Local Coverage Determination (LCD):
Noncovered Services (L33777)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

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<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
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<td>A and B MAC</td>
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LCD Information

Document Information

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<tr>
<th>LCD ID</th>
<th>Original Effective Date</th>
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<td>L33777</td>
<td>For services performed on or after 10/01/2015</td>
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<td>L28991</td>
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CMS National Coverage Policy

References from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are listed throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.560[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents coverage guidelines from one or more of the following CMS sources:

- CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Chapter 30, Section 50 (Advance Beneficiary Notice of Noncoverage [ABN])
- CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13
- Change Request 5432, transmittals 64 and 1147, dated January 5, 2007
- Change Request 6185, transmittals 95 and 1592, dated September 10, 2008
- Change Request 6291, transmittals 1646 and 97, dated December 9, 2008
- Change Request 6351, transmittal 1661, dated 01/02/2009
- Change Request 6484, transmittal 1748, dated May 29, 2009
- Change Request 6492, transmittal 1745, dated May 22, 2009
- Change Request 7117, transmittal 2061, dated October 1, 2010
- Change Request 7147, transmittal 2045, dated September 10, 2010
- Change Request 7443, transmittal 2234, dated May 27, 2011
- Change Request 7545, transmittal 2296, dated September 2, 2011
- Change Request 7547, transmittal 2305, dated September 15, 2011
- Change Request 7610, transmittal 141, dated January 26, 2012
- Change Request 8228, transmittal 2664, March 1, 2013
- Change Request 8237, transmittal 2662, March 1, 2013
- Change Request 8249, transmittal 2693, dated May 2, 2013
- Change Request 8317, transmittal 2704, May 17, 2013
- Change Request 8338, transmittal 2718, June 7, 2013

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

A given service or procedure may not be linked to a National Coverage Determination (NCD) or Local Coverage Determination (LCD). Assuming all other requirements of the program are met and absent specific coverage criteria outlined in an LCD or NCD, all procedures or services must meet the medically reasonable and necessary threshold for coverage as demonstrated by the performing provider or attending physician in the official medical record. The Noncovered Services LCD compiles services or procedures that have been addressed by the Medical Policy department as to the medically reasonable and necessary threshold for coverage. Certain services or procedures will not have specific level I or level II HCPCS coding. Such services or procedures would be coded as the appropriate unclassified code. Occasionally services or procedures will be identified by a specific level I (Category I or Category III CPT code) or level II HCPCS code. It is the expectation that physicians and allied providers code to specificity. Payment of a claim is not a coverage statement especially if payable codes were used to bypass the medical review of more specific Level I/Category I unlisted codes or Level I/Category III codes or level II HCPCS codes.

In determining if a service or procedure reaches the threshold for coverage, this contractor addresses the quality of the evidence per the program integrity manual in making its recommendation to non-cover a service, pending new information in the public domain. This recommendation is taken through the LCD development process (draft recommendation of noncoverage, 45-day comment period, CAC advisory meeting, open public meeting, finalization, and 45-day notice period). Any interested stakeholder can request a reconsideration of an LCD after the notice period. In the case of the Noncovered Services LCD the stakeholder will receive a list of the articles and related information in the public domain that were addressed by the Medical Policy department in making the noncoverage decision. If the stakeholder has new information based on the evaluation of the list, an LCD reconsideration can be initiated. It is the responsibility of the interested stakeholder to request the evidentiary list from the contractor and to submit the additional articles, data, and related information in support of their request for coverage. The request must meet the LCD reconsideration requirements outlined on the web site.

It is not unusual that there will be a paucity of information for an emerging technology or service, and the Medical Policy department may noncover a service as noted in this LCD awaiting information in the public domain on safety and efficacy based on the quality of evidence. Also this contractor may be silent in terms of LCD in regard to a service or procedure (such a procedure or service is not listed in the Noncovered Services LCD or has been removed from the Noncovered Services LCD). A service or procedure not addressed in the Noncovered Services LCD is not a positive coverage statement. Claims for such services assuming all other requirements of the program are met would always need to meet the medically reasonable and necessary threshold for coverage in a prepayment or post payment audit of the official medical record.

To summarize, emerging technologies that are billed as either an unlisted procedure code or, when applicable, a Category III CPT or HCPCS code the procedures are addressed as:

- Not medically necessary and no coverage per this LCD; or
- Medically necessary per certain criteria as indicated in the development and communication of a separate LCD; or
- Have no positive coverage statement (in other words, no active LCD) and in which case these services as reported by the applicable unlisted procedure code or Category III CPT/HCPCs code would have to meet the regulatory requirements as documented in the medical record. Such services could be audited on pre-payment or post-payment review.

Section 1862(a)(1)(A) of the Social Security Act precludes program payment for services not deemed to be medically reasonable and necessary. This section of the Act underpins all Medicare regulations. Any document issued by the Centers for Medicare & Medicaid Services (CMS) or any of its contractors, which contains statements regarding criteria for coverage and payment of any service (e.g., office visits, procedures, diagnostic tests, etc.) has as an underlying assumption that the service must comply with the requirements of §1862(a)(1)(A). As a consequence, it is incumbent upon such providers to be sure the service they provide is medically necessary, even in the instance where the documentation that proves medical necessity is created and/or housed by an entity other than the performing provider.

In order to be covered and reimbursed, an item or service must meet several requirements. It must fall within a defined benefit category, it cannot be excluded from coverage, either by statute or policy, and it must be medically reasonable and necessary. In the absence of a NCD, discretion may be used to establish medical policy, currently known as LCDs. The purpose of this LCD is to create a working list of services and procedures that have been evaluated by the Medical Policy staff, and determined that the services listed below do not meet the reasonable and necessary criteria as defined in Section 1862 (a)(1)(A) of the Social Security Act. LCDs are based on the strongest evidence available. In order of preference, LCDs are based on:

Published authoritative evidence derived from definitive randomized clinical trials or other definitive studies, and General acceptance by the medical community (standard of practice), as supported by sound medical evidence
Based on:

- Scientific data or research studies published in peer-reviewed medical journals;
- Consensus of expert medical opinion (i.e., recognized authorities in the field); or
- Medical opinion derived from consultations with medical associations or other health care experts.

Acceptance by individual health care providers, or even a limited group of health care providers, does not indicate general acceptance by the medical community. Testimonials indicating such limited acceptance, and limited case studies distributed by sponsors with financial interest in the outcome, are not sufficient evidence of general acceptance by the medical community. The available published evidence must be considered and its quality shall be evaluated before a conclusion is reached.

A service or item is considered to be reasonable and necessary if it is:

Safe and effective;

Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:

- Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient’s condition or to improve the function of a malformed body member;
- Furnished in a setting appropriate to the patient’s medical needs and condition;
- Ordered and furnished by qualified personnel
- One that meets, but does not exceed, the patient’s medical need; and
- At least as beneficial as an existing and available medically appropriate alternative.

**NOTE:** An Advance Beneficiary Notice (ABN) is required for items and services not covered due to being considered not medically reasonable and necessary. The beneficiary should be thoroughly educated about the benefits and risks of this item or service. If such notice is not given, providers may not shift financial liability for such items or services to beneficiaries should a claim for such items or services be denied by Medicare.

The LCD coding guidelines attachment lists the nationally noncovered services/procedures (see link at bottom of LCD).

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**Coding Information**

**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

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

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Local Noncoverage Decisions

Note: The below list of noncovered services is not all inclusive.

*Codes that contain additional information beyond the CPT descriptor.

+Claims for these services will always be reviewed, as they must currently be billed with an unlisted procedure code.

++Covered if beneficiary is enrolled in an approved category B investigational device exemption (IDE) study.

++Covered if meets CMS coverage with evidence development (CED) criteria.

GY Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit.

Listed Procedure Codes

Procedures for Part A and Part B

0387T++ Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular

0388T++ Transcatheter removal of permanent leadless pacemaker, ventricular

0389T++ Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system

0390T++ Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system

0391T++ Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system

64568* Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator [when specified as implantation of hypoglossal nerve stimulator].

87270* Infectious agent antigen detection by direct fluorescent antibody technique; Chlamydia trachomatis (Not medically reasonable and necessary except when billed with diagnosis Z11.3)

87320* Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple step method; Chlamydia trachomatis (Not medically reasonable and necessary except when billed with diagnosis Z11.3)

C1749* Endoscope, retrograde imaging/illumination colonoscopic device (implantable); e.g. Third Eye Retroscope®

C9727* Insertion of implants into the soft palate; minimum of three implants (Palatal implants [Pillar™])

Group 1 Codes:

COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)

ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION,

DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLUDES BONE GRAFT WHEN PERFORMED, L5-S1 INTERSPACE

TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING ENDOVASCULAR REPAIR, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INSTRUMENT CALIBRATION, AND COLLECTION OF PRESSURE DATA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
41530 SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, 1 OR MORE SITES, PER SESSION
LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF
43284 SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN
PERFORMED
43285 REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE
ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE,
OPERATING MICROSCOPE) AND CHEMICAL AGENT ENHANCEMENT, INCLUDING COLLECTION OF
SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED
46601 ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING
MICROSCOPE) AND CHEMICAL AGENT ENHANCEMENT, WITH BIOPSY, SINGLE OR MULTIPLE
46707 REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SIS])
58674 LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE
64568 INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE
ARRAY AND PULSE GENERATOR
ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF > 2000 GENES,
81504 UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS TISSUE
SIMILARITY SCORES
82016 ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN
82017 ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN
83987 PH; EXHALED BREATH CONDENSATE
84134 PREALBUMIN
84145 PROCALCITONIN (PCT)
86316 IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH
86343 LEUKOCYTE HISTAMINE RELEASE TEST (LHR)
87084 CULTURE, PREMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; WITH COLONY ESTIMATION
FROM DENSITY CHART
87470 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND
BARTONELLA QUINTANA, DIRECT PROBE TECHNIQUE
87471 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND
BARTONELLA QUINTANA, AMPLIFIED PROBE TECHNIQUE
87472 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND
BARTONELLA QUINTANA, QUANTIFICATION
87475 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, DIRECT
PROBE TECHNIQUE
87477 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI,
QUANTIFICATION
87482 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, QUANTIFICATION
87485 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, DIRECT
PROBE TECHNIQUE
87487 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE,
QUANTIFICATION
87492 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,
QUANTIFICATION
87511 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,
AMPLIFIED PROBE TECHNIQUE
87512 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,
QUANTIFICATION
87515 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, DIRECT PROBE
TECHNIQUE
87520 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, DIRECT PROBE
TECHNIQUE
87525 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, DIRECT PROBE
TECHNIQUE
87526 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, AMPLIFIED PROBE
TECHNIQUE
87527 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, QUANTIFICATION
87531 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, DIRECT PROBE
TECHNIQUE
87532 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, AMPLIFIED PROBE
TECHNIQUE
87533 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, QUANTIFICATION
87540 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA, DIRECT PROBE TECHNIQUE
87541 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA, AMPLIFIED PROBE TECHNIQUE
87542 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA, QUANTIFICATION
87557 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA TUBERCULOSIS, QUANTIFICATION
87562 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA AVIUM-INTRACELLULARE, QUANTIFICATION
87580 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE, DIRECT PROBE TECHNIQUE
87581 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE
87582 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE, QUANTIFICATION
87592 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE, QUANTIFICATION
90620 MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE, SEROGROUP B (MENB), 2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90621 MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B (MENB), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90644 MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB-MENCY), 4 DOSE SCHEDULE, WHEN ADMINISTERED TO CHILDREN 6 WEEKS-18 MONTHS OF AGE, FOR INTRAMUSCULAR USE
90650 HUMAN PAPILLOMAVIRUS VACCINE, TYPES 16, 18, BIVALENT (2VHPV), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90681 ROTAVIRUS VACCINE, HUMAN, ATTENUATED (RV1), 2 DOSE SCHEDULE, LIVE, FOR ORAL USE
91112 GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRETATION AND REPORT
92145 CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
92227 REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WITH DIABETES) WITH ANALYSIS AND REPORT UNDER PHYSICIAN SUPERVISION, UNILATERAL OR BILATERAL REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIABETIC RETINOPATHY) WITH PHYSICIAN REVIEW, INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL ARTERIAL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES, INCLUDES OBTAINING WAVEFORM(S), DIGITIZATION AND APPLICATION OF NONLINEAR MATHEMATICAL TRANSFORMATIONS TO DETERMINE CENTRAL ARTERIAL PRESSURES AND AUGMENTATION INDEX, WITH INTERPRETATION AND REPORT, UPPER EXTREMITY ARTERY, NON-INVASIVE BIOIMPEDANCE SPECTROSCOPY (BIS), EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)
93050 ARTERIAL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES, INCLUDES OBTAINING WAVEFORM(S), DIGITIZATION AND APPLICATION OF NONLINEAR MATHEMATICAL TRANSFORMATIONS TO DETERMINE CENTRAL ARTERIAL PRESSURES AND AUGMENTATION INDEX, WITH INTERPRETATION AND REPORT, UPPER EXTREMITY ARTERY, NON-INVASIVE REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION ONLY, FIRST LESION
96932 REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION AND INTERPRETATION AND REPORT, EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96933 REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; INTERPRETATION AND REPORT ONLY, EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99605 MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, NEW PATIENT
99606 MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, ESTABLISHED PATIENT

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99607 MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)

C1830 POWERED BONE MARROW BIOPSY NEEDLE

C2624 IMPLANTABLE WIRELESS PULMONARY ARTERY PRESSURE SENSOR WITH DELIVERY CATHETER, INCLUDING ALL SYSTEM COMPONENTS

C9734 FOCUSED ULTRASOUND ABLATION/ThERAPEUTIC INTERVENTION, OTHER THAN UTERINE LEIOMYOMATA, WITH MAGNETIC RESONANCE (MR) GUIDANCE

G0455 PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSESSMENT OF DONOR SPECIMEN

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

C9734 COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

C9734 COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

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

0054T COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0055T COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0111T LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES

0159T COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF MRI IMAGE DATA FOR LESION DETECTION/CHARACTERIZATION, PHARMACOKINETIC ANALYSIS, WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, BREAST MRI (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)

0190T PLACEMENT OF INTRAOCULAR RADIATION SOURCE APPLICATOR (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

0195T ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, DISC SPACE PREPARATION, DISCECTOMY, WITHOUT INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLUDES BONE GRAFT WHEN PERFORMED; L5-S1 INTERSPACE

0196T ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, DISC SPACE PREPARATION, DISCECTOMY, WITHOUT INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLUDES BONE GRAFT WHEN PERFORMED; L4-L5 INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0198T MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT

0205T INTRAVASCULAR CATHETER-BASED CORONARY VESSEL OR GRAFT SPECTROSCOPY (EG, INFRARED) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT, EACH VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0206T COMPUTERIZED DATABASE ANALYSIS OF MULTIPLE CYCLES OF DIGITIZED CARDIAC ELECTRICAL DATA FROM TWO OR MORE ECG LEADS, INCLUDING TRANSMISSION TO A REMOTE CENTER, APPLICATION OF MULTIPLE NONLINEAR MATHEMATICAL TRANSFORMATIONS, WITH CORONARY ARTERY OBSTRUCTION SEVERITY ASSESSMENT

0207T EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL

0208T PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY

0209T PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE

0210T SPEECH AUDIOMETRY THRESHOLD, AUTOMATED;

0211T SPEECH AUDIOMETRY THRESHOLD, AUTOMATED; WITH SPEECH RECOGNITION

0212T COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (0209T, 0211T COMBINED), AUTOMATED

0213T INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL

0214T INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0215T INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL

0217T INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0218T INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0219T PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; CERVICAL

0220T PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; THORACIC

0221T PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; LUMBAR

0222T PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0228T INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL

0229T INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0230T INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL

0231T INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0232T INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED

0234T TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RENAL ARTERY

0235T TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; VISCERAL ARTERY (EXCEPT RENAL), EACH VESSEL

0236T TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ABDOMINAL AORTA

0237T TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; BRACHIOCEPHALIC TRUNK AND BRANCHES, EACH VESSEL

0238T TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ILIAC ARTERY, EACH VESSEL

0253T INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE

0263T INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; COMPLETE PROCEDURE INCLUDING UNILATERAL OR BILATERAL BONE MARROW HARVEST

0264T INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; COMPLETE PROCEDURE EXCLUDING BONE MARROW HARVEST

0265T INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; UNILATERAL OR BILATERAL BONE MARROW HARVEST ONLY FOR INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY

0274T PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSSION 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; CERVICAL OR THORACIC

0278T TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY), EACH TREATMENT SESSION (INCLUDES PLACEMENT OF ELECTRODES)

0293T INSERTION OF LEFT ATRIAL HEMODYNAMIC MONITOR; COMPLETE SYSTEM, INCLUDES IMPLANTED COMMUNICATION MODULE AND PRESSURE SENSOR LEAD IN LEFT ATRIUM INCLUDING TRANSSEPTAL ACCESS, RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND ASSOCIATED INJECTION PROCEDURES, WHEN PERFORMED

0294T
INSERTION OF LEFT ATRIAL HEMODYNAMIC MONITOR; PRESSURE SENSOR LEAD AT TIME OF INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND ASSOCIATED INJECTION PROCEDURES, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0299T EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; INITIAL WOUND

0300T EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; EACH ADDITIONAL WOUND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0301T DESTRUCTION/REDUCTION OF MALIGNANT BREAST TUMOR WITH EXTERNALLY APPLIED FOCUSED MICROWAVE, INCLUDING INTERSTITIAL PLACEMENT OF DISPOSABLE CATHETER WITH COMBINED TEMPERATURE MONITORING PROBE AND MICROWAVE FOCUSING SENSOCATHETER UNDER ULTRASOUND THERMOTHERAPY GUIDANCE

0302T INSERTION OR REMOVAL AND REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM INCLUDING IMAGING SUPERVISION AND INTERPRETATION WHEN PERFORMED AND INTRA-OPERATIVE INTERROGATION AND PROGRAMMING WHEN PERFORMED; COMPLETE SYSTEM (INCLUDES DEVICE AND ELECTRODE)

0303T INSERTION OR REMOVAL AND REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM INCLUDING IMAGING SUPERVISION AND INTERPRETATION WHEN PERFORMED AND INTRA-OPERATIVE INTERROGATION AND PROGRAMMING WHEN PERFORMED; ELECTRODE ONLY

0304T INSERTION OR REMOVAL AND REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM INCLUDING IMAGING SUPERVISION AND INTERPRETATION WHEN PERFORMED AND INTRA-OPERATIVE INTERROGATION AND PROGRAMMING WHEN PERFORMED; DEVICE ONLY

0305T PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ITERATIVE ADJUSTMENT OF PROGRAMMED VALUES, WITH ANALYSIS, REVIEW, AND REPORT

0306T INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ANALYSIS, REVIEW, AND REPORT

0307T REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING DEVICE

0309T ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLUDES BONE GRAFT, WHEN PERFORMED, LUMBAR, L4-L5 INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0310T MOTOR FUNCTION MAPPING USING NON-INVASIVE NAVIGATED TRANSCRANIAL MAGNETIC STIMULATION (NTMS) FOR THERAPEUTIC TREATMENT PLANNING, UPPER AND LOWER EXTREMITIES

0311T VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, ANTERIOR AND POSTERIOR VAGAL TRUNKS ADJACENT TO ESOPHAGOGRADIC JUNCTION (EGJ), WITH IMPLANTATION OF PULSE GENERATOR, INCLUDES PROGRAMMING

0312T VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR

0313T VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR

0314T VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR

0315T VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF PULSE GENERATOR

0316T VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REPLACEMENT OF PULSE GENERATOR

0317T VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); NEUROSTIMULATOR PULSE GENERATOR ELECTRONIC ANALYSIS, INCLUDES REPROGRAMMING WHEN PERFORMED

0318T MONITORING OF INTRAOCULAR PRESSURE FOR 24 HOURS OR LONGER, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT

0319T MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT;

0320T MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT; WITH TOMOGRAPHIC SPECT

0321T VISUAL EVOKED POTENTIAL, SCREENING OF VISUAL ACUITY, AUTOMATED, WITH REPORT

0322T EXTRA-OSSEOUS SUBTALAR JOINT IMPLANT FOR TALOTARSAL STABILIZATION

0323T ENDOTHELIAL FUNCTION ASSESSMENT, USING PERIPHERAL VASCULAR RESPONSE TO REACTIVE HYPEREMIA, NON-INVASIVE (EG, BRACHIAL ARTERY ULTRASOUND, PERIPHERAL ARTERY TONOMETRY), UNILATERAL OR BILATERAL

0324T HYPEREMIA, NON-INVASIVE (EG, BRACHIAL ARTERY ULTRASOUND, PERIPHERAL ARTERY TONOMETRY), UNILATERAL OR BILATERAL

0325T ABLATION, PULMONARY TUMOR(S), INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, CRYOABLATION, UNILATERAL, INCLUDES IMAGING GUIDANCE

0326T QUANTITATIVE PULPMETRY WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL

0327T THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION

0328T ULTRASOUND, ELASTOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0329T PLACEMENT OF INTERSTITIAL DEVICE(S) IN BONE FOR RADIOSTEREOMETRIC ANALYSIS (RSA)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0348T</td>
<td>RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); SPINE, (INCLUDES CERVICAL, THORACIC AND LUMBOSACRAL, WHEN PERFORMED)</td>
</tr>
<tr>
<td>0349T</td>
<td>RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); UPPER EXTREMITY(IES), (INCLUDES SHOULDER, ELBOW, AND WRIST, WHEN PERFORMED)</td>
</tr>
<tr>
<td>0350T</td>
<td>RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); LOWER EXTREMITY(IES), (INCLUDES HIP, PROXIMAL FEMUR, KNEE, AND ANKLE, WHEN PERFORMED)</td>
</tr>
<tr>
<td>0351T</td>
<td>OPTICAL COHERENCE TOMOGRAPHY OF BREAST OR AXILLARY LYMPH NODE, EXCISED TISSUE, EACH SPECIMEN; REAL-TIME INTRAOPERATIVE</td>
</tr>
<tr>
<td>0352T</td>
<td>OPTICAL COHERENCE TOMOGRAPHY OF BREAST OR AXILLARY LYMPH NODE, EXCISED TISSUE, EACH SPECIMEN; INTERPRETATION AND REPORT, REAL-TIME OR REFERRED</td>
</tr>
<tr>
<td>0353T</td>
<td>OPTICAL COHERENCE TOMOGRAPHY OF BREAST, SURGICAL CAVITY; REAL-TIME INTRAOPERATIVE</td>
</tr>
<tr>
<td>0354T</td>
<td>OPTICAL COHERENCE TOMOGRAPHY OF BREAST, SURGICAL CAVITY; INTERPRETATION AND REPORT, REAL-TIME OR REFERRED</td>
</tr>
<tr>
<td>0355T</td>
<td>GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), COLON, WITH INTERPRETATION AND REPORT</td>
</tr>
<tr>
<td>0356T</td>
<td>INSERTION OF DRUG-ELUTING IMPLANT (INCLUDING PUNCTAL DILATION AND IMPLANT REMOVAL WHEN PERFORMED) INTO LACRIMAL CANALICULUS, EACH</td>
</tr>
<tr>
<td>0358T</td>
<td>BIOELECTRICAL IMPEDANCE ANALYSIS WHOLE BODY COMPOSITION ASSESSMENT, WITH INTERPRETATION AND REPORT</td>
</tr>
<tr>
<td>0359T</td>
<td>BEHAVIOR IDENTIFICATION ASSESSMENT, BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH PATIENT AND CAREGIVER(S), INCLUDES ADMINISTRATION OF STANDARDIZED AND NON-STANDARDIZED TESTS, DETAILED BEHAVIORAL HISTORY, PATIENT OBSERVATION AND CAREGIVER INTERVIEW, INTERPRETATION OF TEST RESULTS, DISCUSSION OF FINDINGS AND RECOMMENDATIONS WITH THE PRIMARY GUARDIAN(S)/CAREGIVER(S), AND PREPARATION OF REPORT</td>
</tr>
<tr>
<td>0360T</td>
<td>OBSERVATIONAL BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION WITH INTERPRETATION AND REPORT, ADMINISTERED BY ONE TECHNICIAN; FIRST 30 MINUTES OF TECHNICIAN TIME, FACE-TO-FACE WITH THE PATIENT</td>
</tr>
<tr>
<td>0361T</td>
<td>OBSERVATIONAL BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION WITH INTERPRETATION AND REPORT, ADMINISTERED BY ONE TECHNICIAN; EACH ADDITIONAL 30 MINUTES OF TECHNICIAN TIME, FACE-TO-FACE WITH THE PATIENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)</td>
</tr>
<tr>
<td>0362T</td>
<td>EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION WITH INTERPRETATION AND REPORT, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH THE ASSISTANCE OF ONE OR MORE TECHNICIANS; FIRST 30 MINUTES OF TECHNICIAN(S) TIME, FACE-TO-FACE WITH THE PATIENT</td>
</tr>
<tr>
<td>0363T</td>
<td>EXPOSURE BEHAVIORAL FOLLOW-UP ASSESSMENT, INCLUDES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION WITH INTERPRETATION AND REPORT, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH THE ASSISTANCE OF ONE OR MORE TECHNICIANS; EACH ADDITIONAL 30 MINUTES OF TECHNICIAN(S) TIME, FACE-TO-FACE WITH THE PATIENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROFESSIONAL)</td>
</tr>
<tr>
<td>0364T</td>
<td>ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; FIRST 30 MINUTES OF TECHNICIAN TIME</td>
</tr>
<tr>
<td>0365T</td>
<td>ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT; EACH ADDITIONAL 30 MINUTES OF TECHNICIAN TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
</tr>
<tr>
<td>0366T</td>
<td>GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH TWO OR MORE PATIENTS; FIRST 30 MINUTES OF TECHNICIAN TIME</td>
</tr>
<tr>
<td>0367T</td>
<td>GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN, FACE-TO-FACE WITH TWO OR MORE PATIENTS; EACH ADDITIONAL 30 MINUTES OF TECHNICIAN TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
</tr>
<tr>
<td>0368T</td>
<td>ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH ONE PATIENT; FIRST 30 MINUTES OF PATIENT FACE-TO-FACE TIME</td>
</tr>
<tr>
<td>0369T</td>
<td>ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH ONE PATIENT; EACH ADDITIONAL 30 MINUTES OF PATIENT FACE-TO-FACE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
</tr>
<tr>
<td>0370T</td>
<td>FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT)</td>
</tr>
<tr>
<td>0371T</td>
<td>MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT)</td>
</tr>
<tr>
<td>0372T</td>
<td>ADAPTIVE BEHAVIOR TREATMENT SOCIAL SKILLS GROUP, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE WITH MULTIPLE PATIENTS</td>
</tr>
</tbody>
</table>
EXPOSURE ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION REQUIRING TWO OR 
MORE TECHNICIANS FOR SEVERE MALADAPTIVE BEHAVIOR(S); FIRST 60 MINUTES OF TECHNICIANS' 
TIME, FACE-TO-FACE WITH PATIENT

EXPOSURE ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION REQUIRING TWO OR 
MORE TECHNICIANS FOR SEVERE MALADAPTIVE BEHAVIOR(S); EACH ADDITIONAL 30 MINUTES OF 
TECHNICIANS' TIME FACE-TO-FACE WITH PATIENT (LIST SEPARATELY IN ADDITION TO CODE FOR 
PRIMARY PROCEDURE)

VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA 
STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP 
TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED 
HEALTH CARE PROFESSIONAL

VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA 
STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP 
TO 30 DAYS; TECHNICAL SUPPORT AND PATIENT INSTRUCTIONS, SURVEILLANCE, ANALYSIS, AND 
TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER 
QUALIFIED HEALTH CARE PROFESSIONAL

COMPUTER-AIDED ANIMATION AND ANALYSIS OF TIME SERIES RETINAL IMAGES FOR THE MONITORING 
OF DISEASE PROGRESSION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT 
EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASSESS 
CHANGES IN HEART RATE AND TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF DIAGNOSING 
NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH REPORT, 
REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL 
EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASSESS 
CHANGES IN HEART RATE AND TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF DIAGNOSING 
NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH REPORT, 
REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, 
REVIEW AND INTERPRETATION ONLY 

EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS TO 
ASSESS CHANGES IN HEART RATE TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF 
DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH 
REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE 
PROFESSIONAL

EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS TO 
ASSESS CHANGES IN HEART RATE TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF 
DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH 
REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE 
PROFESSIONAL, REVIEW AND INTERPRETATION ONLY

EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING MORE THAN 30 DAYS TO 
ASSESS CHANGES IN HEART RATE TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF 
DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH 
REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE 
PROFESSIONAL

EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING MORE THAN 30 DAYS TO 
ASSESS CHANGES IN HEART RATE TO MONITOR MOTION ANALYSIS FOR THE PURPOSES OF 
DIAGNOSING NOCTURNAL EPILEPSY SEIZURE EVENTS; INCLUDES REPORT, SCANNING ANALYSIS WITH 
REPORT, REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE 
PROFESSIONAL, REVIEW AND INTERPRETATION ONLY

INTRA-OPERATIVE USE OF KINETIC BALANCE SENSOR FOR IMPLANT STABILITY DURING KNEE 
REPLACEMENT ARTHROPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OPTICAL ENDOMICROSCOPY 
(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), 
STEREOTACTIC ABLATION LESION, INTRACRANIAL FOR MOVEMENT DISORDER INCLUDING 
STEREOTACTIC NAVIGATION AND FRAME PLACEMENT WHEN PERFORMED 
MYOCARDIAL STRAIN IMAGING (QUANTITATIVE ASSESSMENT OF MYOCARDIAL MECHANICS USING 
IMAGE-BASED ANALYSIS OF LOCAL MYOCARDIAL DYNAMICS) (LIST SEPARATELY IN ADDITION TO CODE 
FOR PRIMARY PROCEDURE)

MULTI-SPECTRAL DIGITAL SKIN LESION ANALYSIS OF CLINICALLY ATYPICAL CUTANEOUS PIGMENTED 
LESIONS FOR DETECTION OF MELANOMAS AND HIGH RISK MELANOCYTIC ATYPIA; ONE TO FIVE 
LESIONS

MULTI-SPECTRAL DIGITAL SKIN LESION ANALYSIS OF CLINICALLY ATYPICAL CUTANEOUS PIGMENTED 
LESIONS FOR DETECTION OF MELANOMAS AND HIGH RISK MELANOCYTIC ATYPIA; SIX OR MORE 
LESIONS

COLLAGEN CROSS-LINKING OF CORNEA (INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM AND 
INTRAOPERATIVE PACHYMETRY WHEN PERFORMED)
TRANSCERVICAL UTERINE FIBROID(S) ABLATION WITH ULTRASOUND GUIDANCE, RADIOFREQUENCY

NASAL ENDOSCOPY, SURGICAL, ETHMOID SINUS, PLACEMENT OF DRUG ELUTING IMPLANT; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT

INCLUSION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; PULSE GENERATOR WITH TRANSVENOUS ELECTRODES

INCLUSION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; PULSE GENERATOR ONLY

INCLUSION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; ATRIAL ELECTRODE ONLY

INCLUSION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; VENTRICULAR ELECTRODE ONLY

REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ONLY

REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR)

REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM PULSE GENERATOR ONLY

RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION PULSE GENERATOR

PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, IMPLANTABLE CARDIAC CONTRACTILITY MODULATION SYSTEM

INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, IMPLANTABLE CARDIAC CONTRACTILITY MODULATION SYSTEM

DESTRUCTION OF NEUROFIBROMA, EXTENSIVE (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); FACE, HEAD AND NECK, GREATER THAN 50 NEUROFIBROMAS

DESTRUCTION OF NEUROFIBROMA, EXTENSIVE (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); TRUNK AND EXTREMITIES, EXTENSIVE, GREATER THAN 100 NEUROFIBROMAS

SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)

INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; COMPLETE SYSTEM (TRANSVENOUS PLACEMENT OF RIGHT OR LEFT STIMULATION LEAD, SENSING LEAD, IMPLANTABLE PULSE GENERATOR)

INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY

INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY

INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY

REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY

REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY

REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY

REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA, PULSE GENERATOR ONLY

REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY

REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY

REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY

INTERROGATION DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA

PROGRAMMING DEVICE EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; SINGLE SESSION

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0436T PROGRAMMING DEVICE EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; DURING SLEEP STUDY

0437T REINFORCEMENT OF THE ABDOMINAL WALL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0438T TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC (VIA NEEDLE), SINGLE OR MULTIPLE, INCLUDES IMAGE GUIDANCE

0439T MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY, AT REST OR WITH STRESS, FOR ASSESSMENT OF MYOCARDIAL ISCHEMIA OR VIABILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0440T ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; UPPER EXTREMITY DISTAL/PERIPHERAL NERVE

0441T ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; LOWER EXTREMITY DISTAL/PERIPHERAL NERVE

0442T ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; NERVE PLEXUS OR OTHER TRUNCAL NERVE (EG, BRACHIAL PLEXUS, PUDENDAL NERVE)

0443T REAL-TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY, INCLUDING IMAGING GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0444T INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING FITTING, TRAINING, AND INSERTION, UNILATERAL OR BILATERAL

0445T SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING RE-TRAINING, AND REMOVAL OF EXISTING INSERT, UNILATERAL OR BILATERAL

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

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

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)

0451T INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; MECHANO-ELECTRICAL SKIN INTERFACE

0452T INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; SUBCUTANEOUS ELECTRODE

0453T REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; MECHANO-ELECTRICAL SKIN INTERFACE

0454T REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; SUBCUTANEOUS ELECTRODE

0455T REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; SUBCUTANEOUS ELECTRODE

0456T PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE MECHANO-ELECTRICAL SKIN INTERFACE AND/OR EXTERNAL DRIVER TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, PER DAY

0457T INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, PER DAY

0458T VISUAL EVOKED POTENTIAL, TESTING FOR GLAUCOMA, WITH INTERPRETATION AND REPORT

0459T SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF MEDICATION)

0460T INSERTION OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO PULSE GENERATOR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

0461T REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR

0462T REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY
Group 2 Paragraph:

Procedures for Part A only

Group 2 Codes:

RIGHT HEART CATHETERIZATION WITH IMPLANTATION OF WIRELESS PRESSURE SENSOR IN THE PULMONARY ARTERY, INCLUDING ANY TYPE OF MEASUREMENT, ANGIOGRAPHY, IMAGING SUPERVISION, INTERPRETATION, AND REPORT

Group 3 Paragraph:

Procedures for Part B only

J0275* Alprostadil urethral suppository (Muse)

Group 3 Codes:

01990 PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIENT
15820 BLEPHAROPLASTY, LOWER EYELID;
15821 BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD
15824 RHYTIDECTOMY; FOREHEAD
15825 RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)
15826 RHYTIDECTOMY; GLABELLAR FROWN LINES
15828 RHYTIDECTOMY; CHEEK, CHIN, AND NECK
15829 RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP
15876 SUCTION ASSISTED LIPECTOMY; HEAD AND NECK
15877 SUCTION ASSISTED LIPECTOMY; TRUNK
15878 SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY
15879 SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY
17380 ELECTROLYSIS EPILATION, EACH 30 MINUTES
19105 ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA
22857 TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE Interspace (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR
22858 TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LIST SEPARATELY IN ADDI-
22860 Revision INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR
22865 REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR
28890 HEALTH CARE PROFESSIONAL, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTRASON
29864 ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL
33477 TRANSCATHETER PULMONARY VALVE IMPLANTATION, PERCU TANEOUS APPROACH, INCLUDING PRE-
43284 SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED
58321 ARTIFICIAL INSEMINATION; INTRA-CERVICAL
58322 ARTIFICIAL INSEMINATION; INTRA-UTERINE
58323 SPERM WASHING FOR ARTIFICIAL INSEMINATION
58670 LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)
58671 LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)
58970 FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD
58974 EMBRYO TRANSFER, INTRAUTERINE

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58976 GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD
59012 CORDOCECTESIS (INTRAUTERINE), ANY METHOD
65785 IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS
89250 CULTURE OF OOCYTE(ES)/EMBRYO(ES), LESS THAN 4 DAYS;
89251 CULTURE OF OOCYTE(ES)/EMBRYO(ES), LESS THAN 4 DAYS; WITH CO-CULTURE OF OOCYTE(ES)/EMBRYOS
89253 ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)
89254 OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID
89255 PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)
89256 SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)
89257 SPERM IDENTIFICATION FROM FOLLICULAR FLUID
89258 CRYOPRESERVATION; EMBRYO(S)
89259 CRYOPRESERVATION; SPERM
89260 SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS
89261 SPERM ISOLATION; COMPLEX PREP (EG, PERCOLL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS
89267 SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED
89268 INSEMINATION OF OOCYTES
89272 EXTENDED CULTURE OF OOCYTE(ES)/EMBRYO(ES), 4-7 DAYS
89280 ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES
89281 ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES
89290 BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS
89291 BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS
89335 CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR
89337 CRYOPRESERVATION, MATURE OOCYTE(S)
89342 STORAGE (PER YEAR); EMBRYO(S)
89343 STORAGE (PER YEAR); SPERM/SEMEN
89344 STORAGE (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN
89346 STORAGE (PER YEAR); OOCYTE(S)
89352 THAWING OF CRYOPRESERVED; EMBRYO(S)
89353 THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT
89354 THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN
89356 THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT
90476 ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE
90477 ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE
90581 ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE
90585 BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE
90632 HEPATITIS A VACCINE (HEPA), ADULT DOSAGE, FOR INTRAMUSCULAR USE
90633 HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90634 HEPATITIS A VACCINE (HEPA), PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90647 HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-OMP CONJUGATE, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90648 HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB), PRP-T CONJUGATE, 4 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90649 HUMAN PAPILLOMAVIRUS VACCINE, TYPES 6, 11, 16, 18, QUADRIVALENT (4VHPV), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE
90680 ROTAVIRUS VACCINE, PENTAVALENT (RV5), 3 DOSE SCHEDULE, LIVE, FOR ORAL USE
90690 TYPHOID VACCINE, LIVE, ORAL
90691 TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE
90849 MULTIPLE-FAMILY GROUP PSYCHOTHERAPY
92970 CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL
92971 CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL
92972 PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL
92973 PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES REINFORCED EDUCATION, TRANSMISSION OF SPIROMETRIC TRACING, DATA CAPTURE, ANALYSIS OF TRANSMITTED DATA, PERIODIC RECALIBRATION AND REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL.

PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, REINFORCED EDUCATION, DATA TRANSMISSION, DATA CAPTURE, TREND ANALYSIS, AND PERIODIC RECALIBRATION)

PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; REVIEW AND INTERPRETATION ONLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL.

MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HAND) OR TRUNK.

MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE.

MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF BODY, EXCLUDING HANDS.

MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF BODY, INCLUDING HANDS.

RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE).

RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE.

REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION AND INTERPRETATION AND REPORT, FIRST LESION.

WORK HARDENING/CONDITIONING; INITIAL 2 HOURS.

WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE).

NASAL VACCINE INHALATION.

CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN.

REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE).

REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE).

EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY.

EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INVOLVING LATERAL HUMERAL EPICONDYLE.

QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION.

QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION.

QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA.

QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA.

QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI TO ASSESS SENSATION.

COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY HEART DISEASE RISK FACTOR ASSESSMENT.

TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE).

REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE).

REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE).

COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES, CHEST RADIOGRAPH(S), PERFORMED CONCURRENT WITH PRIMARY INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE).

COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR
LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR
WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES, CHEST RADIOGRAPH(S), PERFORMED
REMOTE FROM PRIMARY INTERPRETATION

POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (EG, FACET JOINT(S) REPLACEMENT), INCLUDING
0202T FACETECTOMY, LAMINECTOMY, FORAMINOTOMY, AND VERTEBRAL COLUMN FIXATION, INJECTION OF
BONE CEMENT, WHEN PERFORMED, INCLUDING FLUOROSCOPY, SINGLE LEVEL, LUMBAR SPINE

0357T CRYOPRESERVATION; IMMATURE OOCYTE(S)

TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH
0375T END PLATE PREPARATION (INCLUDES OSTEOPHYCTECTOMY FOR NERVE ROOT OR SPINAL CORD
DECOMPRESSION AND MICRODISSECTION), CERVICAL, THREE OR MORE LEVELS

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

PREVENTIVE BEHAVIOR CHANGE, INTENSIVE PROGRAM OF PREVENTION OF DIABETES USING A
0403T STANDARDIZED DIABETES PREVENTION PROGRAM CURRICULUM, PROVIDED TO INDIVIDUALS IN A
GROUP SETTING, MINIMUM 60 MINUTES, PER DAY

OVERSIGHT OF THE CARE OF AN EXTRACORPOREAL LIVER ASSIST SYSTEM PATIENT REQUIRING REVIEW
OF STATUS, REVIEW OF LABORATORIES AND OTHER STUDIES, AND REVISION OF ORDERS AND LIVER
ASSIST CARE PLAN (AS APPROPRIATE), WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE OF NON-
FACE-TO-FACE TIME

0405T TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE
BLEEDING, INCLUDING ULTRASOUND GUIDANCE, COMPLETE (VESACTOMY, MEATOTOMY,
CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE
INCLUDED WHEN PERFORMED)

INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION
VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND
0421T THERAPEUTIC PARAMETERS; COMPLETE SYSTEM (COUNTERPULSATION DEVICE, VASCULAR GRAFT,
ImplANTABLE VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SKIN INTERFACE AND
SUBCUTANEOUS ELECTRODES)

INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION
0451T VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND
THERAPEUTIC PARAMETERS; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL
REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM;
0452T COMPLETE SYSTEM (AORTIC COUNTERPULSATION DEVICE, VASCULAR HEMOSTATIC SEAL, MECHANO-
ELECTRICAL SKIN INTERFACE AND ELECTRODES)

REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM;
AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL

0456T RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION
VENTRICULAR ASSIST DEVICE, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES

0459T REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST
DEVICE; AORTIC COUNTERPULSATION DEVICE

Group 4 Paragraph:
Unlisted Procedure Codes

Procedures for Part A and Part B

22899+ XClose® Tissue Repair System

42299+ Palatal implants (Pillar™)

43659+ Laparoscopic, implantation, replacement, revision, or removal of gastric stimulation electrodes, less curvature

43659+ Laparotomy, implantation, replacement, revision, or removal of gastric stimulation electrodes, less curvature

45999+* Unlisted procedure, rectum (stapled transanal rectal resection [STARR])

47399+ Irreversible electroporation (e.g., NanoKnife System) - surgical ablation of soft tissue of the liver; other
unlisted codes should be submitted based on the anatomical location performed
64999+ Percutaneous neuromodulation using a percutaneous electrode array (PEA) (eg, BioWave)
67299+ Suprachoroidal delivery of pharmacologic agent (does not include supply of medication)
78999+ Intraoperative nuclear mapping during parathyroidectomy (Gamma probe)
84999+ Holotranscobalamin, quantitative
84999+ Lipoprotein, direct measurement, intermediate density lipoproteins (IDL) (remnant lipoproteins)
84999+ Neuronal thread protein (NTP)
88749 Skin advanced glycation endproducts (AGE) measurement by multi-wavelength fluorescent spectroscopy (Skin testing for diabetes)
97139+ MicroVas® therapy
92700+ Vestibular evoked myogenic potentials (VEMP)
93799+ Acoustic ECG analysis
94799+ Diagnostic evaluation and measurement of bronchial wheeze rate
95999+ Tremor measurement with accelerometer(s) and/or gyroscope(s)
97039+ Cold laser therapy (low level laser therapy)

97799+ (Vertebral Axial Decompression/Intervertebral Differential Dynamics) (i.e., treatment which “combines pelvic and/or cervical traction connected to a special table that permits the traction application”; any similar device would fall under this category of a non-covered benefit. Therapeutic Tables (e.g., VAX-D, Decompression Reduction Stabilization (DRS) System, Accu-Spina System, DRX-3000, DRX9000, SpineMED Decompression Table, and Lordex Traction Unit) are used for this service and are motorized traction devices used to stretch the lower back.

99199+ Multivariate analysis of patient specific findings with quantifiable computer probability assessment, including report

**Group 4 Codes:**
22899 UNLISTED PROCEDURE, SPINE

**Group 5 Paragraph:**
**Procedures for Part B only**

01999+ Regional intravenous administration of local anesthetic agent or other medication (upper or lower extremity)
22899+ Arthroscopic laser arthrodesis/rhizotomy of the facet joint with cancellous bone allograph and autologous platelet gel patch
22899+ Epiduroscopy/Myeloscopy
27599+ Tidal knee irrigation
30999+ Rhinophototherapy, intranasal application of ultraviolet and visible light
33999+ Abdominal aorta transplant from a cadaver
43289+* Unlisted laparoscopy procedure, esophagus (LINX® reflux management system)
44799+ Endoscope, retrograde imaging/illumination colonoscopic device (implantable); e.g. Third Eye Retroscope® (physician services only)
53899+ Treatment(s) for incontinence, pulsed magnetic neuromodulation, per day

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58999GY+ Pap plus speculoscopy (PPS)
58999+ Speculoscopy
58999+ Speculoscopy, with directed sampling

64999+ Blood Brain Barrier Disruption (BBBD) (See National Noncoverage Decisions for Blood Brain Barrier Disruption (BBBD) for Treatment of Brain Tumors)
64999+ Bretylium Bier Block
64999+ Fetal Tissue Transplantation
64999+ Nucleoplasty
66999+ Deep Sclerectomy with or without Collagen Implant
66999+ Fistulization of sclera for glaucoma, through ciliary body
67299+ Destruction of localized lesion of choroid (eg, choroidal neovascularization), transpupillary thermotherapy
67299+ Destruction of macular drusen, photocoagulation
68399+ Conjunctival incision with posterior extrascleral placement of pharmacological agent (does not include supply of medication)
68899+ Balloon Lacrimoplasty

76499+ Electrical impedance scan of the breast, bilateral (risk assessment device for breast cancer)
76499+ MRI for use in measuring the blood flow, spectroscopy imaging of cortical bone and calcification, and procedures involving resolution of bone or calcification
76499+ Dual energy x-ray absorptiometry [DEXA] body composition study, one or more sites
78699+ SPECT with Altropane for early diagnosis of Parkinson’s Disease
86849+ Zstat flu influenza test kits
89240+ Epiluminescense microscopy
89240+ In-vitro chemosensitivity and/or resistance assays
92700+ Electrical stimulation for the treatment of dysphagia
92700GY+ Politzer procedure
93799+ Inert gas rebreathing for cardiac output measurement; during rest
93799+ Inert gas rebreathing for cardiac output measurement; during exercise
93799+ Metaido benzylquanidine (MIBG) imaging
93799+ Pulsemetric Dynapulse System (for use as an electrical thoracic bioimpedance device)
93799+* Unlisted cardiovascular service or procedure (CardioMEMS™)
94799+ Pulmonary rehabilitation program
95199+ Adoptive Immunotherapy
95999+ Biothesiometry

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<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01999</td>
<td>Surface electromyography</td>
</tr>
<tr>
<td>07799</td>
<td>Matrix Pro elect/DT</td>
</tr>
<tr>
<td>99199</td>
<td>Validated, statistically reliable, randomized, controlled, single-patient clinical investigation of FDA approved chronic care drugs, provided by a pharmacist, interpretation and report to the prescribing health care professional</td>
</tr>
<tr>
<td>99199</td>
<td>End diastolic pneumatic compression therapy (Circulator Boot) using a heart monitor; segmental and nonsegmental compression of the leg (for the treatment of ulcers) in the office setting</td>
</tr>
<tr>
<td>99199</td>
<td>Intravenous lidocaine for chronic pain</td>
</tr>
<tr>
<td>99199</td>
<td>Light reflecting rheography</td>
</tr>
<tr>
<td>E1399GY</td>
<td>Disposable pain control infusion pump (PCIP)</td>
</tr>
<tr>
<td>J3490</td>
<td>Becaplermin (Regranex)</td>
</tr>
<tr>
<td>J3490</td>
<td>Shark Cartilage Injections</td>
</tr>
<tr>
<td>L8699</td>
<td>Prosthetic implant, not otherwise specified (when used for hydrogel application of a spacer to increase the distance between the prostate and anterior rectal wall)</td>
</tr>
</tbody>
</table>

**Note:** The above list of noncovered services is not all inclusive.

*Codes that contain additional information beyond the CPT descriptor.*

+Claims for these services will always be reviewed, as they must currently be billed with an unlisted procedure code.

++Covered if beneficiary is enrolled in an approved category B investigational device exemption (IDE) study.

++Covered if meets CMS coverage with evidence development (CED) criteria

GY Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit.

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**Group 5 Codes:**

01999 UNLISTED ANESTHESIA PROCEDURE(S)

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX000</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information [Back to Top](#)
In order for a noncovered service/procedure listed in this LCD to be evaluated for coverage, a reconsideration request to remove the service/procedure from the list must be submitted in writing to the medical policy department. Copies of published evidence (e.g., peer-reviewed medical literature, published studies, etc.) must also be included with the reconsideration request.

**Utilization Guidelines**

N/A

**Sources of Information and Basis for Decision**
First Coast Service Options LCD number(s) – L29023, L29288, L29398

Sources of Information and Basis for Decision for all items and services included as noncovered in this LCD can be located at the link below listed under “Related Documents”.

Social Security Act Title XVIII Section 1862 (a)(1) and Section 1879.

Other Contractors

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**Revision History Information**

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/24/2017 R20</td>
<td></td>
<td>Explanation of revision: The Medical Policy and Procedures Department evaluated the following services and determined that they are not considered medically reasonable and necessary at this time based on current available published evidence (e.g., peer-reviewed medical literature, and published studies). Therefore, Category III CPT codes 0446T - 0448T, 0449T - 0450T, 0453T - 0454T, 0457T-0458T, 0460T, 0462T-0464T, 0466T – 0468T and CPT code 64568 Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator [when specified as implantation of hypoglossal nerve stimulator] have been added to the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part A and Part B.” and Category III CPT codes 0451T-0452T, 0455T-0456T, 0459T, and 0461T have been added to the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part B only”. The effective date of this revision is for dates of service on or after 07/24/2017. Also, based on the Decision Memo for Leadless Pacemakers (CAG-00448N), the following clarifying language (++Covered if meets CMS coverage with evidence development (CED) criteria) was added in the “CPT/HCPCS Codes” section of the LCD related to Category III CPT codes 0387T, 0388T, 0389T, 0390T, and 0391T. The effective date of this revision is for claims processed on or after 07/24/2017, for dates of service on or after 01/18/2017. In addition, based on CR 8776, the following language was removed from the “CPT/HCPCS Codes” section of the LCD: “Per CR 8572, beginning in CY 2014, payment for most laboratory tests (except for molecular pathology tests) will be packaged under the OPPS, therefore the clinical laboratory tests listed below, for TOB 13X (outpatient hospital), are packaged in this setting.” The effective date of this revision is for claims processed on or after 05/12/2017, for dates of service on or after 01/01/2014.</td>
<td>• Provider Education/Guidance • New/Updated Technology</td>
</tr>
</tbody>
</table>

**05/01/2017 R19**
Revision Number: 10

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Explanation of revision: The Medical Policy and Procedures Department evaluated the following services and determined that they are not considered medically reasonable and necessary at this time based on current available published evidence (e.g., peer-reviewed medical literature, and published studies). Therefore, CPT Category III codes 0437T, 0438T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, and 0445T have been added to the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part A and Part B”. Additionally, HCPCS code L8699 (Prosthetic implant, not otherwise specified [when used for hydrogel application of a spacer to increase the distance between the prostate and anterior rectal wall]) has been added to the “Unlisted Procedure Codes” section of the LCD under the subtitle “Procedures for Part B only”. The effective date of this revision is based on date of service.

Additionally, CPT code 84999+ [Cancer Type ID], was removed from the “Unlisted Procedure Codes” section of the LCD under “Part A and Part B” and will be given individual consideration. The effective date of these revisions is for claims processed on or after 03/27/2017, for dates of service or after 04/01/2015.

Publication: December 2016 Connection
LCR A/B2017-001

Explanation of Revision: Based on the Annual 2017 HCPCS Update CR9752 the following Category III CPT codes were deleted: CPT code 0019T was deleted and replaced with unlisted code 20999+. CPT code 0336T was deleted and replaced with CPT code 58674. CPT codes 0392T and 0393T were deleted and replaced with 43284 and 43285 respectively. CPT unlisted code 67299+ was deleted and replaced with 0465T. In Addition, CPT codes 0282T, 0283T, 0284T, 0285T were deleted and replaced with CPT unlisted code 64999+, CPT codes 0286T and 0287T were deleted and replaced with CPT unlisted code 76499+ and CPT code 0288T was deleted and replaced with unlisted code 46999+. Also, CPT codes 0291T, 0292T and unlisted code 43289+ (Unlisted laparoscopy procedure, esophagus (LINX® reflux management system) were deleted. In addition, descriptor was revised for CPT codes 0274T and 90644. Based on CR9892 Category III CPT code 0398T was deleted from the “Procedures for Part B only” section and added to the “Procedures for Part A and Part B” section of the LCD. The effective date of this revision is based on date of service.

Publication: September 2016 Connection
LCR A/B2016-098

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Explanation of revision: Based on a reconsideration request this LCD was revised to remove CPT code 97610 from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Listed Procedure Codes/Procedures for Part A and Part B”. The effective date of this revision is for dates of service on or after 10/06/2016. In addition, based on the creation of a new LCD (Prostatic Urethral Lift #L36775), this LCD was revised to remove HCPCS codes C9739 and C9740 from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Listed Procedure Codes/Procedures for Part A and Part B”, CPT codes 52441 and 52442 from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Listed Procedure Codes/Procedures for Part B only”, and HCPCS code L8699 (Prosthetic implant, not otherwise specified [when used for the transprostatic urethral lift implant]) from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Unlisted Procedure Codes/Procedures for Part B only”. The effective date of this revision is for dates of service on or after 10/31/16.

Revision Number: 8
Publication: September 2016 Connection LCR A/B2016-098

10/31/2016 R16

Explanation of revision: Based on a reconsideration request this LCD was revised to remove CPT code 97610 from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part A and Part B” The effective date of this revision is for dates of service on or after 10/06/2016. In addition, based on the creation of a new LCD (Prostatic Urethral Lift #L36775), this LCD was revised to remove HCPCS codes C9739 and C9740 from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part A and Part B.” Additional codes removed were CPT codes 52441 and 52442 from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part B only.” The effective date of this revision is for dates of service on or after 10/31/16.

Revision Number: 7
Publication: July 2016 Connection LCR A/B2016-083

07/25/2016 R15

Explanation of revision: This LCD was revised to remove CPT code 0405T from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part A and “Procedures for Part B and add CPT code 0405T to the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part B only” as the OPPS payment status indicator is a “B” (Not paid under OPPS).” The effective date of this revision is for claims processed on or after 7/25/16, for dates of service on or after 01/01/16.

Revision Number: 5
Publication: June 2016 Connection LCR A/B2016-068

07/25/2016 R14

Explanation of revision: The Medical Policy and Procedures Department evaluated the following services and determined that they are not considered medically reasonable and necessary at this time based on current available published evidence (e.g., peer-reviewed medical literature, and published studies) Therefore, CPT® codes 96931 – 96936, CPT Category III codes 0396T, 0397T, and 0399T- 0436T have been added to the LCD The effective date of this revision is based on date of service. Additionally, CPT 88375-Optical microscopic image(s), interpretation and report has been deleted based on a prior revision removing associated services (CPT codes 43206 and 43252) for claims processed on or after 04/16/2016 for date of service on or after 12/21/2015. In addition, the formatting of the LCD was revised to remove duplicity of coding.

Revision Number: 4

02/15/2016 R13

• Provider Education/Guidance
• Public Education/Guidance
• Reconsideration Request

07/25/2016 R14

• Revisions Due To CPT/HCPCS Code Changes
• Provider Education/Guidance
• Public Education/Guidance

02/15/2016 R13

Published on 8/23/2017. Page 24 of 27
Explanation of revision: Based on an LCD reconsideration request, this LCD was revised to remove CPT code 0100T (placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy) from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part B.” The effective date of this revision is based on date of service.

Publication: N/A
LCR A/B2016-034

02/09/2016 R12
Explanation of revision: Based on an LCD reconsideration request, this LCD was revised to remove CPT code 0100T (placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy) from the “CPT/HCPCS Codes” section of the LCD under the subtitle “Procedures for Part B.” The effective date of this revision is based on date of service.

• Reconsideration Request

01/21/2016 R11
HCPCS update; Descriptor change for CPT 90644

01/21/2016 R10
Revision History Number R8 contains a typographical error. HCPCS codes listed as G0627 and G0628 should be HCPCS codes G6027 and G6028. The effective date of this revision is for dates of service on or after 01/01/16.

Publication: January 2016 Connection
LCR A/B2016-023

01/21/2016 R9
Explanation of revision: Based on an LCD reconsideration request, this LCD was revised to remove CPT code 0008M from the “CPT/HCPCS Codes” section of the LCD under the subtitles “Laboratory Procedures for Part A” and “Laboratory Procedures for Part B.” CPT code 0008M (Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score) will be added to the Gene Expression Profiling Panel for use in the Management of Breast Cancer Treatment LCD (L33586) with limited coverage indications. The effective date of this revision is based on date of service.

Publication: December 2015 Connection
LCR A/B2016-017

01/01/2016 R8
• New/Updated Technology
Explanation of Revision: Based on the annual 2016 HCPCS Update the following Category III CPT codes were deleted: CPT code 0099T was deleted and replaced with CPT code 65785, CPT code 0103T was deleted and replaced with unlisted CPT code 84999, CPT code 0123T was deleted and replaced with unlisted CPT code 66999, CPT code 0223T, 0224T, and 0225T were deleted and replaced with unlisted CPT code 93799, CPT code 0233T was deleted and replaced with unlisted CPT code 88749, CPT code 0243T and 0244T were deleted and replaced with unlisted CPT code 93799, CPT code 0262T, 0223T, 0224T, and 0225T were deleted and replaced with unlisted CPT code 93050. The following Category I codes were deleted: HCPCS codes G0627 and G0628 were deleted and replaced with 46601 and 46607 and unlisted CPT code 20999 for Magnetic resonance guided focused ultrasound surgery (MRFUS) (e.g., ExAblate) has been deleted and replaced with Category III code 0398T. CPT codes 90645, 90646, 90692, and 90693 were deleted. In addition, the descriptor was revised on the following CPT codes 87320, 90632, 90633, 90634, 90644, 90647, 90648, 90649, 90650, 90680, 90681, and 0358T. The effective date of this revision is for dates of service on or after 01/01/16.

Also, the LCD was revised to remove CPT code 95806 from the “CPT/HCPCS Codes” section of the LCD under the subtitles “Procedures for Part A” and “Procedures for Part B” and to remove CPT code 95803 from the CPT/HCPCS Codes” section of the LCD under the subtitles “Procedures for Part B”. CPT codes 95803 and 95806 were added to the Polysomnography and Sleep Testing LCD (L33405). In addition, the LCD was revised to remove CPT codes 43206 and 43252 from the “CPT/HCPCS Codes” section of the LCD under the subtitles “Procedures for Part A” and “Procedures for Part B.” The effective date of this revision is for dates of service on or after 12/21/2015.

Revision Number: 1
Publication: November 2015 Connection
LCR A/B2015-032

11/22/2015 R7

Explanation of revision: This LCD was revised to remove CPT code 0330T from the “CPT/HCPCS Codes” section of the LCD under the subtitles “Procedures for Part A” and “Procedures for Part B.” CPT code 0330T (Tear film imaging, unilateral or bilateral, with interpretation and report) will be added to the Diagnostic Evaluation and Medical Management of Moderate-Severe Dry Eye Disease (DED) LCD (L36232) as a noncovered service. The effective date of this revision is based on date of service.

10/01/2015 R6

09/21/2015 The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.

10/01/2015 R5

06/08/2015- The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.

10/01/2015 R4

5/29/2015-The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.

10/01/2015 R3

10/23/2014: The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.

10/01/2015 R2

10/20/14: The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.

10/01/2015 R1

05/29/2014 – The language and/or ICD-10-CM diagnoses were updated to be consistent with current LCD language and ICD-9-CM coding.

• Revisions Due To CPT/HCPCS Code Changes
• Provider Education/Guidance
• Revisions Due To ICD-10-CM Code Changes
• Provider Education/Guidance
• Provider Education/Guidance
• Provider Education/Guidance
• Provider Education/Guidance
## Revision History

<table>
<thead>
<tr>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
</table>

- Revisions Due To ICD-10-CM Code Changes

## Associated Documents

- Attachments Noncovered Services_code guide (PDF - 210 KB)
- Comment Summary 1/19/2017-3/9/2017 (PDF - 193 KB)
- Comment Summary 1/19/2017-3/9/2017 (PDF - 193 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 06/02/2017 with effective dates 07/24/2017 - N/A
Updated on 03/10/2017 with effective dates 05/01/2017 - 07/23/2017
Updated on 12/28/2016 with effective dates 01/01/2017 - 04/30/2017
Updated on 09/27/2016 with effective dates 10/31/2016 - 12/31/2016
Updated on 09/23/2016 with effective dates 10/31/2016 - N/A
Updated on 07/20/2016 with effective dates 07/25/2016 - 10/30/2016
Updated on 06/03/2016 with effective dates 07/25/2016 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

## Keywords

N/A Read the LCD Disclaimer

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