Local Coverage Determination (LCD): Non-Covered Category III CPT Codes (L34555)

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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
L34555

LCD Title
Non-Covered Category III CPT Codes

Proposed LCD in Comment Period
N/A

Source Proposed LCD
DL34555

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 10/10/2019

Revision Ending Date
N/A

Retirement Date
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

Notice Period Start Date
08/17/2017

Notice Period End Date
10/01/2017

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1862(a)(7) and 42 CFR §411.15(a) exclude routine physical examinations.

Title XVIII of the Social Security Act, §1862(a)(1)(D) addresses services that are determined to be investigational or experimental.

Title XVIII of the Social Security Act, §1842(b)(18)(C) defines a practitioner.

42 CFR 411.15 (k) excludes particular services from coverage.

CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3 Diagnosis Code Requirements.

CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.5.1 Reasonable and Necessary Provisions in LCDs.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §150.10 Lumbar Artificial Disc Replacement (LADR) as being non-covered specifically for beneficiaries over 60 years of age.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §260.10 Heartsbreath Test for Heart Transplant Rejection.

HCFA Ruling 95-1, §V Acceptable Standards of Practice - Application.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

The American Medical Association (AMA) developed Category III Current Procedural Terminology (CPT®) codes to track the utilization of emerging technologies, services, and procedures. The Category III CPT® codes description does not establish a service or procedure as safe, effective or applicable to the clinical practice of medicine.

Unless a National Coverage Determination (NCD), Local Coverage Determination (LCD) or coverage article is published to address coverage for a specific Category III CPT® code, Palmetto GBA considers all services and procedures listed in the current and future Category III CPT® code list as not proven effective and will deny submitted claims as not medically necessary.

Section 1862(a)(1)(A) of the Social Security Act is the basis for denying payment for types of care, specific items, services, or procedures, not excluded by any other statutory clause, meeting all technical requirements for coverage, but are determined to be any of the following:

- Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used
- Not proven to be safe and effective based on peer review or scientific literature
- Experimental
- Not medically necessary in the particular case
- Furnished at a level, duration or frequency that is not medically appropriate
- Not furnished in accordance with accepted standards of medical practice, or
- Not furnished in a setting (such as inpatient care at a hospital or skilled nursing facility (SNF), outpatient care through a hospital or physician's office or home care) appropriate to the patient's medical needs and condition.

Items and services must be established as safe and effective to be considered medically necessary. That is, the items and services must be:

- Consistent with the symptoms or diagnosis of the illness or injury under treatment;
- Necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental or investigational);
- Not furnished primarily for the convenience of the patient, the attending physician or other physician or

supplier;
- Furnished at the most appropriate level that can be provided safely and effectively to the patient.

Medical devices that are not approved for marketing by the Food and Drug Administration (FDA) are considered investigational by Medicare and are not considered reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member. 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 an FDA-approved investigational device exemption (IDE) trial.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

N/A

Bibliography

The development and coverage guidelines in this policy were based on a review of pertinent medical literature, policies from other Medicare contractors, and discussions with appropriate specialists.

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/10/2019	R30	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 **CMS National Coverage Policy** section of this LCD and placed in the related Billing and Coding: Non-Covered Category III CPT Codes A56480 article. *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.*	• Provider Education/Guidance
05/05/2019	R29	All coding located in the **Coding Information** section has been moved into the related Billing and Coding: Non-Covered Category III CPT Codes A56480 article and removed from the LCD. Under **Coverage Indications, Limitations and/or Medical Necessity** CPT® was inserted throughout the section where applicable. *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.*	• Provider Education/Guidance
01/01/2019	R28	Under **CPT/HCPCS Codes Group 1: Codes** deleted 0188T, 0189T, 0190T, 0337T, 0346T, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0374T, 0388T, 0406T, and 0407T. **Under CPT/HCPCS Codes Group 1: Codes** the code descriptions were revised for 0333T, 0335T, 0362T, and 0373T. This revision is due to the Annual CPT/HCPCS Code Update. *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*	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		LCD are applicable as noted in this policy.	
09/27/2018	R27	Under **CPT/HCPCS Codes Group 1: Codes** CPT code 0474T has been added. On August 29, 2018, the manufacturer of the CyPass device (0474T) announced an immediate, voluntary market withdrawal from the global market for patient safety reasons. Therefore, CPT code 0474T is non-covered. This revision will become effective on 09/27/18. **Note:** The revised LCD is being issued for compelling reasons; therefore, CMS has approved the expedited revision process. *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.*	• Creation of Uniform LCDs With Other MAC Jurisdiction
09/23/2018	R26	Under **CPT/HCPCS Codes** deleted CPT code 0398T as it is now included in the **Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) for Essential Tremor L37761** LCD. *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.*	• Revisions Due To CPT/HCPCS Code Changes
07/23/2018	R25	Under **CPT/HCPCS Codes Group 1: Codes**, removed CPT code 0254T. This revision is due to a reconsideration request. *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.*	• Reconsideration Request

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
02/26/2018	R24	Under **Coverage Indications, Limitations and/or Medical Necessity** in the first sentence added the verbiage "American Medical Association" in front of the acronym "AMA" and added the verbiage "Current Procedural Terminology" in front of the acronym "CPT". In the third sentence added the verbiage "National Coverage Determination" in front of the acronym "NCD" and added the verbiage "Local Coverage Determination" in front of the acronym "LCD". Under the seventh bullet added the verbiage "Skilled Nursing Facility" in front of the acronym "SNF". In the last sentence added the verbiage "Investigational Device Exemption" in front of the acronym "IDE". *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.*	• Provider Education/Guidance • Public Education/Guidance
02/26/2018	R23	Under **CPT/HCPCS Group 1: Codes**, deleted CPT code 0449T.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
02/26/2018	R22	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	• Change in Affiliated Contract Numbers

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.	
01/29/2018	R21	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.	• Change in Affiliated Contract Numbers
01/01/2018	R20	Under **CPT/HCPCS Codes Group 1** deleted CPT codes 0052T, 0053T, 0178T, 0179T, 0180T, 0255T, 0293T, 0294T, 0299T, 0300T, 0301T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T, 0309T, 0310T and 0340T. Descriptions were revised for CPT codes 0465T, 0466T, 0468T and 0469T. This revision is due to the Annual CPT/HCPCS Code Update. *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.*	• Revisions Due To CPT/HCPCS Code Changes
12/02/2017	R19	Under **CPT/HCPCS Codes** – Group 1: Codes, CPT code 0402T was deleted. *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.*	• Provider Education/Guidance • Reconsideration Request

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/02/2017	R18	Under **CPT/HCPCS Codes – Group 1: Codes** the code description was changed for CPT codes 0471T and 0473T. This revision is due to the Q4 CPT/HCPCS Update. 10/20/2017: *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.*	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
10/02/2017	R17	Under **CPT/HCPCS Codes- Group 1: Codes** deleted CPT codes 0387T, 0389T, 0390T, and 0391T as these are now covered for dates of service on or after 01/18/17 through Coverage with Evidence Development (CED) when procedures are performed in CMS approved CED studies, per Change Requests 10117, Transmittals 201 and 3815, dated July 28, 2017. CPT 0438T was deleted as this is now a covered procedure effective 10/02/17. CPT codes 0163T and 0165T were added effective 08/14/07. CPT codes 0101T and 0102T were added effective 08/09/17 as these were previously included in the retired **Non-Coverage of Extracorporeal Shock Wave Lithotripsy for Musculoskeletal Conditions LCD L35627.** CPT codes 0469T, 0470T, 0471T, 0472T, 0473T, 0475T, 0476T, 0477T, and 0478T were added and the description was changed for CPT code 0254T due to the July 2017 Quarterly CPT/HCPCS Updates effective 07/01/17. 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.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes • Other

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
03/16/2017	R16	Under **CMS National Coverage Policy** - Grammatical corrections to replace upper case letters in title for Pub 100-04 Chapter 13 Section 50.1 to read "Payment for Radionuclides" and removed "addresses", Pub 100-04 Chapter 13 Section 70.4 removed "addresses", Pub 100-04 Chapter 32 Section 290-290.3 "Transcatheter Aortic Valve Replacement (TAVR) and Coding Requirements and Claims Processing", Pub 100-08 Chapter 13 Section 13.5.1 "Reasonable and Necessary Provisions in LCDs", Pub 100-03 Chapter 1 Part 2 Section 150.10 removed "addresses", Pub 100-03 removed "addresses" and grammatical correction "Heartsbreath Test for Heart Transplant Rejection and removed "addresses" from HCFA Ruling 95-1 and grammatical correction to "Acceptable Standards of Practice-Application". Revision to code description for 0333T as per the 2017 Quarter 1 CPT/HCPCS codes update effective January 25, 2017.	• Provider Education/Guidance • Typographical Error
01/01/2017	R15	Under **CPT/HCPCS Codes** deleted CPT codes 0169T, 0286T, 0287T, 0288T, 0289T, 0291T, 0292T, 0336T, 0392T and 0393T, added CPT codes 0446T, 0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T and 0468T and the description was revised for CPT codes 0274T, 0409T, 0415T, 0418T, 0419T, 0420T, 0434T, 0437T, 0439T and 0443T. This revision is due to the 2017 Annual CPT/HCPCS Code Update and becomes effective 1/1/17.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
09/06/2016	R14	Under **CPT/HCPCS Codes Group 1: Codes** added CPT code 0253T due to omission.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
08/22/2016	R13	Under **CPT/HCPCS Codes Group 1: Codes** added CPT codes 0437T, 0438T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T and 0445T. Please refer to Change Request (CR) 9658 dated June 28, 2016. These CPT codes are effective for dates of service on or after July 1, 2016.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
03/24/2016	R12	Under **CPT/HCPCS Codes** removed CPT code 0281T per the Decision Memo for Percutaneous Left Atrial Appendage (LAA) Closure Therapy (CAG-00445N) dated February 8, 2016. The effective date of this revision is retroactive back to February 8, 2016.	• Revisions Due To CPT/HCPCS Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
02/25/2016	R11	Throughout the LCD punctuation corrections were made. Under **CMS National Coverage Policy** added (a) to the following Title XVIII of the Social Security Act, §1862(a)(7) and 42 CFR §411.15 exclude routine physical examinations. The following citation was separated into two individual citations and the verbiage was revised: Title XVIII of the Social Security Act, §1842 (p)(1) states that each claim submitted by a physician or §1842(b)(18)(C) of the Act practitioner "shall include the appropriate diagnosis code (or codes)...” For services from physicians and §1842(b)(18)(C) of the Act practitioners submitted with an ICD-9 code that is missing, invalid, or truncated, contractors must return the billed service to the provider as unprocessable. The “a” was deleted for the following: 42 CFR 411.15 (a), (k) excludes particular services from coverage. The “s” was deleted from Manuals X7. The title was corrected for the following: CMS Internet-Only Manual, Pub. 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3 and CMS Internet-Only Manual, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13, §13.5.1. The cited Change Request was deleted from the following: CMS Internet-Only Manuals, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §260.10 addresses Heartsbreath Test for heart transplant rejection (see Transmittal 99, CR 6366, dated 02/13/2009) as this information was manualized. Under **Coverage Indications, Limitations and/or Medical Necessity** revised “an” to now read “a” in the first sentence of the second paragraph and added “the” to the first sentence of the fifth paragraph.	• Provider Education/Guidance • Typographical Error • Other
02/19/2016	R10	Under **Group I CPT/HCPCS Codes** "Non-Covered CPT/HCPCS Codes" added non-coverage for 0213T-0218T (the codes were in the Paravertebral Facet Joint Block L33439 which is being retired on 2/14/16 and new coverage indications will be in the Facet Joint Injections, Medial Branch Blocks and Facet Joint Radiofrequency Neurotomy LCD L36471 effective 2/15/16. In the new LCD L36471 facet joint blocks with Ultrasound are non-covered.) Due to the 2016 Quarter I CPT/HCPCS Update the following codes had a description change 0419T, 0420T and 0421T.	• Provider Education/Guidance • Public Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
01/01/2016	R9	Under **CPT/HCPCS Codes** the following codes were removed from the LCD due to CR 8691:0312T, 0313T, 0314T, 0315T, 0316T, and 0317T; these CPT codes are added back in the LCD due to CR 9252. The following CPT codes were added to the LCD due to CR 9353: 0394T, 0395T, 0396T, 0397T, 0398T,	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0406T, 0407T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, and 0436T. The following two codes had descriptor changes: 0358T and 0392T due to CR 9353. The following CPT codes were deleted: 0099T 0103T, 0123T, 0223T, 0224T, 0225T, 0233T, 0240T, 0241T, 0243T, 0244T due to CR 9353 2016 Annual HCPCS Update. These changes are effective January 1, 2016.	Changes
10/01/2015	R8	Under **CPT/HCPCS Codes** removed 0345T, 0378T and 0379T. The CPT codes 0378T and 0379T removal is effective on October 9, 2015.	• Provider Education/Guidance • New/Updated Technology • Automated Edits to Enforce Reasonable & Necessary Requirements • Reconsideration Request
10/01/2015	R7	Under **CPT/HCPCS Codes** removed CPT code 0376T as this code is an add-on code to the primary code 0191T. CPT Codes 0392T and 0393T were added to the paragraph section of CPT/HCPC S codes per CR 9152 effective July 1, 2015.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R6	Under **CPT/HCPCS Codes** removed 0262T from the Non-Covered Category III Codes LCD due to a provider reconsideration request.	• New/Updated Technology • Automated Edits to Enforce Reasonable & Necessary Requirements • Reconsideration Request
10/01/2015	R5	Under **CPT/HCPCS Codes** added CPT Category III code 0357T to the non-covered array of codes. This change was due to CR 8975, 2015 Annual Update of HCPCS Codes, dated 10/24/2014.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R4	Under **CPT/HCPCS Codes** the following CPT Codes were added to the array: 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0387T,	• Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		0388T, 0389T, 0390T, and 03901T. The following codes were deleted from the LCD: 0059T, 0181T, 0199T, 0239T, 0245T, 0246T, 0343T, 0344T. Some of the descriptors were changed. These changes were due to CR 8975, 2015 Annual Update of HCPCS Codes, dated 10/24/2014.	• Automated Edits to Enforce Reasonable & Necessary Requirements • Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R3	Under **CPT/HCPCS Codes**, removed code 0101T as it has been added to another LCD.	• Provider Education/Guidance • Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R2	Under CPT/HCPCS code section the following codes were removed from this LCD due to CR 8691 concerning NCD 160.18, Vagus Nerve Stimulation: 0312T, 0313T, 0314T, 0315T, 0316T, and 0317T. This removal is effective July 1, 2014.	• Provider Education/Guidance • Automated Edits to Enforce Reasonable & Necessary Requirements • Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R1	Under **CMS National Coverage Policy** added the following manual citations as they did not appear when this LCD was transferred to ICD-10: Title XVIII of the Social Security Act, §1862(a)(7) and 42 Code of Federal Regulations, §411.15, exclude routine physical examinations. Title XVIII of the Social Security Act, §1862(a)(1)(D), addresses ervices that are determined to be investigational or experimental. 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 or §1842(b)(18)(C) of the Act practitioner "shall include the appropriate diagnosis code (or odes)...". For services from physicians and §1842(b)(18)(C) of the Act practitioners submitted with an ICD-9 code that is missing, invalid, or truncated, contractors must return the billed service to the provider as unprocessable. 42 CFR 411.15 (a), (k), excludes particular services from coverage. CMS Internet-Only Manuals, Pub. 100-08, *Medicare Program Integrity Manual,* Chapter 3, §3.4.1.3; Diagnosis Code Requirement. CMS Internet-Only Manuals, Pub. 100-04,	• Provider Education/Guidance • Automated Edits to Enforce Reasonable & Necessary Requirements • Revisions Due To CPT/HCPCS Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Medicare Claims Processing Manual, Chapter 13, §50.1, addresses payment for radionuclides. CMS Internet-Only Manuals, Pub. 100-04, *Medicare Claims Processing Manual,* Chapter 13, §70.4, addresses Clinical Brachytherapy. CMS Internet-Only Manuals, Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, §§290-290.3 Transcatheter Aortic Valve Replacement (TAVR) and coding requirements. CMS Internet-Only Manuals, Pub. 100-08, *Medicare Program Integrity Manual,* Chapter 13, §13.5.1, pertains to Local Medical Review Policy; coverage decision guidelines. CMS Internet-Only Manuals, Pub. 100-03, *Medicare National Coverage Determinations Manual,* Chapter 1, Part 2, §150.10, addresses Lumbar Artificial Disc Replacement (LADR) as being non-covered specifically for beneficiaries over 60 years of age. CMS Internet-Only Manuals, Pub. 100-03, *Medicare National Coverage Determinations Manual,* Chapter 1, Part 4, §260.10, addresses Heartsbreath Test for heart transplant rejection (see Transmittal 99, CR 6366, dated 02/13/2009).HCFA Ruling 95-1, §V, addresses acceptable standards of practice. Under **CPT/HCPCS Codes** Group 1 added the following CPT codes: 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0356T, 0358T, 0359T, 0360T, 0361T, and 0362T, and 0363T. The following codes were added to the **CPT/HCPCS Codes,** paragraph section of Group 1 with the long descriptors: 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, and 0374T. These changes were due to the July CPT/HCPCS update from CMS.	

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)
A56480 - Billing and Coding: Non-Covered Category III CPT Codes
A55691
- (MCD Archive Site)LCD(s)
DL34555
- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 10/04/2019 with effective dates 10/10/2019 - N/A
Updated on 04/05/2019 with effective dates 05/05/2019 - 10/09/2019
Updated on 12/21/2018 with effective dates 01/01/2019 - 05/04/2019
Updated on 09/21/2018 with effective dates 09/27/2018 - 12/31/2018
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- Non-Covered Cat 3 codes
- Category 3 Codes