endoscopic surgery (NOTES) for bariatric surgery/transoral gastroplasty (TOGA)</b> (E.g., Apollo OverStitch endoscopic suturing system, StomaphyX™ endoluminal fastener and delivery system, etc.) <b>CPT (0392T, 0393T, 43210, 43257, 43284, 43285, 43289, 43499, 43999, 49999)</b>				
<b>Transhemorrhoidal dearterialization (THD)</b> <b>CPT (0249T)</b>	Y	Y	Y	7/14/2017
<b>Transilluminated powered phlebectomy (TriVex System) for varicosities</b> (See also <a href="#">Varicose Vein Treatment</a> ) <b>CPT (No specific code)</b>	Y	Y	Y	3/23/2017
<b>Transmyocardial revascularization</b> <b>CPT (33140, 33141)</b>	Y	Y	Y	7/14/2017
<b>Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed</b> <b>CPT (No specific code)</b>	N	N	N	9/8/2017
<b>Tranpupillary thermotherapy for retinoblastoma</b> <b>CPT (67299)</b>	Y	Y	Y	1/19/2017
<b>Transtelephonic spirometry for monitoring pulmonary function following lung or heart-lung transplantation. CPT (94014, 94015, 94016)</b>	Y	N	Y	8/11/2017
<b>Transurethral microwave thermotherapy</b> <b>CPT (53850)</b>	Y	Y	Y	7/14/2017
<b>Transurethral needle ablation of the prostate</b> <b>CPT (53852)</b>	Y	Y	Y	7/14/2017
<b>Transvascular Autonomic Modulation (TVAM) for the treatment of autonomic dysfunction using balloon angioplasty devices</b> (See also <a href="#">FDA MedWatch Safety Alert</a> ) <b>CPT (No specific code)</b>	N	N	N	3/10/2017
<b>Tremor analysis device</b> (E.g., Physiologic recording of tremor using accelerometers) <b>CPT (95999)</b>	N	N	N	8/11/2017
<b>Triggerfish® System for continuous intraocular pressure monitoring for glaucoma (Sensimed)</b> <b>CPT (0329T)</b>	N	N	N	6/9/2017
<b>Tropism testing for HIV</b> (E.g., Trofile™ co-receptor assay for HIV [Monogram Biosciences], <a href="#">HIV-1 Coreceptor Tropism Testing [Quest Diagnostics]</a> )	Y	Y	Y	10/13/2017

(See also <a href="#">Genetic Counseling and Testing</a> ) CPT (No specific code)				
Ultrasound — intravascular noncoronary vessel CPT (37252, 37253)	Y	Y	Y	7/14/2017
Ultrasound — low frequency for wounds (E.g., MIST Therapy System) CPT (97610)	N	N	N	8/11/2017
Ultrasound — obstetric (See also <a href="#">Obstetric Ultrasonography</a> for coding and criteria)	Y	Y	Y	11/10/2017
Ultrasound-guided ligation of hemorrhoidal vascular bundle(s) CPT (0249T)	Y	Y	Y	8/11/2017
Ultrasound-guided spinal injection(s), single/multilevel), diagnostic/therapeutic agent (See also <a href="#">Pain Management</a> ) CPT (0213T, 0214T, 0215T)	N	N	N	1/12/2018
Unicondylar interpositional spacer (E.g., UniSpacer™ Knee System) CPT (No specific code)	N	N	N	8/11/2017
Urine cytology for bladder cancer screening or as a primary detection modality (without cystoscopy) (E.g., UroVysion™) CPT (88112, 88120, 88121)	N	N	N	8/11/2017
Uterine artery embolization for symptomatic fibroids CPT (37243)	Y	Y	Y	7/8/2017
Vacuum-Assisted Socket System™ for artificial limbs HCPCS (L5781, L5782)	Y	Y	Y	7/14/2017
<a href="#">Vacuum assisted wound closure</a> (VAC) (aka negative-pressure wound therapy [NPWT]) <b>Note: SNAP® Wound Care System is considered investigational</b> CPT (97605, 97606, 97607, 97608) HCPCS (A6550, A9272, E2402, K0743, K0744, K0745, K0746)	Y	Y	Y	2/9/2018
Vacuum bell for treatment of pectus excavatum (See also <a href="#">Surgical Correction of Chest Wall Deformities</a> ) CPT (No specific code)	N	N	N	10/13/2017
Vaginal bowel control for fecal incontinence (E.g., Eclipse™ Vaginal Insert System) (See also <a href="#">Fecal Incontinence Treatment</a> ) <b>Note: The eclipse system is covered for Medicare members per <a href="#">Noridian LCD</a>.</b> CPT (A4335)	N	SEE NOTE	N	07/14/2017
<a href="#">Vagus nerve stimulation — epilepsy</a>	Y	Y	Y	5/12/2017

CPT (61885, 61886, 61888, 64553, 64568, 64569, 64570, 95970, 95974, 95975) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)				
<b>Vagus nerve stimulation — multiple conditions</b> (E.g., Addictions, Alzheimer disease, anxiety disorders, atrial fibrillation, autism spectrum disorders, back pain, bipolar disorder, cerebral palsy, chronic pain syndrome, eating disorders, headaches, cognitive impairment associated with Alzheimer’s disease, coma, depression, essential tremor, fibromyalgia, heart failure, hemicrania continua, impaired glucose tolerance, morbid obesity [aka nerve blocking therapy, i.e., vBloc® Maestro® System], mood disorders, narcolepsy, neck pain, obsessive compulsive disorder, paralysis agitans, sleep disorder, stroke, tinnitus, Tourett’s syndrome, traumatic brain injury [TBI] including post-TBI pneumonia, etc.)  CPT (0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 61885, 61886, 61888, 64553, 64568, 64569, 64570, 64585, 64590, 64595, 95970, 95974, 95975) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	N	N	N	2/9/2018
<b>Venoplasty for relapsing remitting multiple sclerosis</b> CPT (36901, 36902, 36903, 36904, 36905, 36906)	N	N	N	8/11/2017
<b>VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device)</b> (Accumetrics) CPT (85576)	N	N	N	8/11/2017
<b>VeriStrat® proteomic expression profiling for non-small cell lung cancer treatment</b> (Biodesix) (See also <a href="#">Medicare Coverage Article: Biomarkers for Oncology</a> ) CPT (84999, 81538)	Y	Y	Y	7/14/2017
<b>Vertical expandable prosthetic titanium rib</b> (See also <a href="#">Vertical Expandable Prosthetic Titanium Rib [VEPTR]</a> ) CPT (No specific code)	Y	Y	Y	3/10/2017
<b>Viadur® (leuprolide acetate implant) for advanced prostate cancer</b> CPT (11981, 11982, 11983) HCPCS (J9219)	Y	Y	Y	7/14/2017
<a href="#">Virtual colonoscopy</a> CPT codes ([74261, 74262 for diagnostic], [74263 for screening])	Y	Y	Y	1/12/2018
<b>Viscocalanostomy</b> (See also <a href="#">Canaloplasty and Viscocalanostomy</a> ) CPT (66174, 66175)	N	N	N	4/21/2017
<a href="#">Visual electrophysiology testing</a> CPT (92275, 95930)	Y	Y	Y	7/14/2017
<b>Visual evoked potential, screening of visual acuity, automated</b> (See also <a href="#">Visual Evoked Potential Testing for Pediatric Populations in the Primary Care Setting</a> ) CPT (0333T)	N	N	N	8/11/2017

Visual evoked potential testing for glaucoma (See also <a href="#">Visual Electrophysiology Testing</a> ) CPT (0464T)	N	N	N	7/14/2017
Visual field assessment — real time, remote surveillance data transmission (E.g., ForeseeHome™ AMD Monitoring Program) CPT (0378T, 0379T)	N	N	N	8/11/2017
Vitamin D Deficiency Testing (See <a href="#">Vitamin D Deficiency Testing</a> for coding)	Y	Y	Y	6/26/2017
Water-induced thermotherapy CPT (55899)	Y	Y	Y	7/14/2017
Waterjet ablation — prostate, transurethral (E.g. PROCEPT Aquablation™ System) CPT (0421T)	N	N	N	8/11/2017
Wireless Esophageal pH Monitoring (Bravo™ System) CPT (91035)	Y	Y	Y	7/14/2017
<a href="#">Xofigo®</a> (radium Ra 223 dichloride injection) CPT (79101) HCPCS (A9606)	Y	Y	Y	1/12/2018
Zika virus diagnostic testing (E.g., Zika Virus Antibody [IgM], Zika Virus Qualitative Real-Time PT-PCR Panel [serum/urine], [Quest], <a href="#">Zika Virus RNA Qualitative Real-Time RT-PCR test</a> [Focus Diagnostics; subsidiary of Quest, EmblemHealth's preferred lab]) See also: <ul style="list-style-type: none"> <li><a href="#">FDA web page on Emergency Use Authorizations</a></li> <li><a href="#">Medicare coverage for Zika Virus and Testing</a></li> <li><a href="#">Quest Zika Virus Infection web page</a></li> </ul> CPT (86790, 87798)	Y	Y	Y	7/14/2017
Zika virus general population screening	N	N	N	