

Article - Billing and Coding: Category III Codes (A56902)

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Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATES |
|--|---------------|-----------------|--------------|---|
| Wisconsin Physicians Service Insurance Corporation | MAC - Part A | 05101 - MAC A | J - 05 | Iowa |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 05102 - MAC B | J - 05 | Iowa |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part A | 05201 - MAC A | J - 05 | Kansas |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 05202 - MAC B | J - 05 | Kansas |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part A | 05301 - MAC A | J - 05 | Missouri - Entire State |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 05302 - MAC B | J - 05 | Missouri - Entire State |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part A | 05401 - MAC A | J - 05 | Nebraska |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 05402 - MAC B | J - 05 | Nebraska |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part A | 05901 - MAC A | J - 05 | Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana |

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATES |
|--|---------------|-----------------|--------------|--|
| | | | | Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part A | 08101 - MAC A | J - 08 | Indiana |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 08102 - MAC B | J - 08 | Indiana |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part A | 08201 - MAC A | J - 08 | Michigan |
| Wisconsin Physicians Service Insurance Corporation | MAC - Part B | 08202 - MAC B | J - 08 | Michigan |

Article Information

General Information

Article ID

A56902

Article Title

Billing and Coding: Category III Codes

Article Type

Billing and Coding

Original Effective Date

08/29/2019

Revision Effective Date

10/01/2023

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text

The billing and coding information in this article is dependent on the coverage indications, limitations and/or medical necessity described in the associated LCD L35490 Category III Codes with the exception of the following CPT codes:

- 2021 CPT/HCPCS Annual code update: 0295T, 0296T, 0297T, and 0298T deleted. Effective 01/01/2021. Please refer to LCD L34636 Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) and A57476 Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring). The physician (MD/DO) performing the service must meet all criteria in this LCD and Billing and Coding Article.
- CPT Codes **0446T**- Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor,

including system activation and patient training, **0447T**- Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision, and **0448T**- Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation. Please refer to L38686 Implantable Continuous Glucose Monitors (I-CGM) and A58213 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM). The physician (MD/DO) performing the service must meet all criteria in this LCD and Billing and Coding Article. Effective 10/11/2020.

- CPT Code **0421T** – Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed) AND HCPCS Code **C2596** – Probe, image guided, robotic, waterjet ablation. Please refer to L38682 Transurethral Waterjet Ablation of the Prostate and A58209 Billing and Coding: Transurethral Waterjet Ablation of the Prostate. The provider performing this service must meet all criteria in that LCD and Billing and Coding Article. Effective 12/27/2020.
- CPT Codes **0501T-0504T**: coverage in L35490 no longer applicable. Please refer to L38839 Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease and A58473 Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease for Coverage Indications, Limitations, and/or Medical Necessity. Effective 04/25/2021.

Frequency Limitation

Medicare may cover only **1 unit per eye, per date of service of CPT code 0449T** for insertion of glaucoma drainage device(s) into the subconjunctival space (e.g., XEN45®), when the medically reasonable and necessary criteria as stated in the LCD are met.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and must support the medical necessity of the services as directed in this article and be made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The following lists Category III services determined by WPS GHA to be reasonable and medically necessary. Coverage will only be allowed when the service is delivered in clinical situations meeting medical necessity. For services addressed in a separate LCD and associated Billing and Coding Article, all criteria addressed in that LCD and associated Billing and Coding Article must be met.

Group 1 Codes: (13 Codes)

| CODE | DESCRIPTION |
|-------|--|
| 0042T | 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 |
| 0075T | TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; INITIAL VESSEL |
| 0076T | TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 0184T | EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS), INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS) |
| 0253T | INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE |
| 0275T | PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR |
| 0308T | INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROSTHESIS |
| 0394T | HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED |
| 0395T | HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED |
| 0398T | MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STEREOTACTIC ABLATION LESION, INTRACRANIAL FOR MOVEMENT DISORDER INCLUDING STEREOTACTIC NAVIGATION AND FRAME PLACEMENT WHEN PERFORMED |
| 0449T | INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE |
| 0450T | INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |
| 0474T | INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH |

| CODE | DESCRIPTION |
|------|---|
| | CREATION OF INTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACILIARY SPACE |

Group 2 Paragraph:

0042T

Group 2 Codes: (1 Code)

| CODE | DESCRIPTION |
|-------|--|
| 0042T | 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 |

Group 3 Paragraph:

0075T and 0076T

Please refer to the CPT Professional code book: use 0076T in conjunction with 0075T.

Group 3 Codes: (2 Codes)

| CODE | DESCRIPTION |
|-------|--|
| 0075T | TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; INITIAL VESSEL |
| 0076T | TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |

Group 4 Paragraph:

0253T and 0474T

Group 4 Codes: (2 Codes)

| CODE | DESCRIPTION |
|-------|---|
| 0253T | INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE |
| 0474T | INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACILIARY SPACE |

Group 5 Paragraph:

0275T

For claims with dates of service on or after January 9, 2014, PILD, procedure code 0275T, is a covered service only when billed as part of a clinical trial approved by CMS per NCD-150.13. All Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (PILD for LSS) claims: 12/31/2014 and earlier should be processed with code 0275T. 01/01/2015 and after use 2 different codes:

- G0276 for clinical trial with Identifier NCT02079038. Is a blinded randomized controlled clinical trial which includes a CMS-approved placebo procedure arm (See CR 8954);
- 0275T for all other clinical trials (See CR 8757).

Group 5 Codes: (1 Code)

| CODE | DESCRIPTION |
|-------|--|
| 0275T | PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR |

Group 6 Paragraph:**0308T**

Claims submitted by Part A providers and ambulatory surgical centers for device pass-through category C1840 must be billed with HCPCS code 0308T (insertion of ocular telescope prosthesis including removal of crystalline lens) to receive pass-through payment. Effective July 1, 2012.

Group 6 Codes: (1 Code)

| CODE | DESCRIPTION |
|-------|---|
| 0308T | INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROSTHESIS |

Group 7 Paragraph:**0398T****Group 7 Codes:** (1 Code)

| CODE | DESCRIPTION |
|-------|---|
| 0398T | MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STEREOTACTIC ABLATION LESION, INTRACRANIAL FOR MOVEMENT DISORDER INCLUDING STEREOTACTIC NAVIGATION AND FRAME PLACEMENT WHEN PERFORMED |

Group 8 Paragraph:**0449T, 0450T****Group 8 Codes:** (2 Codes)

| CODE | DESCRIPTION |
|-------|--|
| 0449T | INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE |
| 0450T | INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) |

Group 9 Paragraph:

The following CPT/HCPCS codes are non-covered

Group 9 Codes: (8 Codes)

| CODE | DESCRIPTION |
|-------|---|
| 0525T | INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL SYSTEM PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION; COMPLETE SYSTEM (ELECTRODE AND IMPLANTABLE MONITOR) |
| 0526T | INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL SYSTEM PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION; ELECTRODE ONLY |
| 0527T | INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL SYSTEM PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION; IMPLANTABLE MONITOR ONLY |
| 0528T | PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ITERATIVE ADJUSTMENT OF PROGRAMMED VALUES, WITH ANALYSIS, REVIEW, AND REPORT |
| 0529T | INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ANALYSIS, REVIEW, AND REPORT |
| 0530T | REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERVISION AND INTERPRETATION; COMPLETE SYSTEM (ELECTRODE AND IMPLANTABLE MONITOR) |
| 0531T | REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERVISION AND INTERPRETATION; ELECTRODE ONLY |
| 0532T | REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERVISION AND INTERPRETATION; IMPLANTABLE MONITOR ONLY |

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity**Group 1 Paragraph:****0042T****Group 1 Codes:** (10 Codes)

| CODE | DESCRIPTION |
|---------|--|
| I63.031 | Cerebral infarction due to thrombosis of right carotid artery |
| I63.032 | Cerebral infarction due to thrombosis of left carotid artery |
| I63.131 | Cerebral infarction due to embolism of right carotid artery |
| I63.132 | Cerebral infarction due to embolism of left carotid artery |
| I63.311 | Cerebral infarction due to thrombosis of right middle cerebral artery |
| I63.312 | Cerebral infarction due to thrombosis of left middle cerebral artery |
| I63.411 | Cerebral infarction due to embolism of right middle cerebral artery |
| I63.412 | Cerebral infarction due to embolism of left middle cerebral artery |
| I63.511 | Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery |
| I63.512 | Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery |

Group 2 Paragraph:

The following ICD-10 Codes apply to CPT codes **0253T** and **0474T** to support medical necessity.

Group 2 Codes: (24 Codes)

| CODE | DESCRIPTION |
|----------|--|
| H40.1111 | Primary open-angle glaucoma, right eye, mild stage |
| H40.1112 | Primary open-angle glaucoma, right eye, moderate stage |
| H40.1121 | Primary open-angle glaucoma, left eye, mild stage |
| H40.1122 | Primary open-angle glaucoma, left eye, moderate stage |
| H40.1131 | Primary open-angle glaucoma, bilateral, mild stage |
| H40.1132 | Primary open-angle glaucoma, bilateral, moderate stage |

| CODE | DESCRIPTION |
|----------|---|
| H40.1211 | Low-tension glaucoma, right eye, mild stage |
| H40.1212 | Low-tension glaucoma, right eye, moderate stage |
| H40.1221 | Low-tension glaucoma, left eye, mild stage |
| H40.1222 | Low-tension glaucoma, left eye, moderate stage |
| H40.1231 | Low-tension glaucoma, bilateral, mild stage |
| H40.1232 | Low-tension glaucoma, bilateral, moderate stage |
| H40.1311 | Pigmentary glaucoma, right eye, mild stage |
| H40.1312 | Pigmentary glaucoma, right eye, moderate stage |
| H40.1321 | Pigmentary glaucoma, left eye, mild stage |
| H40.1322 | Pigmentary glaucoma, left eye, moderate stage |
| H40.1331 | Pigmentary glaucoma, bilateral, mild stage |
| H40.1332 | Pigmentary glaucoma, bilateral, moderate stage |
| H40.1411 | Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage |
| H40.1412 | Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage |
| H40.1421 | Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage |
| H40.1422 | Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage |
| H40.1431 | Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage |
| H40.1432 | Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage |

Group 3 Paragraph:

The following ICD-10 Codes are used to support medical necessity with CPT code **0275T**.

Group 3 Codes: (5 Codes)

| CODE | DESCRIPTION |
|---------|--|
| M48.05 | Spinal stenosis, thoracolumbar region |
| M48.061 | Spinal stenosis, lumbar region without neurogenic claudication |
| M48.062 | Spinal stenosis, lumbar region with neurogenic claudication |
| M48.07 | Spinal stenosis, lumbosacral region |
| Z00.6 | Encounter for examination for normal comparison and control in clinical research program |

Group 4 Paragraph:

The following ICD-10 Codes are used to support medical necessity with CPT codes **0449T and 0450T**.

Group 4 Codes: (52 Codes)

| CODE | DESCRIPTION |
|----------|---|
| H40.10X1 | Unspecified open-angle glaucoma, mild stage |
| H40.10X2 | Unspecified open-angle glaucoma, moderate stage |
| H40.10X3 | Unspecified open-angle glaucoma, severe stage |
| H40.10X4 | Unspecified open-angle glaucoma, indeterminate stage |
| H40.1111 | Primary open-angle glaucoma, right eye, mild stage |
| H40.1112 | Primary open-angle glaucoma, right eye, moderate stage |
| H40.1113 | Primary open-angle glaucoma, right eye, severe stage |
| H40.1114 | Primary open-angle glaucoma, right eye, indeterminate stage |
| H40.1121 | Primary open-angle glaucoma, left eye, mild stage |
| H40.1122 | Primary open-angle glaucoma, left eye, moderate stage |
| H40.1123 | Primary open-angle glaucoma, left eye, severe stage |
| H40.1124 | Primary open-angle glaucoma, left eye, indeterminate stage |
| H40.1131 | Primary open-angle glaucoma, bilateral, mild stage |
| H40.1132 | Primary open-angle glaucoma, bilateral, moderate stage |
| H40.1133 | Primary open-angle glaucoma, bilateral, severe stage |
| H40.1134 | Primary open-angle glaucoma, bilateral, indeterminate stage |
| H40.1211 | Low-tension glaucoma, right eye, mild stage |
| H40.1212 | Low-tension glaucoma, right eye, moderate stage |
| H40.1213 | Low-tension glaucoma, right eye, severe stage |
| H40.1214 | Low-tension glaucoma, right eye, indeterminate stage |
| H40.1221 | Low-tension glaucoma, left eye, mild stage |
| H40.1222 | Low-tension glaucoma, left eye, moderate stage |
| H40.1223 | Low-tension glaucoma, left eye, severe stage |
| H40.1224 | Low-tension glaucoma, left eye, indeterminate stage |
| H40.1231 | Low-tension glaucoma, bilateral, mild stage |
| H40.1232 | Low-tension glaucoma, bilateral, moderate stage |
| H40.1233 | Low-tension glaucoma, bilateral, severe stage |
| H40.1234 | Low-tension glaucoma, bilateral, indeterminate stage |
| H40.1311 | Pigmentary glaucoma, right eye, mild stage |
| H40.1312 | Pigmentary glaucoma, right eye, moderate stage |
| H40.1313 | Pigmentary glaucoma, right eye, severe stage |
| H40.1314 | Pigmentary glaucoma, right eye, indeterminate stage |

| CODE | DESCRIPTION |
|----------|--|
| H40.1321 | Pigmentary glaucoma, left eye, mild stage |
| H40.1322 | Pigmentary glaucoma, left eye, moderate stage |
| H40.1323 | Pigmentary glaucoma, left eye, severe stage |
| H40.1324 | Pigmentary glaucoma, left eye, indeterminate stage |
| H40.1331 | Pigmentary glaucoma, bilateral, mild stage |
| H40.1332 | Pigmentary glaucoma, bilateral, moderate stage |
| H40.1333 | Pigmentary glaucoma, bilateral, severe stage |
| H40.1334 | Pigmentary glaucoma, bilateral, indeterminate stage |
| H40.1411 | Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage |
| H40.1412 | Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage |
| H40.1413 | Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage |
| H40.1414 | Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage |
| H40.1421 | Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage |
| H40.1422 | Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage |
| H40.1423 | Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage |
| H40.1424 | Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage |
| H40.1431 | Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage |
| H40.1432 | Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage |
| H40.1433 | Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage |
| H40.1434 | Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage |

Group 5 Paragraph:

The following ICD-10 Code is used to support medical necessity with CPT code **0398T**.

Group 5 Codes: (6 Codes)

| CODE | DESCRIPTION |
|--------|---|
| G20.A1 | Parkinson's disease without dyskinesia, without mention of fluctuations |
| G20.A2 | Parkinson's disease without dyskinesia, with fluctuations |
| G20.B1 | Parkinson's disease with dyskinesia, without mention of fluctuations |
| G20.B2 | Parkinson's disease with dyskinesia, with fluctuations |
| G20.C | Parkinsonism, unspecified |
| G25.0 | Essential tremor |

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (1 Code)

| CODE | DESCRIPTION |
|-------|----------------|
| XX000 | Not Applicable |

ICD-10-PCS Codes

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article 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 article, 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 article 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 |
|-----------------------|-------------------------|--|
| 10/01/2023 | R15 | Posted 09/28/2023- Under ICD-10 Codes that Support Medical Necessity Group 5 Codes deleted ICD 10 code G20 and added G20.A1, G20.A2, G20.B1, G20.B2 and G20.C. These changes are due to the 2024 ICD-10-CM Code Updates are effective 10/01/2023. |
| 04/27/2023 | R14 | Posted 04/27/2023-Under Coding Information CPT/HCPCS Codes added Group 9 Paragraph-The following CPT/HCPCS codes are non-covered and added Group 9 Codes 0525T-0532T. |
| 06/12/2022 | R13 | Posted 04/28/2022 - corrected Revision Effective Date from 06/11/2022 to 06/12/2022 to correspond with Effective Date of LCD L35490. |
| 06/11/2022 | R12 | <p>Posted 04/27/2022. Under Article Guidance added Frequency Limitation Medicare may cover only 1 unit per eye, per date of service of CPT code 0449T for insertion of glaucoma drainage device(s) into the subconjunctival space (e.g., XEN45®), when the medically reasonable and necessary criteria as stated in the LCD are met. Added Documentation Requirements 1)All documentation must be maintained in the patient's medical record and must support the medical necessity of the services as directed in this article and be made available to the contractor upon request, 2) Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)).The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient, and 3) The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.</p> <p>Under Group 4 Paragraph added H40.10X1, H40.10X2, H40.1111, H40.1112, H40.1121, H40.1122, H40.1131, H40.1132, H40.1211, H40.1212, H40.1213, H40.1214, H40.1221, H40.1222, H40.1223, H40.1224, H40.1231, H40.1232, H40.1233, H40.1234, H40.1311, H40.1312, H40.1321, H40.1322, H40.1323, H40.1331, H40.1332, H40.1411, H40.1412, H40.1421, H40.1422, H40.1431, and H40.1432 to Group 4 Codes. Under Group 5 Paragraph added G20 to Group 5 Codes.</p> |
| 01/01/2022 | R11 | 12/30/2021 Annual CPT/HCPCS code updates. Under Article Guidance Article Text removed information related to deleted CPT codes 0466T and 0355T. Deleted Group 1 codes 0191T, 0376T, 0548T, 0549T, 0550T and 0551T. Under CPT/HCPCS Codes deleted Group 4 Paragraph information and deleted Group 4 Codes 0191T and 0376T. Deleted Group 9 Paragraph and Group 9 codes 0548T, 0549T, 0550T, 0551T Under ICD-10 Codes that Support Medical Necessity Group 2 Paragraph deleted CPT codes 0191T and 0376T. Deleted all of Group 6 Paragraph and Group 6 Codes. |
| 04/25/2021 | R10 | 03/11/2021 Added to Article Text: CPT Codes 0501T-0504T : Please refer to L38839 Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease and A58473 Billing and Coding: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease for Coverage Indications, Limitations, and/or Medical Necessity. |

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION |
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| | | Removed CPT/HCPCS Codes/Group 1 Codes: 0501T-0504T. Removed Group 9 Paragraph/Group 9 Codes: 0501T-0504T. Removed ICD-10 Codes that Support Medical Necessity/Group 5 Paragraph: The following ICD-10 Codes are used to support medical necessity with CPT codes 0501T, 0502T, 0503T and 0504T. Removed Group 5 Codes. Reformatted numerical order. Effective 04/25/2021. |
| 03/28/2021 | R9 | 02/11/2021 Added to Article Text: CPT code 0355T. Please refer to L38837 Colon Capsule Endoscopy (CCE) and A58471 Billing and Coding: Colon Capsule Endoscopy (CCE). The provider performing this service must meet all criteria in that LCD and Billing and Coding Article. Effective 03/28/2021. |
| 12/31/2020 | R8 | 12/31/2020 2021 CPT/HCPCS Annual code update: 0295T, 0296T, 0297T, and 0298T deleted. Effective 01/01/2021. Please refer to LCD L34636 Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) and A57476 Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring). Reformatted Article Text: CPT Code 0466T. Added to Article Text: CPT code 0421T and HCPCS code C2596. Included reference to related LCD L38682 and Article A56902 which became effective 12/27/2020. |
| 11/26/2020 | R7 | 11/26/2020: Updated Group 3 Paragraph: 0075T and 0076T: Please refer to the CPT Professional code book: use 0076T in conjunction with 0075T. Corrected Group 10 Paragraph: CPT code corrected from 0450T to CPT code 0550T. Included: Please refer to the CPT Professional code book: do not report 0551T in conjunction with 0548T, 0549T, 0550T. |
| 10/29/2020 | R6 | 10/29/2020: Please note correction for 06/25/2020 revision history: 098T should have read 0298T. Added to article text: CPT Codes 0446T - Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training, 0447T - Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision, and 0448T - Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation. Please refer to L38686 Implantable Continuous Glucose Monitors (I-CGM) and A58213 Billing and Coding: Implantable Continuous Glucose Monitors (I-CGM). The physician (MD/DO) performing the service must meet all criteria in this LCD and Billing and Coding Article. Effective 10/11/2020. Coding Information Group 1 Paragraph: updated statement to include associated Billing and Coding Article. Removed medical necessity information and relocated to LCD L35490 to Summary of Evidence in Group 2 Paragraph 0042T; Group 7 Paragraph 0398T; and Group 9 Paragraph: 0501T, 0502T, 0503T, 0504T. Group 3 Paragraph: 0075T and 0076T. Removed reference CMS publication 100-03, <i>Medicare National Coverage Determinations (NCD) Manual</i> as it is located in the LCD: Utilization Guidelines. Group 4 Paragraph: removed medical description of CPT code 0191T, located in Utilization Guidelines. Group 6 Paragraph: 0308T reformatted billing guidance. Group 8 Paragraph: 0449T, 0450T |

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| | | <p>removed medical description of CPT codes, located in Utilization Guidelines. Group 10 Paragraph: 0548T, 0549T, 0550T, 0551T removed medical descriptions, located in Utilization Guidelines.</p> <p>Removed medical necessity information and relocated to LCD L35490 to Utilization Guidelines in Group 3 Paragraph 0075T-0076T; Group 4 Paragraph 0191T; Group 6 Paragraph 0308T; Group 8 Paragraph: 0449T, 0450T and Group 10 Paragraph: 0548T, 0549T, 0550T, 0551T.</p> |
| 07/01/2020 | R5 | <p>06/25/2020: CPT/HCPCS Codes Group 1 Codes added: 0042T, 0275T, 0398T, 0501T, 0502T, 0503T, 0504T, 0548T, 0549T, 0550T, and 0551T. CPT/HCPCS Codes Group 1 Codes removed: 0295T, 0296T, 0297T, and 098T. The billing and coding information for these 4 CPT codes are dependent on the coverage indications, limitations and/or medical necessity described in the LCD L34636 Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) and A57476 Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring). Updated content: Group 2 Paragraph: 0042T; Utilization Guidelines reformatted and includes: Group 3 Paragraph: 0075T and 0076T; Group 4 Paragraph: 0191T; Group 6 Paragraph: 0308T; Group 7 Paragraph: 0398T; Group 8 Paragraph: 0449T, 0450T; Group 9 Paragraph: 0501T, 0502T, 0503T, 0504T; and Group 10 Paragraph: 0548T, 0549T, 0550T, 0551T. ICD-10 Codes that Support Medical Necessity Group 1 Paragraph: 0042T, Group 1 Codes: I63.031, I63.032, I63.131, I63.132, I63.311, I63.312, I63.411, I63.412, I63.511, and I63.512. Reformatted Group 2 Codes through Group 7 Codes for correct numerical order.</p> |
| 04/30/2020 | R4 | <p>04/30/2020: Article text includes new format "with the exception of the following CPT codes:" Added: CPT Codes 0295T - 0298T. Please refer to A54953 Independent Diagnostic Testing Facilities – physician supervision and technician requirements. Additional guidance provided in LCD L34636 Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring) and A57476 Billing and Coding: Electrocardiographic (EKG or ECG) Monitoring (Holter or Real-Time Monitoring). The physician (MD/DO) performing the service must meet all criteria in this LCD and Billing and Coding Article. (Effective 04/30/2020). CPT Codes 0466T- 0468T. Please refer to L38528 - Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea and A57944 Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea. The physician (MD/DO) performing the service must meet all criteria in this LCD and Billing and Coding Article. (Future Effective 06/14/2020) Last review completed 04/06/2020.</p> |
| 01/01/2020 | R3 | <p>12/19/2019 CPT/HCPCS annual code update: deleted CPT 0249T from Group 1 Codes and associated L35490 effective 01/01/2020. Providers are responsible for determining the correct diagnostic and procedural coding for the services they furnish to Medicare beneficiaries.</p> |

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| 11/01/2019 | R2 | Content has been moved to the new template. |
| 10/01/2019 | R1 | 09/26/2019: Group 4 Paragraph: removed I48.1 and I48.2 are applicable to Group 4 Paragraph. ICD-10 CM annual code updates: Group 4 added codes I48.11, I48.19, I48.20, and I48.21. |

Associated Documents

Related Local Coverage Documents

Articles

- [A58471 - Billing and Coding: Colon Capsule Endoscopy \(CCE\)](#)
- [A57552 - Billing and Coding: Coronary Computed Tomography Angiography \(CCTA\)](#)
- [A57944 - Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea](#)
- [A58213 - Billing and Coding: Implantable Continuous Glucose Monitors \(I-CGM\)](#)
- [A58473 - Billing and Coding: Non-Invasive Fractional Flow Reserve \(FFR\) for Ischemic Heart Disease](#)
- [A58209 - Billing and Coding: Transurethral Waterjet Ablation of the Prostate](#)
- [A54953 - Independent Diagnostic Testing Facilities- physician supervision and technician requirements](#)

LCDs

- [DL35490 - \(MCD Archive Site\)](#)
- [L35490 - Category III Codes](#)
- [L38837 - Colon Capsule Endoscopy \(CCE\)](#)
- [L35121 - Coronary Computed Tomography Angiography \(CCTA\)](#)
- [L38686 - Implantable Continuous Glucose Monitors \(I-CGM\)](#)
- [L38839 - Non-Invasive Fractional Flow Reserve \(FFR\) for Ischemic Heart Disease](#)
- [L38682 - Transurethral Waterjet Ablation of the Prostate](#)
- [DL38682 - Transurethral Waterjet Ablation of the Prostate](#)

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

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