

### 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 medical technologies please see [Medical Necessity Guidelines: Experimental, Investigational or Unproven Services](#)

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
<p><a href="#">AbioCor® Implantable Replacement Heart</a></p> <p>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 &lt; 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.</p> <p>CPT (33927, 33928, 33929, L8698)</p>	SEE NOTE	SEE NOTE	SEE NOTE	4/9/2021
<p>Acticon™ Neosphincter artificial bowel sphincter (See also <a href="#">Fecal Incontinence Treatment</a>) CPT (No specific code)</p>	Y	Y	Y	5/7/2021
<p>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)</p>	N	Y	N	2/12/2021
<p>Allogeneic hematopoietic stem cell transplantation (HSCT) for multiple myeloma, myelofibrosis and sickle cell disease</p>	SEE <a href="#">Transplant Program Case Management</a>	SEE CMS NOTE	SEE <a href="#">Transplant Program Case Management</a>	4/9/2021

<p>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.</p> <p>(See also <a href="#">National Coverage Determinations Manual</a> for complete Medicare coverage information regarding medically necessary clinical conditions for stem cell transplantation)</p> <p>CPT (38205, 38240, 38242, 38243, S2142, S2150)</p>				
<p>AlloSure® Kidney Donor-Derived Cell-Free DNA Test to assess probability of allograft rejection in kidney transplant recipients (See also <a href="#">Medicare LCD: AlloSure® Donor-Derived Cell-Free DNA Test</a>) CPT (81479)</p>	N	Y	N	4/9/2021
<p>Altered auditory feedback devices (E.g., SpeechEasy®/FluencyMaster) (See also ACG: A-0896 ([AC]) CPT (No specific code) HCPCS (E1399)</p>	N	N	N	4/9/2021
<p>Anatomic model 3D-printing CPT (0559T, 0560T, 0561T, 0562T)</p>	N	N	N	5/7/2021
<p>Antibody assay testing for detecting neutralizing antibodies against interferon beta (Betaseron) for multiple sclerosis patients (E.g., Bab Screen, NabFeron®) CPT (86382)</p>	N	N	N	1/8/2021
<p>Apheresis therapy with selective high-density lipoprotein (HDL) dilapidation and plasma reinfusion CPT (0342T)</p>	N	N	N	4/9/2021
<p>Apos (All Phase of Step) Therapy® (AposTherapy®) Note: Covered for CNY PPO members only using codes T1999 and T1999- U1 CPT (No specific code)</p>	SEE NOTE	N	N	9/11/2020
<p>Atherectomy — peripheral, open or percutaneous, infrainguinal atherosclerotic arterial occlusive disease CPT (37225, 37227, 37229, 37231)</p>	Y	Y	Y	3/12/2021
<p>Atherectomy — peripheral, open or percutaneous, of arterial vasculature (E.g., abdominal aorta, brachiocephalic, iliac, renal, etc.) CPT (0234T, 0235T, 0236T, 0237T, 0238T)</p>	N	N	N	4/9/2021
<p>Aqueous Shunts/implants for primary open angle glaucoma (FDA-approved external approach insertion) (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 (See policy)</p>	Y	Y	Y	1/8/2021
<p>Aqueous shunts/implants for primary open angle glaucoma (without FDA approval and/or internal approach insertion) (E.g., CyPass®[Alcon recall Aug. 8, 2018, see also <a href="#">Potential Eye Damage From Alcon CyPass Micro-Stent Used to Treat Open-Angle Glaucoma: FDA Safety Communication</a>], iStent®, iStent Supra, Eyepass, or DeepLight SOLX® Gold Shunt, AqueSys XEN45 Gel Stent)</p>	N	SEE NOTE	N	1/8/2021

<p>(See also <a href="#">Glaucoma Surgery</a>)</p> <p>Note: When the glaucoma guideline criteria are met, the Hydrus® Microstent, iStent, iStent Inject and XEN45 devices are covered exceptions</p> <p>CPT (0191T, 0253T, 0376T, 0449T, 0450T, 0474T)</p>				
<p><a href="#">Argus II Retinal Prosthesis System for advanced retinitis pigmentosa</a></p> <p>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.</p> <p>CPT (0100T, 0472T, 0473T, L8608)</p>	SEE NOTE	SEE NOTE	SEE NOTE	4/9/2021
<p>Arthroscopic knee surgery with primary diagnosis of osteoarthritis</p> <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> <p>CPT (29870, 29871, 29877)</p> <p>HCPCS (G0289)</p>	N	N	N	3/12/2021
<p>Assisted Embryo Hatching</p> <p>(See <a href="#">Infertility Services — Commercial</a>)</p> <p>CPT (See policy)</p>	Y	N	N	12/11/2020
<p>Audiometry — pure tone/speech (threshold), automated</p> <p>CPT (0208T, 0209T, 0210T, 0211T, 0212T)</p>	N	N	N	4/9/2021
<p>Autologous adipose-derived regenerative cell therapy for scleroderma in the hands</p> <p>CPT (0489T, 0490T)</p>	N	N	N	10/9/2020
<p>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)</p> <p>(E.g., Achilles tendinopathy or rupture, anterior cruciate ligament, epicondylitis or type II shoulder impingement, plantar fasciitis, rotator cuff, etc.)</p> <p>Note: For Medicare members see <a href="#">Coverage with Evidence Development Autologous Platelet-Rich Plasma</a></p> <p>CPT (0232T)</p> <p>HCPCS (S9055, G0460)</p>	N	SEE NOTE	N	4/9/2021
<p>Autologous bone marrow cell therapy, intramuscular, with preparation of harvested cells, multiple injections, one, leg, including ultrasound guidance (if performed)</p> <p>CPT (0263T, 0264T, 0265T)</p>	N	N	N	4/9/2021
<p>Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation/injection of cellular implant into knee joint including ultrasound guidance, unilateral</p> <p>CPT (0565T, 0566T)</p>	N	N	N	11/11/2010
<p>Automated evacuation of Meibomian glands — heat and intermittent pressure</p> <p>(E.g., LipiFlow [TearScience®])</p>	N	N	N	4/9/2021

CPT (0207T, 0563T)				
Avisé MCV™ for the diagnosis and prognosis of rheumatoid arthritis (See also <a href="#">Gene Expression Profiling</a> ) CPT (83520)	N	N	N	1/8/2021
MCV+ CPT (83520, 86200)				1/8/2021
Avisé® MTX (aka Avisé PG) for measuring methotrexate polyglutamates for rheumatoid arthritis (metabolite marker testing) (See also <a href="#">Gene Expression Profiling</a> ) CPT (81479)	N	Y	N	1/8/2021
Avisé® Lupus (aka Avisé 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	1/8/2021
Avisé® CTD (aka Avisé SLE+) (See also <a href="#">Gene Expression Profiling</a> ) CPT (83520, 86039, 86225, 88184, 88185, 88187, 86235, 86200)				1/8/2021
BDX-XL2 liquid biopsy test for the management of lung nodules (formerly Xpresys Lung version 2) (See <a href="#">Medicare LCD: MoIDX: BDX-XL2</a> ) CPT (81599)	N	Y	N	2/12/2021
Behavioral prevention program for diabetes — online/electronic (See also <a href="#">Nutritional Counseling Services</a> ) CPT (0488T)	N	N	N	10/9/2020
Bariatric surgery procedures/technologies for clinically severe obesity (E.g., Biliopancreatic diversion [BPD] — BPD with duodenal switch, BPD Scopinaro procedure; laparoscopic adjustable gastric silicone banding [E.g., LAP-BAND® Adjustable Gastric Banding [LAGB®] System; REALIZE™ Adjustable Gastric Band]; ReShape® Integrated Dual Balloon System for obesity, sleeve gastrectomy) Note: See <a href="#">Bariatric Surgery</a> for clinical criteria, CPT coding and coverage	SEE NOTE	SEE NOTE	SEE NOTE	6/12/2020
Bioelectrical impedance (whole body) CPT (0358T)	N	N	N	4/9/2021
Bioimpedance (a form of plethysmography) for the assessment of lymphedema (E.g. L-Dex U400) CPT (93702) Note: Covered for Medicare eff. 10/12/19	N	Y	N	4/9/2021
Bioengineered skin/tissue products for reconstruction (E.g., abdominal, breast)				
AlloDerm® Q4116				
AllopatchHD, FlexHD or Matrix HD Q4128				
Cortiva™ (prev. AlloMax, NeoForm™), Q4100- Breast & Misc. C1781 - Hernia	Y	Y	Y	4/9/2021
Cymetra® Micronized AlloDerm® injectable for vocal cord paralysis Q4112 Note: Not considered medically necessary for any other condition				

DermACELL® (coverage eff. 11/1/19)	Q4122				
DermaMatrix (discontinued 6/2014)	N/A				
<b>Bioengineered skin/tissue products for reconstruction</b> (E.g., abdominal, breast)					
AmnioCyte Plus, per 0.5 cc	Q4242 (eff. 7/1/2020)				
Cogenex Amniotic Membrane, per sq cm	Q4229 (eff. 7/1/2020)				
Cogenex flowable amnion, per 0.5 cc	Q4230 (eff. 7/1/2020)				
CoreCyte, for topical use only, per 0.5 cc	Q4240 (eff. 7/1/2020)				
Interfyl™ Human Connective Tissue Matrix	Q4171				
Marigen	Q4158	N	N	N	7/8/2020
PolyCyte, for topical use only, per 0.5 cc	Q4241 (eff. 7/1/2020)				
Repriza	Q4143				
Strattice™ Reconstructive	Q4130				
SurgiMend®	(No specific code)				
XCM BIOLOGIC® Tissue Matrix	Q4142				
XenMatrix™	No specific code				
<b>Bioengineered skin/tissue products for wounds/surgical applications</b> (E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns) (See also <a href="#">Application of Bioengineered Skin Substitutes</a> )					
Affinity	Q4159				
AlloSkin™, AlloSkin RT, AlloSkin AC	Q4115, Q4123, Q4141				
AlloPatch HD, FlexHD or Matrix HD	Q4128				
Amnio wound, per square centimeter	Q4181				
Amnioarmor, per square centimeter	Q4188				
Amnioband or Guardian per square cm	Q4151 (AmnioBand Viable and AmnioBand SL)				
AmnioBand 1mg	Q4168 (AmnioBand Particulate)				
AmnioExcel or BioDExCel	Q4137				
Amniopro, Bioskin, Biorenew, Woundex, Amniogen-45, Amniogen-200, per square centimeter	Q4163	Y	Y	Y	11/11/2020
Apligraf®	Q4101				
Architect, Architect PX or Architect FX	Q4147				
Artacent™	Q4169				
Artacent ac, per square centimeter	Q4190				
Biodfence and Biodfence dryflex	Q4140, Q4138				
bio-ConneKt® Wound Matrix	Q4161				
Biovance	Q4154				
CYGNUS	Q4170				
Cytal™	Q4166				
DermACELL®	Q4122				
Derma-gide, per square centimeter	Q4203				

DermaGraft®	Q4106				
DermaPure	Q4152				
DermaVest	Q4153				
EpiCord	Q4187				
EpiFix®	Q4186				
EZ-DERM™	Q4136				
FortaDerm™ (New name PuraPly™)	Q4195, Q4196, Q4197				
PuraPly™ Antimicrobial Wound Matrix (PuraPly AM)					
PuraPly™ Wound Matrix (PuraPly)					
Floweramnioflo, 0.1 cc	Q4177				
Floweramniopatch, per square centimeter	Q4178				
GammaGraft	Q4111				
Grafix® core, Grafix® prime	Q4132, Q4133				
GRAFTJACKET®	Q4107				
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				
NeoxFlo® or ClarixFlo™	Q4155				
Neox® Wound Matrix	Q4148, Q4156				
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				
Revita, per square centimeter	Q4180				
Revitalon	Q4157				
Surgigraft, per square meter	Q4183				
Talymed™	Q4127				
Tensix	Q4146				
Theraskin®	Q4121				
TransCyte	Q4100, Q4182				
<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>N</b>	<b>N</b>	<b>11/11/2020</b>

(See also [Application of Bioengineered Skin Substitutes](#))

Allowrap	Q4150
AmnioAmp-MP, per sq cm	Q4250 (eff. 10/1/2020)
AmnioCore™	Q4227 (eff. 7/1/2020)
AmnioFix®	J3590
Amniopro Flow, Bioskin Flow, Biorenew Flow, Woundex Flow, Amniogen-A, Amniogen-C, 0.5 cc	Q4162
Amniomatrix® or biodmatrix, injectable	Q4139
Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Q4239 (eff. 7/1/2020)
AMNIOREPAIR or AltiPly, per sq cm	Q4235 (eff. 7/1/2020)
AmnioText, per cc	Q4245 (eff. 7/1/2020)
Amniotext patch, per sq cm	Q4246 (eff. 7/1/2020)
Amniply, for topical use only, per sq cm	Q4249 (eff. 10/1/2020)
Arthroflex®	Q4125
BioNextPATCH, per sq cm	Q4228 (eff. 7/1/2020)
carePATCH, per sq cm	Q4236 (eff. 7/1/2020)
Corplex p, per cc	Q4231 (eff. 7/1/2020)
Corplex, per sq cm	Q4232 (eff. 7/1/2020)
CoreText or ProText, per cc	Q4246 (eff. 7/1/2020)
Cryo-Cord, per sq cm	Q4237 (eff. 7/1/2020)
Derm-Maxx, per sq cm	Q4238 (eff. 7/1/2020)
Dermacyte Amniotic Membrane Allograft, per sq cm	Q4248 (eff. 7/1/2020)
Epifix injectable	Q4145
Excellagen	Q4149
GRAFTJACKET® XPRESS	Q4113
Integra Flowable Wound Injectable	Q4114
MyOwn Skin™	Q4206
Repriza	Q4143
SurFactor or NuDyn, per 0.5 cc	Q4233 (eff. 7/1/2020)
TruSkin™	Q4167
Unite®	No Specific Code
Neopatch or Therion, per square centimeter	Q4176
Flowerderm, per square centimeter	Q4179
Cellesta, per square centimeter	Q4184
Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Q4185
Artacent ac, 1 mg	Q4189
Restorigin, per square centimeter	Q4191
Coll-e-derm, per square centimeter	Q4193
Novachor, per square centimeter	Q4194
Genesis amniotic membrane, per square centimeter	Q4198
Skin te, per square centimeter	Q4200
Matrion, per square centimeter	Q4201
Keroxx (2.5g/cc), 1cc	Q4202
Procenta, per 200 mg	Q4244 (eff. 7/1/2020)
Novafix DL, per sq cm	Q4254 (eff. 10/1/2020)

Reguard, for topical use only, per sq cm	Q4255 (eff. 10/1/2020)				
XCellerate, per sq cm	Q4234 (eff. 7/1/2020)				
Xwrap, per square centimeter	Q4204				
<b>Biomarker testing — growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1) for assessing multiple medical conditions including cardiovascular diseases</b> (See also <a href="#">Gene Expression Profiling</a> ) CPT (83006)		N	N	N	3/12/2021
<b>Biomarker testing — Des-gamma-carboxy prothrombin (DCP) for diagnosing and monitoring hepatocellular carcinoma (HCC) and other indications</b> (aka prothrombin produced by vitamin K absence or antagonism II [PIVKA II]) CPT (83951)		N	N	N	2/12/2021
<b>Biomarker testing for assessing and managing iron deficiency anemia in late-stage chronic kidney disease</b> CPT (No specific code)		N	N	N	4/9/2021
<b>Biomarker testing for assessing cardiac disease risk — secretory type II phospholipase A2 (sPLA2-IIA)</b> (E.g., AccuCardia [Zeus Scientific]) CPT (0423T)		N	N	N	4/9/2021
<b>Biomarker testing for diagnosis/management of rheumatoid arthritis</b> (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	2/12/2021
<b>Biomarker testing for Alzheimer’s disease (cerebrospinal fluid or urine-based)</b> (E.g., ADmark® Alzheimer’s Evaluation [Athena]) CPT (83520)		N	N	N	4/9/2021
<b>Biomarker testing for breast cancer — urokinase plasminogen activator (uPA) and its plasminogen activator inhibitor type 1 (PAI-1)</b> (See also <a href="#">Gene Expression Profiling and Biomarker Testing for Breast Cancer</a> ) CPT (85415)		Y	Y	Y	2/12/2021
<b>Biomarker testing for managing neuroendocrine tumors</b> (See also <a href="#">Medicare LCD: Biomarker Testing for Neuroendocrine Tumors/Neoplasms</a> ) CPT (No specific code)		N	N	N	3/12/2021
<b>Biomechanical mapping, transvaginal, with report</b> CPT (0487T)		N	N	N	10/9/2020
<b>Bioness L300 Foot Drop System for traumatic brain Injury (TBI) (aka functional electrical stimulation)</b> HCPCS (E0770)		Y	Y	Y	4/9/2021
<b>Biosynthetic fistula plugs for enteric/anorectal fistula repair</b> (E.g., Biodesign Enterocutaneous Fistula Plug, SIS Fistula Plug, Surgisis RVP Recto-Vaginal Fistula Plug, GORE® BIO -A® Fistula Plug)		Y	Y	Y	2/12/2021



CPT (46707)				
<p><b>Body photography — “total” body or “whole” body/computer-based optical diagnostic devices/imaging techniques for evaluating pigmented skin lesions suspected of malignancy</b></p> <p>(I.e., multispectral digital skin lesion analysis [MSDSL A], Optical coherence tomography, reflectance confocal microscopy [RCM]; including, but not limited to dermatoscopic devices/total body systems MoleSafe, such as Episcopes™, Nevoscope™, Dermascope™, MoleMax™, VivaScope®, MelaFind®, MoleMapCD, etc.)</p> <p><b>CPT (0400T, 0401T, del. 01/01/2021), 0470T, 0471T, 96904, 96931, 96932, 96933, 96934, 96935, 96936)</b></p> <p>Note: CPTs 96931, 96932, 96933, 96934, 96935 and 96936 are covered for Medicare eff. 10/12/19</p>	N	N	N	7/8/2020
<p><b>Bone anchored hearing aids</b></p> <p><b>(MCG #ACG: A-0564 [AC])</b></p>	Y	Y	Y	2/12/2021
<p><b>Bone growth stimulators</b></p> <p>(See <a href="#">Osteogenesis Stimulators</a> for covered/noncovered indications)</p> <p>Note: See policy for CPT/HCPCS coding</p>	SEE NOTE	SEE NOTE	SEE NOTE	7/8/2020
<p><b>Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score</b></p> <p><b>CPT (0547T)</b></p>	N	N	N	4/9/2021
<p><b>Bone mineral density (BMD) testing</b></p> <p>(E.g., central, peripheral, dual energy x-ray absorptiometry [DEXA], ultrasound/pulse-echo ultrasound, computed tomography [CT])</p> <p>Note: See <a href="#">Bone Mineral Density Studies in Adult Populations</a></p>	SEE NOTE	SEE NOTE	SEE NOTE	8/14/2020
<p><b>Brachytherapy — breast cancer, endometrial/cervical cancer, epithelial ovarian cancer, prostate, temporary high dose intracoronary for stent restenosis</b></p> <p><b>CPT (19296, 19297, 19298, 58346, 55860, 55862, 55865, 55875, 55876, 55920, 57155, 57156, 76965, 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77316, 77317, 77318, 77750, 77761, 77762, 77763, 77778, 77789, 77790, 77799, 77770, 77771, 77772, 92974)</b></p> <p><b>HCPCS (Q3001, 0395T)</b></p>	Y	Y	Y	4/9/2021
<p><b>Brachytherapy — electronic, skin surface application</b></p> <p><b>CPT (0394T, 0395T)</b></p> <p>Note: 0395T (electronic brachytherapy (AccuBoost®), interstitial or intracavitary) is considered investigational for interstitial indications. When billed for breast cancer, 0395T is reimbursable (see row above)</p>	N	N	N	4/9/2021
<p><b>Breast ductal endoscopy (aka fiberoptic ductoscopy or mammary ductoscopy) for breast cancer screening</b></p> <p><b>CPT (No specific code)</b></p>	N	N	N	2/12/2021
<p><b>Breast ductal lavage for breast cancer screening</b></p> <p>(E.g., ForeCYTE Breast Health Test, Halo breast PAP Test System, Mammary Aspirate Specimen Cytology Test, Pro-Duct Catheter, etc.)</p> <p><b>CPT (19499)</b></p>	N	N	N	2/12/2021
<p><b>Bronchial thermoplasty for severe asthma</b></p> <p><b>CPT (No specific code)</b></p>	N	N	N	4/9/2021
<p><b>Cadaver lung organ perfusion system — initiation, monitoring, surgical preparation</b></p> <p><b>CPT (0494T, 0495T, 0496T)</b></p>	N	N	N	10/9/2020

<p>Camera pill — esophageal and small bowel indications (E.g., PillCam ESO, PillCam SB, Olympus Capsule Endoscope System) (See also <a href="#">Capsule Endoscopy</a>) CPT (91110, 91111)</p>	Y	Y	Y	5/8/2020
<p>Camera pill — colon (PillCam® Colon) (See also <a href="#">Capsule Endoscopy</a>) CPT (0355T)</p>	N	N	N	5/8/2020
<p>Camera pill accessory systems to determine gastrointestinal patency (E.g., Given® AGILE Patency System as an accessory to the Given® PillCam™) (See also <a href="#">Capsule Endoscopy</a>) CPT (91299)</p>	N	N	N	5/8/2020
<p>Cardiac — Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography CPT (0623T, 0624T, 0625T, 0626T eff. 01/01/2021)</p>	N	N	N	1/4/2021
<p>Cardiac — central arterial pressure waveforms analysis (E.g., SphygmoCor® System) CPT (93050) Note: Covered for Medicare eff. 10/12/19</p>	N	Y	N	4/9/2021
<p>Cardiac — contractility modulation using an implantable device (E.g., Cardiac Contractility Modulation [CCM] System Optimizer, Impulse Dynamics' Optimizer system [no specific code]) CPT (0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T)</p>	N	N	N	1/8/2021
<p>Cardiac — counterpulsation (external) (MCG # ACG: A-0175 [AC]) HCPCS (G0166)</p>	Y	Y	Y	7/8/2020
<p>Cardiac — counterpulsation (implanted extra-aortic counterpulsation device [EACD]) CPT (0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T)</p>	N	N	N	1/8/2021
<p>Cardiac — HeartFlow® digital 3D modeling Note: Medicare members are covered per <a href="#">LCD: Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)</a> CPT (0501T, 0502T, 0503T, 0504T)</p>	Y	Y	Y	4/9/2021
<p>Cardiac — hemodynamic monitors, implantable left atrial (E.g., HeartPOD System, Promote LAP System) CPT (No specific code)</p>	N	N	N	4/10/2020
<p>Cardiac — leadless pacemaker (E.g., Micra Transcatheter Pacing System, Nanostim™ Leadless Pacemaker, WiSE™ CRT System) 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 (0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 33274, 33275)</p>	N	SEE NOTE	N	1/8/2021

<p><b>Cardiac — left atrial appendage (LAA) closure devices</b> (E.g., Amplatzer Amulet/Cardiac Plug devices, AtriClip®, LARIAT Procedure, PLAATO System, Watchman)</p> <p>Note:</p> <p>The Watchman (only) is covered when all the following are applicable:</p> <ul style="list-style-type: none"> <li>▪ Nonvalvular sustained or paroxysmal atrial fibrillation</li> <li>▪ Elevated risk of embolic stroke (e.g., CHA2DS2-VASc score of 2 or more, ATRIA score of 6 or more</li> <li>▪ Medical management (anticoagulation) not preferred due to 1 or more of the following: <ul style="list-style-type: none"> <li>○ Thromboembolism while on oral anticoagulant (i.e., while on therapeutic dosage, or INR in therapeutic range)</li> <li>○ Elevated risk of bleeding on oral anticoagulant (e.g., HAS-BLED score of 3 or more)</li> <li>○ Other contraindication to long-term anticoagulation</li> <li>○ Patient unable or unwilling to use long-term anticoagulation</li> </ul> </li> <li>▪ Short-term (months) postprocedural antithrombotic treatment and long-term aspirin is not contraindicated and is acceptable to patient</li> <li>▪ Cardiac anatomy is amenable to procedure</li> </ul> <p><b>CPT (33340)</b></p>	SEE NOTE	SEE NOTE	SEE NOTE	1/8/2021
<p><b>Cardiac — left partial ventriculectomy (Batista procedure/ventricular reduction surgery)</b></p> <p><b>CPT (33999)</b></p>	N	N	N	1/8/2021
<p><b>Cardiac — lipoprotein subclassification testing (aka advanced lipoprotein testing)</b> (E.g., VAP Cholesterol Panel [Atherotech®; closed permanently 2/28/2016], FHNEXT [Ambry])</p> <p><a href="#">(See also Lipoprotein Subclassification Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease)</a></p> <p><b>CPT (83722)</b></p>	N	N	N	6/12/2020
<p><b>Cardiac — myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images</b> (E.g., CardioFlux™)</p> <p><b>CPT (0541T, 0542T)</b></p>	N	N	N	10/9/2020
<p><b>Cardiac — myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics)</b></p> <p><b>CPT (93356)</b></p> <p>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</p>	Y	Y	Y	1/8/2021
<p><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)</p> <p><b>(MCG #ACG: A-0167 ([AC])</b></p> <p><b>CPT (33206, 33207, 33208, 33211, 33213, 33221, 33214, 33217, 33220, 33224, 33225, 33226, 33240, 33241, 33243, 33244, 33249)</b></p>	Y	Y	Y	2/12/2021
<p><b>Ross pulmonary autograft (aka Ross procedure)</b></p> <p><b>CPT (33413, 33440)</b></p>	Y	Y	Y	10/9/2020
<p><b>Cardiac — septal closure devices</b> (E.g., Amplatzer®, CardioSEAL®)</p> <p><b>CPT (93580, 93581, 33999)</b></p>	Y	Y	Y	4/9/2021

<p><b>Cardiac — transcatheter aortic valve replacement or implantation (TAVR/TAVI) for severe aortic valve stenosis</b> (E.g., CoreValve [Medtronic], Sapien [Edwards]) (See also <a href="#">Transcatheter Aortic Valve Replacement</a>) CPT (33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369) Note: Percutaneous closure of paravalvular leakage (PVL), a complication associated with TAVR, is considered investigational. Requests for PVL services (CPT 93591, 93592) will receive case-by-case review.</p>	Y	Y	Y	11/11/2020
<p><b>Cardiac — transcatheter pulmonary valve implantation (TPVI)</b> (E.g., Melody® Transcatheter Pulmonary Valve [Medtronic]) CPT (33477) 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.</p>	Y	Y	Y	4/9/2021
<p><b>Cardiac — transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach</b> CPT ([0545T, Cardioband™ Tricuspid Valve Reconstruction System], [0569T, 0570T, TriClip™])</p>	N	N	N	4/9/2021
<p><b>Cardiac — ventricular assist devices (VADs) — adult (e.g., Thoratec®, HeartMate II®)</b> CPT (33975–33983, 33990, 33991, 33992, 33993) HCPCS (Q0478–Q0508)</p>	Y	Y	Y	4/9/2021
<p><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. CPT (33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33995, 33997) HCPCS (Q0478–Q0506)</p>	SEE NOTE	SEE NOTE	SEE NOTE	4/9/2021
<p><b>Cardiac monitoring — ECG remote algorithm analysis, computerized database analysis of multiple cycles of digitized cardiac electrical data (≥ 2 leads)</b> (See also <a href="#">Cardiac Event Monitors</a>) CPT (No specific code)</p>	N	N	N	12/12/2020
<p><b>Cardiac monitoring — external electrocardiographic recording up to 30 days; 24-hour monitoring</b> (See also <a href="#">Cardiac Event Monitors</a>) CPT (93268, 93270, 93271, 93272)</p>	Y	Y	Y	12/12/2020
<p><b>Cardiac monitoring — external electrocardiographic recording up to 48 hours</b> (See also <a href="#">Cardiac Event Monitors</a>) CPT (93224, 93225, 93226, 93227)</p>	Y	Y	Y	12/12/2020
<p><b>Cardiac monitoring — external electrocardiographic recording &gt; 48 hours up to 21 days</b> (E.g., Zio Patch) (See also <a href="#">Cardiac Event Monitors</a>)</p>	Y	Y	Y	12/12/2020

CPT ( <del>0295T, 0296T, 0297T, 0298T</del> del. 01/01/2021, [93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248 eff. 01/01/2021])				
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 (See also <a href="#">Cardiac Event Monitors</a> ) CPT (0497T, 0498T)	N	N	N	12/12/2020
Cardiac monitoring — external heart rate and 3-axis accelerometer data (up to 14 days) for diagnosing nocturnal epileptic seizures (accelerometry) (E.g., ProGuardianREST) CPT ( <del>0381T, 0382T, 0383T, 0384T, 0385T, 0386T</del> del. 01/01/2021)	N	N	N	4/9/2021
Cardiac monitoring — fetal magnetocardiography , at least 3 channels (EchofMCG™, Tristan Technologies) CPT (0475T, 0476T, 0477T, 0478T)	N	N	N	4/9/2021
Cardiac monitoring — hemodynamic, left atrial (E.g., HeartPOD System, Promote LAP System) CPT (No specific code)	N	N	N	2/12/2021
Cardiac monitoring — implantable loop recorders for recurrent infrequent syncopal episodes (E.g., BioMonitor 2 [Biotronik], Confirm Rx™ (Abbott/St. Jude), Reveal Link Insertable Monitoring System [Medtronic], Reveal XT Insertable Cardiac Monitor [Medtronic]) (See also <a href="#">Cardiac Event Monitors</a> ) CPT (33285, 33286, 93285, 93291, 93298) HCPCS (G2066)	Y	Y	Y	12/12/2020
Cardiac monitoring — intracardiac ischemic to detect potential heart attack (E.g., AngelMed Guardian System) CPT (0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T)	N	N	N	3/12/2021
Cardiac monitoring — real-time/mobile outpatient cardiac telemetry Current EmblemHealth contracts: Alere Home Monitoring CardioLink CardioNet Medtronic Monitoring Life Watch Service Raytel Cardiac Services (See also <a href="#">Cardiac Event Monitors</a> ) CPT (93228, 93229)	Y	Y	Y	12/12/2020
Cardiography — combined acoustic and electrical (Aka, acoustic heart sound recording, computer analysis and interpretation; e.g., Zargis Acoustic Cardioscan) CPT (93799)	N	N	N	1/8/2021
Cardiophysiologic mapping/multichannel electrocardiography (≤ 64-leads) (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) CPT (No specific code)	N	N	N	1/8/2021

<p><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</p>	Y	Y	Y	4/9/2021
<p><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></p>	N	N	N	4/9/2021
<p><b>Cxbladder tests for bladder cancer</b></p> <ul style="list-style-type: none"> <li>▪ Detect — to identify the presence of bladder cancer</li> <li>▪ Monitor — to help rule out the recurrence of bladder cancer</li> <li>▪ Triage — for the evaluation of hematuria to calculate a segregation index that can help rule out bladder cancer</li> </ul> <p><b>CPT (81479)</b></p>	N	N	N	4/9/2021
<p><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></p>	Y	Y	Y	4/9/2021
<p><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> Note: Medically necessary for evaluation of stroke (&lt; 6 hours). (See also <a href="#">Medicare LCD: Computed Tomography Cerebral Perfusion Analysis [CTP]</a>) <b>CPT (0042T)</b></p>	SEE NOTE	SEE NOTE	SEE NOTE	11/11/2020
<p><b>Cervical Cancer Screening Visualization Technologies — cervicography, spectroscopy/optical detection systems, speculoscopy</b> (e.g., Luma™ Cervical Imaging system, PapSure®) <b>CPT (58999)</b></p>	N	N	N	2/12/2021
<p><b>Chelation therapy for heavy metal toxicity and overload conditions</b> (MCG #ACG: A-0297 [AC]) <b>HCPCS (J0470, J0600, J0895, J3520)</b></p>	Y	Y	Y	3/12/2021
<p><b>Chemoembolization for hepatic cancer</b> <b>CPT (37243, 75894)</b></p>	Y	Y	Y	4/9/2021
<p><b>Chemosensitivity and chemoresistance assays for cancer (i.e., laboratory tests used to identify chemotherapeutic agents that may be ineffective against tumor growth)</b> (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 the ChemofX® assay, the differential staining cytotoxicity (DiSC) assay, the fluorescence (Cytoprint) assay, the human tumor cloning assay (HTCA), the human tumor stem cell assay, the methyl thiazolyl-diphenyl-tetrazolium bromide (MTT) assay, and the microculture kinetic (MiCK) apoptosis assay ([aka CorrectChemo])  (See also <a href="#">Genetic Counseling and Testing</a> and <a href="#">Medicare LCD In Vitro Chemosensitivity &amp; Chemoresistance Assays</a>)</p>	N	N	N	3/12/2021

CPT (89240, 81535, 81536)				
<p>Circulating tumor cell (CTC) assay/liquid biopsy circulating tumor/cell-free DNA [ctDNA or cfDNA] (aka immunological detection techniques for quantify circulating tumor cells in the blood)</p> <p>(E.g. CellSearch System®, Oncotype SEQ™ [withdrawn from the market in 2018], OnoCEE, Cancer Intercept, GeneStrat®, PCR [RTPCR], SelectMDx for prostate cancer, Signatera™, etc.)</p> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (86152, 86153, 81445 [GeneStrat], 81479)</p>	N	N	N	2/12/2021
<p>Cochlear implants (hybrid [E.g., Nucleus® Hybrid™ L24 Cochlear Implant System], single and multichannel)</p> <p>(MCG #ACG: A-0177 [AC])</p> <p>(CPT (69930, 92601, 92602, 92603, 92604, V5273)</p> <p>HCPCS (L8614–L8629)</p>	Y	Y	Y	4/9/2021
<p>Cognitive rehabilitation</p> <p>(MCG #ACG: A-0562 [AC])</p> <p>CPT (97127)</p>	Y	Y	Y	2/12/2021
<p>Coenzyme Q10 (CoQ10 or Q10) serum/body fluid testing of Q10 levels for supplementation of any disease</p> <p>(Aka ubiquinone, ubidecarenone, coenzyme Q)</p> <p>(See also <a href="#">Medicare Local Coverage Determination [LCD]: Coenzyme Q10</a>)</p> <p>CPT (No specific code)</p>	N	N	N	4/9/2021
<p>Coil embolization for arterio-venous malformations (AVMs)/aneurysm and splenic artery aneurysm</p> <p>CPT (37241, 37242, 37243, 37244, 61624, 61635, 75894)</p>	Y	Y	Y	8/14/2020
<p>Collagen meniscus implant</p> <p>(E.g., Menaflex™)</p> <p>(See also <a href="#">National Coverage Determination (NCD) for Collagen Meniscus Implant</a>)</p> <p>HCPCS (G0428)</p>	N	N	N	4/9/2021
<p>Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment</p> <p>CPT (93895, 93998, [0126T del. 01/01/2021])</p>	N	N	N	4/9/2021
<p>Complex decongestion physiotherapy for lymphedema</p> <p>(See also <a href="#">Lymphedema Treatment</a>)</p> <p>CPT (97140, 97016)</p> <p>HCPCS (S8950, E0650, E0651, E0652, E0655, E0660, E0665–E0673, E0676)</p> <p>Note: HCPCS code E0676 is not covered for DVT Prophylaxis</p>	Y	Y	Y	10/9/2020
<p>Computed tomography (CT) — screening for coronary artery disease</p> <p>(E.g., calcium scoring using electron beam computed tomography [EBCT], ultrafast CT, etc.)</p> <p>CPT (75571)</p> <p>HCPCS (S8092)</p>	N	N	N	4/9/2021
<p>Computer-aided animation and analysis of time series retinal images for disease-progression monitoring (e.g., MatchedFlicker)</p>	N	N	N	4/9/2021

CPT (92499)				
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	4/9/2021
Computer-assisted detection breast MRI screening CPT (77048, 77049)	N	N	N	4/9/2021
Computer-assisted detection breast ultrasound as stand-alone screening or with screening mammography CPT (76999)	N	N	N	4/9/2021
Computer-assisted orthopedic surgery CPT (20985, 0054T, 0055T, <del>0396T</del> del. 01/01/2021])	N	N	N	4/9/2021
Confocal laser endomicroscopy (CLE) (aka confocal fluorescent endomicroscopy and optical endomicroscopy) CPT (43206, 43252, 88375, 0397T) Note: CPTs 43206, 43252 and 88375 are covered for Medicare eff. 10/12/19	N	N	N	4/9/2021
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 (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) CPT (94799)	N	N	N	2/12/2021
Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report CPT (0533T, 0534T, 0535T, 0536T)	N	N	N	11/11/2020
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 HCPCS (E0218, E0236)	N	N	N	4/9/2021
Cord blood harvesting and banking, prophylactic collection and storage of, in healthy member for unspecified future use CPT (No specific code) HCPCS (S2140)	N	N	N	4/9/2021
Corneal — computer topography CPT (92025)	Y	Y	Y	4/9/2021
Corneal — collagen cross-linking (CXL) for progressive keratoconus epithelium-off photochemical collagen cross-linkage using riboflavin (Photrexa) and ultraviolet A CPT (0402T)	Y	N	Y	8/14/2020
Corneal — hysteresis (See also <a href="#">Medicare LCD: Corneal Hysteresis</a> )	N	N	N	4/9/2021



CPT (92145)				
Corneal — intrastromal corneal ring segments for keratoconus (Intacs®) (See also <a href="#">Intrastromal Corneal Ring Segments for Keratoconus</a> ) CPT (65785) HCPCS (L8610)	Y	Y	Y	9/11/2020
Corneal — pachymetry for glaucoma CPT (76514)	Y	Y	Y	4/9/2021
Coronavirus disease 2019 (COVID-19) testing (See the <a href="#">Testing for COVID-19 Medical Policy</a> for covered and noncovered codes)	Y	Y	Y	4/9/2021
Cryoablation — CT-guided, adrenal gland CPT (60699)	N	N	N	4/9/2021
Cryoablation — atrial fibrillation (E.g., Arctic Front® Cardiac CryoAblation Catheter) CPT (93656, 93657)	Y	Y	Y	4/9/2021
Cryoablation — Barrett’s esophagus CPT (43229, 43270)	N	N	N	4/9/2021
Cryoablation — bone tumors CPT (20983)	N	Y	N	4/9/2021
Cryoablation — breast fibroadenomas CPT (19105) Note: Covered for Medicare eff. 10/12/19	N	Y	N	4/9/2021
Cryoablation — breast cancer CPT (0581T)	N	N	N	11/11/2020
Cryoablation — hepatic cancer (See also <a href="#">Cryosurgery for Liver Tumors</a> ) CPT (47381, 47383, 47371, 76940, 76998, 77013, 77022)	Y	Y	Y	10/9/2020
Cryoablation — peripheral nerves for the treatment of knee and intercostal pain (Iovera cryotherapy) CPT (64620, 64640, 0441T, 0442T)	Y	Y	Y	4/9/2021
Cryoablation — peripheral nerves upper extremity CPT (0440T)	N	N	N	
Cryoablation — plantar fasciitis CPT (64640)	N	N	N	4/9/2021
Cryoablation — prostate cancer (See also <a href="#">Cryosurgical Ablation for Prostate Cancer</a> ) CPT (see policy)	Y	Y	Y	11/11/2020
Cryoablation — pulmonary tumors CPT (32994)	N	Y	N	4/9/2021
Cryoablation — renal cancer (See also <a href="#">Cryosurgical and Radiofrequency Ablation for Renal Tumors</a> ) CPT (50250, 50542, 50593)	Y	Y	Y	5/7/2021

<p><b>Cryoablation — uterine for menorrhagia</b> (E.g., HerOption) CPT (58356)</p>	Y	Y	Y	4/9/2021
<p><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)</p>	N	N	N	4/9/2021
<p><b>Cryopreservation — immature oocyte(s)/reproductive tissue, ovarian</b> (See <a href="#">Infertility Services — Commercial</a>) CPT (0058T del. 01/01/2021)</p>	N	N	N	12/11/2020
<p><b>Cryotherapy — whole body; any indication</b> (E.g., Asthma, Alzheimer's, Anxiety, Chronic pain, Depression, Fibromyalgia, Insomnia, Migraines, Multiple sclerosis, Osteoarthritis, Rheumatoid Arthritis, Weight Loss) CPT (No specific code)</p>	N	N	N	4/9/2021
<p><b>Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy</b> CPT (0499T)</p>	N	N	N	10/9/2020
<p><b>Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy</b> (Optilume) CPT (0619T eff. 07/01/2020)</p>	N	N	N	5/7/2021
<p><b>Descemet's Stripping Endothelial Keratoplasty (DSEK)</b> <b>Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK)</b> <b>Descemet Membrane Endothelial Keratoplasty (DMEK)</b> <b>Deep Lamellar Endothelial Keratoplasty (DLEK)</b> CPT (65756, 65757, 0290T)</p>	Y	Y	Y	4/9/2021
<p><b>Deep brain stimulation — essential tremor/advanced Parkinson's disease</b> (MCG #ACG: A-0403 [AC]) CPT (61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, 95961, 95962, 95970) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)</p>	Y	Y	Y	4/9/2021
<p><b><a href="#">Deep brain stimulation — obsessive compulsive disorder</a> (Reclaim™ DBS™ Therapy)</b> 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, AIC, 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)</p>	SEE NOTE	SEE NOTE	SEE NOTE	4/9/2021

DermaClose® RC Continuous External Tissue Expander for wound management CPT (No specific code)	N	N	N	4/9/2021
Destruction neurofibromata — extensive, (cutaneous, dermal extending into subcutaneous) (Face, head and neck, > 50 neurofibromata; trunk and extremities, > 100 neurofibromata) CPT (0419T, 0420T)	N	N	N	4/9/2021
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	9/11/2020
Dimercaptosuccinic acid (DMSA) or ethylenediaminetetraacetic (EDTA) provocative chelation/mobilization testing for diagnosing lead toxicity CPT (No specific code)	N	N	N	2/12/2021
<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	8/14/2020
Drug eluting ocular implant — lacrimal canaliculus (aka intracanalicular plugs) (including punctal dilation and implant removal) (See <a href="#">Glaucoma Surgery</a> ) CPT (0356T, 0444T, 0445T)	N	N	N	4/9/2021
Drug eluting stents — cardiac CPT (92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944)	Y	Y	Y	4/9/2021
Drug eluting stents — sinus (E.g., Propel® Mometasone Furoate Implant sinus implant, Sinuva™, Relieva Stratus™ MicroFlow spacer and the SinuFoam™ spacer) (See also <a href="#">Functional Endoscopic Sinus Surgery [FESS]</a> ) CPT (31299) HCPCS (S1091 [Propel®] eff. 04/1/2021)	Y	Y	Y	3/12/2021
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	4/9/2021
Dynamic Decompression System for pectus excavatum (See also <a href="#">Surgical Correction of Chest Wall Deformities</a> ) CPT (No specific code)	Y	Y	Y	11/11/2020
Elastography (e.g., FibroScan®) for management of benign liver disease CPT (76391, 76981, 76982, 76983, 91200)	Y	Y	Y	4/9/2021
Elastography for evaluation of breast lesions (or any other indication)	N	N	N	4/9/2021

CPT (No specific code) Note: CPT 91200 is allowable for liver elastography				
<p><b>Electric tumor fields (aka tumor treatment fields [TTF]) for newly diagnosed or recurrent multiforme glioblastoma (GBM)</b> (i.e., <a href="#">Optune®</a> [Novocure] [formerly NovoTTF-100A System])</p> <p>Note: Optune is intended for adults ≥ 22 years of age with glioblastoma multiforme (GBM)</p> <ul style="list-style-type: none"> <li>▪ Newly diagnosed — following maximal debulking surgery and completion of radiation therapy together with concomitant standard of care chemotherapy (i.e., temozolomide [TMZ])</li> <li>▪ Recurrence — approved for use as monotherapy, and is intended as an alternative to standard medical therapy after surgical and radiation options have been exhausted</li> </ul> <p><b>HCPCS (A4555, E0766)</b></p>	Y	Y	Y	3/12/2021
<p><b>Electrical continence aids, rectal inserts and related accessories</b> <b>HCPCS (A4335, A4337)</b></p>	N	N	Y	4/9/2021
<p><b>Electrical modulation pain reprocessing — transcutaneous</b> (E.g., Scrambler Therapy/Calmare Therapy Device) <b>CPT (0278T)</b></p>	N	N	N	4/9/2021
<p><b>Electrical nerve stimulation — neuromuscular conditions</b> 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. <b>CPT (64999)</b> <b>HCPCS (A4595, A4630, E0720, E0730, E0731, E0745)</b></p>	Y	Y	N	4/9/2021
<p><b>Electrical stimulation — auricular of acupuncture points (aka auricular electrostimulation)</b> <b>CPT (S8930)</b></p>	N	N	N	4/9/2021
<p><b>Electrical stimulation — external upper limb, peripheral nerves of the wrist for essential tremor</b> (Cala Trio™) <b>HCPCS (K1018, K1019 eff. 04/01/2021)</b></p>	N	N	N	3/9/2021
<p><b>Electrical stimulation — hypoglossal nerve for obstructive sleep apnea</b> (E.g., Inspire® Upper Airway Stimulation (UAS) (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a>) <b>CPT (0466T, 0467T, 0468T, 64568, 64999)</b></p>	Y	Y	Y	2/12/2021
<p><b>Electrical stimulation — phrenic nerve for central sleep apnea</b> (E.g., Respicardia remedē® System) (See also <a href="#">Proposed Medicare LCD: Transvenous Phrenic Nerve Stimulation in the Treatment of Central Sleep Apnea</a>) <b>CPT (0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 64575, 64590)</b> <b>HCPCS (L8680, L8682, L8683)</b></p>	N	N	N	4/9/2021
<p><b>Electrical stimulation — pudendal nerve terminal motor latency (PNTML) for fecal incontinence</b> (See also <a href="#">Fecal Incontinence Treatment</a>) <b>CPT (No specific code)</b></p>	N	N	N	5/7/2021

<p>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]) (See also <a href="#">Posterior Tibial Nerve Stimulation for Voiding Dysfunction</a>) CPT (64566, 97014, 97032) Note: CPT codes 0587T, 0588T, 0589T and 0590T are considered Investigational HCPCS (L8680)</p>	Y	Y	Y	1/8/2021
<p>Electrical stimulation — tibial nerve for fecal incontinence (See also <a href="#">Fecal Incontinence Treatment</a>) CPT (64566)</p>	N	N	N	5/7/2021
<p>Electrical stimulation/diathermy (pulsed) — knee osteoarthritis (E.g., BioniCare®BIO-1000, OrthoCor Active Knee System) (See also <a href="#">Medicare LCD: Transcutaneous Electrical Joint Stimulation Devices</a>) HCPCS (E0762)</p>	N	N	N	4/9/2021
<p>Electrical stimulation — perianal for fecal incontinence (See also <a href="#">Fecal Incontinence Treatment</a>) CPT (No specific code)</p>	N	N	N	5/7/2021
<p>Electrical stimulation — percutaneous electrical nerve field stimulation (PNFS) for functional pain in children and adolescents with irritable bowel syndrome (IBS) (E.g., IB-STIM®) CPT (64999)</p>	N	N	N	9/11/2020
<p>Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for acute postoperative pain and chronic pain other than low back pain 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="#">LCD for Transcutaneous Electrical Nerve Stimulators (TENS) or NCD for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP)</a> CPT (No specific code) HCPCS (A4557, A4595, E0730, E0731, E0720)</p>	SEE NOTE	SEE NOTE	SEE NOTE	4/9/2021
<p>Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for nausea HCPCS (A4558, E0765)</p>	N	Y	Y	4/9/2021
<p>Electrical stimulation — transcutaneous electrical nerve stimulation [TENS] for migraine prophylaxis (E.g., Cefaly® TENS) HCPCS (No specific code)</p>	N	N	N	4/9/2021
<p>Electrical stimulation — transcutaneous electrical nerve stimulation [TENS] of the trigeminal nerve for pediatric attention deficit hyperactivity disorder (ADHD) (Monarch External Trigeminal Nerve Stimulation [eTNS] System) HCPCS (K1016, K1017 eff. 04/01/2021)</p>	N	N	N	3/9/2021
<p>Electrical stimulation — wounds (See also Local <a href="#">NGS LCD: Outpatient Physical and Occupational Therapy Services</a>) HCPCS (E0769, G0281)</p>	Y	Y	Y	4/9/2021

<p>Electroencephalogram (EEG)</p> <p>See also:</p> <ul style="list-style-type: none"> <li>▪ EEG — <a href="#">Ambulatory Monitoring Electroencephalogram</a></li> <li>▪ EEG — <a href="#">Noninvasive Electroencephalogram (Commercial/Medicaid)</a></li> </ul> <p>CPT (95812, 95813, 95816, 95819, 95822, 95824)</p>	Y	Y	Y	5/7/2021
<p>Electrogastrography as a diagnostic tool for gastroparesis or functional dyspepsia</p> <p>CPT (91132, 91133)</p> <p>Note: Covered for Medicare eff. 10/12/19</p>	N	Y	N	4/9/2021
<p>Electromagnetic therapy for wounds</p> <p>(See also Local <a href="#">NGS LCD: Outpatient Physical and Occupational Therapy Services</a>)</p> <p>HCPCS (G0295, G0329, E0761)</p> <p>Note: (E0761 is not reimbursable by Medicare)</p>	N	Y	N	4/9/2021
<p>Electroretinography (ERG) with interpretation and report, pattern (PERG)</p> <p>(See also <a href="#">Visual Electrophysiology Testing</a>)</p> <p>CPT (0509T)</p>	Y	Y	Y	7/8/2020
<p>Electronic nicotine delivery systems for smoking cessation (ENDS)</p> <p>CPT (No specific code)</p>	N	N	N	5/8/2020
<p>Embolization of ovarian and Internal Iliac veins for pelvic congestion syndrome (PCS)</p> <p>CPT (36012, 37241, 75894, 75898)</p>	N	N	N	1/8/2021
<p>Endobronchial valves</p> <p>Note:</p> <ul style="list-style-type: none"> <li>• The Zephyr® Endobronchial Valve is considered medically necessary for adults with severe heterogenous lung emphysema without collateral ventilation</li> <li>• 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</li> </ul> <p>CPT (No specific code)</p>	SEE NOTE	SEE NOTE	SEE NOTE	8/14/2020
<p>Endomechanical ablative approach for varicose vein treatment/endovenous mechanochemical ablation (MOCA)</p> <p>(E.g., ClariVein™ Catheter)</p> <p>(See also <a href="#">Varicose Vein Treatment</a>)</p> <p>CPT (36473, 36474)</p>	N	Y	N	3/12/2021
<p>Endoscope, retrograde imaging/illumination colonoscope device (implantable)</p> <p>(E.g., Third Eye® Panoramic™ Device for Colonoscopy)</p> <p>CPT (44799)</p>	N	N	N	5/7/2021

<p><b>Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (e.g., brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral</b> (E.g., Endo PAT 2000) CPT (93998)</p>	N	N	N	5/7/2021
<p><b>Endovascular Iliac atherectomy for peripheral arterial disease</b> (E.g., Zenith® Branch Endovascular Graft-Iliac Bifurcation with the H &amp; L-B One-Shot™) CPT (34717, 34718)</p>	N	Y	N	5/7/2021
<p><b>Endovascular stent grafts — abdominal aortic aneurysms (AAA) (E.g., Aorfix™, AneuRx®, Zenith®, Excluder®, AFX and Powerlink®, Talent™, OVATION Abdominal Stent Graft System, Endurant®)</b> Note: Coverage is applicable only FDA-approved grafts utilized per labeled indications. The plan considers the following investigational:  <ul style="list-style-type: none"> <li>▪ Fenestrated and branched endografts*</li> <li>▪ Implanted pressure sensors for the detection of endoleaks</li> </ul> CPT (34701, 34702, 34703, 34705, 34706, 34709, 34812, 34820)  *Non-covered CPT codes pertaining to fenestrated grafts: 34839, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848</p>	Y	Y	Y	4/9/2021
<p><b>Endovascular stent grafts — thoracic aortic aneurysms (TAA) (limited to descending type only)</b> (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, 34710, 34711, 75956, 75957, 75958, 75959)</p>	Y	Y	Y	4/9/2021
<p><b>Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion(See <a href="#">Noncoronary Vascular Stents</a>)</b> CPT (0505T covered eff. 08/07/2021)</p>	N	N	N	5/7/2021
<p><b>Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed</b> (See <a href="#">Noncoronary Vascular Stents</a>) CPT (0620T eff. 01/01/2021)</p>	N	N	N	1/4/2021
<p><b>Enfant® Pediatric VEP Vision Testing System for infants &gt; 6 months of age and pre-school children</b> (See also <a href="#">Visual Evoked Potential Testing for Pediatric Populations in the Primary Care Setting</a>) CPT (95930)</p>	Y	Y	Y	3/12/2021

Engauge-Cancer-DLBCL gene expression assay for risk stratification / treatment of for B-cell lymphoma (measuring expression of LMO2 and CD137) CPT ([0017M eff. 01/01/2021], 81479, 81599, 84999)	N	N	N	5/7/2021
Epiretinal radiation for wet age-related macular degeneration (placement of intraocular radiation source applicator) CPT (67299)	N	N	N	5/7/2021
Erectile dysfunction and penile prostheses CPT (54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417) Note: HCPCS (Medicare benefit discontinuance of L7900 and L7902 for the vacuum pump and ring eff. 07/1/2015)	Y	SEE NOTE	Y	5/7/2021
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) Note: CPT 95012 is covered for Medicare eff. 10/12/19	N	Y	N	1/8/2021
Extracorporeal immunoabsorption using Protein A columns (Prosorba®) for ITP/rheumatoid arthritis CPT (No specific code)	Y	Y	Y	5/8/2020
Extracorporeal shockwave therapy — chronic epicondylitis, chronic plantar fasciitis, integumentary wound healing, musculoskeletal indications (including erectile dysfunction, e.g., Gainswave®) CPT (0101T, 0102T, 0512T, 0513T, 20999, 28890, 55899)	N	N	N	4/9/2021
Extra-osseous subtalar joint for talotarsal stabilization CPT (0335T) HCPCS (S2117)	N	N	N	5/7/2021
Eye-movement analysis without spatial calibration, with interpretation and report (EyeBOX®) CPT (0615T eff. 07/01/2020)	N	N	N	5/7/2021
Facet joint arthroplasty (replacement) CPT (0202T)	N	N	N	5/7/2021
<a href="#"><u>FENIX™ Contenance Restoration System</u></a> Note: The Fenix is an investigational mechanical compression device that is FDA-approved 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 (No specific code)	SEE NOTE	SEE NOTE	SEE NOTE	5/7/2021
Fluorescein angiography — anterior segment imaging with interpretation and report (only when performed by ophthalmologist) CPT (92287)	Y	Y	Y	5/7/2021
Fractional ablative laser fenestration of burn and traumatic scars for functional improvement of infants and children CPT (0479T, 0480T)	N	N	N	10/9/2020



<p>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 (See policy) HCPCS (See policy)</p>	Y	Y	Y	1/8/2021
<p>Gene expression profiling — AFF2 (AF4/FMR2 family, member 2 [FMR2]) (e.g., fragile X mental retardation 2 [FRAXE]) CPT (81171, 81172)</p>	Y	Y	Y	10/9/2020
<p>Gene expression profiling — ASXL1 for myelodysplastic syndrome, myeloproliferative neoplasms and chronic myelomonocytic leukemia (See also <a href="#">Gene Expression Profiling</a> and <a href="#">Medicare Molecular Pathology LCD</a>) Note: Commercial and Medicaid eff. 10/8/2020 CPT (81175, 81176)</p>	Y	Y	Y	7/8/2020
<p>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)</p>	N	N	N	10/9/2020
<p>Gene expression profiling — breast cancer Note: See <a href="#">Gene Expression Profiling and Biomarker Testing for Breast Cancer</a> for coverage specifics) CPT (81518, 81519, 81520, 81521) HCPCS (S3854 for Commercial)</p>	SEE NOTE	SEE NOTE	SEE NOTE	2/12/2021
<p>Gene expression profiling — bronchial lesions, to identify members with clinical low- or intermediate-risk of malignancy after a non-diagnostic bronchoscopy (E.g., Percepta Bronchial Genomic Classifier [Veracyte, Inc.]) (See also <a href="#">Gene Expression Profiling</a> or <a href="#">MolDX Percepta® Bronchial Genomic Classifier LCD</a> for Medicare members) CPT (81479)</p>	N	Y	N	5/8/2020
<p>Gene expression profiling — clonoSEQ assay (See also <a href="#">Medicare LCD: Clonoseq® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies</a>) CPT (81479)</p>	N	Y	N	1/8/2021
<p>Gene expression profiling — colon cancer (including Septin9 [Sept9] DNA analysis for early detection of colorectal cancer) (E.g., ColoVantage [Quest], Epi proColon [Epigenomics], GeneFx® Colon [Precision Therapeutics], ColoNext™ [Ambry], OncoType® DX [Genomic]) Note: Medicare members are covered for Oncotype only (See also <a href="#">Medicare Local Coverage Article: Oncotype DX Colon Cancer Assay</a> and <a href="#">Gene Expression Profiling</a>) CPT (81525, 81327)</p>	N	SEE NOTE	N	1/8/2021
<p>Gene expression profiling — coronary artery disease (E.g., Corus® CAD test [CARDIODX]) (See also <a href="#">Gene Expression Profiling</a>) Note: The noncoverage effective date for EmblemHealth's Medicare members is December 12, 2018</p>	N	N	N	8/14/2020

CPT (84999, 81493)				
Gene expression profiling — CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene CPT ([0231U eff. 01/01/2021], 81184, 81185, 81186)	Y	Y	Y	10/9/2020
Gene expression profiling — CNBP (CCHC-type zinc finger nucleic acid binding protein) (e.g., myotonic dystrophy type 2) gene CPT (81187)	Y	Y	Y	10/9/2020
Gene expression profiling — CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) CPT ([0232U eff. 01/01/2021], 81188, 81189, 81190)	Y	Y	Y	10/9/2020
Gene expression profiling — Envisia Genomic Classifier for idiopathic pulmonary fibrosis (IPF) (See <a href="#">MoIDX LCD: ENVISIA, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test</a> ) CPT (81479, [81554 eff. 01/01/2021])	N	Y	N	4/9/2021
Gene expression profiling — F9 (coagulation factor IX) (e.g., hemophilia B), full gene sequence (See also <a href="#">Gene Expression Profiling</a> ) Note: <a href="#">Medicare Molecular Pathology LCD</a> Group 3 noncovered code CPT (81238)	N	SEE NOTE	N	10/9/2020
Gene expression profiling — G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice), gene analysis common variant(s)/known familial variant(s)/full gene sequence (See also <a href="#">Gene Expression Profiling</a> ) CPT (81247, 81248, 81249)	Y	Y	Y	10/9/2020
Gene expression profiling — heart transplant rejection (E.g., AlloMap® [CareDx]) (MCG # ACG: A-0623 [AC]) CPT (81595, 86849 unlisted immunology)	Y	Y	Y	3/12/2021
Gene expression profiling — melanoma (E.g., DecisionDx [Castle Biosciences], myPath® [Myriad]) Note: DecisionDx-UM for uveal melanoma is covered for Medicare members per <a href="#">LCD: Decision Dx-UM</a> MCG #s: <ul style="list-style-type: none"> <li>▪ ACG: A-0601 (AC)</li> <li>▪ ACG: A-0670 (AC)</li> <li>▪ ACG: A-0836 (AC)</li> <li>▪ ACG: A-0837 (AC)</li> </ul> CPT (0090U [myPath], 81479, 81504, [81529 eff. 01/01/2021], 81552, 81599, 84999, 88299)	N	SEE NOTE	N	4/10/2020
Gene expression profiling — microbial pathogens (E.g., DecodEx Microbial Genetic Identification [PathoGenius]) (See also <a href="#">Gene Expression Profiling</a> ) CPT (87801)	N	N	N	8/14/2020
Gene expression profiling — myeloma (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	12/12/2020

Gene expression profiling — narcolepsy (i.e. HLA-DQB1*06:02 typing) (See also <a href="#">Medicare LCD: MolDX: HLA-DQB1*06:02 Testing for Narcolepsy</a> and <a href="#">Molecular Policy Procedures LCD</a> ) CPT (81383)	N	N	N	7/8/2020
Gene expression profiling — AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis CPT ([0230U eff. 01/01/2021], 81173, 81174, 81204)	N	N	N	10/9/2020
Gene expression profiling — DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis CPT (81234, 81239)	Y	N	Y	10/9/2020
Gene expression profiling — EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis CPT (81236, 81237)	Y	Y	Y	10/9/2020
Gene expression profiling — FXN (frataxin) (e.g., Friedreich ataxia) gene analysis CPT ([0233U eff. 01/01/2021], 81284, 81285, 81286, 81289)	Y	N	Y	10/9/2020
Gene expression profiling — HTT (huntingtin) (e.g., Huntington disease) gene analysis CPT (81271, 81274)	Y	N	Y	10/9/2020
Gene expression profiling — MYD88 (myeloid differentiation primary response 88) (e.g., Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant CPT (81305)	Y	Y	Y	10/9/2020
Gene expression profiling — acute myeloid leukemia (AML), therapeutic management (E.g., NPM1 nucleophosmin), CEBPA [CCAAT/enhancer binding protein [C/EBP], alpha [a], full gene sequence analysis FLT3 gene analysis) (See Also NGS <a href="#">Medicare LCD: Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases</a> and <a href="#">Molecular Pathology LCD</a> ) CPT (81310 [NPM1, Commercial and Medicaid coverage eff. 9/12/2020], 81218 [CEBPA], 81245, 81246 [FLT3], 81450)	Y	Y	Y	5/7/2021
Gene expression profiling — NUDT15 (nudix hydrolase 15) (e.g., drug metabolism) gene analysis CPT (81306)	Y	Y	Y	10/9/2020
Gene expression profiling — PABPN1 (poly[A] binding protein nuclear 1) (e.g., oculopharyngeal muscular dystrophy) gene analysis CPT (81312)	Y	Y	Y	10/9/2020
Gene expression profiling — BTK (Bruton's tyrosine kinase), PLCG2 (phospholipase C gamma 2) (e.g., chronic lymphocytic leukemia) gene analysis CPT (81320)	Y	Y	Y	10/9/2020

Gene expression profiling — PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (e.g., spinocerebellar ataxia) gene analysis CPT (81343)	Y	Y	Y	10/9/2020
Gene expression profiling — RUNX1 (runt related transcription factor 1) (e.g., acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) to guide therapeutic decision-making (See also <a href="#">Gene Expression Profiling</a> and <a href="#">Molecular Pathology LCD</a> ) CPT (81334 [coverage added for Commercial and Medicaid members eff. 11/14/2020])	Y	Y	Y	8/14/2020
Gene expression profiling — SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; dosage/deletion analysis (e.g., carrier testing)/ SMN2 (survival of motor neuron 2, centromeric) analysis (See also <a href="#">Carrier Screening for Parents or Prospective Parents</a> ) CPT ([0236U eff. 01/01/2021], 81329, 81336, 81337)	Y	N	Y	10/9/2020
Gene expression profiling — TBP (TATA box binding protein) (e.g., spinocerebellar ataxia) gene analysis CPT (81344)	Y	Y	Y	10/9/2020
Gene expression profiling — T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing (TRB@ [T cell antigen receptor beta/TRG@ T cell antigen receptor GAMMA]) Note: TCR gene rearrangement testing may be indicated for 1 or more of the following: <ul style="list-style-type: none"> <li>▪ Diagnosis of mycosis fungoides or Sezary syndrome</li> <li>▪ Diagnosis of T-cell lymphoma, as indicated by all: <ul style="list-style-type: none"> <li>○ Neoplastic T-cell lymphoproliferative disorder suspected</li> <li>○ Nondiagnostic or equivocal clinical, pathologic, and immunophenotyping findings</li> </ul> </li> </ul> CPT (81340, 81341, 81342)	SEE NOTE	SEE NOTE	SEE NOTE	1/8/2021
Gene expression profiling — TERT (telomerase reverse transcriptase) (e.g., thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis CPT (81345)	Y	Y	Y	10/9/2020
Gene expression profiling — TGFBI (transforming growth factor beta-induced) (e.g., corneal dystrophy) gene analysis CPT (81333)	Y	Y	Y	10/9/2020
Gene expression profiling — thyroid nodules of indeterminate cytology (E.g., Afirma® Thyroid FNA Analysis [Veracyte], ThyGeNEXT® [Interpace Diagnostics™, LLC formerly ThyGenX test; formerly known as the miRInform® from Asuragen], ThyraMIR Thyroid miRNA classifier [Interpace], Thyroid FNA Cytomorphology with Molecular Reflex [Quest offering discontinued], ThyroSeq next generation sequencing [University of Pittsburgh]) (See also <a href="#">Gene Expression Profiling</a> ) CPT ([0245U [eff. 04/01/2021], <del>81545</del> del 01/01/2021, 81546 eff. 01/01/2021)	Y	Y	Y	4/9/2021
Gene/biomarker expression profiling for prostate cancer (E.g., 4Kscore® Test [OPKO]; IsoPSA™ [Cleveland Clinic]; ConfirmMDx [MDxHealth]; Decipher [GenomeDX Biosciences Corp]; OncoType® DX [Genomic]; Prolaris® [Myriad]; ProMark® [Metamark Genetics]) Note: See <a href="#">Gene Expression Profiling</a> CPT (81479, [81539 4Kscore®], [81541 Prolaris], [81542 Decipher], [81551 ConfirmMDX], 81599)	SEE NOTE	SEE NOTE	SEE NOTE	4/10/2020

<p><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></p> <p>Note: Therapies are noncovered for all indications with exceptions below when clinical criteria are met:</p> <ul style="list-style-type: none"> <li>▪ Kymriah — covered for all lines of business per the <a href="#">KYMRIAH™ (tisagenlecleucel)</a></li> <li>▪ Yescarta — covered for all lines of business per <a href="#">Yescarta (axicabtagene ciloleucel)</a></li> </ul> <p><b>CPT (0540T, Q2041)</b></p>	SEE NOTE	SEE NOTE	SEE NOTE	<p>1/1/2020 (Kymriah)</p> <p>12/30/2020 (Yescarta)</p>
<p><b>Gene therapy — Luxturna™ (voretigene neparvovec-rzyl) for biallelic mutation-associated retinal dystrophy</b></p> <p>(See also <a href="#">Luxturna™ (Voretigene neparvovec)</a>)</p> <p><b>HCPCS (J3490, J3590)</b></p>	Y	Y	Y	12/30/2020
<p><b>Genetic testing — acute promyelocytic leukemia</b></p> <p>Promyelocytic leukemia/retinoic acid receptor alpha (PML-RARA) fusion gene testing</p> <ul style="list-style-type: none"> <li>▪ Diagnosis</li> <li>▪ Documentation of molecular remission post consolidation therapy/documentation of molecular remission post therapy for relapse</li> </ul> <p><b>CPT (81315, 81316)</b></p>	Y	Y	Y	8/14/2020
<p><b>Genetic testing — age-related macular degeneration (AMD), risk-determination</b></p> <p>(E.g., Macular Degeneration Mutation Analysis [Quest], Macula Risk PGx [Arctic]; RetnaGene AMD [Sequenom], ARUP lab test offerings)</p> <p>(See also <a href="#">Gene Expression Profiling, MCG #ACG: A-0913 (AC)</a>)</p> <p><b>CPT (81401, 81405, 81408)</b></p>	N	N	N	2/12/2021
<p><b>Genetic testing — Alzheimer’s disease</b></p> <p>(E.g., apolipoprotein E [APO E-4], amyloid AB precursor gene, presenilin genes 1 and 2, ADmark® Alzheimer’s Evaluation [Athena])</p> <p>Note: See MCG for covered and noncovered testing (ACG: A-0590 [AC] for early onset disease; ACG: A-0809 [AC] for late onset disease)</p> <p><b>CPT (81401, 81405, 81406, 83520, 84999)</b></p> <p><b>HCPCS (S3852)</b></p>	SEE NOTE	SEE NOTE	SEE NOTE	9/11/2020
<p><b>Genetic testing — amyotrophic lateral sclerosis (ALS) SOD1 mutation</b></p> <p>(See also MCG # ACG: A-0591 [AC])</p> <p><b>CPT (81404)</b></p> <p><b>HCPCS (S3800)</b></p>	N	N	N	3/12/2021
<p><b>Genetic testing — analysis of PIK3CA status in tumor cells</b></p> <p>Note: See <a href="#">Genetic Analysis of PIK3CA Status in Tumor Cells</a></p> <p><b>CPT (81404, 81479)</b></p>	SEE NOTE	SEE NOTE	SEE NOTE	2/12/2021
<p><b>Genetic testing — Bloom Syndrome, to confirm diagnosis and guide medical decision-making</b></p> <p><b>CPT (81209, 81412, 88245, 96040)</b></p> <p><b>HCPCS (S0265)</b></p>	Y	Y	Y	7/8/2020
<p><b>Genetic testing — breast cancer</b></p> <p>(See also <a href="#">BRCA-1 &amp; BRCA- 2 Genetic Testing [Sequence analysis/rearrangement testing]</a>, <a href="#">Gene Expression Profiling, MYvantage® Hereditary Comprehensive Cancer Panel</a>, Breast Cancer [Hereditary])</p>	Y	Y	Y	2/12/2021

<p>Note: Tests such as the Breast/Gyn Cancer Panel (GeneDx), BRCAPlus, BREVAGen and BreastNext/CancerNext™ tests (Ambry Genetics), which screen large numbers of genes, are not considered medically necessary. (See <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81162, 81163, 81164, 81165, 81166, 81167, 81211, 81215, 81216, 81217, 81321)</p>				
<p><b>Genetic testing — cadherin-1 (CDH1) for hereditary diffuse gastric cancer (HDGC)</b></p> <p>Note: Medically necessary when any of the following criteria is met:</p> <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> <p>CPT (81406, 81435, 81479)</p>	Y	Y	Y	2/12/2021
<p><b>Genetic testing — CALR (calreticulin) (e.g., myeloproliferative disorders), gene analysis, common variants in exon 9</b></p> <p>(See also, <a href="#">Gene Expression Profiling</a>, <a href="#">Genetic Counseling and Testing</a> and <a href="#">Medicare Molecular Pathology Procedures LCD</a>)</p> <p>CPT (81219)</p>	Y	Y	Y	2/12/2021
<p><b>Genetic testing — cancer of unknown primary (CUP) (aka tissue origin testing)</b></p> <p>(E.g., Tissue of Origin Test [TOO®] [Cancer Genetics Incorporated]; previously, ResponseDX [formerly Pathwork®] Tissue Origin Test [Response Genetics], Rosetta Cancer Origin Test™ [formerly miReview® mets] [Rosetta Genomics])</p> <p>Note:</p> <ul style="list-style-type: none"> <li>▪ CancerTYPE 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 MCG # ACG: A-0673 [AC] and <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81479, 81540)</p>	N	SEE NOTE	N	5/8/2020
<p><b>Genetic testing — cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) Syndrome (MCG #ACG: A-0668 [AC])</b></p> <p>CPT (81406, 81599)</p> <p>HCPCS (G0452 [Medicare])</p>	Y	Y	Y	1/8/2021
<p><b>Genetic testing — colon cancer; fecal DNA (Cologuard)</b></p> <p>(See also <a href="#">Medicare NCD for Colorectal Cancer Screening Tests</a>)</p> <p>Note:</p> <ul style="list-style-type: none"> <li>▪ Medicaid members are covered for Cologuard or alternate fecal DNA tests (e.g., ColoSure™ [LabCorp], PreGen-Plus™ [Exact Sciences]) For ColoSure™ use CPT code 81479 For PreGen-Plus™ use CPT code 81599</li> <li>▪ QIAamp DNA Stool Mini Kit is not covered for all members</li> </ul> <p>CPT (81528)</p>	Y	Y	Y	2/12/2021
<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)</p>	Y	Y	Y	4/9/2021

<p>(See <a href="#">Genetic Testing for Colorectal Cancer/Lynch Syndrome, MYvantage® Hereditary Comprehensive Cancer Panel</a>)</p> <p>CPT (See policy)</p>				
<p><b>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) and neoplasms</b></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® (<a href="#">Quest Diagnostics</a> 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: The FirstStepDx PLUS genetic testing service for autism (Lineagen) CPT 81229, 81479 and 81243 is not covered</p> <p>See MCG #s for covered and noncovered testing:</p> <ul style="list-style-type: none"> <li>▪ ACG: A-0588 (AC)</li> <li>▪ ACG: A-0810 (AC)</li> <li>▪ ACG: A-0811 (AC)</li> <li>▪ ACG: A-0812 (AC)</li> <li>▪ ACG: A-0823 (AC)</li> <li>▪ ACG: A-0917 (AC)</li> <li>▪ ACG: A-0924 (AC)</li> </ul> <p>CPT (81228, 81229, 81405, 88230, 88262, S3870)</p> <p>HCPCS (See policy)</p>	SEE NOTE	SEE NOTE	SEE NOTE	9/11/2020
<p><b>Genetic testing — craniosynostosis next generation sequencing (NGS) panel</b></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	1/8/2021
<p><b>Genetic testing — cystic fibrosis (general population screening in the absence of signs/symptoms)</b></p> <p>(MCG # ACG: A-0597 [AC])</p> <p>CPT (81220, 81221, 81222, 81223, 81224)</p>	N	N	N	8/14/2020
<p><b>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)</b></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	9/11/2020
<p><b>Genetic testing — cystic fibrosis (diagnostic use for suspected cystic fibrosis)</b></p> <p>(MCG # ACG: A-0597 [AC])</p> <p>CPT (81220, 81221, 81222, 81223, 81224)</p>	Y	Y	Y	10/9/2020
<p><b>Genetic testing — dementia</b></p> <p>(See also <a href="#">Genetic Testing for Frontotemporal Dementia (FTD)</a>)</p> <p>CPT (81406, 81479)</p>	N	N	N	10/9/2020
<p><b>Genetic testing — epilepsy, next generation sequencing (confirmatory diagnosis to identify familial mutations to allow carrier testing and prenatal diagnosis)</b></p>	N	N	N	1/8/2021

<p>(See also <a href="#">Genetic Counseling and Testing</a> and <a href="#">Gene Expression Profiling</a>)</p> <p>(E.g., NGS Epilepsy/Seizure Panel [Greenwood Genetic Center])</p> <p>CPT (81419 [eff. 01/01/2021], 81479)</p>				
<p>Genetic testing — Factor V Leiden mutation analysis</p> <p>(MCG #ACG: A-0600 ([AC]))</p> <p>CPT (81241)</p>	Y	Y	Y	1/8/2021
<p>Genetic testing — familial hypertrophic cardiomyopathy</p> <p>MCG #s:</p> <ul style="list-style-type: none"> <li>▪ ACG: A-0627 (AC)</li> <li>▪ ACG: A-0633 (AC)</li> <li>▪ ACG: A-0648 (AC)</li> </ul> <p>CPT (81403, 81405, 81406, 81407, 81479)</p> <p>HCPCS (S3865, S3866)</p> <p>Note: CPT codes 81408 and 81439 are not covered (see also <a href="#">Molecular Pathology Procedures LCD</a>)</p>	Y	Y	Y	9/11/2020
<p>Genetic testing — Guanylyl cyclase c (GCC or GUCY2C) lymph node analysis for colorectal cancer staging</p> <p>(E.g., Previstage™ GCC)</p> <p>CPT (No specified code)</p>	N	N	N	9/11/2020
<p>Genetic testing — hereditary pancreatitis</p> <p>Note: See MCG for covered and noncovered testing (#ACG: A-0646 [AC] for CFTR, CPA1, CTFR, PRSS1, and SPINK1 genes; #ACG: A-0797 [AC] for next generation sequencing panel)</p> <p>CPT (81220, 81221, 81222, 81223, 81224, 81401, 81404, 81479)</p>	SEE NOTE	SEE NOTE	SEE NOTE	9/11/2020
<p>Genetic testing — hereditary retinal disorders</p> <p>(E.g., sequence analysis ≥ 15 genes including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, AND USH2A)</p> <p>(See also <a href="#">MCG #ACG:A-0912 [AC]</a>)</p> <p>CPT (81434)</p>	N	N	N	3/12/2021
<p>Genetic testing — Li-Fraumeni syndrome</p> <p>(MCG #ACG: A-0584 [AC])</p> <p>CPT (81404, 81405, 81479)</p>	Y	Y	Y	8/14/2020
<p>Genetic testing — Janus Kinase 2 (JAK2) V617F Gene Mutation Assay</p> <p>(MCG #ACG: A-0669 [AC])</p> <p>CPT (81270, 81279 [eff. 01/01/2021], 81403)</p>	Y	Y	Y	4/9/2021
<p>Genetic testing — infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (i.e., genotyping)</p> <p>CPT (0500T)</p>	Y	N	N	10/9/2020
<p>Genetic testing — malignant melanoma (CDKN2A), hereditary risk</p> <p>(E.g., Melaris® [Myriad Genetics])</p> <p>(See also MCG #s ACG: A-0601 AC, ACG: A-0836 and <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81404)</p>	N	N	N	10/9/2020



<p>Genetic testing — methylenetetrahydrofolate reductase (MTHFR) genotyping as part of the clinical evaluation for thrombophilia, recurrent pregnancy loss, coronary artery disease, or any other indication</p> <p>(See also MCG # ACG: A-0629 [AC], <a href="#">Genetic Counseling and Testing and Recurrent Pregnancy Loss</a>)</p> <p>CPT (81291)</p>	N	N	N	10/9/2020
<p>Genetic testing — next generation sequencing of multiple genes for hereditary cancers</p> <p>(E.g., MYvantage® Hereditary Comprehensive Cancer Panel [Quest]; Paradigm Cancer Diagnostics [PCDx] Test; Ambry Genetics Hereditary Cancer Panel tests such as CancerNext™, myRisk™; OmniSeq Comprehensive; Oncofocus; Molecular Intelligence™ Service or Target Now™ Molecular Profiling Service; GeneKey; GeneTrails® Solid Tumor Panel; OnkoMatch™; OncoInsights™, Oncotype MAP™ PanCancer Tissue Test, etc.)</p> <p>Note: See also <a href="#">Gene Expression Profiling and MYvantage® Hereditary Comprehensive Cancer Panel</a></p> <p>CPT ([0244U eff. 04/01/2021], 81201*, 81202, 81203, 81215, 81216, 81217, 81292*, 81294*, 81295*, 81297*, 81298*, 81300*, 81317*, 81319*, 81402, 81404, 81406, 81432, 81433, 81435, 81436, 81455, 84999)</p> <p>*Denotes CancerNext™ coding</p>	SEE NOTE	SEE NOTE	SEE NOTE	2/12/2021
<p>Genetic testing — next generation sequencing, tumor-based profiling, MSK-IMPACT (Integrated Mutation Profiling of Actionable Cancer Targets) (Memorial Sloan-Kettering Cancer Center)</p> <p>(See also <a href="#">Medicare NCD for Next Generation Sequencing</a>)</p> <p>CPT (0048U)</p>	N	Y	N	5/7/2021
<p>Genetic testing — Noonan spectrum disorders</p> <p>(Sequence analysis panel, ≥ 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1)</p> <p>(MCG # ACG: A-0915 [AC])</p> <p>CPT (81442)</p> <p>Note: Change from noncovered to covered eff. 7/15/19</p>	Y	Y	Y	3/12/2021
<p>Genetic testing — NOTCH1, SF3B1 and BIRC3 prognostic genetic testing in chronic lymphocytic leukemia (CLL)</p> <p>(See also <a href="#">Genetic Counseling and Testing</a>)</p> <p>CPT (81450, 81455, 81479)</p>	N	N	N	2/12/2021
<p>Genetic testing — NRAS mutation testing (neuroblastoma RAS viral, vras, oncogene homolog) to determine pharmacotherapy candidacy for the management of colorectal cancer</p> <p>(See also <a href="#">Genetic Counseling and Testing</a>; for Medicare members, see <a href="#">MoIDX NRAS Genetic Testing LCD</a>)</p> <p>CPT (81311)</p>	Y	Y	Y	2/12/2021
<p>Genetic testing — Panexia® (Myriad Genetics) for pancreatic cancer/other oncologic indications</p> <p>(See also <a href="#">Gene Expression Profiling</a>)</p> <p>CPT (81216, 81406)</p>	N	N	N	3/12/2021
<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	10/9/2020

<p>Genetic testing — peripheral neuropathies, inherited  CPT (81324, 81325, 81326, 81448)  (MCG # ACG: A-0691 [AC])  Note: Change from noncovered to covered eff. 7/15/19</p>	Y	Y	Y	3/12/2021
<p>Genetic testing — pregnancy planning (screening for Fragile X Syndrome)  (See also <a href="#">Carrier Screening for Parents or Prospective Parents</a>)  CPT (81243, 81244)</p>	Y	Y	Y	9/11/2020
<p>Genetic testing — pregnancy planning (screening for hereditary hemochromatosis)  MCG #ACG: A-0599 ([AC])  (See also <a href="#">Carrier Screening for Parents or Prospective Parents</a>, and <a href="#">Genetic Counseling and Testing</a>)  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.  CPT (81256)</p>	N	N	N	9/11/2020
<p>Genetic testing — pregnancy planning (non-standard universal-type screening)  (E.g., Counsyl Foresight™, GeneAware Complete Panel, Progenity® Pan-Ethnic Panel 3, Progenity Preparent™ Carrier Screening Global Panel, Sema4 Expanded Carrier Screen)  Note: Screening for rare diseases is not endorsed by ACOG as part of standard prenatal testing  (See also <a href="#">Carrier Screening for Parents or Prospective Parents</a>, <a href="#">Genetic Counseling and Testing</a>)  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, 81443)</p>	N	N	N	9/11/2020
<p>Genetic testing — pregnancy planning; non-invasive prenatal testing (NIPT) (aka cell-free DNA [cfDNA])  (E.g., Harmony™ [Ariosa Diagnostics]; MaterniT21™ [Sequenom], Panorama™ [Natera], <a href="#">QNatal Advanced™</a> [Quest preferred lab], Verifi® [Illumina])  Note:  See <a href="#">Noninvasive Prenatal Testing (NIPT) for Fetal Aneuploidy</a>  See MCG for the following indications #s:  <ul style="list-style-type: none"> <li>▪ ACG: A-0847 (AC) — Fetal Rhesus D (RhD) Genotyping</li> <li>▪ ACG: A-0848 (AC) — Microdeletion Syndromes</li> <li>▪ ACG: A-0849 (AC) — Monogenic Disorders</li> <li>▪ ACG: A-0850 (AC) — Sex Chromosome Disorders</li> </ul> NIPT is considered medically necessary for aneuploidy testing only (CPT 81420, 81507) and is not considered medically necessary for microdeletions (CPT 81422)  CPT (0168U, 81420, 81422, 81507, 81599, 84999)</p>	SEE NOTE	SEE NOTE	SEE NOTE	12/11/2020
<p>Genetic testing — prostate cancer antigen 3 gene (PCA 3) screening for prostate cancer  (E.g., PROGENSA® PCA3 test [Hologic®])  Note: Commercial coverage eff. 5/3/2021  (See also <a href="#">Gene Expression Profiling</a> CPT (81313))</p>	Y	Y	N	2/12/2021
<p>Genetic testing — <a href="#">PTEN hamartoma tumor syndrome (PHTS)</a>  (Cowden syndrome [CS], Bannayan-Riley-Ruvalcaba syndrome [BRRS] and Adult Lhermitte Duclos disease (ALDD))  CPT (See policy)</p>	Y	Y	Y	12/12/2020

<p>Genetic testing — Saethre-Chotzen Syndrome (TWIST) Sequencing and MLPA (<a href="#">Greenwood Genetic Center</a>) (See also <a href="#">Gene Expression Profiling</a> and <a href="#">Genetic Counseling and Testing</a>) CPT (81403, 81404)</p>	N	N	N	1/8/2021
<p>Genetic testing — SLCO1B1 genotyping for statin dosing or selection (See also MCG # ACG: A-0981 [AC] and <a href="#">Medicare Molecular Pathology LCD</a>) CPT (81328)</p>	N	N	N	7/8/2020
<p>Genetic testing — SHOX-related short stature (See also <a href="#">Gene Expression Profiling</a> and <a href="#">Genetic Counseling and Testing</a>) CPT (81479)</p>	Y	Y	Y	10/9/2020
<p>Genetic testing — statin-induced myopathy MCG #ACG: A-0981 (AC) CPT (81400)</p>	N	N	N	10/9/2020
<p>Genetic testing — whole exome sequencing, whole genome/ mitochondrial sequencing (E.g., GPS Cancer [NantHealth], bacterial typing by whole genome sequencing [Mayo Clinic], XomeDxPlus Whole Exome Sequencing [WES] + mtDNA Sequencing and Deletion Testing [GeneDx], Comprehensive Mitochondrial Mutation Detection [Baylor], Comprehensive Mitochondrial Genome Analysis [ApolloGen], Mitochondrial DNA Deletion Syndromes Test [Rush University Medical Center]) Note: See <a href="#">Gene Expression Profiling and MCG whole exome sequencing criteria sets</a>:</p> <ul style="list-style-type: none"> <li>▪ ACG: A-0710 (AC)</li> <li>▪ ACG: A-0865 (AC)</li> <li>▪ ACG: A-0866 (AC)</li> <li>▪ ACG: A-0867 (AC)</li> <li>▪ ACG: A-0868 (AC)</li> <li>▪ ACG: A-0869 (AC)</li> <li>▪ ACG: A-0870 (AC)</li> <li>▪ ACG: A-0871 (AC)</li> <li>▪ ACG: A-0872 (AC)</li> <li>▪ ACG: A-0926 (AC)</li> </ul> <p>CPT (Exome [81415, 81416, 81417], Genome [81425, 81426, 81427, 81460, 81465], Mitochondrial [81440])</p>	N	N	N	2/12/2021
<p>Genomic sequencing analysis/duplication deletion analysis — aortic dysfunction or dilation (E.g., Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome) MCG #s: ▪ ACG: A-0788 (AC) ▪ ACG: A-0909 (AC) ▪ ACG: A-0910 (AC) CPT (81405, 81408, 81410, 81411, 81479) Note: The effective date for positive coverage of 81410 and 81411 is 7/15/19</p>	Y	Y	Y	3/12/2021
<p>Genomic sequencing analysis (at least 60 genes)/duplication deletion analysis — hearing loss (E.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome) (See MCG #s ACG: A-0802 [AC], ACG: A-0823 [AC], ACG: A-0596 [AC] or <a href="#">NGS Medicare Molecular Pathology Procedures LCD</a>) CPT (81252, 81253, 81254, 81430, 81431) (Commercial and Medicaid coverage eff. 9/12/2020)</p>	Y	N	Y	5/7/2021
<p>Genomic sequencing analysis — x-linked intellectual disability (XLID)</p>	N	N	N	3/12/2021

(E.g., Intellectual Disability (IDNEXT) Panel, syndromic and non-syndromic XLID) (See also <a href="#">Gene Expression Profiling</a> ) CPT (81470, 81471)				
GlycoMark® assay (Nippon Kayaku, Co., Ltd) for glycemic control (Aka 1,5-anhydroglucitol [1,5-AG]) (See also <a href="#">Medicare LCD: GlycoMark Testing for Glycemic Control</a> ) CPT (84378, 84999)	N	N	N	5/7/2021
<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> CPT ( <del>0085T</del> del. 01/01/2021, 84999)	SEE NOTE	N	SEE NOTE	8/14/2020
HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants CPT (81258, 81259, 81269)	Y	Y	Y	11/11/2020
HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (e.g., HbS, HbC, HbE) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence (See also <a href="#">NGS Local Coverage Article: Billing and Coding: Molecular Pathology Procedures</a> for Medicare members) CPT (81361, 81362, 81363, 81364 [coverage eff. 02/08/2020])	Y	N	Y	11/11/2020
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	4/9/2021
High intensity focused ultrasound (HIFU) for recurrent prostate cancer CPT (55880 new eff. 01/01/2021)	Y	Y	Y	4/9/2021

High resolution esophageal pressure topography (motility study) stand-alone or combined with stimulation and/or acid or alkali perfusion CPT (91299)	N	N	N	8/14/2020
HIV genotyping (E.g., HIV-1 Genotype [Quest Diagnostics]; HIV-1 TrueGene™ [Visible Genetics]; ViroSeq™ [Abbott Laboratories]) CPT (87901, 87906)	Y	Y	Y	4/9/2021
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	4/9/2021
Holotranscobalamin (HoloTC) biomarker lab test for Vitamin B-12 deficiency CPT (No specific code)	N	N	N	7/8/2020
Home nocturnal penile tumescence testing (RigiScan® Monitor) CPT (54250)	Y	Y	Y	7/8/2020
Home prothrombin time/international normalized ratio (INR) monitoring for anticoagulation management CPT (93792, 93793) HCPCS (G0248, G0249, G0250)	Y	Y	Y	7/8/2020
<a href="#">Home uterine activity monitoring</a> CPT (99500, S9001)	Y	Y	Y	4/9/2021
Human growth hormone for idiopathic short stature (TEV-TROPIN®) HCPCS (J2940, J2941, S9558, Q0515)	Y	Y	N	7/8/2020
Human papilloma virus (HPV) DNA testing with cytology co-testing for cervical cancer CPT (87623, 87624, 87625)	Y	Y	Y	5/7/2021
Human platelet antigen (HPA) genotyping <ul style="list-style-type: none"> <li>▪ Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (e.g., 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]) (e.g., 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]) (e.g., 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]) (e.g., 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]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (e.g., HPA-5a/b (K505E)</li> <li>▪ Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)</li> </ul>	Y	Y	Y	1/8/2021

<ul style="list-style-type: none"> <li>Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (e.g., 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) (e.g., neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)</li> </ul> <p><b>CPT (81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112)</b></p>				
<p><b>Hyperthermia (whole-body) for cancer</b></p> <p>Note: in addition to whole body, the use of intraluminal, endocavitary, interstitial and regional deep tissue hyperthermia exceeding 4 cm in depth is investigational</p> <p>(See also <a href="#">Hyperthermia Treatment for Cancer</a>)</p> <p><b>CPT (77605, 77615, 77620)</b></p>	N	N	N	2/12/2021
<p><b>Hypothermia — selective head or total body in neonates ≤ 28 days for treatment of moderate or severe hypoxic ischemic encephalopathy (HIE)</b></p> <p><b>CPT (99184)</b></p>	Y	Y	Y	7/8/2020
<p><b>Hysteroscopic techniques for sterilization</b></p> <p>(E.g., Essure™ Coil Sterilization)</p> <p>Note: On December 31, 2018, Bayer stopped selling and distributing the Essure device in the United States. Health care providers can implant Essure up to one year from the date the device was purchased. Bayer will continue to implement the FDA's restriction on sale and distribution of Essure from April 2018, to ensure women are fully informed of the risks associated with the device. (<a href="#">FDA Activities: Essure</a>)</p> <p><b>CPT (58565)</b></p> <p><b>HCPCS (A4264)</b></p>	SEE NOTE	SEE NOTE	SEE NOTE	10/9/2020
<p><b>iBOT Mobility System® (standard feature)</b></p> <p>Note: Additional features for balance, stair-climbing and remote functions are not considered medically necessary.</p> <p><b>HCPCS (K0877)</b></p>	Y	Y	Y	4/9/2021
<p><b>IDH1 testing — IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (e.g., glioma), common variants (e.g., R132H, R132C)</b></p> <p><b>IDH2 testing — IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial (e.g., glioma), common variants (e.g., R140W, R172M)</b></p> <p>(See also <a href="#">Pharmacogenetic testing — FDA cleared or approved companion diagnostics for targeted pharmacotherapeutic management</a>)</p> <p>Note: Medically necessary for specific ICD-10 codes in <a href="#">Molecular Pathology LCD</a></p> <p><b>CPT (81120, 81121)</b></p>	SEE NOTE	SEE NOTE	SEE NOTE	11/11/2020
<p><b>Imaging — tactile breast by computer-aided tactile sensors</b></p> <p>(E.g., Breastview Visual Mapping System, iBreastExam)</p> <p><b>CPT (0422T)</b></p>	N	N	N	7/8/2020
<p><b>Impella RP System for circulatory assistance</b></p> <p>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.</p> <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>For removal or repositioning of the device, utilize CPT code (33992 or 33993)</p>	Y	Y	Y	4/9/2021
<p><b>Implantable infusion pumps for chronic intractable pain</b></p>	Y	Y	SEE NOTE	4/9/2021

<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>CPT (62350, 62351, 62355, 62360, 62360, 62361, 62362, 62365, 62367, 62368, 62369, 62370, 95990, 95991, 96523)</p> <p>HCPCS (E0782, E0783, E0785, E0786, A4220)</p>				
<p>Implantable Miniature Telescope™ for macular degeneration (See also <a href="#">Medicare LCD: Implantable Miniature Telescope [IMT]</a>) CPT (0308T)</p>	Y	Y	Y	4/9/2021
<p>Immune cell function assays (E.g., Lymphocyte Stimulation, ImmuKnow®, CYLEX®, CU Index®, [iSpot Lyme™ [see <a href="#">Lyme Disease Diagnosis and Treatment</a>]]) CPT (86352)</p>	N	N	N	10/9/2020
<p>Immunoglobulin heavy chain locus (IGH@) testing for acute lymphoblastic leukemia (ALL) and lymphoma, B-cell, to guide therapeutic decision making CPT (81261, 81262, 81263, 81264)</p>	N	Y	N	8/14/2020
<p>Inflow™ intraurethral valve pump CPT (0596T, 0597T eff. 07/01/2020) HCPCS (<del>K1010, K1011, K1012 eff. 10/1/2020</del> del. 04/01/2021)</p>	N	Y	N	7/8/2020
<p>Infrared heating pad system and replacement pads HCPCS (A4639, E0221)</p>	N	N	N	7/8/2020
<p>Injectable autologous myoblast/mesenchymal cells for fecal incontinence (See also <a href="#">Fecal Incontinence Treatment</a>) CPT ([0277T, Solesta®], 11950, 11951, 11952, 11954) HCPCS (L8605, L8699)</p>	N	N	N	5/7/2021
<p>Injectable autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation CPT (0481T)</p>	N	N	N	10/9/2020
<p>Injectable bulking agents for fecal incontinence (E.g., Solesta®) (See also <a href="#">Fecal Incontinence Treatment</a>) CPT (0377T) HCPCS (J3490, L8605)</p>	N	N	N	5/7/2021
<p>Injectable bulking agents for vocal cord medialization HCPCS (L8607)</p>	Y	Y	Y	4/9/2021
<p>Insertion of iris prosthesis, including suture fixation and repair or removal of iris without removal of crystalline lens or intraocular lens, without insertion of intraocular lens</p> <p>Insertion of iris prosthesis, including suture fixation and repair or removal of iris, with removal of crystalline lens and insertion of intraocular lens</p> <p>Insertion of iris prosthesis, including suture fixation and repair or removal of iris, with secondary intraocular lens placement or intraocular lens exchange</p>	Y	Y	Y	6/12/2020

CPT (0616T, 0617T, 0618T eff. 07/01/2020)				
<b>Insulin Delivery Devices and Continuous Glucose Monitoring Systems</b> Note: See <a href="#">Medical Policy</a> for coverage and coding	SEE NOTE	SEE NOTE	SEE NOTE	1/8/2021
<b>Insulin — internal insulin pumps</b> CPT (49419 [also used for morphine and chemotherapeutic agents administration, only deny for a diabetic indication])	N	N	N	7/8/2020
<b>Insulin — outpatient intravenous insulin treatment/therapy</b> (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]) (See also <a href="#">CMS NCD for Outpatient Intravenous Insulin Treatment</a> ) HCPCS (G9147)	N	N	N	7/8/2020
<b>Insulin — insulin potentiation therapy (IPT) for all indications</b> (E.g., arthritis, cancers, infectious diseases) 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	7/8/2020
<b>Intensity modulated radiation therapy (IMRT)</b> (See <a href="#">eviCore Radiation Oncology</a> criteria for specific cancers/primary craniospinal tumors and neurologic conditions) CPT (77301, 77338, 77385, 77386, 77387, 77499) HCPCS (G6015, G6016, G6017)	Y	Y	Y	2/12/2021
<b>Intensive behavioral program for diabetes prevention using a standardized curriculum in a group setting</b> (See <a href="#">Nutritional Counseling Services</a> for covered services/coding) CPT (0403T)	N	N	<u>Y</u>	2/12/2021
<b>Interferential current stimulator</b> CPT (S8130, S8131)	N	N	N	7/8/2020
<b>Intracellular micronutrient testing — all indications</b> (Aka intracellular micronutrient analysis/functional intracellular analysis; e.g., SPECTROX®) Note: This differs from tests for individual micronutrients, which may be considered medically necessary when used to confirm suspected micronutrient deficiencies CPT (No specific code)	N	N	N	7/8/2020
<b>Intracranial angioplasty — atherosclerotic post stroke/vasospasm post aneurysmal subarachnoid hemorrhage</b> <b>Atherosclerotic stenosis secondary to stroke</b> (E.g., NEUROLINK® System, including NEUROLINK® Stent & Delivery Catheter and NEUROLINK® Balloon Dilatation Catheter; Wingspan® Trade Stent System with Gateway® Trade PTA Balloon Catheter) <b>Vasospasm post aneurysmal subarachnoid hemorrhage</b> (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])	SEE NOTE	SEE NOTE	SEE NOTE	7/8/2020



<p>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 (<math>\geq</math> 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)</p> <p><a href="#">NEUROLINK®</a></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><a href="#">Wingspan</a></p> <p>Indicated for patients between 22 and 80 years old AND who meet all the following criteria:</p> <p><math>\geq</math> 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><a href="#">cPax Aneurysm Treatment System</a></p> <p>Indicated for adults (<math>\geq</math> 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><a href="#">ENTERPRISE Vascular Reconstruction Device and Delivery System</a></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 <math>\geq</math> 3 mm and <math>\leq</math> 4 mm</p> <p><a href="#">Low-Profile Visualized Intraluminal Support Device</a></p> <p>For use with bare platinum embolic coils for the treatment of unruptured, wide-neck (neck <math>\geq</math> 4 mm or dome to neck ratio &lt; 2 mm), intracranial, saccular aneurysms arising from a parent vessel with a diameter <math>\geq</math> 2.5 mm and <math>\leq</math> 4.5 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</math> 4 mm) or with a dome-to-neck ratio &lt; 2 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>HPCPS (Q1004, Q1005)</p>	N	N	N	7/8/2020
<p>Intraoperative assessment of surgical margins during breast-conserving surgery with radiofrequency spectroscopy or optical coherence tomography (aka intraoperative axillary lymph node/ breast imaging)</p> <p>(E.g., MarginProbe®, RS-3000 Advance)</p> <p>CPT (0351T, 0352T, 0353T, 0354T, 0546T, 19499)</p> <p>HPCPS (A4649)</p>	N	N	N	2/12/2021
<p>Intraoperative visual axis identification using patient fixation</p> <p>CPT (0514T)</p>	N	N	N	10/9/2020
<p>Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time</p> <p>CPT (0523T)</p>	N	N	N	10/9/2020
<p>INVOCell™ Intravaginal Culture (IVC) system</p>	N	N	N	10/9/2020

CPT (No specific code)				
Irreversible electroporation (IRE) for tumors (E.g., NanoKnife System) CPT (0600T, 0601T, eff. 07/01/2020)	N	N	N	5/7/2021
Koning Breast Computed Tomography System (KBCT) (compression-free 3D imaging) CPT (0633T, 0634T, 0635T, 0636T, 0637T, 0638T eff. 01/01/2021)	N	N	N	1/4/2021
Kyphoplasty CPT (22513, 22514, 22515)	Y	Y	Y	4/9/2021
Lacrimal duct angioplasty (E.g., Lacricath®) CPT (68816)	Y	Y	Y	4/9/2021
Laser — ablative, non-contact, full field and fractional ablation, open wound CPT (0491T, 0492T)	N	N	N	10/9/2020
Laser — benign prostatic hypertrophy/interstitial laser coagulation (ILC) (E.g., Indigo®) CPT (52647)	Y	Y	Y	4/9/2021
Laser —excimer laser coronary angioplasty (ECLA) as an alternative to coronary artery bypass surgery for calcified lesions (E.g., Spectranectics ELCA system) CPT (No specific code)	N	N	N	7/8/2020
Laser — in situ for keratomileusis (LASIK) HCPCS (S0800)	N	N	N	7/8/2020
Laser — laparoscopic CO2 laser ablation for endometriosis CPT (58578)	Y	Y	Y	4/9/2021
Laser — low level laser therapy / cold laser/ class III laser or high power laser therapy for all indications Note: Covered for confirmed diagnosis and pain or functional limitation from 1 or more of the following (MCG #ACG: A-0511): <ul style="list-style-type: none"> <li>▪ Carpal tunnel syndrome</li> <li>▪ Lateral epicondylitis</li> <li>▪ Rheumatoid arthritis only</li> </ul> CPT (S8948, no specific code for high power) Note: Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies (CPT 0552T) is considered investigational	Y	Y	Y	7/8/2020
Laser — phototherapy for psoriasis (excimer laser UVB) (E.g., YAG, Blue light X-Trac) (See also <a href="#">Photodynamic Therapy for Dermatologic Conditions</a> ) CPT (96920, 96921, 96922)	Y	Y	Y	12/11/2020
Laser — phototherapy/ photochemotherapy for vitiligo (excimer laser UVB) (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. CPT (96920, 96921, 96922, 96910, 96912)	SEE NOTE	SEE NOTE	SEE NOTE	12/12/2020
Laser — prostate ablation	Y	Y	Y	4/9/2021

<p><b>CPT (52647, 52648)</b></p> <p>Laser — spinal (ablation /discectomy [percutaneous or laparoscopic, laser-assisted disc decompression [LADD], laser disc decompression) — all levels.</p> <p>(See also <a href="#">Spinal — minimally invasive</a> [within this document], as well as <a href="#">CMS Decision Memo for Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis</a>)</p> <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> <p><b>CPT (62287, 64999)</b></p> <p><b>HCPCS (G0276)</b></p> <p>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</p>	N	SEE NOTE	N	5/7/2021
<p>Laser — varicose veins (endovenous laser ablation)</p> <p>(See also <a href="#">Varicose Vein Treatment</a>)</p> <p>Note: Must be FDA-approved for noncosmetic indication(s); diode/Nd, YAG modalities with various wavelengths are acceptable)</p> <p><b>CPT (36478, 36479)</b></p>	Y	Y	Y	3/12/2021
<p>Laser-induced thermotherapy for liver cancers</p> <p>(E.g., ultrasound-guided laser interstitial thermo-therapy [US-LITT])</p> <p>No specific CPT (47399)</p>	N	N	N	7/8/2020
<p>Liquid-based cervical cytology</p> <p>(E.g., Thin Prep)</p> <p><b>CPT (88141, 88142)</b></p> <p><b>HCPCS (G0123, G0124)</b></p>	Y	Y	Y	7/8/2020
<p>Lumason contrast agent</p> <p><b>HCPCS (Q9950)</b></p>	Y	Y	Y	7/8/2020
<p><a href="#">Lung volume reduction surgery</a> (reduction pneumoplasty)</p> <p><b>CPT (32491)</b></p> <p><b>HCPCS (G0302, G0303, G0304, G0305)</b></p>	Y	Y	Y	9/11/2020
<p>Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report</p> <p><b>CPT (0506T)</b></p>	N	N	N	4/9/2021
<p>Magnetic Mini Mover Procedure (3MP) for the treatment of pectus excavatum</p> <p>(See also <a href="#">Surgical Correction of Chest Wall Deformities</a>)</p> <p>CPT (No specific code)</p>	N	N	N	11/11/2020
<p>Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement</p> <p><b>MRgFUS</b></p> <p>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></p> <p>(E.g., ExAblate®, Sonotherm®) for bone metastatic pain</p> <p><b>CPT (0398T)</b></p>	N	SEE NOTE	N	10/9/2020

<p><b>Magnetic resonance spectroscopy</b> (See <a href="#">eviCore Adult Head Imaging, Pediatric Head Imaging and Oncology Imaging policies</a>) Note: Potentially appropriate; case-by-case review CPT (76390)</p>	SEE NOTE	SEE NOTE	SEE NOTE	7/8/2020
<p><b>Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar)</b> CPT (0609T, 0610T, 0611T, 0612T eff. 7/1/2020)</p>	N	N	N	7/8/2020
<p><b>Magnetoencephalography (MEG)/magnetic source imaging (MSI) for operative planning</b> (MCG #ACG: A-0481 [AC]) CPT (95965, 95966, 95967) HCPCS (S8035)</p>	Y	Y	Y	4/9/2021
<p><b>Measurement of spirometric forced expiratory flows and lung volumes for infants or children &lt; 2yrs of age</b> CPT (94011, 94012, 94013)</p>	Y	Y	Y	7/8/2020
<p><b><a href="#">Mechanical Stretching Devices</a> (see guideline for indications)</b> <b>Dynamic splinting devices</b> (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.) CPT (29126, 29131, 29260, 29280) HCPCS (E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1820, E1821, E1825, E1830, E1831, E1399)</p>	Y	Y	Y	10/9/2020
<p><b>Meniscus root repair using Arthrex Root Repair System/Arthrex PEEK SwiveLock Anchor</b> CPT (29999)</p>	N	N	N	5/7/2021
<p><b>Metal on metal hip resurfacing (total or partial)</b> (E.g., Birmingham Hip Resurfacing [BHR] System, CONSERVE® Plus Total Resurfacing Hip System, Cormet Hip Resurfacing System or any other FDA-approved devices) CPT (27130, 27125, 27132, 27134, 27137, 27138) HCPCS (S2118)</p>	Y	Y	Y	8/14/2020
<p><b>Microprocessor-controlled prosthetic knees (e.g., C-Leg/ Compact)</b> (See also <a href="#">Medicare LCD: Lower Limb Prostheses</a>) HCPCS (L5856, L5857, L5858)</p>	Y	Y	Y	4/9/2021
<p><b>Microvolt T-wave alternans testing for patients at risk for sudden cardiac death</b> CPT (93025)</p>	Y	Y	Y	4/9/2021
<p><b>Microwave thermotherapy for chest wall recurrence of breast cancer</b> CPT (19499)</p>	N	N	N	7/8/2020
<p><b>miRview™ meso (Rosetta Genomics) for differentiating malignant pleural mesothelioma from peripheral adenocarcinomas of the lung or metastatic carcinomas involving the lung pleura</b> (See also <a href="#">Gene Expression Profiling</a>) CPT (81479)</p>	N	N	N	8/14/2020
<p><b>Molecular Intelligence (Caris Life Sciences) tumor profiling</b> (See also <a href="#">Gene Expression Profiling, MCG ACG: A-0789 [AC]</a>)</p>	N	N	N	2/12/2021

<b>CPT (81599, 81479)</b>				
<b>Monochromatic Infrared Energy (MIRE) for treatment of wounds</b> <b>CPT (97026)</b>	N	N	N	3/12/2021
<b>MRI-guided focal laser ablation for prostate cancer</b> (E.g., Visualase Laser Ablation System) <b>CPT (No specific code)</b>	N	N	N	7/8/2020
<b>Multi-component fecal analysis lab testing for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption or small intestinal bacterial overgrowth</b> (E.g., Comprehensive Stool Analysis [Bio-Reference]) <b>CPT (No specific code)</b>	N	N	N	7/8/2020
<b>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] imaging agent)</b> (See <a href="#">eviCore Cardiac Imaging Guidelines</a> ) <b>CPT (0331T [quantitative agent], 0332T [with tomographic SPECT])</b>	N	N	N	7/8/2020
<b>Myoelectric arm orthosis — powered upper extremity range of motion assist device, elbow, wrist, hand, finger</b> (E.g., MyoPro 2® Motion E and Motion W, MyoPro 2® Motion G) <b>HCPCS (L8701 [Motion E and Motion W], L8702 [Motion G])</b>	N	N	N	8/14/2020
<b>Nasal endoscopy, surgical; balloon dilation of eustachian tube</b> (E.g., ACCLARENT AERA™ Eustachian Tube Balloon Dilation System, XprESS ENT Dilation System) <b>CPT ([69705, 69706 eff. 01/01/2021], 69799)</b>	N	N	N	8/14/2020
<b>Nasal implant for nasal airway obstruction due to stenosis of the lateral vestibule wall</b> (E.g., Latera® Absorbable Nasal Implant) <b>CPT ([30468 eff. 01/01/2021], 30999)</b> <b>HCPCS (L8699)</b> Note: CPT code 30468 is Covered for Medicare	N	Y	N	4/9/2021
<b>Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of Meibomian glands, unilateral or bilateral, with interpretation and report</b> <b>CPT (0507T)</b>	N	N	N	4/9/2021
<b>Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency</b> (E.g., AccuVein AV300 or VeinViewer) <b>CPT (No specific code)</b>	N	N	N	7/8/2020
<b>Near-infrared spectroscopy studies of lower extremity wounds</b> (E.g., for oxyhemoglobin measurement) <b>CPT (0493T)</b>	N	N	N	7/8/2020
<b>Nerve grafting — Avance Nerve Graft, Axogen 2 Nerve Wrap, Integra Neural Wrap, the NeuraGen Nerve Guide, the NeuraWrap Nerve Protector, Neuromatrix collagen nerve cuff, and NeuroMend collagen nerve wrap — all indications</b> <b>CPT (64910, 64911)</b>	N	Y	N	7/8/2020

Note: Covered for Medicare eff. 10/12/19				
<b>Nerve grafting — sural nerve graft with radical prostatectomy</b> CPT (64999)	N	N	N	8/14/2020
<b><a href="#">NeuRx DPS™, Diaphragm Pacing System</a> for amyotrophic lateral sclerosis (ALS)</b> 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) Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. CPT (64575, 64580, 64585, 64590, 64595) HCPCS (C1778, C1816, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	SEE NOTE	SEE NOTE	SEE NOTE	7/8/2020
<b>Nerve blocks for primary or secondary headache</b> (E.g., cluster, migraine, cervicogenic [i.e., occipital neuralgia], posttraumatic, etc.) (See also <a href="#">Pain Management</a> ) CPT (64405)	N	Y	N	10/9/2020
<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> CPT (77423)	Y	Y	Y	11/11/2020
<b>Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load (eg, upper and lower extremity)</b> CPT (0598T, 0599T eff. 07/01/2020)	N	N	N	6/12/2020
<b>Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study</b> (E.g., Endosure Wireless Implantable System) CPT (No specific code)	N	N	N	7/8/2020
<b>Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia</b> (PIGF Preeclampsia Screen [PerkinElmer Genetics]) CPT (0243U eff. 04/01/2021)	N	N	N	3/12/2021
<b>Obstetrics (preterm birth), insulin-like growth factor–binding protein 4 (IBP4), sex hormone– binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth</b> (PreTRM® [Sera Prognostics]) CPT (0247U eff. 04/01/2021)	N	N	N	3/12/2021
<b>Occipital nerve stimulation (ONS) /percutaneous electrical nerve stimulation (PENS) for occipital neuralgia/cervicogenic headache</b> CPT (64999, 64555, 64575) Note: CPTs 64555 and 64575 are covered for Medicare eff. 10/12/19	N	N	N	7/8/2020
<b>Ocular — blood flow measurement</b> CPT (0198T [by repetitive intraocular pressure sampling], 92499 [when used to report ocular flow measurement by other technique])	N	N	N	7/8/2020

Ocular — intraocular pressure monitoring ≥ 24 hours (E.g., SENSIMED Triggerfish®) CPT (0329T)	N	N	N	7/8/2020
Ocular — intraocular tear film imaging (E.g., Ophtha Vision Imaging System, Tearscope-Plus, LipiView®) CPT (0330T)	N	N	N	7/8/2020
<a href="#">OncoVantage™ Solid Tumor Mutation Analysis (Quest)</a> (See also <a href="#">NGS LCD: Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms</a> and <a href="#">Gene Expression Profiling</a> ) CPT (81445)	N	Y	N	3/12/2021
Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations CPT (0564T)	N	N	N	12/11/2020
OP-1™ implant (bone morphogenic protein 1) for recalcitrant long bone non-union fractures CPT (No specific code)	Y	Y	Y	5/7/2021
OPA1 gene sequencing (E.g., <a href="#">Optic Atrophy Evaluation [OPA1]</a> 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	7/8/2020
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	7/8/2020
Optical coherence tomography — intravascular, coronary native vessel or graft, diagnostic evaluation and/or therapeutic intervention (E.g., C7 Xr® Imaging System) CPT (92978) Note: <ul style="list-style-type: none"> <li>▪ 92978 is covered for all members when used for intravascular ultrasound (IVUS)</li> <li>▪ 92978 is not covered for all members when used for optical coherence tomography (OCT)</li> </ul>	SEE NOTE	SEE NOTE	SEE NOTE	2/12/2021
Optical coherence tomography — middle ear, interpretation and report CPT (0485T, 0486T)	N	N	N	2/12/2021
Optical coherence tomography — optic nerve, retina (See also <a href="#">Medicare LCD: Scanning Computerized Ophthalmic Diagnostic Imaging [SCODI]</a> ) <b>Note: Remote optical coherence tomography (0604T, 0605T and 0606T) is not considered medically necessary</b> CPT ([0604T, 0605T, 0606T eff. 07/01/2020], 92132, 92133, 92134)	Y	Y	Y	6/12/2020
Oral appliance therapy for obstructive sleep apnea (See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a> ) CPT (E0485, E0486)	Y	Y	Y	2/12/2021

<p><b>Oral cancer screening systems for detecting cancers of the esophagus, oral cavity, pharynx and larynx</b></p> <p>(E.g., OralCDx® BrushTest®, WATS3D [formerly known as EndoCDx], ViziLite™ [Zila Inc.], VELscope® [LED Medical Diagnostics], MicroLux™/DL [AdDent, Inc.], Orascope™ DK™ [Sybron Dental Specialties, Inc.], OraRisk® HPV Salivary Diagnostic Test [OralDNA Labs], TRIMIRA™ Identafi™ 3000 (TRIMIRA, LLC), Dentlight Oral Exam Light Kit [DentLight, Inc.]</p> <p><b>CPT (31599, 40899, 41599, 42999, 43499)</b></p>	N	N	N	4/9/2021
<p><b>OV-Watch®/ovulation predictor kit</b></p> <p>(See also <a href="#">Infertility Services — Commercial</a>)</p> <p><b>CPT/HCPCS (No specific code)</b></p>	N	N	N	12/11/2020
<p><b>Ovarian cancer — combined ovarian cancer biomarker tests</b></p> <p>(E.g., Overa [ASPiRa Labs] aka Ova1™ [Vermillion]; OvaNext [Ambry Genetics]; Ovarian Cancer Focus Panel [Fulgent Genetics]; PreOvar [MiraDx]; ROMA™ [Fujirebio])</p> <p>(See also <a href="#">Gene Expression Profiling</a>, <a href="#">Genetic Counseling and Testing</a> and <a href="#">Medicare LCD: Molecular Pathology Procedures</a>)</p> <p><b>CPT (81292, 81294, 81295, 81297, 81298, 81300, 81317, 81319, 81479, 84999, 83001, 83002, 81503)</b></p>	N	N	N	7/8/2020
<p><b>Ovarian cancer — proteomic analysis testing</b></p> <p>(E.g., OvaCheck™ [Quest Diagnostics]; OvaSure™ [withdrawn by LabCorp])</p> <p><b>CPT (83789, 81503)</b></p>	N	N	N	7/8/2020
<p><b>Palatal implants &amp; stiffening procedures for obstructive sleep apnea</b></p> <p>(See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a>)</p> <p><b>CPT (No specific code; may report using 42299 unlisted procedure for the palate)</b></p>	N	N	N	2/12/2021
<p><b><a href="#">Pancreatic islet cell transplantation for chronic pancreatitis</a></b></p> <p><b>CPT (48160, 48550 [0584T, 0585T, 0586T])</b></p>	Y	Y	Y	10/9/2020
<p><b>Pancreatic islet cell transplantation for Type 1 diabetes</b></p> <p>(See also Medicare <a href="#">NCD for Islet Cell Transplantation in the Context of a Clinical Trial</a>)</p> <p><b>HCPCS (G0341, G0342, G0343)</b></p>	N	N	N	7/8/2020
<p><b>Patient Specific Talus Spacer</b></p> <p>Note: The <a href="#">Patient Specific Talus Spacer</a> 3D-printed talus implant is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use in adults with avascular necrosis (AVN) of the ankle joint. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis.</p> <p><b>CPT (No specific code)</b></p>	SEE NOTE	SEE NOTE	SEE NOTE	3/12/2021
<p><b>Per-oral endoscopic myotomy (POEM) for the treatment of swallowing disorders (e.g., achalasia)</b></p> <p><b>CPT (43499)</b></p>	Y	Y	Y	4/9/2021
<p><b>Percutaneous arteriovenous fistula creation (AVF) for long-term dialysis</b></p> <p>Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed</p> <p>Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed</p> <p><b>HCPCS (G2170, [G2171, eff. 7/1/2020])</b></p>	Y	Y	Y	1/8/2021



Percutaneous sacral augmentation (sacroplasty) (injection with balloon or mechanical device) CPT (0200T, 0201T)	N	N	N	5/7/2021
Percutaneous mechanical thrombectomy (PMT) for deep vein thrombosis (DVT)/pulmonary embolism (PE) CPT (37187, 37188)	Y	Y	Y	9/11/2020
Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance (CPT 0613T eff. 07/01/2020)	N	N	N	5/7/2021
Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention CPT (0553T)	N	N	N	5/7/2021
Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance (Therapeutic IntraVascular UltraSound [TIVUS™]) CPT (0632T eff. 01/01/2021)	N	N	N	1/4/2021
Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound/Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound (FemBloc®) CPT (0567T, 0568T)	N	N	N	5/7/2021
Pervenio™ Lung RS test (Life Technologies) (See also <a href="#">Gene Expression Profiling</a> and <a href="#">Medicare (LCD): Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms</a> ) CPT (81445)	N	Y	N	5/7/2021
Pharmacogenetic testing for medication sensitivity to any drug (other than those listed as covered in the pharmacogenetic testing rows below)  (E.g., CYP3A4, CYP3A5; <a href="#">CYP2C19</a> genotyping to predict response to Voriconazole [Vfend®], AmpliChip Cytochrome P450 Genotyping Test [Roche]; GeneSight® Psychotropic assay for neuropsychiatric disorders, etc. [Assurex Health], Genomind Professional PGx Express CORE Anxiety & Depression) Note specific to Medicare members: <ul style="list-style-type: none"> <li>▪ Warfarin: See <a href="#">Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response</a></li> <li>▪ GeneSight®: See <a href="#">LCD GeneSight® Assay for Refractory Depression</a></li> </ul> CPT (81225, 81226, 81227, 81291, 81355, 81401, 81479, 81230, 81231) HCPCS (G9143) Note: 81227 ( <a href="#">CYP2C9</a> ; see <a href="#">Mayzent</a> )	N	SEE NOTE	N	7/8/2020
Pharmacogenetic testing — FDA cleared or approved companion diagnostics for targeted pharmacotherapeutic management (click on <a href="#">companion diagnostics</a> link to view entire list)	Y	Y	SEE NOTE	7/8/2020

<p>(See also <a href="#">Gene Expression Profiling</a>, <a href="#">Analysis of KRAS Status</a>, <a href="#">Genetic Analysis of PIK3CA Status in Tumor Cells</a>. Related drug-specific Medical Policies are also available on EmblemHealth's <a href="#">Medical Policy page</a>.</p> <p>The member's Pharmacy benefit should be checked for formulary inclusion at emblemhealth.com. Examples of <a href="#">companion diagnostics</a> associated with the safe use of therapeutics per drug labeling include:</p> <ul style="list-style-type: none"> <li>▪ Guardant360® CDx</li> <li>▪ Abbott RealTime IDH1 and RealTime IDH2 tests, Vysis ALK Break Apart FISH and CLL FISH Probe Kits, PathVysion HER-2 DNA Probe Kit (Abbott Molecular Inc.)</li> <li>▪ KIT D816V Mutation Detection by PCR for Gleevec Eligibility in Aggressive Systemic Mastocytosis (ASM), PDGFRB FISH for Gleevec Eligibility in Myelodysplastic Syndrome / Myeloproliferative Disease (MDS/MPD) (ARUP Laboratories, Inc.)</li> <li>▪ InSite Her-2/neu KIT (Biogenex Laboratories, Inc.)</li> <li>▪ THXID BRAF Kit (bioMérieux Inc.)</li> <li>▪ HER2 CISH and FISH pharmDx tests, HercepTest (Dako Denmark A/S)</li> <li>▪ Dako c-KIT and EGFR pharmDx tests, PD-L1 IHC 22C3 pharmDx and PD-L1 IHC 28-8 pharmDx tests (Dako North America, Inc.)</li> <li>▪ FoundationOne CDx, FoundationFocus CDxBRCA, FoundationOne Liquid CDx (Medicare only) (Foundation Medicine Inc.)</li> <li>▪ Praxis Extended RAS Panel (Illumina, Inc.)</li> <li>▪ LeukoStrat CDx FLT3 Mutation Assay (Invivoscribe Technologies, Inc.)</li> <li>▪ Bond Oracle HER2 IHC System (Leica Biosystems)</li> <li>▪ Oncomine Dx Target Test, SPOT-LIGHT HER2 CISH Kit (Life Technologies Corp.)</li> <li>▪ MRDx BCR-ABL Test (MolecularMD Corporation)</li> <li>▪ BRACAnalysis CDx, Myriad myChoice® CDx (Myriad Genetic Labs.)</li> <li>▪ theascreen BRAF V600E and PIK3CA RGQ kits (QIAGEN GmbH)</li> <li>▪ theascreen EGFR, FGFR and KRAS RGQ kits (Qiagen Manchester Ltd.)</li> <li>▪ FerriScan (Resonance Health Analysis Services Pty Ltd.)</li> <li>▪ cobas BRAF, EGFR, EZH2 and KRAS mutation tests (Roche Molecular Systems, Inc.)</li> <li>▪ INFORM HER2 Dual ISH DNA Probe Cocktail and INFORM HER-2/neu tests, VENTANA ALK (D5F3) CDx and PD-L1 (SP142) tests, PATHWAY anti-Her2/neu (4B5) Rabbit Monoclonal Primary Antibody (Ventana Medical Systems Inc.)</li> <li>▪ VENTANA MMR RxDx Panel</li> </ul> <p>CPT (81120, 81170, 81206, 81207, 81208, 81210, 81222, 81227, 81235, 81245, 81246, 81275, 81276, 81401, 81403, 81404, 81445, 81479, 88271, 88184, 88185, 88272, 88273, 88274, 88275, 88291, 88341, 88342, 88361, 88363, 88381)</p> <p>Proprietary Lab Analyses (PLA) codes (0022U, 0037U, 0154U, 0155U, [0172U, 0177U eff. 7/1/2020], [0239U eff. 01/01/2021, Medicare only] [0242U eff. 04/01/2021])</p> <p>Note: PLA codes are not covered for Medicaid members</p>				
<p>Pharmacogenetic testing — IFNL3/IFNL4 gene analysis for drug response (interferon)</p> <p>(See also MCG # ACG: A-0783 [AC] and Medicare <a href="#">Molecular Pathology LCD</a>)</p> <p>CPT (81283)</p>	N	N	N	2/12/2021
<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)</p>	Y	Y	Y	7/8/2020
<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>	Y	Y	Y	7/8/2020

<b>CPT (87900, 87902)</b>				
<b>Pharmacogenetic testing — genotyping for CYP2C19 polymorphisms for members who have been prescribed clopidogrel (Plavix)</b> Note: One allowable per lifetime <b>CPT (81225)</b>	Y	Y	Y	7/8/2020
<b>Pharmacogenetic testing — genotyping for CYP2D6 polymorphisms; for members who prescribed tetrabenazine (Xenazine) or for members with Gaucher disease type 1 who are being considered for treatment with eliglustat (Cerdelga)</b> Note: One allowable per lifetime <b>CPT (81226)</b>	Y	Y	Y	7/8/2020
<b>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)</b> Note: For Medicare members see <a href="#">Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response</a> <b>CPT (81355)</b>	N	SEE NOTE	N	7/8/2020
<b>Pharmacogenetic testing — HLA-B*5701 screening for members infected with HIV-1 prior to commencing treatment with abacavir (Ziagen)</b> <b>CPT (81381)</b>	Y	Y	Y	7/8/2020
<b>Pharmacogenetic testing — HLA-B*1502 genotyping for members of Asian ancestry prior to commencing treatment with carbamazepine (Tegretol)</b> <b>CPT (81381)</b>	Y	Y	Y	7/8/2020
<b>Pharmacogenetic testing — KRAS sequence variant analysis for predicting response to drug therapy for non-small cell lung cancer, colorectal cancer or anal adenocarcinoma</b> (See also <a href="#">Analysis of KRAS Status</a> or <a href="#">FDA cleared or approved companion diagnostics for targeted pharmacotherapeutic management</a> ) <b>CPT (81275, 81276)</b>	Y	Y	Y	8/14/2020
<b>Pharmacogenetic testing — macular degeneration, age-related, dry, for the selection of eye supplement formulations (AREDS or AREDS without zinc)</b> (E.g., VitaRisk™ [Arctic Medical Laboratories]) <b>CPT (81401, 81405, 81408, 81479, 81599)</b>	N	N	N	5/7/2021
<b>Pharmacogenetic testing — MGMT (O(6)-methylguanine-DNA methyltransferase) gene methylation assay for predicting response to temozolomide (Temodar) in members with glioblastoma</b> (E.g., PredictMDx for Glioblastoma) <b>CPT (81287)</b>	Y	Y	Y	5/7/2021
<b>Pharmacogenetic testing — microsatellite instability–high cancer</b> For the treatment of adult and pediatric members with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient <ul style="list-style-type: none"> <li>▪ solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options, or</li> <li>▪ colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan</li> </ul>	Y	Y	Y	8/14/2020

(See also <a href="#">Keytruda® [pembrolizumab]</a> ) CPT (81301)				
Pharmacogenetic testing — TPMT (thiopurine S-methyltransferase) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3) for thiopurine treatment consideration (See also <a href="#">Gene Expression Profiling</a> and <a href="#">Medicare Molecular Pathology LCD</a> ) CPT (81335)	N	Y	N	8/9/2019
Pharmacogenetic testing — UGT1A1 molecular assay screening test to determine Camptosar® (irinotecan) dosing for members with colorectal cancer (E.g., Invader® assay [Third Wave Technologies]) CPT (81350)	Y	Y	Y	5/7/2021
Pharmacokinetic testing — 5-fluorouracil (5-FU) <ul style="list-style-type: none"> <li>▪ DPYD (dihydropyrimidine dehydrogenase) (e.g., My5-FU™ [Saladax Biomedical] formerly OnDose™ [Myriad])</li> <li>▪ TYMS (thymidylate synthetase)</li> </ul> (See also MCG #ACG: A-0665 [AC], <a href="#">Gene Expression Profiling</a> and <a href="#">Medicare Molecular Pathology LCD</a> ) CPT (81232, 81346) HCPCS (S3722)	N	N	N	8/14/2020
Photodynamic therapy — actinic keratosis (E.g., BLU-U® Blue Light Photodynamic Therapy Illuminator in combination with Levulan® Kerastick®) (See also <a href="#">Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions</a> ) CPT (96567) HCPCS (J7308)	Y	Y	Y	12/11/2020
Photodynamic Therapy — Visudyne® Ocular CPT (67221, 67225) HCPCS (J3396)	Y	Y	Y	8/14/2020
Photoselective vaporization of the prostate (E.g., GreenLight PVP®) CPT (52648)	Y	Y	Y	5/7/2021
Physical therapy post TMJ surgery CPT (No specific code) HCPCS (E1700, E1701, E1702)	Y	Y	Y	11/11/2020
<b><a href="#">PK Papyrus Covered Coronary Stent System</a></b> Note: The PK Papyrus Covered Coronary Stent System is an investigational device that is FDA-approved as a humanitarian device exemption (HDE) for use in patients for the treatment of acute perforations of native coronary arteries and coronary bypass grafts in vessels 2.5 to 5.0 mm in diameter. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. CPT (No specific code)	SEE NOTE	SEE NOTE	SEE NOTE	10/9/2020
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>	N	N	N	7/8/2020

<b>CPT (84112)</b>				
<b>Plethysmography — cardiac (as part of enhanced external counterpulsation)</b> CPT (No specific code)	Y	Y	Y	7/8/2020
<b>Plethysmography — lung (as an adjunct to pulmonary function testing)</b> NOTE: Total body plethysmography is appropriate for this indication. CPT (94726, 94750)	Y	Y	Y	
<b>Plethysmography — penile (for cavernous nerve evaluation prior to nerve-sparing prostatic or colorectal cancer procedures)</b> Note: CPT 54240 is covered for Medicare eff. 10/12/19	N	Y	N	
<b>Plethysmography (air-displacement) — total body for determining body composition</b> CPT (No specific code)	N	N	N	
<b>Pontocerebellar Hypoplasia Panel (GeneDx)</b> CPT (81479)	N	N	N	2/12/2021
<b>Positive pressure pulse generator for Ménière’s disease</b> (E.g., Meniett® micropressure therapy device) CPT (69433) HCPCS (E2120, A4638)	N	N	N	3/12/2021
<b>Positron emission tomography (PET) — beta amyloid PET in dementia and neurodegenerative disease</b> 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	5/7/2021
<b>Positron emission tomography (PET)/magnetic resonance imaging (MRI) — combined scanning</b> CPT (70540, 71550, 72195, 73218, 73718, 74181, 78812)	Y	Y	Y	5/8/2020
<b>Positron emission tomography (PET) — myocardial blood flow, absolute quantitation, rest and stress</b> CPT (No specific code)	N	N	N	8/14/2020
<b>Positron emission tomography (PET) — NaF-18 scan to identify bone metastasis of cancer</b> (See also <a href="#">eviCore Oncology Imaging Policy</a> and <a href="#">Positron Emission Tomography (NaF-18) NCD</a> ) CPT (78811, 78814) HCPCS (G0252)	N	N	N	7/8/2020
<b>Post-Op Px™ (formerly the Prostate Px Plus [Aureon]) post prostatectomy prostate cancer prognostic test</b> CPT (88313, 88346, 88350, 88323, 88399)	N	N	N	5/7/2021
<b>Power morcellators in uterine surgery for polyp/fibroid removal (includes hysteroscopic and laparoscopic techniques)</b>	Y	Y	Y	8/14/2020

(E.g., THS® Tower-free Hysteroscopy System, MyoSure® tissue removal system Trueclear Morcellator System) (See also <a href="#">FDA Laparoscopic Power Morcellators</a> ) CPT (58541–58548, 58550–58554, 58558, 58561, 58570–58573, 58578, 58679)				
<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) HCPCS (K1007 eff. 10/01/2020)	N	N	N	8/14/2020
<b>Procalcitonin (PCT) measurement</b> Note: Covered in the in-patient setting only for initiating and discontinuing antibiotic therapy for members in the intensive care unit or to reduce antibiotic prescription rates and duration of use in hospitalized members with respiratory tract infections. Alternate indications are noncovered CPT (84145)	SEE NOTE	SEE NOTE	SEE NOTE	2/12/2021
<b>Prokera® corneal-epithelial inserts (aka corneal bandage)</b> (See also <a href="#">Amniotic Membrane Transplantation for Ocular Reconstruction</a> ) CPT (65778)	Y	Y	Y	4/9/2021
<b>Prolotherapy — all indications</b> (Aka proliferant therapy, proliferation therapy, joint sclerotherapy, or reconstructive ligament therapy) CPT (No specific code)	N	N	N	2/12/2021
<b>PROMETHEUS LABS</b> IBD sgi Diagnostic to distinguish between inflammatory bowel disease (IBD) versus non-IBD and Crohn’s disease (CD) versus ulcerative colitis (UC) (See also <a href="#">Medicare MoldX noncoverage LCD Prometheus IBD sgi Diagnostic Policy</a> ) CPT (81479, 82397, 83520, 86140, 88346, 88350) Serologic diagnosis of inflammatory bowel disease – ANCA and ANSA CPT (83520, 88346, 88350) Anser ADA® CPT (84999) Anser IFX® CPT (84999) Anser UST® CPT (84999) Anser VDZ® CPT (84999) Monitr™ Crohn’s Disease CPT (84999)	N	N	N	1/4/2021
<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> CPT (82657, 82542) <b>PRO-PredictRx® Metabolites (metabolite levels) for IBD</b> CPT (82542)	Y	Y	Y	8/14/2020
<b>Proove Opioid Risk Test (Proove Biosciences)</b> (See also <a href="#">Gene Expression Profiling</a> ) CPT (81291, 81479)	N	N	N	8/14/2020
<b>Prostatic artery embolization (PAE) for benign prostatic hypertrophy (BPH)</b> CPT (53899)	N	N	N	8/14/2020

<b>Prostatic urethral lift (PUL) implant for benign prostatic hypertrophy (BPH)</b> (E.g., UroLift System) (See also <a href="#">Prostatic Urethral Lift [PUL]</a> ) CPT (52441, 52442)	Y	Y	Y	10/9/2020
<b>Prosthetic replacement of ocular surface ecosystem (PROSE)/Boston Ocular Surface Prosthesis (BOSP)</b> CPT (92499, which includes fitting, fabrication, combined with HCPCS S0515 [PROSE device]) Use HCPCS code V2627 for Medicare	Y	Y	Y	5/8/2020
<b>Proton beam (particle beam) therapy for various indications</b> (See also <a href="#">Stereotactic Radiosurgery and Proton Beam Therapy</a> ) CPT (77520, 77522, 77523, 77525) HCPCS (S8030)	Y	Y	Y	5/7/2021
<b>Pudendal nerve decompression surgery</b> CPT (64722)	N	N	N	8/14/2020
<b>Pulmonary artery pressure monitoring — wireless</b> (E.g., CardioMEMS HF System) CPT (33289)	N	Y	N	8/14/2020
<b>Quantitative pupillometry</b> (E.g., NPi™-100 Pupilometer, VIP™-200 Pupilometer) CPT (No specific code)	N	N	N	8/14/2020
<b>Quantitative sensory testing (QST) to assess nerve fiber sensation (multiple stimuli)/current perception threshold/sensory nerve conduction test (SNCT), per limb, any nerve</b> CPT (0106T, 0107T, 0108T, 0109T, 0110T) HCPCS (G0255)	N	N	N	8/14/2020
<b>Radiation — superficial radiation treatment (Grenz ray) for dermatological conditions</b> (See also <a href="#">Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions</a> ) CPT (77499 unlisted procedure, therapeutic radiology treatment management)	N	N	N	12/12/2020
<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]) CPT (19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288) 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) <b>Stereotactic breast biopsy</b> (E.g., Mammotome®) CPT (19281, 19282, 19283, 19284, 19285, 19286, 19287, 19288, 19081, 19082, 19083, 19084, 19085, 19086) HCPCS (A4649)	Y	Y	Y	7/8/2020
<b>Radiofrequency ablation — Barrett’s Esophagus</b> (E.g., BARRX System)	Y	Y	Y	4/10/2020

CPT (43229)				
Radiofrequency ablation — benign bone tumors (See also <a href="#">Radiofrequency Ablation of Tumors</a> ) CPT (20982)	Y	Y	Y	5/7/2021
Radiofrequency ablation — cardiac (for atrial fibrillation) (E.g., Cardioblate®) CPT (33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266)	Y	Y	Y	5/7/2021
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	3/13/2020
Radiofrequency ablation — cooled/pulsed for sacroiliac joint pain (See also <a href="#">Radiofrequency Ablation for Spinal Pain</a> ) CPT (64625, 64999)	N	N	N	3/13/2020
Radiofrequency ablation — endometrial CPT (58353, 58563, 58999)	Y	Y	Y	5/8/2020
Radiofrequency ablation — fecal incontinence (E.g., Secca® procedure) (See also <a href="#">Fecal Incontinence Treatment</a> ) CPT (46999) HCPCS (L8699)	N	N	N	5/7/2021
Radiofrequency ablation — hepatic cancer (See also <a href="#">Radiofrequency Ablation of Tumors</a> ) CPT (47370, 47380, 47382, 76940, 77013, 77022)	Y	Y	Y	5/7/2021
Radiofrequency ablation — lung cancer (See also <a href="#">Radiofrequency Ablation of Tumors</a> ) CPT (32998)	Y	Y	Y	5/7/2021
Radiofrequency ablation — MRI-guided ultrasound/RFA ablation of uterine fibroids (E.g., Acessa™ System, ExAblate®, Sonata Sonography-Guided Transcervical Fibroid Ablation System, VizAblate®) CPT (0071T, 0072T, 0404T, 58674) Note: CPT 58674 is covered for Medicare eff. 10/12/19	N	N	N	8/14/2020
Radiofrequency ablation (coblation/microtenotomy) — plantar fasciitis CPT (No specific code; possible codes: 28899, 64640, 29893)	N	N	N	8/14/2020
Radiofrequency ablation — renal cancer (See also <a href="#">Cryosurgical and Radiofrequency Ablation for Renal Tumors</a> ) CPT (50592)	Y	Y	Y	6/12/2020
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	8/14/2020



<b>Radiofrequency ablation — female stress urinary incontinence</b> <b>(See also <a href="#">Transurethral Radiofrequency Tissue Micro-Remodeling</a>)</b> (E.g., Lyrette™ Transurethral SUI System [formerly Renessa® System]) Note: Radiofrequency Micro-Remodeling with the SURx System is not covered <b>CPT (53860)</b>	Y	Y	Y	8/14/2020
<b>Radiofrequency ablation — trigeminal neuralgia</b> <b>CPT (64600, 64605, 64610)</b>	Y	Y	Y	5/7/2021
<b>Radiofrequency ablation — varicosities</b> <b>(See also <a href="#">Varicose Vein Treatment</a>)</b> <b>CPT (36475, 36476)</b>	Y	Y	Y	3/12/2021
<b>Radiofrequency ablation — wound healing/muscle disuse atrophy/diabetic neuropathy</b> (E.g. Provant Wound Closure System, MicroVas System for stage III or IV pressure ulcers) <b>CPT (97139)</b>	N	N	N	2/12/2021
<b>Radiofrequency tissue volume reduction somnoplasty for upper airway obstruction</b> <b>(See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a>)</b> <b>CPT (41530)</b>	N	N	Y	2/12/2021
<b>Radiostereometric analysis</b> <b>CPT (0347T, 0348T, 0349T, 0350T)</b>	N	N	N	8/14/2020
<b>Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens</b> (PrecisionBlood™ [San Diego Blood Bank]) <b>CPT (0246U eff. 04/01/2021)</b>	N	N	N	3/12/2021
<b>Red blood cell long chain fatty acid chromatography analysis</b> <b>CPT (<del>0111T</del> del. 01/01/2021], 82726)</b>	N	N	N	8/14/2020
<b>Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment</b> <b>CPT (0607T, 0608T eff. 07/01/2020)</b>	N	N	N	6/12/2020
<b>Remote real-time interactive video-conferenced critical care evaluation and management</b> <b>CPT (No specific code)</b>	N	N	N	2/12/2021
<b>Retinal polarization scan, ocular screening with on-site automated results, bilateral</b> <b>(See also <a href="#">Ocular Photoscreening</a>)</b> <b>(CPT 0469T)</b>	N	N	N	4/9/2021
<b>Rhinomanometry/acoustic rhinometry</b> <b>CPT (92512)</b> Note: Covered for Medicare eff. 10/12/19	N	Y	N	8/14/2020
<b>Rhizotomy (dorsal) for spastic cerebral palsy</b> <b>CPT (63185, 63190)</b>	Y	Y	Y	5/8/2020
<b>Risk-Reduction mastectomy (aka prophylactic)</b>	Y	Y	Y	5/7/2021

<p>MCG #s:</p> <ul style="list-style-type: none"> <li>▪ ORG: S-860 (ISC)</li> <li>▪ ORG: S-862 (ISC)</li> <li>▪ ORG: S-864 (ISC)</li> <li>▪ RRG: S-860-RRG (ISC)</li> <li>▪ RRG: S-862-RRG (ISC)</li> <li>▪ RRG: S-864-RRG (ISC)</li> </ul> <p>CPT (19303)</p>				
<p>Risk-reduction oophorectomy (aka prophylactic)</p> <p>CPT (58940, 58661)</p>	Y	Y	Y	7/8/2020
<p>Robotically-assisted surgeries — adrenalectomy, cardiac (inclusive of coronary artery bypass graft), gastrointestinal, gynecological surgery (inclusive of hysterectomy), prostatectomy, urological</p> <p>(FDA Safety communication for informational purposes: <a href="#">Caution When Using Robotically-Assisted Surgical Devices in Women's Health including Mastectomy and Other Cancer-Related Surgeries</a>)</p> <p>HCPCS (S2900)</p> <p>Report the code that best describes the basic surgery being performed; e.g.:</p> <ul style="list-style-type: none"> <li>▪ 60540 adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal in addition to HCPCS S2900</li> <li>▪ 33510 coronary artery bypass, vein only; single coronary venous graft in addition to HCPCS S2900</li> <li>▪ 43280 laparoscopy, surgical, esophagogastric fundoplasty in addition to HCPCS S2900</li> <li>▪ 58541 laparoscopy, surgical, supracervical hysterectomy, for uterus ≤ 250g in addition to HCPCS S2900</li> <li>▪ 55866 laparoscopy, surgical prostatectomy in addition to HCPCS S2900</li> <li>▪ 50546 laparoscopy, surgical; nephrectomy, including partial ureterectomy in addition to HCPCS S2900</li> </ul> <p>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.</p>	Y	Y	Y	5/7/2021
<p>Sacral nerve stimulators for fecal incontinence, urinary urge incontinence, urinary frequency, and urinary retention</p> <p>(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>	Y	Y	Y	5/7/2021
<p>Salivary hormone/neuroendocrine testing — screening, diagnosis, monitoring, all indications</p> <p>(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>Note: Late night salivary cortisol is considered medically necessary for diagnosing Cushing's syndrome.</p> <p>CPT (No specific code)</p> <p>HCPCS (S3650)</p>	N	N	N	2/12/2021
<p>Sclerotherapy for esophageal varices</p> <p>CPT (43204, 43243)</p>	Y	Y	Y	5/7/2021
<p>Sclerotherapy for varicose veins (endovenous chemical ablation)</p> <p>(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, 36470, 36471)</p>	Y	Y	Y	3/12/2021
<p>ScoliScore™ AIS Prognostic Test and other genetic testing for the predicting progression of adolescent idiopathic scoliosis</p>	N	N	N	3/12/2021

<p>(E.g., the CHD7 gene, estrogen receptor beta (ESR2) rs1256120 single nucleotide polymorphism (SNP) testing, insulin-like growth factor 1 (IGF1) gene rs5742612 SNP testing, 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 (No specific code)</p>				
<p>Sentinel lymph node biopsy for breast cancer</p> <p>CPT (38792, 38500, 38525, 38530, 78195)</p>	Y	Y	Y	5/7/2021
<p>Sentinel lymph node biopsy for melanoma</p> <p>CPT (38792, 38500, 38510, 38525, 38530, 78195)</p> <p>Note: If metastatic disease is confirmed, these are other CPT codes related (38510, 38525, and 38530). When a complete lymphadenectomy is performed because 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.</p>	Y	Y	Y	5/7/2021
<p>Serum markers for liver disease</p> <p>(E.g., ASH FibroSURE™, FibroMAX™, FIBROSpect II®, HCV FibroSURE™ [Quest], FibroTest + ActiTest, HepaScore™, NASH FibroSURE™)</p> <p>CPT (81596)</p>	Y	Y	Y	5/8/2020
<p>Shoulder resurfacing</p> <p>(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])</p> <p>CPT (23470, 23472, 23929)</p>	N	N	N	8/14/2020
<p>Sleep monitoring (home attended or unattended)</p> <p>(E.g., NovaSom QSG™ [Sleep Solution™], SNAP™ System [only those systems measuring ≥ 3 channels])</p> <p>(See also <a href="#">Obstructive Sleep Apnea Diagnosis and Treatment</a>)</p> <p>CPT (95800, 95801)</p> <p>HCPCS (G0398, G0399, G0400)</p>	Y	Y	Y	2/12/2021
<p>SmartPill™ Motility Testing System</p> <p>(See also <a href="#">Capsule Endoscopy [Camera Pill]</a>)</p> <p>CPT (91112)</p> <p>Note: Covered for Medicare eff. 10/12/19</p>	N	Y	N	5/8/2020
<p>SpaceOar System — rectal protection from radiation therapy for prostate cancer</p> <p>(See also <a href="#">NGS LCD: Prostate Rectal Spacers</a>)</p> <p>CPT (55874 [coverage for Commercial and Medicaid eff. 12/13/19])</p>	Y	Y	Y	8/14/2020
<p>Spectroscopy — intravascular catheter-based coronary vessel or graft</p> <p>(E.g., infrared)</p> <p>CPT (No specific code)</p>	N	N	N	8/14/2020
<p>Spectroscopy — real time spectral analysis of prostate tissue by fluorescence spectroscopy</p> <p>(E.g., Precision Biopsy ClariCore Optical Biopsy System®)</p> <p>CPT (0443T)</p>	N	N	N	2/12/2021
<p>Spinal — artificial disc replacement (multiple-level cervical or lumbar)</p> <p>(E.g., Mobi-C® Cervical Disc Prosthesis [two-level])</p> <p>(See also <a href="#">Artificial Intervertebral Discs</a>)</p> <p>CPT (0095T, 0098T, 0163T, 0164T, 0165T)</p>	N	N	N	11/11/2020

<p><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)</p>	Y	Y	Y	11/11/2020
<p><b>Spinal — cervical traction (e.g., freestanding over-the-door mechanism or attached to headboard)</b> HCPCS (E0840, E0849, E0850)</p>	Y	Y	Y	5/8/2020
<p><b>Spinal — continuous or intermittent traction for low back pain</b> HCPCS (E0830)</p>	Y	Y	N	5/7/2021
<p><b>Spinal — dynamic spinal visualization (including cineradiography/videoradiography)</b> CPT (76120, 76125) Note: CPT 76120 is covered for Medicare eff. 10/12/19</p>	N	SEE NOTE	N	8/14/2020
<p><b>Spinal — endoscopy (epiduroscopy)</b> (See also "<a href="#">Spinal minimally invasive</a>" below) CPT (64999)</p>	N	N	Y	8/14/2020
<p><b>Spinal — interspinous distraction devices</b> (E.g. Superior® Indirect Decompression System, X-Stop® Interspinous Process Decompression System [no longer marketed]) Note: Coflex® Interlaminar Technology is considered investigational and is not covered CPT (22867, 22868, 22869, 22870)</p>	Y	Y	Y	7/8/2020
<p><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)</p>	Y	Y	Y	4/9/2021
<p><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)</p>	N	N	N	8/14/2020
<p><b>Spinal — lumbar discography for chronic low back pain (to confirm that symptoms are attributable to a particular disc prior to therapeutic intervention)</b> Note: Eff. October 1, 2013, Medicaid members are no longer eligible for coverage of discography. CPT (62290, 72295)</p>	Y	Y	N	5/7/2021
<p><b>Spinal — lumbar fusion</b> (See also <a href="#">Lumbar Fusion and Intervertebral Fusion Devices</a> for covered fusion procedures and covered CPT coding)</p>				
<p><b>Spinal — lumbar fusion arthrodesis pre-sacral interbody technique</b> (Aka transsacral interbody fusion, axial lumbar interbody fusion, or AxialLIF) (See also <a href="#">Lumbar Fusion and Intervertebral Fusion Devices</a> for descriptive of medical procedures) CPT (22899) Considered investigational and not medically necessary</p>	SEE NOTE	SEE NOTE	SEE NOTE	4/9/2021

<p><b>Spinal/joint manipulation under anesthesia (MUA)</b></p> <ul style="list-style-type: none"> <li>▪ Spinal — manipulation under anesthesia for acute spinal injury (e.g., vertebral fracture, complete dislocation or acute traumatic incomplete dislocation [subluxation])</li> <li>▪ Adhesive capsulitis (i.e., frozen shoulder) when there is failure of conservative medical management including medications with or without articular injections, home exercise programs, and physical therapy</li> <li>▪ Elbow joint for arthrofibrosis following elbow surgery or fracture</li> <li>▪ Arthrofibrosis of the knee following trauma or knee surgery (e.g., total knee replacement, anterior cruciate ligament repair) with less than 90 degrees range of motion 4 weeks to 6 months following surgery</li> </ul> <p><b>CPT (23700, 24300, 27570)</b></p> <p>Note: CPT code 22505 is not covered for MUA performed by a Chiropractor in an office setting.</p>	Y	Y	Y	9/11/2020
<p><b>Spinal — minimally invasive procedures</b> (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>▪ Annular Closure with the Barricaid Annular Closure Device</li> <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>▪ Intervertebral disc biacuplasty</li> <li>▪ Intradiscal electrothermal annuloplasty (IDET)/ percutaneous intradiscal radiofrequency thermocoagulation (e.g., SpineCATH™)</li> <li>▪ Radiofrequency ablation of the basivertebral nerve (Intrasept® Procedure [Intra-Osseous Basivertebral Nerve Ablation])</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>▪ Endoscopic and Percutaneous Epidural Lysis of Adhesions (RACZ procedure) (aka endoscopic epidural adhesiolysis) (Approved Medicare ONLY – CPT codes 62263 and 62264)</li> <li>▪ Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc</li> </ul> <p><b>CPT (0274T, 0275T, [0627T, 0628T, 0629T, 0630T eff. 01/01/2021], 20939 22526, 22527, 22586 22899, 62263, 62264, 62287, 62380, 64999)</b></p> <p><b>HCPCS (G0276, S2348)</b></p>	N	N	N	8/14/2020
<p><b>Spinal — sacroiliac joint (SIJ) fusion open/minimally invasive (E.g., iFuse Implant System® [SI-BONE])</b> (See also <a href="#">Sacroiliac Joint Fusion</a>)</p> <p><b>CPT (27280, 27279, 27299)</b></p>	Y	Y	Y	3/12/2021
<p><b>Spinal — vertebral axial decompression devices/mechanical spinal 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, Accu-Spina System™ or the Internal Disc Decompression [IDD] Therapy)</p> <p><b>HCPCS (S9090)</b></p>	N	N	N	8/14/2020
<p><b>Spinal — vertebral stapling for idiopathic scoliosis</b> <b>CPT (22899)</b></p>	N	N	N	8/14/2020
<p><b>Spinal — vertebroplasty</b></p>	Y	Y	Y	5/7/2021

CPT (22510, 22511, 22512, 22513, 22514, 22515)				
ST2 Assay as a prognostic indicator for acute dyspnea and acute or chronic heart failure CPT (83520)	N	N	N	8/14/2020
Subfascial endoscopic perforator surgery for chronic venous insufficiency (SEPS) (See also <a href="#">Varicose Vein Treatment</a> ) CPT (37500)	N	Y	N	3/12/2021
Suprachoroidal injection of pharmacologic agents for the treatment of ophthalmological conditions (E.g., iScience Surgical Ophthalmic Microcannula [aka iTrack]) (See also <a href="#">Intravitreal Injections/Implants</a> ) CPT (0465T)	N	N	N	7/8/2020
Surgical decompression for peripheral polyneuropathy CPT (28035, 64702, 64704, 64708, 64712, 64714, 64722, 64726, 64727) Note: The above CPT codes are not covered when rendered for non-compressive peripheral neuropathy syndromes due to insufficient evidence of therapeutic value.	N	N	N	7/8/2020
Surgical interventions for the prevention of lymphedema (E.g., microsurgery for the prevention of lymphedema in breast cancer [lymphatic microsurgical preventing healing approach —LYMPHA], simplified lymphatic microsurgical preventive healing approach [SLYMPHA], reverse lymphatic mapping) CPT (38999)	N	N	N	9/11/2020
Sympathectomy/endoscopic thoracic sympathectomy for hyperhidrosis CPT (32664)	Y	Y	Y	5/8/2020
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	8/14/2020
Tarsi Implant — removal and reinsertion CPT (0510T, 0511T)	N	N	N	10/9/2020
Tear osmolarity measurement for the dry eye diagnosis (e.g., TearLab® Osmolarity System) CPT (83861)	Y	Y	Y	5/8/2020
Tele-retinal imaging/digital photography computer programs (i.e., algorithms) to automatically detect or diagnose diabetic retinopathy when administered by nonspecialists (E.g., DigiScope Diabetic Retinal Evaluation Service, Inoveon Diabetic Retinopathy Evaluation Service) Note: Diabetic retinopathy telescreening systems are considered medically necessary for diabetic retinopathy screening when administered by an ophthalmologist or optometrist CPT (92227)	N	N	N	8/14/2020
Tenex Health TX Procedure (formerly known as the Focused Aspiration of Scar Tissue [FAST] procedure) or percutaneous ultrasonic ablation for the treatment of tendinopathies CPT (17999, 20999)	N	N	N	8/14/2020
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	N	N	N	8/14/2020

(Aka electrothermal arthroscopy, electrothermally-assisted capsule shift and electrothermally-assisted capsulorrhaphy [ETAC]) CPT (29999) HCPCS (S2300)				
Thermography (indications other than breast) CPT (76498)	N	N	N	8/14/2020
Thermography — breast (See also <a href="#">FDA Safety Communication: FDA Warns Thermography Should Not Be Used in Place of Mammography to Detect, Diagnose, or Screen for Breast Cancer: FDA Safety Communication</a> ) CPT (No specific code)	N	N	N	10/9/2020
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	8/14/2020
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	2/12/2021
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	8/14/2020
Trabeculectomy for glaucoma (ab externo) (See also <a href="#">Glaucoma Surgery</a> ) CPT (65850, 66170, 66172)	Y	Y	Y	1/8/2021
Trabectome® for glaucoma (ab interno) (See also <a href="#">Glaucoma Surgery</a> ) CPT ([0621T, 0622T eff. 01/01/2021], 65820, 66999)	N	N	N	1/8/2021
Transanal endoscopic microsurgery (TEM) Note: Medically necessary when any of the following are applicable: <ul style="list-style-type: none"> <li>▪ Benign rectal tumors (adenomas)</li> <li>▪ Malignant tumors (e.g., small, less than 3 cm, well to moderately differentiated malignant tumors, e.g., early stage Tis, T1N0 adenocarcinomas) within 8 cm of the anal verge and limited to less than 30% of the rectal circumference for which there is no evidence of nodal involvement and which can be removed with negative margins</li> <li>▪ Small rectal carcinoids (less than 2 cm in diameter)</li> <li>▪ Medically unfit or unwilling to undergo radical resection and require palliative resection</li> </ul> CPT (0184T)	Y	Y	Y	2/12/2021
Transcatheter mitral valve repair (TMVR) (aka mitral valve transcatheter edge-to-edge repair [TEER]), (E.g., MitraClip®)	Y	SEE NOTE	Y	1/21/2021

<p>Note: Medicare members, whose costs relating directly to the provision of services related to the <a href="#">Decision Memo for Transcatheter Mitral Valve Repair (TMVR)</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.</p> <p><b>CPT (0345T, 33418, 33419, 93590, 93592)</b></p> <p><b>CPT (0483T, 0484T, [0543T, NeoChord], [0544T, Cardioband™ Mitral Valve Reconstruction System], [0569T, 0570T, TriClip™])</b></p> <p>Note: The above “T” codes (eff. 07/10/2020) are considered experimental and investigational for all members</p>				
<p><b><a href="#">Transcranial magnetic stimulation for Major Depressive Disorder (MDD) (NeuroStar®TMS Therapy System)</a></b></p> <p>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). See also <a href="#">NGS LCD: Transcranial Magnetic Stimulation</a> for Medicare members.</p> <p><b>CPT codes (90867, 90868, 90869)</b></p>	Y	Y	Y	5/7/2021
<p><b>Transcranial magnetic stimulation for neurologic or psychological indications other than depression</b></p> <p>(E.g., migraines [e.g., Cerena Single-Pulse Transcranial Magnetic Stimulator], strokes, obsessive compulsive disorder [e.g., Brainsway Deep Transcranial Magnetic Stimulation System], Parkinson’s disease, dystonia, tinnitus and auditory hallucinations)</p> <p><b>CPT (90867, 90868, 90869)</b></p>	N	N	N	8/14/2020
<p><b>Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity (HyperView™)</b></p> <p><b>CPT (0631T eff. 01/01/2021)</b></p>	N	N	N	1/4/2021
<p><b>Transdermal glomerular filtration rate (GFR) measurement(s), including sensor placement and fluorescent pyrazine agent administration (Transdermal GFR system)</b></p> <p><b>CPT (0602T, 0603T eff. 07/01/2020)</b></p>	N	N	N	6/12/2020
<p><b>Transendoscopic therapies for dysphagia and gastrointestinal reflux disease (GERD)</b></p> <p>(E.g., Bard EndoCinch™ Suturing System, Enteryx™, EsophyX™, LINX Reflux Mgmt. System, Stretta® radiofrequency ablation)</p> <p>(See also <a href="#">Medicare LCD: Select Minimally Invasive GERD Procedures</a>)</p> <p><b>Natural orifice transoral endoscopic surgery (NOTES) for bariatric surgery/transoral gastroplasty (TOGA)</b></p> <p>(E.g., Apollo OverStitch endoscopic suturing system, StomaphyX™ endoluminal fastener and delivery system, etc.) (See also <a href="#">Bariatric Surgery</a>)</p> <p><b>CPT (43210, 43257, 43284, 43285, 43289, 43499, 43999, 49999)</b></p> <p>Note: CPTs 43210 and 43285 are covered for Medicare eff. 10/12/19</p>	N	N	N	8/14/2020
<p><b>Transilluminated powered phlebectomy (TriVex System) for varicosities</b></p> <p>(See also <a href="#">Varicose Vein Treatment</a>)</p> <p><b>CPT (No specific code)</b></p>	Y	Y	Y	3/12/2021
<p><b>Transmyocardial revascularization</b></p> <p><b>CPT (33140, 33141)</b></p>	Y	Y	Y	5/7/2021



Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed CPT (0548T, 0549T, 0550T, 0551T)	N	N	N	8/14/2020
Transpupillary thermotherapy for retinoblastoma CPT (67299)	Y	Y	Y	2/12/2021
Transtelephonic spirometry for monitoring pulmonary function following lung or heart-lung transplantation CPT (94014, 94015, 94016)	Y	Y	Y	11/11/2020
Transurethral microwave thermotherapy CPT (53850)	Y	Y	Y	5/7/2021
Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance CPT (0582T)	N	N	N	11/11/2020
Transurethral needle ablation of the prostate (TUNA)/transurethral radiofrequency needle ablation (RFNA) (including TUNA using water vapor/Rezum system (aka transurethral water vapor therapy) for benign prostatic hypertrophy (BPH) CPT (53852, 53854, 53899)	Y	Y	Y	5/8/2020
Transvascular Autonomic Modulation (TVAM) for the treatment of autonomic dysfunction using balloon angioplasty devices (See also <a href="#">FDA MedWatch Safety Alert</a> ) CPT (No specific code)	N	N	N	2/12/2021
Tremor analysis device (E.g., Physiologic recording of tremor using accelerometers) CPT (95999)	N	N	N	8/14/2020
Tropism testing for HIV (E.g., Trofile™ co-receptor assay for HIV [Monogram Biosciences], <a href="#">HIV-1 Coreceptor Tropism Testing [Quest Diagnostics]</a> ) (See also <a href="#">Genetic Counseling and Testing</a> ) CPT (No specific code)	Y	Y	Y	9/11/2020
TRUGRAF Blood Gene Expression Test (See <a href="#">Medicare LCD: TRUGRAF Blood Gene Expression Test</a> ) CPT (81479)	N	Y	N	11/11/2020
Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia CPT (0583T)	N	N	N	11/11/2020
Ultrasound — intravascular noncoronary vessel CPT (37252, 37253)	Y	Y	Y	5/7/2021
Ultrasound — low frequency for wounds (E.g., MIST Therapy System, Noncontact normothermic wound therapy [e.g., Warm-Up®]) CPT (97610) HCPCS (A6000, E0231, E0232 [Warm-Up]) Note: CPT 97610 is covered for Medicare eff. 10/12/19	N	N	N	8/14/2020

Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed CPT (46948)	Y	Y	Y	11/11/2020
Ultrasound-guided spinal injection(s), single/multilevel), diagnostic/therapeutic agent (See also <a href="#">Pain Management</a> ) CPT (0213T, 0214T, 0215T, 0216T, 0217T, 0218T, <del>0228T, 0229T, 0230T, 0231T</del> del. 01/01/2021)	N	N	N	9/11/2020
Unicondylar interpositional spacer for joint pain (e.g., osteoarthritis) (E.g., UniSpacer™ Knee System) CPT (No specific code)	N	N	N	8/14/2020
Urine cytology for bladder cancer screening or as a primary detection modality (without cystoscopy) (E.g., UroVysion™) CPT (88112, 88120, 88121)	N	N	N	8/14/2020
Uterine artery embolization for symptomatic fibroids CPT (37243)	Y	Y	Y	5/7/2021
Vacuum-Assisted Socket System™ for artificial limbs HCPCS (L5781, L5782)	Y	Y	Y	5/7/2021
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	11/11/2020
Vaginal bowel control for fecal incontinence (E.g., Eclipse™ Vaginal Insert System) (See also <a href="#">Fecal Incontinence Treatment</a> ) Note: The eclipse system is covered for Medicare members per <a href="#">Noridian LCD</a> . CPT (A4335, A4563)	N	SEE NOTE	N	5/7/2021
Vagus nerve stimulation — multiple conditions (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.) Note: Vagus nerve stimulation is considered investigational for all indications except: <ul style="list-style-type: none"> <li>▪ Epilepsy (see MCG #ACG: A-0424 [AC]))</li> <li>▪ Treatment resistant depression (covered for Medicare members per <a href="#">NCD: Vagus Nerve Stimulation [VNS] for Treatment Resistant Depression [TRD] through Coverage with Evidence Development [CED]</a>)</li> <li>▪ COVID-19 — the gammaCore Sapphire CV is covered for all members per the <a href="#">FDA’s Emergency Use Authorization (EUA)</a> (See <a href="#">gammaCore Sapphire CV for the Coronavirus Disease 2019 (COVID-19)</a> for covered indications)</li> </ul> CPT (0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 61885, 61886, 61888, 64553, 64568, 64569, 64570, 64585, 64590, 64595, 95970) HCPCS ([E1399, report for gammaCore Sapphire], [K1020 eff. 04/01/2021], L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	SEE NOTE	SEE NOTE	SEE NOTE	2/12/2021

<p>Venoplasty for relapsing remitting multiple sclerosis CPT (36901, 36902, 36903, 36904, 36905, 36906)</p>	N	N	N	8/14/2020
<p>VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) CPT (85576)</p>	N	N	N	8/14/2020
<p>VeriStrat® proteomic expression profiling for non-small cell lung cancer treatment (Biodesix) (See also <a href="#">Medicare Coverage Article: Biomarkers for Oncology</a>) CPT (84999, 81538)</p>	Y	Y	Y	5/8/2020
<p>Visual evoked potential, screening of visual acuity, automated (See also <a href="#">Visual Evoked Potential Testing for Pediatric Populations in the Primary Care Setting</a>) CPT (0333T) Visual evoked potential testing for glaucoma (See also <a href="#">Visual Electrophysiology Testing</a>) CPT (0464T)</p>	N	N	N	3/12/2021 7/8/2020
<p>Visual field assessment — real time, remote surveillance data transmission (E.g., ForeseeHome™ AMD Monitoring Program) CPT (0378T, 0379T)</p>	N	N	N	8/14/2020
<p>Waterjet ablation — prostate, transurethral for benign prostatic hypertrophy (BPH) (PROCEPT BioRobotics AquaBeam™ System) (See also <a href="#">Medicare LCD: Fluid Jet System in the Treatment for LUTS/BPH</a>) CPT (0421T) <b>Note: Commercial coverage eff. 5/3/2021</b></p>	Y	Y	N	3/12/2021
<p>Wireless Esophageal pH Monitoring (Bravo™ System) CPT (91035)</p>	Y	Y	Y	8/14/2020
<p>Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed (Flowsense™) CPT (0639T eff. 01/01/2021)</p>	N	N	N	1/4/2021
<p>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> <b>Note: Not considered medically necessary for general population screening.</b> CPT (86794, 87662)</p>	Y	Y	Y	5/8/2020