

# Local Coverage Determination (LCD): Noncovered Services other than CPT® Category III Noncovered Services (L36954)

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## Contractor Information

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

## LCD Information

### Document Information

**LCD ID**

L36954

**Original Effective Date**

For services performed on or after 06/05/2017

**LCD Title**

Noncovered Services other than CPT® Category III  
Noncovered Services

**Revision Effective Date**

For services performed on or after 10/24/2019

**Proposed LCD in Comment Period**

N/A

**Revision Ending Date**

N/A

**Source Proposed LCD**

DL36954

**Retirement Date**

N/A

## **AMA CPT / ADA CDT / AHA NUBC Copyright**

### **Statement**

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## **Notice Period Start Date**

04/20/2017

## **Notice Period End Date**

06/04/2017

## **CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1862(a)(1)A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

42 CFR §411.15(h) Particular services excluded from coverage-cosmetic surgery and related services

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 16, §10 General Exclusions from Coverage

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 16, §120 Cosmetic Surgery

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4,

## §270.1 Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds

CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.5.4 Reasonable and Necessary Provisions in LCDs

### Coverage Guidance

#### Coverage Indications, Limitations, and/or Medical Necessity

Medicare does not cover items and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Section 1862 (a)(1)(a) of the Social Security Act (SSA) is the basis for covering items, services, or procedures that are not excluded by any other statutory clause. Coverage requires that an item, service, or procedure be:

- Generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used;
- Proven to be safe and effective based on peer review or scientific literature;
- Not experimental;
- Cosmetic procedures are not performed purely for the purpose of enhancing one's appearance;
- Medically necessary in the particular case;
- Furnished at a level, duration or frequency that is medically appropriate;
- Furnished in accordance with accepted standards of medical practice;
- Approved by the Food and Drug Administration (FDA);
- Furnished in a setting appropriate to the beneficiary's medical needs and condition.

In summary, medical necessity requires items and services to be safe and effective, consistent with generally accepted professional medical standards of care (e.g., not considered experimental or investigational) for the symptoms or diagnosis of the illness or injury under treatment, not provided primarily for the convenience of the patient, the attending physician or other physician or supplier; and that the items or services be furnished at the most appropriate level that can be provided safely and effectively to the beneficiary.

Medicare is a defined benefit program. Services that do not fit into an established benefit category are non-covered.

A service or procedure on the national non-coverage list may be non-covered for a variety of reasons.

Some examples of reasons for non-coverage include:

- Specific exclusion contained in the Medicare law (i.e. acupuncture);
- Not proven safe and effective (not medically reasonable and necessary); or
- A procedure that is always considered cosmetic in nature

National non-coverage decisions may be found in the references cited in this policy (National Coverage Determinations (NCDs) for non-covered services). These national non-covered services are listed in this Local Coverage Determination (LCD) for informational purposes only.

Medical devices that are not approved for marketing by the FDA are considered investigational by Medicare. Program payment, therefore, may not be made for medical procedures and services performed using devices that have not been approved for marketing by the FDA or for those not included in a FDA-approved investigational device exemption (IDE) trial.

If a test, treatment or procedure is neither specifically covered nor excluded in Medicare law or guidelines, A/B Medicare Administrative Contractors (MAC) must make a coverage determination. Medicare will make payment only when a service is accepted as effective and of proven benefit in the appropriate population for which it is intended.

Some tests or services are obsolete and have been replaced by more advanced procedures. In such a case, those tests or procedures may be paid only if the physician who performs them satisfactorily justifies the medical need for the procedure(s).

### **Summary of Evidence**

N/A

### **Analysis of Evidence (Rationale for Determination)**

N/A

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## **General Information**

### **Associated Information**

The medical record must be made available to the A/B MAC upon request.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the SSA.

### **Sources of Information**

Policies from other Medicare Jurisdictions:

- First Coast Service Options, Inc. L33777 Noncovered Services
- Noridian Healthcare Solutions, LLC L36219 Non-covered Services
- National Government Services, Inc. L33629 Non-covered Services

Palmetto GBA Contractor Advisory Committee Members

Current Procedural Terminology (CPT®), Professional Edition, American Medical Association

### **Bibliography**

N/A

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## **Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/24/2019	R14	<p>This LCD 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. There has been no change in coverage with this LCD revision. Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of this LCD and placed in the related Billing and Coding: Noncovered Services other than CPT® Category III Noncovered Services A56506 article.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
05/23/2019	R13	<p>All verbiage regarding billing and coding under the <b>Coverage Indications, Limitations and/or Medical Necessity</b> section has been removed and is included in the related Billing and Coding: Noncovered Services other than CPT® Category III Noncovered Services A56506 article.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
05/05/2019	R12	<p>All coding located in the <b>Coding Information</b> section has been moved into the related Billing and Coding: Noncovered Services other than CPT® Category III Noncovered Services A56506 article and removed from the LCD. Under <b>Associated Information</b> moved verbiage regarding billing and coding to the associated article A56506.</p> <p>Under <b>CMS National Coverage Policy</b> deleted the verbiage "CMS National Coverage Policy Language quoted from the Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy." The CMS Internet-Only Manual, Pub 100-08, Chapter 13, §13.5.1 was replaced by section §13.5.4. Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> removed quoted Internet Only Manual (IOM) text and changed verbiage to read "The only status indicator that influences</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>coverage is N, which indicates a non-covered service.” in the ninth paragraph. All information under <b>Bibliography</b> was moved to the <b>Sources of Information</b> section. Formatting, punctuation and typographical errors were corrected and acronyms were inserted where appropriate throughout the LCD.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
01/01/2019	R11	<p>Under <b>CPT/HCPCS Codes Group 1: Codes</b>, CPT code G0455 has been deleted. This revision is due to a reconsideration request and has a retro-effective date of 10/15/18.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Reconsideration Request</li> </ul>
01/01/2019	R10	<p>Under <b>CPT/HCPCS Codes Group 1: Codes</b> added 76981, 76982, 76983, and deleted C9748. This revision is due to the Annual CPT®/HCPCS Code Update and becomes effective on 1/1/2019.</p> <p>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>
05/07/2018	R9	<p>Under <b>CMS National Coverage Policy</b> in the first paragraph, the second and third sentences were deleted. Under <b>Coverage Indications, Limitations and/or Medical Necessity</b>, in the second set of bullet points, “A” was added at the beginning of the sentence in the fourth bullet. In the seventh paragraph, the word “an” was changed to “a” in the last sentence. In the eighth</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li> <li>• Reconsideration Request</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>paragraph, the acronym for "Medicare Administrative Contractors" was added. In the last sentence of the tenth paragraph, J was added as a Jurisdiction. Corrections were made to the bullet points after the twelfth paragraph. Cormatrix was changed to CorMatrix. Gliasite was changed to GliaSite. Under <b>CPT/HCPCS Codes – Group 1 – Not Proven Effective, Not Medically Reasonable and Necessary</b> "myringectomy" was changed to "myringotomy" and "Rezum®" was removed as this is now a covered service.</p> <p>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	
02/26/2018	R8	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> <li>Change in Affiliated Contract Numbers</li> </ul>
01/29/2018	R7	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> <li>Change in Affiliated Contract Numbers</li> </ul>
01/01/2018	R6	<p>Under <b>CPT/HCPCS Codes Group 1</b> added CPT code C9748 and deleted CPT codes 34806 and 93982. Descriptions were revised for CPT code 32998. This revision is due to the Annual CPT/HCPCS Code Update.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires</i></p>	<ul style="list-style-type: none"> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<i>comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	
11/09/2017	R5	<p><b>Under Coverage Indications, Limitations and/or Medical Necessity- Group 1 - Not Proven Effective, Not Medically Reasonable and Necessary</b> fifth bullet removed the verbiage "(see LCD L35267)".</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
10/02/2017	R4	<p>Under <b>CPT/HCPCS Codes – Group 1: Codes</b> the code description was changed for CPT code 90620. This revision is due to the Q4 CPT/HCPCS Update.</p> <p><b>10/20/2017:</b> <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
08/17/2017	R3	<p>Under <b>CPT/HCPCS Codes – Group 1: Codes</b> the code descriptions changed for 90620 and 90621. This revision is due to the Q3 CPT/HCPCS Update. This revision is retroactive to 07/01/17.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
06/05/2017	R2	<p>Under <b>Coverage Indications, Limitations and/or Medical Necessity- Components of Another Service (Bundled), Never Separately Billable to the Contractor or the Beneficiary (not all inclusive)</b> added instillation to the 4th bullet and deleted the asterisk on On-Q pain pump placement and/or management. Under <b>CPT/HCPCS Codes- Group 1 - Not Proven Effective, Not Medically Reasonable and Necessary Note</b> deleted CPT 22861 as this CPT code does not stem from National Coverage Determination (NCD) 150.10; however this CPT continues to be a noncovered service. Under <b>CPT/HCPCS Codes- Group 1: Codes</b> added CPT code 22861. The following CPT codes were deleted from <b>Group 1: Codes</b> and moved to <b>Group 3: Codes</b>: 28035, 64702, 64704, 64708, 64712, 64714, 64722, 64726, and 64727. Under <b>CPT/HCPCS Codes- Group 1: Codes</b> deleted CPT codes 43201, 43236, and 43241 as these are covered services in the <b>Upper Gastrointestinal Endoscopy and Visualization LCD L34434</b> and deleted HCPCS E1399 and L8699. Under <b>CPT/HCPCS Codes</b> added the <b>Group 3: Paragraph</b> and <b>Group 3: Codes</b>. Under <b>ICD-10 Codes That Do Not Support Medical Necessity</b> added the <b>Group 1: Codes</b> which are only applicable for the <b>Group 3 CPT Codes</b>.</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> <li>Revisions Due To ICD-10-CM Code Changes</li> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
06/05/2017	R1	<p>Under <b>CPT/HCPCS Codes Group 1: Codes</b> deleted CPT codes 93000, 93005, 93010, 93040, 93041, and 93042.</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> <li>Other</li> </ul>

# Associated Documents

## Attachments

N/A

## Related Local Coverage Documents

Article(s)

A56506 - Billing and Coding: Noncovered Services other than CPT® Category III Noncovered Services

A55510

- (MCD Archive Site)LCD(s)

DL36954

- (MCD Archive Site)

## Related National Coverage Documents

N/A

## Public Version(s)

Updated on 10/14/2019 with effective dates 10/24/2019 - N/A

Updated on 05/15/2019 with effective dates 05/23/2019 - 10/23/2019

Updated on 04/12/2019 with effective dates 05/05/2019 - 05/22/2019

Updated on 12/28/2018 with effective dates 01/01/2019 - 05/04/2019

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Updated on 04/03/2018 with effective dates 05/07/2018 - 12/31/2018

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# Keywords

- Noncovered Services