Local Coverage Article:
Billing and Coding: Non-Covered Category III CPT Codes (A56480)

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Contractor Information

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

Article Information

General Information

Article ID
A56480

Original Effective Date
05/03/2019

Article Title
Billing and Coding: Non-Covered Category III CPT Codes

Revision Effective Date
01/01/2020

Article Type
Billing and Coding

Revision Ending Date
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT codes, descriptions and other data only are

Retirement Date
N/A

CMS National Coverage Policy

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

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

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

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

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

Article Guidance

Article Text:

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for Non-Covered Category III CPT Codes L34555.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The following CPT Category III Codes are noncovered:

Group 1 Codes:

CODE	DESCRIPTION
0042T	Ct perfusion w/contrast cbf
0058T	Cryopreservation ovary tiss
0071T	Us leiomyomata ablate <200
0072T	Us leiomyomata ablate >200
0095T	Rmvl artific disc addl crvcl
0101T	Extracorp shockwv tx hi enrg
0102T	Extracorp shockwv tx anesth
0106T	Touch quant sensory test
0107T	Vibrate quant sensory test
0108T	Cool quant sensory test
0109T	Heat quant sensory test
0110T	Nos quant sensory test
0111T	Rbc membranes fatty acids
0126T	Chd risk imt study
0174T	Cad cxr with interp
0175T	Cad cxr remote
0184T	Exc rectal tumor endoscopic
0198T	Ocular blood flow measure
0200T	Perq sacral augmt unilat inj
0201T	Perq sacral augmt bilat inj
0202T	Post vert arthrplst 1 lumbar

CODE	DESCRIPTION
0207T	Clear eyelid gland w/heat
0208T	Audiometry air only
0209T	Audiometry air & bone
0210T	Speech audiometry threshold
0211T	Speech audiom thresh & recog
0212T	Compre audiometry evaluation
0213T	Njx paravert w/us cer/thor
0214T	Njx paravert w/us cer/thor
0215T	Njx paravert w/us cer/thor
0216T	Njx paravert w/us lumb/sac
0217T	Njx paravert w/us lumb/sac
0218T	Njx paravert w/us lumb/sac
0219T	Plmt post facet implt cerv
0220T	Plmt post facet implt thor
0221T	Plmt post facet implt lumb
0222T	Plmt post facet implt addl
0228T	Njx tfrml eprl w/us cer/thor
0229T	Njx tfrml eprl w/us cer/thor
0230T	Njx tfrml eprl w/us lumb/sac
0231T	Njx tfrml eprl w/us lumb/sac
0232T	Njx platelet plasma
0234T	Trluml perip athrc renal art
0235T	Trluml perip athrc visceral
0236T	Trluml perip athrc abd aorta
0237T	Trluml perip athrc brchiocph
0238T	Trluml perip athrc iliac art
0253T	Insert aqueous drain device
0263T	Im b1 mrw cel ther cmpl
0264T	Im b1 mrw cel ther xcl hrvst
0265T	Im b1 mrw cel ther hrvst onl
0266T	Implt/rpl crtd sns dev total
0267T	Implt/rpl crtd sns dev lead

CODE	DESCRIPTION
0268T	Implt/rpl crtd sns dev gen
0269T	Rev/remvl crtd sns dev total
0270T	Rev/remvl crtd sns dev lead
0271T	Rev/remvl crtd sns dev gen
0272T	Interrogate crtd sns dev
0273T	Interrogate crtd sns w/pgrmg
0274T	Perq lamot/lam crv/thrc
0278T	Tempr
0290T	Laser inc for pkp/lkp recip
0312T	Laps impltj nstim vagus
0313T	Laps rmvl nstim array vagus
0314T	Laps rmvl vgl arry&pls gen
0315T	Rmvl vagus nerve pls gen
0316T	Replc vagus nerve pls gen
0317T	Elec alys vagus nrv pls gen
0329T	Mntr io press 24hrs/> uni/bi
0330T	Tear film img uni/bi w/i&r
0331T	Heart symp image plnr
0332T	Heart symp image plnr spect
0333T	Visual ep scr acuity auto
0335T	Insj sinus tarsi implant
0338T	Trnscth renal symp denrv unl
0339T	Trnscth renal symp denrv bil
0342T	Thxp apheresis w/hdl delip
0347T	Ins bone device for rsa
0348T	Rsa spine exam
0349T	Rsa upper extr exam
0350T	Rsa lower extr exam
0351T	Intraop oct brst/node spec
0352T	Oct brst/node i&r per spec
0353T	Intraop oct breast cavity
0354T	Oct breast surg cavity i&r

CODE	DESCRIPTION
0355T	Gi tract capsule endoscopy
0356T	Insrt drug device for iop
0358T	Bia whole body
0362T	Bhv id suprt assmt ea 15 min
0373T	Adapt bhv tx ea 15 min
0381T	Ext h rate epi sz 14 days
0382T	Ext h rate sz 14 day ri only
0383T	Ext h rate sz up to 30 days
0384T	Ex h rate sz 30 day ri only
0385T	Ex h rate for sz ovr 30 day
0386T	Ex h rate sz 30+ day ri only
0394T	Hdr elctrnc skn surf brchytx
0395T	Hdr elctr ntrst/ntrcv brchtx
0396T	Intraop kinetic balnce sensr
0397T	Ercp w/optical endomicroscpy
0400T	Mltispectrl digital les alys

CODE	DESCRIPTION
0401T	Mltispectrl digital les alys
0403T	Diabetes prev standard curr
0404T	Trnscrv uterin fibroid abltj
0405T	Ovrsght xtrcorp liv asst pat
0408T	Insj/rplc cardiac modulj sys
0409T	Insj/rplc car modulj pls gn
0410T	Insj/rplc car modulj atr elt
0411T	Insj/rplc car modulj vnt elt
0412T	Rmvl cardiac modulj pls gen
0413T	Rmvl car modulj tranvns elt
0414T	Rmvl & rpl car modulj pls gn
0415T	Repos car modulj tranvns elt
0416T	Reloc skin pocket pls gen
0417T	Prgrmg eval cardiac modulj
0418T	Interro eval cardiac modulj

CODE	DESCRIPTION
0419T	Dstrj neurofibroma xtnsv
0420T	Dstrj neurofibroma xtnsv
0421T	Waterjet prostate abltj cmpl
0422T	Tactile breast img uni/bi
0423T	Assay secretory type ii pla2
0424T	Insj/rplc nstim apnea compl
0425T	Insj/rplc nstim apnea sen ld
0426T	Insj/rplc nstim apnea stm ld
0427T	Insj/rplc nstim apnea pls gn
0428T	Rmvl nstim apnea pls gen
0429T	Rmvl nstim apnea sen ld
0430T	Rmvl nstim apnea stimj ld
0431T	Rmvl/rplc nstim apnea pls gn
0432T	Repos nstim apnea stimj ld
0433T	Repos nstim apnea sensing ld
0434T	Interro eval npgs apnea
0435T	Prgrmg eval npgs apnea 1 ses
0436T	Prgrmg eval npgs apnea study
0437T	Impltj synth rnfcmt abdl wal
0439T	Myocrd contrast prfuj echo
0440T	Abltj perc uxtr/perph nrv
0441T	Abltj perc lxtr/perph nrv
0442T	Abltj perc plex/trncl nrv
0443T	R-t spctrl alys prst8 tiss
0444T	1st plmt drug elut oc ins
0445T	Sbsqt plmt drug elut oc ins
0446T	Insj impltbl glucose sensor
0447T	Rmvl impltbl glucose sensor
0448T	Remvl insj impltbl gluc sens
0450T	Insj aqueous drain dev each
0451T	Insj/rplcmt aortic ventr sys
0452T	Insj/rplcmt dev vasc seal

CODE	DESCRIPTION
0453T	Insj/rplcmt mech-elec ntrfce
0454T	Insj/rplcmt subq electrode
0455T	Remvl aortic ventr cmpl sys
0456T	Remvl aortic dev vasc seal
0457T	Remvl mech-elec skin ntrfce
0458T	Remvl subq electrode
0459T	Relocaj rplcmt aortic ventr
0460T	Repos aortic ventr dev eltrd
0461T	Repos aortic contrpulsj dev
0462T	Prgrmg eval aortic ventr sys
0463T	Interrog aortic ventr sys
0464T	Visual ep test for glaucoma
0465T	Supchrdl njx rx w/o supply
0466T	Insj ch wal respir eltrd/ra
0467T	Revj/rplmnt ch respir eltrd
0468T	Rmvl ch wal respir eltrd/ra
0469T	Rta polarize scan oc scr bi
0470T	Oct skn img acquisj i&r 1st
0471T	Oct skn img acquisj i&r addl
0472T	Prgrmg io rta eltrd ra
0473T	Reprgrmg io rta eltrd ra
0474T	Insj aqueous drg dev io rsvr
0475T	Rec ftl car sgl 3 ch i&r
0476T	Rec ftl car sgl elec tr data
0477T	Rec ftl car sgl xrtj alys
0478T	Rec ftl car 3 ch rev i&r

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

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

N/A

Revenue Codes:

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

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R4	Under **CPT/HCPCS Codes Group 1: Codes** deleted CPT® codes 0205T, 0206T, 0341T, 0357T, 0375T, 0377T, 0380T, and 0399T. This revision is due to the Annual CPT®/HCPCS Code Update and becomes effective on 1/1/20.
10/27/2019	R3	Under **CPT/HCPCS Codes Group 1: Codes** deleted CPT

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		® code 0098T.
10/10/2019	R2	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the **CMS National Coverage Policy** section of the related Non-Covered Category III CPT Codes L34555 LCD and placed in this article.
05/05/2019	R1	All coding located in the **Coding Information** section has been removed from the related Non-Covered Category III CPT Codes L34555 LCD and added to this article. Under **CPT/HCPCS Codes Group 1: Codes** deleted 0163T and 0165T.

Associated Documents

Related Local Coverage Document(s)

LCD(s)
L34555 - Non-Covered Category III CPT Codes

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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Keywords

- Non-Covered Cat 3 codes
- Category 3 codes