



South Country Health Alliance

Medicare Medical Prior Authorization Grid

Document 7586

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Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy
Digestive System	Bariatric Surgery	43644	Bypass of stomach using an endoscope	CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity		Medicare:Procedures - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD	CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43645	Bypass of stomach with reconstruction of small bowel using an endoscope	CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity		Medicare:Procedures - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD	CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43770	Insertion of adjustable stomach reduction device using an endoscope	CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity		Medicare:Procedures - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD	CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43771	Adjustment of stomach reduction device using an endoscope				CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43772	Removal of stomach reduction device using an endoscope				CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43773	Replacement of stomach reduction device using an endoscope				CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43774	Removal of stomach reduction device and port using an endoscope				CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43775	Partial removal of stomach for weight loss using an endoscope		CMS Article A52447 Laparoscopic sleeve gastrectomy (LSG)	Medicare:Procedures - Laparoscopic Sleeve Gastrectomy (LSG) - Medical Policy Article NGS subset	CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43842	Banding of upper stomach to reduce size of stomach					MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43843	Reduction of size of upper stomach				CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43845	Partial removal of stomach, upper bowel, and ileum for weight loss	CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity		Medicare:Procedures - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD subset	CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43846	Bypass of stomach for weight loss with Roux-en-Y connection of upper bowel to upper stomach	CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity		Medicare:Procedures - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD subset	CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43847	Bypass of stomach for weight loss with small bowel reconstruction	CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity		Medicare:Procedures - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD subset	CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity

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Digestive System	Bariatric Surgery	43848	Revision of upper stomach bypass				CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	Bariatric Surgery	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity			CMS IO Manual: Ch 1, Part 2, Section 100.1	MCP 01 - General Medical Necessity
Digestive System	GI Procedures	43284	Insertion of magnetic band around base of esophagus to tighten opening into stomach using an endoscope		CMS LCD L35080 - Select Minimally Invasive GERD Procedures			MCP 01 - General Medical Necessity
Digestive System	GI Procedures	43647	Implantation or replacement of neurostimulator electrodes in upper stomach using an endoscope					MCP 01 - General Medical Necessity
Digestive System	GI Procedures	43648	Revision or removal of neurostimulator electrodes in upper stomach using an endoscope					MCP 01 - General Medical Necessity
Digestive System	GI Procedures	43860	Revision of surgically created connection of stomach to small bowel					MCP 01 - General Medical Necessity
Digestive System	GI Procedures	43865	Revision of attachment of stomach to small bowel with severing of vagus nerve					MCP 01 - General Medical Necessity
Digestive System	GI Procedures	43881	Implantation or replacement of stimulator electrodes in upper stomach					MCP 01 - General Medical Necessity
Digestive System	GI Procedures	43882	Removal or revision of stimulator electrodes in upper stomach					MCP 01 - General Medical Necessity
Ear, Nose, Throat	Sleep Apnea Procedures	21685	Repositioning of bone and muscles in neck					MCP 01 - General Medical Necessity
Ear, Nose, Throat	Sleep Apnea Procedures	41512	Permanent suspension of tongue base using sutures					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	19303	Simple complete removal of breast					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	21087	Impression and custom preparation of nasal prosthesis					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	21120	Implantation of graft to enlarge chin bone					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	21121	Enlargement of chin by movement of bone					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	21122	Enlargement of chin by movement of multiple bones					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	21123	Insertion of sliding bone graft to enlarge chin bone, additional bone graft					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	21899	Other procedure on neck or chest					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	53430	Urethroplasty, reconstruction of female urethra					MCP 01 - General Medical Necessity

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Gender Affirming	Gender Afrm Surgery	54125	Amputation of penis					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	54520	Simple removal of testicle					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	55175	Simple repair of scrotum					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	55899	Other procedure on male genital system					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	56625	Removal of external female genitals					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	56800	Plastic repair of vaginal opening					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	56805	Reconstruction or creation of the external female sexual organ for intersex state					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	57106	Partial removal of vaginal wall					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	57110	Removal of vaginal wall					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	57335	Plastic repair of vagina for intersex state					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58150	Removal of uterus and cervix through abdomen					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58180	Removal of uterus through abdomen					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58260	Removal of uterus through vagina, 250.0 g or less					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58262	Removal of uterus, tubes, and/or ovaries through vagina, 250.0 g or less					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58275	Removal of uterus and vagina					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58290	Removal of uterus through vagina, more than 250.0 g					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58291	Removal of uterus, tubes, and/or ovaries through vagina, more than 250.0 g					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58345	Insertion of tube into fallopian tube					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58541	Partial removal of uterus with retention of cervix using an endoscope, 250.0 g or less					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58543	Partial removal of uterus with retention of cervix using an endoscope, more than 250.0 g					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58550	Removal of uterus through vagina using an endoscope, 250.0 g or less					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58553	Removal of uterus through vagina using an endoscope, more than 250.0					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58554	Removal of uterus, tubes, and/or ovaries through vagina using an endoscope, more than 250.0 g					MCP 01 - General Medical Necessity

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Gender Affirming	Gender Afrm Surgery	58570	Removal of uterus through abdomen using an endoscope, 250.0 g or less					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58572	Removal of uterus through abdomen using an endoscope, more than 250.0 g					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58700	Removal of uterine tubes					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58720	Removal of uterine tubes and ovaries					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58953	Removal of lining of abdomen, uterus, ovaries, and fallopian tubes with extensive reduction of growth					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58956	Removal of lining of abdomen, uterus, ovaries, and fallopian tubes					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	58999	Other procedure on female genital system (nonobstetrical)					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	92508	Treatment of speech, language, voice, communication, and/or hearing processing disorder in a group setting					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	55970	Operation to change sex male to female					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	55980	Operation to change sex female to male					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	57291	Construction of artificial vagina					MCP 01 - General Medical Necessity
Gender Affirming	Gender Afrm Surgery	57292	Construction of artificial vagina using tissue graft					MCP 01 - General Medical Necessity
Gene and Cell Therapy	CAR-T	38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day				CMS IO Manual: 100-03 Ch 1, Part 2 110.23	MCP 01 - General Medical Necessity
Gene and Cell Therapy	CAR-T	38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)				CMS IO Manual: 100-03 Ch 1, Part 2 110.23	MCP 01 - General Medical Necessity
Gene and Cell Therapy	CAR-T	38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration				CMS IO Manual: 100-03 Ch 1, Part 2 110.23	MCP 01 - General Medical Necessity
Gene and Cell Therapy	CAR-T	38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	CMS NCD 110.24 - T-Cell Therapy			CMS IO Manual: 100-03 Ch 1, Part 2 110.23	MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22532	Fusion of middle spine bone through side with partial removal of disc, 1 bone					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22533	Fusion of lower spine bone through side with partial removal of disc, 1 bone					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22534	Fusion of middle or lower spine bone through side with partial removal of disc, each additional bone					MCP 01 - General Medical Necessity

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Musculoskeletal System	Spinal Fusion	22548	Fusion of spine bones at base of neck, oral approach		CMS LCD L39770 Cervical Fusion	Medicare: Procedures - Cervical Fusion NGS		MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22551	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, 1 disc		CMS LCD L39770 Cervical Fusion	Medicare: Procedures - Cervical Fusion NGS		MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22552	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, each additional disc		CMS LCD L39770 Cervical Fusion	Medicare: Procedures - Cervical Fusion NGS		MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22554	Fusion of upper spine bones through front of neck with partial removal of disc		CMS LCD L39770 Cervical Fusion	Medicare: Procedures - Cervical Fusion NGS		MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22556	Fusion of middle spine bone through side of chest with partial removal of disc					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22558	Fusion of lower spine bone through abdomen with partial removal of disc					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22585	Fusion of spine bones through front of body with partial removal of disc, each additional disc					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22586	Fusion of lower spine or sacral bone with removal of disc using image guidance					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22590	Fusion of skull and first 2 upper spine bones through back		CMS LCD L39770 Cervical Fusion	Medicare: Procedures - Cervical Fusion NGS		MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22595	Fusion of first 2 spine bones through back of neck		CMS LCD L39770 Cervical Fusion	Medicare: Procedures - Cervical Fusion NGS		MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22600	Fusion of spine in neck by posterior approach		CMS LCD L39770 Cervical Fusion	Medicare: Procedures - Cervical Fusion NGS		MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22610	Fusion of spine in upper back					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22612	Fusion of spine in lower back					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22614	Fusion of additional segment of spine					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22630	Fusion of lower spine bone and partial removal of spine bone or disc through back, 1 disc					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22632	Fusion of lower back spine bone and partial removal of spine bone or disc through back, each additional disc					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22633	Fusion of spine in lower back with partial removal of spine bone and disc					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22634	Fusion of additional segment of spine with partial removal of spine bone and disc					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22800	Fusion to repair spine deformity through back, up to 6 bones					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22802	Fusion of spine bones for correction of deformity, posterior approach, 7 to 12 vertebral segments					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22804	Fusion to repair spine deformity through back, 13 or more bones					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22810	Fusion of spine bones for correction of deformity, anterior approach, 4 to 7 vertebral segments					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22836	Tethering of 7 or fewer middle spine bones					MCP 01 - General Medical Necessity

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Musculoskeletal System	Spinal Fusion	22837	Tethering of 8 or more middle spine bones					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22838	Revision, replacement, or removal of middle spine tethering					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22856	Insertion of artificial upper spine disc, anterior approach					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22857	Insertion of artificial disc between bones of lower spine, single space	CMS NCD 150.10 - Lumbar Artificial Disc Replacement				MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22858	Insertion of artificial upper spine disc anterior approach					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22860	Insertion of artificial disc between bones of lower spine, additional space	CMS NCD 150.10 - Lumbar Artificial Disc Replacement		Medicare: Procedures: Lumbar Artificial Disc Replacement NCD		MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22861	Revision of total disc replacement in upper back					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22862	Revision of total disc replacement in lower back					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22864	Revision of artificial upper spine disc, cervical					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22865	Revision of artificial lower spine disc, lumbar					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22868	Placement of device to stabilize or reduce pressure in lower spine in second disc space					MCP 01 - General Medical Necessity
Musculoskeletal System	Spinal Fusion	22870	Placement of stabilizing device to second lower spine level					MCP 01 - General Medical Necessity
Nervous System	Neurostimulation	64582	Insertion of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode		CMS LCD L38387 - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea	Medicare: Procedures - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea NGS	CMS IO Manual 100-3: Ch 1, Part 2 - 160.2, 160.7	MCP 01 - General Medical Necessity
Nervous System	Neurostimulation	C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array		CMS LCD L38387 - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea	Medicare: Procedures - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea NGS	CMS IO Manual 100-3: Ch 1, Part 2 - 160.2, 160.7	MCP 01 General Medical Necessity
Nervous System	Neurostimulation	C8008	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator		CMS LCD L38387 - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea	Medicare: Procedures - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea NGS	CMS IO Manual 100-3: Ch 1, Part 2 - 160.2, 160.7	MCP 01 General Medical Necessity
Nervous System	Neurostimulation	C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components		CMS LCD L38387 - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea	Medicare: Procedures - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea NGS	CMS IO Manual 100-3: Ch 1, Part 2 - 160.2, 160.7	MCP 01 General Medical Necessity
Nervous System	Neurostimulation	C8012	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver		CMS LCD L38387 - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea	Medicare: Procedures - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea NGS	CMS IO Manual 100-3: Ch 1, Part 2 - 160.2, 160.7	MCP 01 General Medical Necessity

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Reconstructive	Breast Surgery	19318	Breast reduction	CMS NCD 140.2 Breast Reconstruction Following Mastectomy	CMS LCD L35001 Reduction Mammoplasty	Medicare:procedures - Reduction Mammoplasty NGS		MCP 01 - General Medical Necessity
Reconstructive	Breast Surgery	19325	Insertion of breast implant	CMS NCD 140.2 Breast Reconstruction Following Mastectomy		Medicare:procedures - Breast Reconstruction Following Mastectomy NCD		MCP 01 - General Medical Necessity
Reconstructive	Breast Surgery	19328	Removal of intact breast implant	CMS NCD 140.2 Breast Reconstruction Following Mastectomy		Medicare:procedures - Breast Reconstruction Following Mastectomy NCD		MCP 01 - General Medical Necessity
Reconstructive	Breast Surgery	19340	Placement of implant on same day of breast reconstruction	CMS NCD 140.2 Breast Reconstruction Following Mastectomy		Medicare:procedures - Breast Reconstruction Following Mastectomy NCD		MCP 01 - General Medical Necessity
Reconstructive	Breast Surgery	19342	Placement of implant on separate day of breast reconstruction	CMS NCD 140.2 Breast Reconstruction Following Mastectomy		Medicare:procedures - Breast Reconstruction Following Mastectomy NCD		MCP 01 - General Medical Necessity
Reconstructive	Breast Surgery	19300	Removal of extra breast tissue in male			Medicare:Procedures Cosmetic and Reconstructive Surgery CGS		MCP 01 - General Medical Necessity
Reconstructive	Breast Surgery	19316	Repair for sagging of the breast	CMS NCD 140.2 Breast Reconstruction Following Mastectomy	CMS LCD L35001 Reduction Mammoplasty	Medicare:Procedures Cosmetic and Reconstructive Surgery CGS		MCP 01 - General Medical Necessity
Reconstructive	Breast Surgery	19355	Correction of inverted nipples	CMS NCD 140.2 Breast Reconstruction Following Mastectomy		Medicare:Procedures Cosmetic and Reconstructive Surgery CGS & Breast Reconstruction Following Mastectomy NCD		MCP 01 - General Medical Necessity
Reconstructive	Dermatological	11950	Injection of filling material under skin, 1.0 cc or less				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	11951	Injection of filling material under skin, 1.1-5.0 cc				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	11952	Injection of filling material under skin, 5.1-10.0 cc				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	11954	Injection of filling material under skin, more than 10.0 cc				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	15775	Hair transplant, 1-15 punch grafts				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	15776	Hair transplant, more than 15 punch grafts				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	15780	Dermabrasion of skin of total face	CMS NCD 250.4 - Treatment of Actinic Keratosis			CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	15781	Dermabrasion of skin of part of face	CMS NCD 250.4 - Treatment of Actinic Keratosis			CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	15782	Dermabrasion of skin other than face	CMS NCD 250.4 - Treatment of Actinic Keratosis			CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	15783	Dermabrasion of superficial scars or tattoos from skin	CMS NCD 250.4 - Treatment of Actinic Keratosis			CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity

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Reconstructive	Dermatological	15786	Scraping of skin growth, first growth	CMS NCD 250.4 - Treatment of Actinic Keratosis			CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Dermatological	15787	Scraping of skin growth, each additional 1-4 growths	CMS NCD 250.4 - Treatment of Actinic Keratosis			CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Electrolysis	17380	Hair removal by electrolysis, each 30 minutes				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15830	Removal of extra skin and tissue of abdomen				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	67900	Repair of brow paralysis		Article A52837 - Blepharoplasty	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	67901	Repair of upper eyelid muscle to correct drooping or paralysis using external material		Article A52837 - Blepharoplasty	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	67904	Repair of tendon of upper eyelid		Article A52837 - Blepharoplasty	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	67908	Removal of tissue, muscle, and membrane to correct eyelid drooping or paralysis		Article A52837 - Blepharoplasty	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15820	Repair of lower eyelid defect		Article A52837 - Blepharoplasty	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15821	Removal of excessive skin of lower eyelid and fat around eye		Article A52837 - Blepharoplasty	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15822	Removal of excessive skin of upper eyelid		Article A52837 - Blepharoplasty	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15823	Removal of excessive skin and fat of upper eyelid		A52837: Blepharoplasty Medical Policy Article	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	67911	Correction of lid retraction		Article A52837 - Blepharoplasty	Medicare:Procedures - Blepharoplasty-Medical Policy Article NGS	CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15832	Removal of extra skin and tissue of thigh				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15833	Removal of extra skin and tissue of leg				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15834	Removal of extra skin and tissue of hip				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15835	Removal of extra skin and tissue of buttock				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15836	Removal of extra skin and tissue of arm				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy
Reconstructive	Excision of excess skin	15837	Removal of extra skin and tissue of forearm or hand				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15838	Removal of extra skin and tissue of chin				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15839	Removal of extra skin and tissue of other area				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Excision of excess skin	15847	Extensive removal of extra skin and tissue of abdomen				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21141	Reconstruction of upper jaw and midface bones				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21142	Repair of midface bones, 2 bones				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21143	Repair of midface bones, 3 or more bones				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21145	Reconstruction of midface bones with bone graft, single piece (LeFort I)				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21146	Repair of midface bones with bone graft, 2 bones				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21147	Repair of midface bones with bone graft, 3 or more bones				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21150	Reconstruction of midface bones (LeFort II)				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21151	Reconstruction of midface bones with bone graft (LeFort II)				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21188	Reconstruction of midface bones with bone graft				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21193	Reconstruction of jaw bone				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21194	Reconstruction of lower jaw bone with bone graft				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21195	Reconstruction of lower jaw bones				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21196	Reconstruction of jaw bones with insertion of hardware				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21198	Incision or partial removal of lower jaw bone				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21206	Incision or partial removal of upper jaw bone				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21208	Incision and repair of bony defect of cheek bone with repositioning of bony segment				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21244	Reconstruction of lower jaw bone with insertion of bone plate				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21247	Reconstruction of hinged joint of jaw bones with insertion of rib cartilage				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21248	Reconstruction of part of lower or upper jaw bone with implant				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy
Reconstructive	Facial Reconstruction	21249	Complete reconstruction of lower or upper jaw bone with jaw bone implant (endosteal)				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21270	Insertion of prosthetic material to enlarge cheek bone				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21299	Other procedure on skull, face, and upper jaw bones				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21209	Incision and repair of bony defect of cheek bone including bony segment reduction				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21125	Enlargement of lower jaw with implant				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	21127	Insertion of bone grafts between portions of bone to enlarge lower jaw bone				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	30120	Excision or surgical planing of skin of nose for rhinophyma				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	30400	Reshaping of tip of nose				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	30410	Reshaping of bone, cartilage, and/or tip of nose				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	30420	Reshaping of bony cartilage dividing nasal passages				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	30430	Revision to reshape nose or small amount of tip of nose after previous repair				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	30435	Revision to reshape nasal bones after previous repair				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	30450	Revision to reshape nasal bones and tip of nose after previous repair				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	30520	Reshaping of nasal cartilage				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Facial Reconstruction	69300	Otoplasty, protruding ear, with or without size reduction				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Lipectomy	15876	Suction assisted removal of fat of head and neck				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Lipectomy	15877	Suction assisted removal of fat of body				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Lipectomy	15878	Suction assisted removal of fat of arm				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Lipectomy	15879	Suction assisted removal of fat of leg				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Rhytidectomy	15824	Removal of wrinkles and extra skin of forehead				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Rhytidectomy	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Rhytidectomy	15826	Incision, stretching, and suture of skin between eyebrows				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	Rhytidectomy	15828	Rhytidectomy; cheek, chin, and neck				CMS IO Manual: 100-02,Ch 16.120	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy
Reconstructive	Rhytidectomy	15829	Removal of wrinkles and extra skin with grafting of cheeks, chin, and neck				CMS IO Manual: 100-02,Ch 16,120	MCP 01 - General Medical Necessity
Refractive Surgery	LASIK	S0800	Laser in situ keratomileusis (LASIK)					MCP 01 - General Medical Necessity
Reproductive System	Circumcision	54150	Removal of foreskin using clamp or device					MCP 01 - General Medical Necessity
Reproductive System	Circumcision	54160	Removal of foreskin (28 days or younger)					MCP 01 - General Medical Necessity
Reproductive System	Male Genital System	54400	Insertion of non-inflatable penile implant					MCP 01 - General Medical Necessity
Reproductive System	Male Genital System	54401	Insertion of inflatable penile implant					MCP 01 - General Medical Necessity
Reproductive System	Male Genital System	54660	Insertion of testicular implant					MCP 01 - General Medical Necessity
Reproductive System	Male Genital System	54405	Insertion of multicomponent inflatable penile implant				CMS IO Manual: 100-03,Part 4, section 230.4	MCP 01 - General Medical Necessity
Venous System	Vein Ablation	36473	Mechanochemical destruction of first incompetent vein of arm or leg using imaging guidance		CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity	Medicare: Procedures - Varicose Veins of the Lower Extremity NGS		MCP 01 - General Medical Necessity
Venous System	Vein Ablation	36474	Mechanochemical destruction of subsequent incompetent veins of arm or leg using imaging guidance		CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity	Medicare: Procedures - Varicose Veins of the Lower Extremity NGS		MCP 01 - General Medical Necessity
Venous System	Vein Ablation	36475	Destruction of first incompetent vein of arm or leg using radiofrequency and imaging guidance		CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity	Medicare: Procedures - Varicose Veins of the Lower Extremity NGS		MCP 01 - General Medical Necessity
Venous System	Vein Ablation	36476	Destruction of subsequent incompetent veins of arm or leg using radiofrequency and imaging guidance		CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity	Medicare: Procedures - Varicose Veins of the Lower Extremity NGS		MCP 01 - General Medical Necessity
Venous System	Vein Ablation	36478	Laser destruction of incompetent vein of arm or leg using imaging guidance		CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity	Medicare: Procedures - Varicose Veins of the Lower Extremity NGS		MCP 01 - General Medical Necessity
Venous System	Vein Ablation	36479	Laser destruction of incompetent veins of arm or leg using imaging guidance, subsequent		CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity	Medicare: Procedures - Varicose Veins of the Lower Extremity NGS		MCP 01 - General Medical Necessity
Venous System	Vein Ablation	36482	Chemical destruction of first incompetent vein of arm or leg using imaging guidance		CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity	Medicare: Procedures - Varicose Veins of the Lower Extremity NGS		MCP 01 - General Medical Necessity
Venous System	Vein Ablation	36483	Chemical destruction of subsequent incompetent veins of arm or leg using imaging guidance		CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity	Medicare: Procedures - Varicose Veins of the Lower Extremity NGS		MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare NCD Criteria	Medicare LCD Criteria	Medicare InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Transplant	Autologous white blood cell	0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed		CMS LCD L38937 Platelet Rich Plasma	Medicare: Procedures - Platelet Rich Plasma NGS		
Transplant	Bone Marrow	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	CMS NCD 110.23 Stem Cell Transplant	CMS LCD L39513 Allogenic Hematopoietic Cell Transplant	Medicare: Procedures - Stem Cell Transplantation 110.23 (NCD)		
Transplant	Bone Marrow	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	CMS NCD 110.23 Stem Cell Transplant		Medicare: Procedures - Stem Cell Transplantation 110.23 (NCD)		
Transplant	Bone Marrow	38242	Allogeneic lymphocyte infusions	CMS NCD 110.23 Stem Cell Transplant				
Transplant	Bone Marrow	C9782	Heart catheterization as part of a study. Patient receives either bone marrow or a placebo device.					MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor					MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0665T	Donor hysterectomy (including cold preservation); open, from living donor					MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor					MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor					MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary					MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each					MCP 01 - General medical necessity
Transplant	Donor hysterectomy	0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each					MCP 01 - General medical necessity
Transplant	Heart	33945	Heart transplant, with or without recipient cardiectomy	CMS NCD 260.9 - Heart Transplants				
Transplant	Heart	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy (Report with 33945)	CMS NCD 260.9 - Heart Transplants				
Transplant	Heart	33928	Removal and replacement of total replacement heart system (artificial heart) (Report with 33945)	CMS NCD 260.9 - Heart Transplants				
Transplant	Heart	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure - 33945)	CMS NCD 260.9 - Heart Transplants				
Transplant	Heart/Lung	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	CMS NCD 260.9 - Heart Transplants				

Major Group	Minor Group	Code	Description	Medicare NCD Criteria	Medicare LCD Criteria	Medicare InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Transplant	Intestine	44135	Intestinal allotransplantation; from cadaver donor	CMS NCD 260.5 - Intestinal and Multi-Visceral Transplantation		Medicare: Procedures - Intestinal and Multi-Visceral Transplantation NCD		
Transplant	Intestine	44136	Intestinal allotransplantation; from living donor	CMS NCD 260.5 - Intestinal and Multi-Visceral Transplantation		Medicare: Procedures - Intestinal and Multi-Visceral Transplantation NCD		
Transplant	Intestine/Liver	S2053	Transplantation of small intestine and liver allografts					MCP 01 - General medical necessity
Transplant	Kidney	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	CMS NCD 260.3 - Pancreas Transplants				
Transplant	Kidney	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	CMS NCD 260.3 - Pancreas Transplants				
Transplant	Kidney	50380	Renal autotransplantation, reimplantation of kidney					MCP 01 - General medical necessity
Transplant	Liver	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	CMS NCD 260.1 - Adult Liver Transplantation		Medicare: Procedures - Adult Liver Transplantation NCD		
Transplant	Liver	47399	Unlisted procedure, liver	CMS NCD 260.1 - Adult Liver Transplantation		Medicare: Procedures - Adult Liver Transplantation NCD		
Transplant	Lung	32851	Lung transplant, single; without cardiopulmonary bypass					MCP 01 - General medical necessity
Transplant	Lung	32852	Lung transplant, single; with cardiopulmonary bypass					MCP 01 - General medical necessity
Transplant	Lung	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass					MCP 01 - General medical necessity
Transplant	Lung	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass					MCP 01 - General medical necessity
Transplant	Pancreas	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	CMS NCD 260.3 - Pancreas Transplants		Medicare: Procedures - Pancreas Transplants NCD		
Transplant	Pancreas	48554	Transplantation of pancreatic allograft	CMS NCD 260.3 - Pancreas Transplants		Medicare: Procedures - Pancreas Transplants NCD		
Transplant	Pancreas/Kidney	S2065	Simultaneous pancreas kidney transplantation					MCP 01 - General medical necessity
Transplant	Pancreatic Islet Cells	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous					MCP 01 - General medical necessity

Major Group	Minor Group	Code	Description	Medicare NCD Criteria	Medicare LCD Criteria	Medicare InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Transplant	Pancreatic Islet Cells	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic					MCP 01 - General medical necessity
Transplant	Pancreatic Islet Cells	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open					MCP 01 - General medical necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Bath and Toilet	Whirlpool-nonportable	E1300	Whirlpool, portable (overtub type)							MCP 01 - General Medical Necessity
Bath and Toilet	Whirlpool-nonportable	E1301	Whirlpool tub, walk-in, portable							MCP 01 - General Medical Necessity
Bath and Toilet	Whirlpool-nonportable	E1310	Whirlpool, nonportable (built-in type)							MCP 01 - General Medical Necessity
Breast Pumps	Breast pump	E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	PA required after 3 months rental						MCP 01 - General Medical Necessity
General DME	Customized DME	K0900	Customized durable medical equipment, other than wheelchair							MCP 01 - General Medical Necessity
General DME	Robotic Device	E1399 UA	Robotic Assisitve Feeding Device	E1399 alone does not require PA - only with UA or U9 modifier						MCP 01 - General Medical Necessity
General DME	Robotic Device	E1399 U9	Robotic Arms	E1399 alone does not require PA - only with UA or U9 modifier						MCP 01 - General Medical Necessity
General DME	Oral Device	E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application							MCP 01 - General Medical Necessity
General DME	Oral Device	E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply							MCP 01 - General Medical Necessity
General DME	OSA Device	E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type							MCP 01 - General Medical Necessity
General DME	Repairs and Maitenance	K0462	Temporary replacement for patient-owned equipment being repaired, any type	PA required after 1 months rental						MCP 01 - General Medical Necessity
General DME	Repairs and Maitenance	K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Limit: 48 units in 1 rolling day PA: Equipment that requires authorization for purchase, always requires authorization for repairs. All Wheelchair repairs for members who reside in a nursing facility require authorization.					CMS IO Manual: 100-2, Ch15.section 110.2	MCP 01 - General Medical Necessity
General DME	Repairs and Maitenance	L4205	Repair of orthotic device, labor component, per 15 minutes	Equipment that requires authorization for purchase, always requires authorization for repairs				Ankle-Foot/Knee-Ankle-Foot Orthosis - Medicare: Post Acute & DME, or, Knee Orthoses - Medicare: Post Acute & DME	CMS IO Manual: 100-2, Ch15.section 110.2	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
General DME	Repairs and Maintenance	L4210	Repair of orthotic device, repair or replace minor parts	Equipment that requires authorization for purchase, always requires authorization for repairs				Ankle-Foot/Knee-Ankle-Foot Orthosis - Medicare: Post Acute & DME, or, Knee Orthoses - Medicare: Post Acute & DME	CMS IO Manual: 100-2, Ch15.section 110.2	MCP 01 - General Medical Necessity
General DME	Repairs and Maintenance	L7510	Repair of prosthetic device, repair or replace minor parts	Equipment that requires authorization for purchase, always requires authorization for repairs				Medicare: Post Acute & Durable Medical Equipment Lower Limb Protheses	CMS IO Manual: 100-2, Ch15.section 110.2	MCP 01 - General Medical Necessity
General DME	Repairs and Maintenance	L7520	Repair prosthetic device, labor component, per 15 minutes	Equipment that requires authorization for purchase, always requires authorization for repairs				Medicare: Post Acute & Durable Medical Equipment Lower Limb Protheses	CMS IO Manual: 100-2, Ch15.section 110.2	MCP 01 - General Medical Necessity
General DME	Supplemental Benefit - Home Safety	A9270	Supplemental benefit - health and safety	Limited to SCC and AbilityCare products - limited to \$1000/calendar year						UM 20 Policy Supplemental Benefits
Hospital Beds	Air Bed	E0194	Air fluidized bed		CMS NCD 280.8 Air-Fluidized Bed	CMS LCD L33692 Pressure Reducing Support Surfaces - Group 3	CMS Article A52468 Pressure Reducing Support surfaces group 3	Medicare: Post Acute & DME - Pressure Reducing Support Surfaces (Group 3)	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Hospital Beds	Electric Hospital Bed	E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress			CMS LCD L33820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hosptial Beds and Accessories	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Hospital Beds	Electric Hospital Bed	E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress			CMS LCD L33820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hosptial Beds and Accessories	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Hospital Beds	Electric Hospital Bed	E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress			CMS LCD L33820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hosptial Beds and Accessories	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Hospital Beds	Electric Hospital Bed	E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress			CMS LCD L33820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hosptial Beds and Accessories	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Hospital Beds	Enclosed bed	E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure						CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Hospital Beds	Enclosed bed	E0316	Safety enclosure frame/canopy for use with hospital bed, any type			CMS LCD L33820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hosptial Beds and Accessories	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Hospital Beds	Cubby Bed	E1399	Durable medical equipment, miscellaneous			CMS LCD L33820 Hospital Bed and Accessories			CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Incontinence Products	Disposable briefs/diapers	T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity

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Incontinence Products	Disposable briefs/diapers	T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4533	Youth sized disposable incontinence product, brief/diaper, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4538	Diaper service, reusable diaper, each diaper	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4541	Incontinence product, disposable underpad, large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4542	Incontinence product, disposable underpad, small size, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity
Incontinence Products	Disposable briefs/diapers	T4545	Incontinence product, disposable, penile wrap, each	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.						MCP 01 - General Medical Necessity

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Mobility Devices	Customized DME	K0008	Custom manual wheelchair/base			CMS LCD L33788 Manual Wheelchair Bases	CMS Article A52497 - Manual wheelchair bases	Medicare: Post Acute & DME - Manual Wheelchair Bases	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Customized DME	K0013	Custom motorized/power wheelchair base			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 1 Power Wheelchair	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 1 Power Wheelchair	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 1 Power Wheelchair	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 1 Power Wheelchair	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - multiple power Wheelchair	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - multiple power Wheelchair	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - multiple power Wheelchair	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity

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Mobility Devices	Group 2 - no power Wheelchair	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - no power Wheelchair	K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - single power Wheelchair	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - single power Wheelchair	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - single power Wheelchair	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - single power Wheelchair	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - single power Wheelchair	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 2 - single power Wheelchair	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - multiple power Wheelchair	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - multiple power Wheelchair	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - multiple power Wheelchair	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - multiple power Wheelchair	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - no power Wheelchair	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity

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Mobility Devices	Group 3 - no power Wheelchair	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - no power Wheelchair	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - no power Wheelchair	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - no power Wheelchair	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - no power Wheelchair	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - no power Wheelchair	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - no power Wheelchair	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - single power Wheelchair	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - single power Wheelchair	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - single power Wheelchair	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - single power Wheelchair	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 3 - single power Wheelchair	K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - multiple power Wheelchair	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - multiple power Wheelchair	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - multiple power Wheelchair	K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - no power Wheelchair	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity

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Mobility Devices	Group 4 - no power Wheelchair	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - no power Wheelchair	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - no power Wheelchair	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - single power Wheelchair	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - single power Wheelchair	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - single power Wheelchair	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 4 - single power Wheelchair	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 5 - power Wheelchair	E1239	Power wheelchair, pediatric size, not otherwise specified		None		None	None	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 5 - power Wheelchair	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Group 5 - power Wheelchair	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Operated Vehicle	E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number						CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Operated Vehicle	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Operated Vehicle	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Operated Vehicle	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Operated Vehicle	K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Operated Vehicle	K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity

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Mobility Devices	Power Operated Vehicle	K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Operated Vehicle	K0812	Power operated vehicle, not otherwise classified			CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Wheelchair	K0014	Other motorized/power wheelchair base						CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Power Wheelchair	K0898	Power wheelchair, not otherwise classified		CMS NCD 280.15 Independence iBOT 4000 Mobility system	CMS LCD L33789 Power Mobility Devices	CMS Article A52498 Power Mobility Devices	Medicare: Post Acute & DME - Power Mobility Devices	CMS IO Manual: 100-2, Ch15.section 110	MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Mobility Devices	Wheelchair for Members in SNF	E2207	Wheelchair accessory, crutch and cane holder, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2208	Wheelchair accessory, cylinder tank carrier, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2209	Accessory, arm trough, with or without hand support, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2210	Wheelchair accessory, bearings, any type, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Mobility Devices	Wheelchair for Members in SNF	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2219	Manual wheelchair accessory, foam caster tire, any size, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Mobility Devices	Wheelchair for Members in SNF	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Mobility Devices	Wheelchair for Members in SNF	E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	K0001	Standard wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	K0002	Standard hemi (low seat) wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity

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Mobility Devices	Wheelchair for Members in SNF	K0003	Lightweight wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	K0004	High strength, lightweight wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	K0005	Ultralightweight wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Mobility Devices	Wheelchair for Members in SNF	K0007	Extra heavy-duty wheelchair	All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.						MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity

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Nutritional Products	Enteral Nutrition	B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	<p>PA: Required for oral administration (BO modifier)</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	<p>PA: Required for oral administration (BO modifier)</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO modifier)</p> <p>Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity

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Nutritional Products	Enteral Nutrition	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Nutritional Products	Enteral Nutrition	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Nutritional Products	Enteral Nutrition	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO Modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO modifier) Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity

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Nutritional Products	Enteral Nutrition	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO modifier)</p> <p>Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Nutritional Products	Enteral Nutrition	B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	<p>PA: Required for oral administration (BO Modifier)</p> <p>Limit: 1050 units in a rolling month</p> <p>Unit Calculation: 100 calories = one unit (see DHS manual/DME supply guide). Cans per day x calories per can = cals per day. Cals per day / 100 (100cals=1unit) = units per day. Units per day x number of days in the request = total units on auth</p>		CMS LCD L38955 Enteral Nutrition	CMS Article A58833 Enteral Nutrition	Medicare: Post Acute & DME - Enteral Nutrition	None	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Inserts	A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	<p>PA: Required for members who do not have a diagnosis of diabetes</p> <p>Limit: 4 units in 1 calendar year - PA required for 5 or more</p>		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Inserts	A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each	<p>PA: Required for members who do not have a diagnosis of diabetes</p> <p>Limit: 6 units in 1 calendar year - PA required for 7 or more</p>		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity

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Orthopedic and Therapeutic Footwear	Inserts	A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	PA: Required for members who do not have a diagnosis of diabetes Limit: 6 units in 1 calendar year - PA required for 7 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Inserts	A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	PA: Required for members who do not have a diagnosis of diabetes Limit: 6 units in 1 calendar year - PA required for 7 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Modification to Shoes	A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3201	Orthopedic shoe, Oxford with supinator or pronator, infant			CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare: Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3202	Orthopedic shoe, Oxford with supinator or pronator, child			CMS LCD L33641 Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3203	Orthopedic shoe, Oxford with supinator or pronator, junior			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3204	Orthopedic shoe, hightop with supinator or pronator, infant			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3206	Orthopedic shoe, hightop with supinator or pronator, child			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3207	Orthopedic shoe, hightop with supinator or pronator, junior			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3215	Orthopedic footwear, ladies shoe, Oxford, each			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3216	Orthopedic footwear, ladies shoe, depth inlay, each			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3219	Orthopedic footwear, mens shoe, Oxford, each			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3221	Orthopedic footwear, mens shoe, depth inlay, each			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each			CMS LCD L33641 - Ortopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15.section 290	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Therapeutic Shoes	A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Orthopedic and Therapeutic Footwear	Therapeutic Shoes	A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	PA: Required for members who do not have a diagnosis of diabetes Limit: 4 units in 1 calendar year - PA required for 5 or more		CMS LCD L33369 - Therapeutic Shoes for Persons with Diabetes	CMS Article A52501 - Therapeutic Shoes for Persons with Diabetes	Medicare Post Acute & DME - Therapeutic Shoes for Persons with Diabetes	CMS IO Manual: 100-2, Ch15.section 140	MCP 01 - General Medical Necessity
Prosthetic	Cranial Remolding	S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Limit: 2 units before age 2 y/o (not covered after age 2) PA required for 3 or more units under the age of 2 y/o						MCP 01 - General Medical Necessity

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Prosthetic	Lower Limb Orthotics	L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1833	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity

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Prosthetic	Lower Limb Orthotics	L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1850	Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33318 Knee Orthoses	CMS Article A52465 Knee Orthoses	Medicare: Post Acute & DME - Knee Orthoses	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity

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Prosthetic	Lower Limb Orthotics	L1902	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1906	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Pertstein type), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1932	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity

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Prosthetic	Lower Limb Orthotics	L1951	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1971	Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated			CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated			CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Prosthetic	Lower Limb Orthotics	L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2035	Knee-ankle-foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee - Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity

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Prosthetic	Lower Limb Orthotics	L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee-Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee-Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee-Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Orthotics	L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Limit: 4 units in 1 calendar year (PA required for 5 or more units)		CMS LCD L33686 - Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52457 - Ankle-Foot/Knee-Ankle-Foot Orthoses	Medicare: Post Acute & DME - Ankle-Foot/Knee-Ankle-Foot Orthosis	None	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Prosthetic	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type			CMS LCD L33787 Lower Limb Prostheses	CMS Article A52496 - Lower Limb Prostheses	Medicare: Post Acute & DME - Lower Limb Prostheses	CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Prosthetic	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type			CMS LCD L33787 Lower Limb Prostheses	CMS Article A52496 - Lower Limb Prostheses	Medicare: Post Acute & DME - Lower Limb Prostheses	CMS IO Manual: 100-2, Ch15,section 121	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Prosthetic	L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type			CMS LCD L33787 Lower Limb Prostheses	CMS Article A52496 - Lower Limb Prostheses	Medicare: Post Acute & DME - Lower Limb Prostheses	CMS IO Manual: 100-2, Ch15,section 122	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Prosthetic	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)			CMS LCD L33787 Lower Limb Prostheses	CMS Article A52496 - Lower Limb Prostheses	Medicare: Post Acute & DME - Lower Limb Prostheses	CMS IO Manual: 100-2, Ch15,section 122	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Prosthetic	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source			CMS LCD L33787 Lower Limb Prostheses	CMS Article A52496 - Lower Limb Prostheses	Medicare: Post Acute & DME - Lower Limb Prostheses	CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Lower Limb Prosthetic	L2221	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantar flexion and/or dorsiflexion, includes power source			CMS LCD L33686 Ankle-Foot/Knee-Ankle-Foot-Orthosis	CMS Article A52496 - Lower Limb Prostheses	Medicare: Post Acute & DME - Ankle-Foot/Knee-Ankle-Foot Orthosis	CMS IO Manual: 100-2, Ch15,section 120	MCP 01 General Medical Necessity
Prosthetic	Upper Extremity Prosthetic	L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device						CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Prosthetic	L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device						CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Prosthetic	L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device						CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity

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Prosthetic	Upper Extremity Prosthetic	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated						CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Prosthetic	L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated						CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Prosthetic	A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted							MCP 01 General Medical Necessity
Prosthetic	Upper Extremity Prosthetic	A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only							MCP 01 General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3650	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3660	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3670	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3675	Shoulder orthosis (SO), vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3677	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity

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Prosthetic	Upper Extremity Orthotics	L3678	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3702	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity

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Prosthetic	Upper Extremity Orthotics	L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3807	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3809	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity

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Prosthetic	Upper Extremity Orthotics	L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3912	Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3913	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3917	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3918	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3919	Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3923	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Prosthetic	Upper Extremity Orthotics	L3924	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3929	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3930	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3931	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3956	Addition of joint to upper extremity orthosis, any material; per joint	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity

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Prosthetic	Upper Extremity Orthotics	L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15.section 120	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Prosthetic	Upper Extremity Orthotics	L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Prosthetic	Upper Extremity Orthotics	L3999	Upper limb orthosis, not otherwise specified	Limit: 4 units (2 sets of bilateral) per calendar year (PA required starting with the third set)					CMS IO Manual: 100-2, Ch15,section 120	MCP 01 - General Medical Necessity
Respiratory Equipment	Oscillating Rocking Bed	E0462	Rocking bed, with or without side rails						CMS IO Manual: 100-2, Ch15,section 110	MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	PA, Benefit Limit, Both	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path	CMS Internet Only Manuals
Acupuncture	Acupuncture	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Benefit Limit - 20 in 1 calendar year	CMS NCD 30.3 - Acupuncture		Medicare: Procedures - Acupuncture for Chronic Low Back Pain, Fibromyalgia, Osteoarthritis	
Acupuncture	Acupuncture	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	Benefit Limit - 20 in 1 calendar year	CMS NCD 30.3 - Acupuncture		Medicare: Procedures - Acupuncture for Chronic Low Back Pain, Fibromyalgia, Osteoarthritis	
Acupuncture	Acupuncture	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Benefit Limit - 20 in 1 calendar year	CMS NCD 30.3 - Acupuncture		Medicare: Procedures - Acupuncture for Chronic Low Back Pain, Fibromyalgia, Osteoarthritis	
Acupuncture	Acupuncture	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure)	Benefit Limit - 20 in 1 calendar year	CMS NCD 30.3 - Acupuncture	No	Medicare: Procedures - Acupuncture for Chronic Low Back Pain, Fibromyalgia, Osteoarthritis	
Chiropractic	Chiropractic	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar year) - for Medicaid covered services		CMS Medical Policy Article A57889 - Chiropractic Services	Medicare: Post Acute & DME - Chiropractic Services NGS	
Chiropractic	Chiropractic	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar year) - for Medicaid covered services		CMS Medical Policy Article A57889 - Chiropractic Services	Medicare: Post Acute & DME - Chiropractic Services NGS	
Chiropractic	Chiropractic	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar year) - for Medicaid covered services		CMS Medical Policy Article A57889 - Chiropractic Services	Medicare: Post Acute & DME - Chiropractic Services NGS	

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: LCD	CMS Internet Only Manuals	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	A2001	InnovaMatrix AC, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2002	Mirrugen Advanced Wound Matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2004	XCelliStem, 1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2005	Microlyte Matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2006	NovoSorb SynPath dermal matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2007	Restrata, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2008	TheraGenesis, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2009	Symphony, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2010	Apis, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2011	Supra SDRM, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2012	SUPRATHHEL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2013	InnovaMatrix FS, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2014	Omeza Collagen Matrix, per 100 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2015	Phoenix Wound Matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2016	PermeaDerm B, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2017	PermeaDerm Glove, each			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2018	PermeaDerm C, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2019	Kerecis Omega3 MariGen Shield, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2020	AC5 Advanced Wound System (AC5)			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2021	NeoMatrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2022	InnovaBurn or InnovaMatrix XL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2023	InnovaMatrix PD, 1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2024	Resolve Matrix or XenoPatch, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2025	Miro3D, per cu cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2026	Restrata MiniMatrix, 5 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2036	Cohealyx Collagen Dermal Matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2037	G4Derm Plus, per ml			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2038	MariGen Pacto, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A2039	InnovaMatrix FD, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	A4100	Skin substitute, FDA-cleared as a device, not otherwise specified			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4100	Skin substitute, not otherwise specified			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4101	Apligraf, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4102	Oasis wound matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4103	Oasis burn matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4106	Dermagraft, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4107	GRAFTJACKET, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4108	Integra matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4110	PriMatrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4111	GammaGraft, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4112	Cymetra, injectable, 1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4113	GRAFTJACKET XPRESS, injectable, 1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4114	Integra flowable wound matrix, injectable, 1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4115	AlloSkin, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4116	AlloDerm, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4117	HYALOMATRIX, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4118	MatriStem micromatrix, 1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4121	TheraSkin, per sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: LCD	CMS Internet Only Manuals	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4123	AlloSkin RT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4124	OASIS ultra tri-layer wound matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4125	ArthroFlex, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4127	Talymed, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4128	FlexHD, or AllopatchHD, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4130	Strattice, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4132	Grafix Core and GrafixPL Core, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4134	HMatrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4135	Mediskin, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4136	EZ Derm, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4138	BioDFence DryFlex, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4140	BioDFence, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4141	AlloSkin AC, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4142	XCM biologic tissue matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4143	Repriza, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4145	EpiFix, injectable, 1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4146	TENSIX, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4149	Excellagen, 0.1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4150	AlloWrap DS or dry, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4151	AmnioBand or Guardian, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4152	DermaPure, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4153	Dermavest and Plurivest, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4154	Biovance, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4155	Neox Flo or Clarix Flo 1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4156	Neox 100 or Clarix 100, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4157	Revitalon, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4158	Kerecis Omega3, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4159	Affinity, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4160	NuShield, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4161	bio-ConneKt wound matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4163	WoundEx, BioSkin, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4164	Helicoll, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4165	Keramatrix or Kerasorb, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4166	Cytal, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4167	Truskin, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4168	AmnioBand, 1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4169	Artacent wound, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4170	Cygnus, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4171	Interfyl, 1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4173	PalinGen or PalinGen XPlus, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4174	PalinGen or ProMatrx, 0.36 mg per 0.25 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4175	Miroderm, per sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: LCD	CMS Internet Only Manuals	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4176	NeoPatch or Therion, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4177	FlowerAmnioFlo, 0.1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4178	FlowerAmnioPatch, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4179	FlowerDerm, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4180	Revita, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4181	Amnio Wound, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4182	TransCyte, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4183	surgiGRAFT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4184	Cellesta or Cellesta Duo, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4186	Epifix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4187	Epicord, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4188	AmnioArmor, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4189	Artacent AC, 1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4190	Artacent AC, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4191	Restorigin, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4192	Restorigin, 1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4193	Coll-e-Derm, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4194	Novachor, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4195	PuraPly, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4196	PuraPly AM, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4197	PuraPly XT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4198	Genesis Amniotic Membrane, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4199	Cygnus matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4200	SkinTE, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4201	Matrion, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4202	Keroxx (2.5 g/cc), 1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4203	Derma-Gide, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4204	XWRAP, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4205	Membrane Graft or Membrane Wrap, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4206	Fluid Flow or Fluid GF, 1 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4208	Novafix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4209	SurGraft, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4211	Amnion Bio or AxoBioMembrane, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4212	AlloGen, per cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4213	Ascent, 0.5 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4214	Cellesta Cord, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4216	Artacent Cord, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4218	SurgiCORD, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4219	SurgiGRAFT-DUAL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4220	BellaCell HD or SureDerm, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4221	Amnio Wrap2, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4222	ProgenaMatrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4225	AmnioBind or DermaBind TL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4227	AmnioCore, per sq cm			MCP 01 - General Medical Necessity

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Skin Substitutes	Skin Substitutes	Q4229	Cogenex Amniotic Membrane, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4230	Cogenex Flowable Amnion, per 0.5 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4232	Corplex, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4233	SurFactor or NuDyn, per 0.5 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4234	XCellerate, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4235	AMNIOREPAIR or AltIPly, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4236	carePATCH, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4237	Cryo-Cord, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4238	Derm-Maxx, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4240	CoreCyte, for topical use only, per 0.5 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4241	PolyCyte, for topical use only, per 0.5 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4242	AmnioCyte Plus, per 0.5 cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4245	AmnioText, per cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4246	CoreText or ProText, per cc			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4247	AmnioText Patch, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4249	AMNIPLY, for topical use only, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4250	AmnioAmp-MP, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4251	Vim, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4252	Vendaje, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4253	Zenith Amniotic Membrane, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4254	Novafix DL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4255	REGUaRD, for topical use only, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4256	MLG-Complete, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4257	Relese, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4258	Enverse, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4260	Signature APatch, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4261	TAG, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4262	Dual Layer Impax Membrane, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4263	SurGraft TL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4264	Cocoon Membrane, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4265	NeoStim TL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4266	NeoStim Membrane, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4267	NeoStim DL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4268	SurGraft FT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4269	SurGraft XT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4270	Complete SL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4271	Complete FT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4272	Esano A, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4273	Esano AAA, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4274	Esano AC, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4275	Esano ACA, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4276	ORION, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4278	EPIEFFECT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4280	Xcell Amnio Matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4281	Barrera SL or Barrera DL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4282	Cygnus Dual, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm			MCP 01 - General Medical Necessity

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Skin Substitutes	Skin Substitutes	Q4284	DermaBind SL, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4285	NuDYN DL or NuDYN DL MESH, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4286	NuDYN SL or NuDYN SLW, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4305	American Amnion AC Tri-Layer, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4306	American Amnion AC, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4307	American Amnion, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4308	Sanopellis, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4309	VIA Matrix, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4310	Procenta, per 100 mg			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4383	Axolotl Graft Ultra, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4384	Axolotl DualGraft Ultra, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4385	Apollo FT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4386	Acesso TrifACA, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4387	NeoThelium FT, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4388	NeoThelium 4L, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4389	NeoThelium 4L Plus, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4390	Ascendion, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4391	AmnioPlast Double, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4392	GRAFIX Duo, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4393	SurGraft AC, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4394	SurGraft ACA, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4395	Acelagraft, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4396	Natalin, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4397	Summit AAA, per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4398	Summit ac per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4399	Summit fx per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4400	Polygon3 per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4401	Absolv3 per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4402	Xwrap 2.0 per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4403	Xwrap dual plus per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4404	Xwrap hydro plus per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4405	Xwrap fenestra plus sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4406	Xwrap fenestra per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4407	Xwrap tribus per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4408	Xwrap hydro per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4409	Amniomatrixf3x per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4410	Amchomatrixdl per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4411	Amniomatrixf4x per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4412	Choriofix per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4413	Cygnus solo per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4414	Simplichor per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4415	Alexiguard st-l per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4416	Alexiguard tl-t per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4417	Alexiguard dl-t per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4420	Nuform per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4431	Pma skin substitute, nos			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4432	510(k) skin subs, nos			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4433	361 hct/p skin subs, nos			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4418	Biolab wrap flow per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4419	Biolab wrap flw lt per sq cm			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: LCD	CMS Internet Only Manuals	Internal Coverage Policy
Skin Substitutes	Skin Substitutes	Q4421	Biolab wrap solo per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4422	Ac wrap per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4423	Biolab tri wrap fl per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4424	Revive ft per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4425	Revive tl per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4426	Dermbnd tl+, tlx per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4427	Dermbnd dl+ dlx sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4428	Dermbnd sln sl+ slx sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4429	Dermbnd chn, chx per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4435	Renati membrane per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4436	Renati ac membrane per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4437	Revival ac per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4438	Prelect per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4439	Instagraft per sq cm			MCP 01 - General Medical Necessity
Skin Substitutes	Skin Substitutes	Q4440	Curamatrix per sq cm			MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s)		CMS IO Manual 100-3, Part 4, section 270	MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	0512T	Extracorporeal shock wave for integumentary wound healing		CMS IO Manual 100-3, Part 4, section 270	MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	0513T	Extracorporeal shock wave for integumentary wound healing		CMS IO Manual 100-3, Part 4, section 270	MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm		CMS IO Manual 100-3, Part 4, section 270	MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)		CMS IO Manual 100-3, Part 4, section 270	MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	A4575	Hyperbaric (Topical Application for treatment of chronic wounds)	CMS LCD L33797 - Oxygen and Oxygen Equipment	CMS IO Manual 100-3, Part 4, section 270	MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	E0446	Hyperbaric (Topical Application for treatment of chronic wounds)	CMS LCD L33797 - Oxygen and Oxygen Equipment	CMS IO Manual 100-3, Part 4, section 270	MCP 01 - General Medical Necessity
Wound Care Treatments	Treatments or Procedures	E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified		CMS IO Manual 100-3, Part 4, section 270	MCP 01 - General Medical Necessity
Wound Care Supplies	Supplies	See DHS Supply Guide for codes	Any code listed under category "wound care" or "surgical dressings", plus, A4450 and A6449 - has open network (no auth, even for out of state)			

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Genetic Testing	Gene Analysis	81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P) ²		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Genetic Testing	Gene Analysis	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)		LCD - Molecular Pathology Procedures (L35000)			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81201	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81202	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81203	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence		LCD - Molecular Pathology Procedures (L35000)	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)		CMS LCD Pharmacogenomic Testing L39995	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)		CMS LCD Pharmacogenomic Testing L39995	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)		CMS LCD Pharmacogenomic Testing L39995	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)		CMS LCD Pharmacogenomic Testing L39995	Medicare:Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)		CMS LCD Pharmacogenomic Testing L39995	Medicare:Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)		CMS LCD Pharmacogenomic Testing L39995	Medicare:Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)		CMS LCD L35000 Molecular pathology Procedures	Medicare:molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)		CMS LCD L35000 Molecular pathology Procedures	Medicare:molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)		CMS LCD Pharmacogenomic Testing L39995	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)			Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant		CMS LCD: Pharmacogenomic Testing L39995	Medicare: Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)		CMS LCD: Pharmacogenomic Testing L39995	Medicare:Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)		CMS Article A56609: Biomarker Testing for Prostate Cancer Diagnosis			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)		CMS LCD: Pharmacogenomic Testing L39995	Medicare: Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)		CMS LCD: Pharmacogenomic Testing L39995	Medicare:Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)		CMS LCD: Pharmacogenomic Testing L39995	Medicare:Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)		CMS LCD: Pharmacogenomic Testing L39995	Medicare:Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)		CMS LCD L35000 Molecular pathology Procedures	Medicare:Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)		CMS LCD: Pharmacogenomic Testing L39995	Medicare:Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis		CMS LCD: Pharmacogenomic Testing L39995	Medicare: Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis		CMS LCD L37606 Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases	Medicare: Molecular Diagnostics & Lab - Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis		CMS LCD L37606 Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases	Medicare: Molecular Diagnostics & Lab - Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81479	Unlisted molecular pathology procedure	CMS NCD Next Generation Sequencing (NGS)	CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedres Not Covered NGS		MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score		CMS LCD L35000 Molecular pathology Procedures	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	CMS NCD 210.3 - Colorectal Cancer Screening Tests		Medicare: Molecular Diagnostics & Lab - Next Generation Sequencing (NGS) NCD		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	81599	Unlisted multianalyte assay with algorithmic analysis		CMS LCD L35000 Molecular pathology Procedures			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	88299	Unlisted cytogenetic study	CMS NCD 190.3 Cytogenetic Studies				MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	CMS NCD 90.2 Next Generation Sequencing (NGS)		Medicare: Molecular Diagnostics & Lab - Next Generation Sequencing (NGS) NCD		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes					MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	CMS NCD 90.2 Next Generation Sequencing (NGS)		Medicare: Molecular Diagnostics & Lab - Next Generation Sequencing (NGS) NCD		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	CMS NCD 90.2 Next Generation Sequencing (NGS)		Medicare: Molecular Diagnostics & Lab - Next Generation Sequencing (NGS) NCD		MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden		CMS LCD L37810 Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms			MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0285U	Oncology, disease progression and response monitoring to radiation, chemotherapy, or other systematic cancer treatments, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported in ng/mL					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score					MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophoctoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder					MCP 01 - General Medical Necessity

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Genetic Testing	Gene Analysis	0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0616U	Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0617U	Cardiovascular (atherosclerotic cardiovascular disease [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0618U	Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0619U	Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0621U	Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 General Medical Necessity
Genetic Testing	Gene Analysis	0622U	Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path	CMS Internet Only Manuals	Internal Coverage Policy
Genetic Testing	Gene Analysis	0623U	Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0624U	Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0625U	Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0626U	Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	0627U	Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3841	Genetic testing for retinoblastoma					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3842	Genetic testing for Von Hippel-Lindau disease					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3845	Genetic testing for alpha-thalassemia					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3846	Genetic testing for hemoglobin E beta-thalassemia					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3849	Genetic testing for Niemann-Pick disease					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3850	Genetic testing for sickle cell anemia					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3853	Genetic testing for myotonic muscular dystrophy					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3854	Gene expression profiling panel for use in the management of breast cancer treatment					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family					MCP 01 - General Medical Necessity
Genetic Testing	Gene Analysis	S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability					MCP 01 - General Medical Necessity

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy	Comment (Limit, etc)
Vision	Contact Lens	S0500	Disposable contact lens, per lens					MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	S0512	Daily wear specialty contact lens, per lens					MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	S0514	Color contact lens, per lens					MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2500	Contact lens, PMMA, spherical, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2501	Contact lens, PMMA, toric or prism ballast, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2502	Contact lens PMMA, bifocal, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2503	Contact lens, PMMA, color vision deficiency, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2510	Contact lens, gas permeable, spherical, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2511	Contact lens, gas permeable, toric, prism ballast, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2512	Contact lens, gas permeable, bifocal, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2513	Contact lens, gas permeable, extended wear, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2520	Contact lens, hydrophilic, spherical, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2522	Contact lens, hydrophilic, bifocal, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2523	Contact lens, hydrophilic, extended wear, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2525	Contact lens, hydrophilic, dual focus, per lens					MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2526	Contact lens, hydrophilic, with blue-violet filter, per lens					MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)		CMS LCD L33793 Refractive Lenses			MCP 01: General Medical Necessity Criteria	
Vision	Contact Lens	V2599	Contact lens, other type		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens					MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy	Comment (Limit, etc)
Vision	Eyeglasses	S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens					MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens					MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	S0510	Nonprescription lens (safety, athletic, or sunglass), per lens					MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	S0581	Nonstandard lens (list this code in addition to the basic code for the lens)					MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2020	Frames		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2025	Frames					MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2755	U-V lens, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2762	Polarization, any lens material, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Eyeglasses	V2786	Specialty occupational multifocal lens, per lens		CMS LCD L33793 Refractive Lenses	Medicare: Post Acute & DME - Refractive Lenses		MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia					MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia					MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	92325	Modification of contact lens (separate procedure), with medical supervision of adaptation				CMS NCD Manual Ch.1, Part 1, Section 80 - Eye	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	92326	Replacement of contact lens				CMS NCD Manual Ch.1, Part 1, Section 80 - Eye	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session				CMS NCD Manual Ch.1, Part 1, Section 80 - Eye	MCP 01: General Medical Necessity Criteria	

Major Group	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy	Comment (Limit, etc)
Vision	Vision Services	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month				CMS NCD Manual Ch.1, Part 1, Section 80 - Eye	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment				CMS NCD Manual Ch.1, Part 1, Section 80 - Eye	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days				CMS NCD Manual Ch.1, Part 1, Section 80 - Eye	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month				CMS NCD Manual Ch.1, Part 1, Section 80 - Eye	MCP 01: General Medical Necessity Criteria	
Vision	Vision Services	A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment				CMS NCD Manual Ch.1, Part 1, Section 80 - Eye	MCP 01: General Medical Necessity Criteria	
Hearing	Hearing Aids	V5070	Glasses, air conduction					MCP 01: General Medical Necessity Criteria	Hearing aides are not covered by Medicare, use DHS criteria.
Hearing	Hearing Aids	V5080	Glasses, bone conduction					MCP 01: General Medical Necessity Criteria	Hearing aides are not covered by Medicare, use DHS criteria.
Hearing	Hearing Aids	V5150	Binaural, glasses					MCP 01: General Medical Necessity Criteria	Hearing aides are not covered by Medicare, use DHS criteria.
Hearing	Hearing Aids	V5190	Hearing aid, contralateral routing, monaural, glasses					MCP 01: General Medical Necessity Criteria	Hearing aides are not covered by Medicare, use DHS criteria.
Hearing	Hearing Aids	V5230	Hearing aid, contralateral routing system, binaural, glasses					MCP 01: General Medical Necessity Criteria	Hearing aides are not covered by Medicare, use DHS criteria.

Major Group	Minor Group	Code	Description	Note	Internal Coverage Policy
Assisted Transportation	Air Ambulance	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Auth only if originating or final destination is on an out of state, non-contracted facility (otherwise no auth)	MCP 01: General Medical Necessity Criteria
Assisted Transportation	Air Ambulance	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Auth only if originating or final destination is on an out of state, non-contracted facility (otherwise no auth)	MCP 01: General Medical Necessity Criteria
Assisted Transportation	Air Ambulance	A0435	Fixed wing air mileage, per statute mile	Auth only if originating or final destination is on an out of state, non-contracted facility (otherwise no auth)	MCP 01: General Medical Necessity Criteria
Assisted Transportation	Air Ambulance	A0436	Rotary wing air mileage, per statute mile	Auth only if originating or final destination is on an out of state, non-contracted facility (otherwise no auth)	MCP 01: General Medical Necessity Criteria
Assisted Transportation	Air Ambulance	A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	This is a non-covered service	
Assisted Transportation	Non-Emergent Transport	A0130	Nonemergency transportation; encounter/trip (Wheelchair Van)	Not a Medicare covered benefit (use Medicaid)	
Assisted Transportation	Non-Emergent Transport	T2003	Nonemergency transportation; encounter/trip (ambulatory assist)	Not a Medicare covered benefit (use Medicaid)	
Assisted Transportation	Protected Transport	T2003 UA	Nonemergency transportation; encounter/trip (Protected)	Not a Medicare covered benefit (use Medicaid)	
Assisted Transportation	Non-Emergent Transport	T2005	Nonemergency transportation; encounter/trip (Stretcher Van)	Not a Medicare covered benefit (use Medicaid)	

Major Group	Minor Group	Code	Description	PA, Benefit Limit, Both	Comment (Limit, etc)
Skilled Nursing Facility	Private Room	R0110	Private Room in SNF	Prior Authorization Required	Review Private room request form - must have doctor signature and QAAC signature
Skilled Nursing Facility	Skilled Care	Rate codes	Skilled Care Days	Notification	Up to 100 days - Skilled level of care, Medicare Part A benefit days.
Skilled Nursing Facility	Non-Skilled	Rate codes	Custodial/Non-skilled Days	Notification	Up to 180 days - custodial benefit.
Skilled Nursing Facility	Non-Skilled	Rate codes	Custodial/Non-skilled Days	Notification	Up to 100 days - custodial benefit.
Skilled Nursing Facility	Swing Bed	Rate codes	Skilled/Swing Bed	Notification	Up to 100 days - Skilled level of care, Medicare Part A benefit days.
Skilled Nursing Facility	Swing Bed	Rate codes	Swing Bed	Notification	Up to 100 days - custodial benefit.
Skilled Nursing Facility	Swing Bed	Rate codes	Swing Bed/Skilled	Notification	Medicare Co-Insurance Only - days 21-100 (Medicare covers days 0-20 100%, day 21 and over, this plan pays co-insurance and counts days)
Skilled Nursing Facility	Any Nursing Home Services				Nursing home stays for PMAP and MNCare: Custodial/Room & Board along with Rehabilitation Services for members residing in a SNF/Swing Bed facility are not covered. Service needs to be authorized through MN DHS. Facility should contact the MN DHS Help Desk at 800-366-5411.
Hospice	Hospice	N/A	Hospice Care	Notification Only	Auth NOT Required - notification required. Submit: Hospice notification form #4735

Major Group	Minor Group	Code	Description	Requirements	Note	Internal Coverage Policy
General DME	Supplemental Benefit - Home Safety	A9270	Supplemental benefit - health and safety	Authorization requested by Care Coordinator	Limited to SCC and AbilityCare products - limited to \$1000/calendar year	UM 20 Policy Supplemental Benefits
PERS	Supplemental Benefit - PERS	S5160	PERS - installation and testing (1 unit)	Authorization requested by Care Coordinator		
PERS	Supplemental Benefit - PERS	S5161	PERS - monthly service	Authorization requested by Care Coordinator		
PERS	Supplemental Benefit - PERS	S5162	PERS - purchase	Authorization requested by Care Coordinator		
Out Of Network	Out Of Network	All codes	Inpatient Stays	Auth is required for inpatient stays if the provider is not in MN, ND, SD, IA or WI.		
Out Of Network	Out Of Network	Office Visit codes	Direct Access Specialists	No Auth Required within 5 state area for specialists on the Direct Access Specialist List		Direct Access List
Out Of Network	Out Of Network	All codes	Emergency Room Services	Emergency services does not require PA		
Out Of Network	Out Of Network	All codes	Reference Labs	No Auth Required when referring allifilate is a facility in MN		