



**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	<a href="#">CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity</a>		<b>Medicare:Procedures</b> - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD	<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43645	Bypass of stomach with reconstruction of small bowel using an endoscope	<a href="#">CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity</a>		<b>Medicare:Procedures</b> - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD	<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43770	Insertion of adjustable stomach reduction device using an endoscope	<a href="#">CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity</a>		<b>Medicare:Procedures</b> - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD	<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43771	Adjustment of stomach reduction device using an endoscope				<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43772	Removal of stomach reduction device using an endoscope				<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43773	Replacement of stomach reduction device using an endoscope				<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43774	Removal of stomach reduction device and port using an endoscope				<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43775	Partial removal of stomach for weight loss using an endoscope		<a href="#">CMS Article A52447 Laparoscopic sleeve gastrectomy (LSG)</a>	<b>Medicare:Procedures</b> - Laparoscopic Sleeve Gastrectomy (LSG) - Medical Policy Article NGS subset	<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43842	Banding of upper stomach to reduce size of stomach					<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43843	Reduction of size of upper stomach				<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43845	Partial removal of stomach, upper bowel, and ileum for weight loss	<a href="#">CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity</a>		<b>Medicare:Procedures</b> - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD subset	<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43846	Bypass of stomach for weight loss with Roux-en-Y connection of upper bowel to upper stomach	<a href="#">CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity</a>		<b>Medicare:Procedures</b> - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD subset	<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43847	Bypass of stomach for weight loss with small bowel reconstruction	<a href="#">CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity</a>		<b>Medicare:Procedures</b> - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity NCD subset	<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43848	Revision of upper stomach bypass				<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	Bariatric Surgery	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	<a href="#">CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity</a>			<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	GI Procedures	43284	Insertion of magnetic band around base of esophagus to tighten opening into stomach using an endoscope	<a href="#">CMS NCD 100.1 - Bariatric Surgery for Treatment of Co-Morbid Conditions related to Morbid Obesity</a>	<a href="#">CMS LCD L35080 - Select Minimally Invasive GERD Procedures</a>			<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	GI Procedures	43647	Implantation or replacement of neurostimulator electrodes in upper stomach using an endoscope				<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	GI Procedures	43648	Revision or removal of neurostimulator electrodes in upper stomach using an endoscope				<a href="#">CMS IO Manual: Ch 1, Part 2, Section 100.1</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	GI Procedures	43860	Revision of surgically created connection of stomach to small bowel					<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	GI Procedures	43865	Revision of attachment of stomach to small bowel with severing of vagus nerve					<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	GI Procedures	43881	Implantation or replacement of stimulator electrodes in upper stomach					<a href="#">MCP 01 - General Medical Necessity</a>
Digestive System	GI Procedures	43882	Removal or revision of stimulator electrodes in upper stomach					<a href="#">MCP 01 - General Medical Necessity</a>
Ear, Nose, Throat	Sleep Apnea Procedures	21685	Repositioning of bone and muscles in neck					<a href="#">MCP 01 - General Medical Necessity</a>
Ear, Nose, Throat	Sleep Apnea Procedures	41512	Permanent suspension of tongue base using sutures					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	19303	Simple complete removal of breast					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	21087	Impression and custom preparation of nasal prosthesis					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	21120	Implantation of graft to enlarge chin bone					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	21121	Enlargement of chin by movement of bone					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	21122	Enlargement of chin by movement of multiple bones					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	21123	Insertion of sliding bone graft to enlarge chin bone, additional bone graft					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	21899	Other procedure on neck or chest					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	53430	Urethroplasty, reconstruction of female urethra					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	54125	Amputation of penis					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	54520	Simple removal of testicle					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	55175	Simple repair of scrotum					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	55899	Other procedure on male genital system					<a href="#">MCP 01 - General Medical Necessity</a>
Gender Affirming	Gender Afrm Surgery	56625	Removal of external female genitals					<a href="#">MCP 01 - General Medical Necessity</a>



Musculoskeletal System	Spinal Fusion	22548	Fusion of spine bones at base of neck, oral approach		<a href="#">CMS LCD L39770 Cervical Fusion</a>	Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22551	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, 1 disc		<a href="#">CMS LCD L39770 Cervical Fusion</a>	Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22552	Fusion of upper spine bone with removal of disc and release of spinal cord or nerve, each additional disc		<a href="#">CMS LCD L39770 Cervical Fusion</a>	Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22554	Fusion of upper spine bones through front of neck with partial removal of disc		<a href="#">CMS LCD L39770 Cervical Fusion</a>	Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22556	Fusion of middle spine bone through side of chest with partial removal of disc					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22558	Fusion of lower spine bone through abdomen with partial removal of disc					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22585	Fusion of spine bones through front of body with partial removal of disc, each additional disc					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22586	Fusion of lower spine or sacral bone with removal of disc using image guidance					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22590	Fusion of skull and first 2 upper spine bones through back		<a href="#">CMS LCD L39770 Cervical Fusion</a>	Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22595	Fusion of first 2 spine bones through back of neck		<a href="#">CMS LCD L39770 Cervical Fusion</a>	Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22600	Fusion of spine in neck by posterior approach		<a href="#">CMS LCD L39770 Cervical Fusion</a>	Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22610	Fusion of spine in upper back					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22612	Fusion of spine in lower back					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22614	Fusion of additional segment of spine					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22630	Fusion of lower spine bone and partial removal of spine bone or disc through back, 1 disc					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22632	Fusion of lower back spine bone and partial removal of spine bone or disc through back, each additional disc					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22633	Fusion of spine in lower back with partial removal of spine bone and disc					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22634	Fusion of additional segment of spine with partial removal of spine bone and disc					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22800	Fusion to repair spine deformity through back, up to 6 bones					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22802	Fusion of spine bones for correction of deformity, posterior approach, 7 to 12 vertebral segments			Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22804	Fusion to repair spine deformity through back, 13 or more bones					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22810	Fusion of spine bones for correction of deformity, anterior approach, 4 to 7 vertebral segments			Medicare: Procedures - Cervical Fusion NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22836	Tethering of 7 or fewer middle spine bones					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22837	Tethering of 8 or more middle spine bones					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22838	Revision, replacement, or removal of middle spine tethering					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22856	Insertion of artificial upper spine disc, anterior approach					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22857	Insertion of artificial disc between bones of lower spine, single space	<a href="#">CMS NCD 150.10 - Lumbar Artificial Disc Replacement</a>				<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22858	Insertion of artificial upper spine disc anterior approach					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22860	Insertion of artificial disc between bones of lower spine, additional space	<a href="#">CMS NCD 150.10 - Lumbar Artificial Disc Replacement</a>		Medicare: Procedures: Lumbar Artificial Disc Replacement NCD		<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22861	Revision of total disc replacement in upper back					<a href="#">MCP 01 - General Medical Necessity</a>
Musculoskeletal System	Spinal Fusion	22862	Revision of total disc replacement in lower back			Medicare: Procedures: Lumbar Artificial Disc Replacement NCD		<a href="#">MCP 01 - General Medical Necessity</a>

Musculoskeletal System	<b>Spinal Fusion</b>	22864	Revision of artificial upper spine disc, cervical					MCP 01 - General Medical Necessity
Musculoskeletal System	<b>Spinal Fusion</b>	22865	Revision of artificial lower spine disc, lumbar				<b>Medicare: Procedures:</b> Lumbar Artificial Disc Replacement NCD	MCP 01 - General Medical Necessity
Musculoskeletal System	<b>Spinal Fusion</b>	22868	Placement of device to stabilize or reduce pressure in lower spine in second disc space					MCP 01 - General Medical Necessity
Musculoskeletal System	<b>Spinal Fusion</b>	22870	Placement of stabilizing device to second lower spine level					MCP 01 - General Medical Necessity
Nervous System	<b>Neurostimulation</b>	64582	Insertion of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode		<a href="#">CMS LCD L38387 - Hypoglossal Nerve Stimulation for the treatment of Obstructive Sleep Apnea</a>		<b>Medicare: Procedures</b> - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea NGS	<a href="#">CMS IO Manual 100-3: Ch 1, Part 2 - 160.2., 160.7</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19318	Breast reduction	<a href="#">CMS NCD 140.2 Breast Reconstruction Following Mastectomy</a>	<a href="#">CMS LCD L35001 Reduction Mammoplasty</a>		<b>Medicare:procedures</b> - Recuction Mammoplasty NGS	MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19324	Breast reduction	<a href="#">CMS NCD 140.2 Breast Reconstruction Following Mastectomy</a>	<a href="#">CMS LCD L35001 Reduction Mammoplasty</a>		<b>Medicare:procedures</b> - Recuction Mammoplasty NGS	MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19325	Insertion of breast implant	<a href="#">CMS NCD 140.2 Breast Reconstruction Following Mastectomy</a>			<b>Medicare:procedures</b> - Breast Reconstruction Following Mastectomy NCD	MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19328	Removal of intact breast implant	<a href="#">CMS NCD 140.2 Breast Reconstruction Following Mastectomy</a>			<b>Medicare:procedures</b> - Breast Reconstruction Following Mastectomy NCD	MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19340	Placement of implant on same day of breast reconstruction	<a href="#">CMS NCD 140.2 Breast Reconstruction Following Mastectomy</a>			<b>Medicare:procedures</b> - Breast Reconstruction Following Mastectomy NCD	MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19342	Placement of implant on separate day of breast reconstruction	<a href="#">CMS NCD 140.2 Breast Reconstruction Following Mastectomy</a>			<b>Medicare:procedures</b> - Breast Reconstruction Following Mastectomy NCD	MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19300	Removal of extra breast tissue in male				<b>Medicare:Procedures</b> Cosmetic and Reconstructive Surgery CGS	MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19316	Repair for sagging of the breast	<a href="#">CMS NCD 140.2 Breast Reconstruction Following Mastectomy</a>	<a href="#">CMS LCD L35001 Reduction Mammoplasty</a>		<b>Medicare:Procedures</b> Cosmetic and Reconstructive Surgery CGS	MCP 01 - General Medical Necessity
Reconstructive	<b>Breast Surgery</b>	19355	Correction of inverted nipples	<a href="#">CMS NCD 140.2 Breast Reconstruction Following Mastectomy</a>			<b>Medicare:Procedures</b> Cosmetic and Reconstructive Surgery CGS & Breast Reconstruction Following Mastectomy NCD	MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	11950	Injection of filling material under skin, 1.0 cc or less					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	11951	Injection of filling material under skin, 1.1-5.0 cc					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	11952	Injection of filling material under skin, 5.1-10.0 cc					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	11954	Injection of filling material under skin, more than 10.0 cc					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	15775	Hair transplant, 1-15 punch grafts					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	15776	Hair transplant, more than 15 punch grafts					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	15780	Dermabrasion of skin of total face	<a href="#">CMS NCD 250.4 - Treatment of Actinic Keratosis</a>				<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	15781	Dermabrasion of skin of part of face	<a href="#">CMS NCD 250.4 - Treatment of Actinic Keratosis</a>				<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	15782	Dermabrasion of skin other than face	<a href="#">CMS NCD 250.4 - Treatment of Actinic Keratosis</a>				<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	15783	Dermabrasion of superficial scars or tattoos from skin	<a href="#">CMS NCD 250.4 - Treatment of Actinic Keratosis</a>				<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	15786	Scraping of skin growth, first growth	<a href="#">CMS NCD 250.4 - Treatment of Actinic Keratosis</a>				<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Dermatological</b>	15787	Scraping of skin growth, each additional 1-4 growths	<a href="#">CMS NCD 250.4 - Treatment of Actinic Keratosis</a>				<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Electrolysis</b>	17380	Hair removal by electrolysis, each 30 minutes					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15830	Removal of extra skin and tissue of abdomen					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	67900	Repair of brow paralysis		<a href="#">Article A52837 - Blearpharoplasty</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	67901	Repair of upper eyelid muscle to correct drooping or paralysis using external material		<a href="#">Article A52837 - Blearpharoplasty</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	67904	Repair of tendon of upper eyelid		<a href="#">Article A52837 - Blearpharoplasty</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	67908	Removal of tissue, muscle, and membrane to correct eyelid drooping or paralysis		<a href="#">Article A52837 - Blearpharoplasty</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15820	Repair of lower eyelid defect		<a href="#">Article A52837 - Blearpharoplasty</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15821	Removal of excessive skin of lower eyelid and fat around eye		<a href="#">Article A52837 - Blearpharoplasty</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15822	Removal of excessive skin of upper eyelid		<a href="#">Article A52837 - Blearpharoplasty</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15823	Removal of excessive skin and fat of upper eyelid		<a href="#">A52837: Blearpharoplasty Medical Policy Article</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	67911	Correction of lid retraction		<a href="#">Article A52837 - Blearpharoplasty</a>		<b>Medicare:Procedures</b> - Blearpharoplasty-Medical Policy Article NGS	<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15832	Removal of extra skin and tissue of thigh					<a href="#">CMS IO Manual: 100-02.Ch 16.120</a> MCP 01 - General Medical Necessity

Reconstructive	<b>Excision of excess skin</b>	15833	Removal of extra skin and tissue of leg				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15834	Removal of extra skin and tissue of hip				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15835	Removal of extra skin and tissue of buttock				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15836	Removal of extra skin and tissue of arm				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	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	<b>Excision of excess skin</b>	15838	Removal of extra skin and tissue of chin				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15839	Removal of extra skin and tissue of other area				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Excision of excess skin</b>	15847	Extensive removal of extra skin and tissue of abdomen				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21141	Reconstruction of upper jaw and midface bones				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21142	Repair of midface bones, 2 bones				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21143	Repair of midface bones, 3 or more bones				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	21146	Repair of midface bones with bone graft, 2 bones				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	21150	Reconstruction of midface bones (LeFort II)				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21151	Reconstruction of midface bones with bone graft (LeFort II)				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21188	Reconstruction of midface bones with bone graft				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21193	Reconstruction of jaw bone				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21194	Reconstruction of lower jaw bone with bone graft				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21195	Reconstruction of lower jaw bones				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21196	Reconstruction of jaw bones with insertion of hardware				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21198	Incision or partial removal of lower jaw bone				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21206	Incision or partial removal of upper jaw bone				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	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
Reconstructive	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	21270	Insertion of prosthetic material to enlarge cheek bone				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	21299	Other procedure on skull, face, and upper jaw bones				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	21125	Enlargement of lower jaw with implant				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	30400	Reshaping of tip of nose				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	30410	Reshaping of bone, cartilage, and/or tip of nose				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	30420	Reshaping of bony cartilage dividing nasal passages				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	30435	Revision to reshape nasal bones after previous repair				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	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	<b>Facial Reconstruction</b>	30520	Reshaping of nasal cartilage				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Facial Reconstruction</b>	69300	Otoplasty, protruding ear, with or without size reduction				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Lipectomy</b>	15876	Suction assisted removal of fat of head and neck				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Lipectomy</b>	15877	Suction assisted removal of fat of body				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Lipectomy</b>	15878	Suction assisted removal of fat of arm				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Lipectomy</b>	15879	Suction assisted removal of fat of leg				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Rhytidectomy</b>	15824	Removal of wrinkles and extra skin of forehead				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Rhytidectomy</b>	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Rhytidectomy</b>	15826	Incision, stretching, and suture of skin between eyebrows				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Rhytidectomy</b>	15828	Rhytidectomy; cheek, chin, and neck				CMS IO Manual: 100-02.Ch 16.120	MCP 01 - General Medical Necessity
Reconstructive	<b>Rhytidectomy</b>	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	<b>LASIK</b>	S0800	Laser in situ keratomileusis (LASIK)					MCP 01 - General Medical Necessity
Reproductive System	<b>Circumcision</b>	54150	Removal of foreskin using clamp or device					MCP 01 - General Medical Necessity
Reproductive System	<b>Circumcision</b>	54160	Removal of foreskin (28 days or younger)					MCP 01 - General Medical Necessity

Reproductive System	<b>Male Genital System</b>	54400	Insertion of non-inflatable penile implant					<a href="#">MCP.01 - General Medical Necessity</a>
Reproductive System	<b>Male Genital System</b>	54401	Insertion of inflatable penile implant					<a href="#">MCP.01 - General Medical Necessity</a>
Reproductive System	<b>Male Genital System</b>	54660	Insertion of testicular implant					<a href="#">MCP.01 - General Medical Necessity</a>
Reproductive System	<b>Male Genital System</b>	54405	Insertion of multicomponent inflatable penile implant				<a href="#">CMS IO Manual: 100-03, Part 4, section 230.4</a>	<a href="#">MCP.01 - General Medical Necessity</a>
Venous System	<b>Vein Ablation</b>	36473	Mechanochemical destruction of first incompetent vein of arm or leg using imaging guidance		<a href="#">CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity</a>	<b>Medicare: Procedures</b> - Varicose Veins of the Lower Extremity NGS		<a href="#">MCP.01 - General Medical Necessity</a>
Venous System	<b>Vein Ablation</b>	36474	Mechanochemical destruction of subsequent incompetent veins of arm or leg using imaging guidance		<a href="#">CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity</a>	<b>Medicare: Procedures</b> - Varicose Veins of the Lower Extremity NGS		<a href="#">MCP.01 - General Medical Necessity</a>
Venous System	<b>Vein Ablation</b>	36475	Destruction of first incompetent vein of arm or leg using radiofrequency and imaging guidance		<a href="#">CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity</a>	<b>Medicare: Procedures</b> - Varicose Veins of the Lower Extremity NGS		<a href="#">MCP.01 - General Medical Necessity</a>
Venous System	<b>Vein Ablation</b>	36476	Destruction of subsequent incompetent veins of arm or leg using radiofrequency and imaging guidance		<a href="#">CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity</a>	<b>Medicare: Procedures</b> - Varicose Veins of the Lower Extremity NGS		<a href="#">MCP.01 - General Medical Necessity</a>
Venous System	<b>Vein Ablation</b>	36478	Laser destruction of incompetent vein of arm or leg using imaging guidance		<a href="#">CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity</a>	<b>Medicare: Procedures</b> - Varicose Veins of the Lower Extremity NGS		<a href="#">MCP.01 - General Medical Necessity</a>
Venous System	<b>Vein Ablation</b>	36479	Laser destruction of incompetent veins of arm or leg using imaging guidance, subsequent		<a href="#">CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity</a>	<b>Medicare: Procedures</b> - Varicose Veins of the Lower Extremity NGS		<a href="#">MCP.01 - General Medical Necessity</a>
Venous System	<b>Vein Ablation</b>	36482	Chemical destruction of first incompetent vein of arm or leg using imaging guidance		<a href="#">CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity</a>	<b>Medicare: Procedures</b> - Varicose Veins of the Lower Extremity NGS		<a href="#">MCP.01 - General Medical Necessity</a>
Venous System	<b>Vein Ablation</b>	36483	Chemical destruction of subsequent incompetent veins of arm or leg using imaging guidance		<a href="#">CMS LCD L33575 Treatment of Varicose Veins of the Lower Extremity</a>	<b>Medicare: Procedures</b> - Varicose Veins of the Lower Extremity NGS		<a href="#">MCP.01 - General Medical Necessity</a>

Service Type	Minor Group	Code	Description	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy
Transplant	<b>Autologous white blood cell</b>	0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed		<a href="#">CMS LCD L38937 Platelet Rich Plasma</a>	<b>Medicare: Procedures - Platelet Rich Plasma NGS</b>		
Transplant	<b>Bone Marrow</b>	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	<a href="#">CMS NCD 110.23 Stem Cell Transplant</a>	<a href="#">CMS LCD L39513 Allogenic Hematopoietic Cell Transplant</a>	<b>Medicare: Procedures - Stem Cell Transplantation 110.23 (NCD)</b>		
Transplant	<b>Bone Marrow</b>	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	<a href="#">CMS NCD 110.23 Stem Cell Transplant</a>		<b>Medicare: Procedures - Stem Cell Transplantation 110.23 (NCD)</b>		
Transplant	<b>Bone Marrow</b>	38242	Allogeneic lymphocyte infusions	<a href="#">CMS NCD 110.23 Stem Cell Transplant</a>				
Transplant	<b>Bone Marrow</b>	C9782	Heart catheterization as part of a study. Patient receives either bone marrow or a placebo device.					<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Donor hysterectomy</b>	0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor					
Transplant	<b>Donor hysterectomy</b>	0665T	Donor hysterectomy (including cold preservation); open, from living donor					
Transplant	<b>Donor hysterectomy</b>	0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor					
Transplant	<b>Donor hysterectomy</b>	0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor					
Transplant	<b>Donor hysterectomy</b>	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					<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Donor hysterectomy</b>	0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each					<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Donor hysterectomy</b>	0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each					<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Heart</b>	33945	Heart transplant, with or without recipient cardiectomy	<a href="#">CMS NCD 260.9 - Heart Transplants</a>				
Transplant	<b>Heart</b>	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy (Report with 33945)	<a href="#">CMS NCD 260.9 - Heart Transplants</a>				
Transplant	<b>Heart</b>	33928	Removal and replacement of total replacement heart system (artificial heart) (Report with 33945)	<a href="#">CMS NCD 260.9 - Heart Transplants</a>				
Transplant	<b>Heart</b>	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure - 33945)	<a href="#">CMS NCD 260.9 - Heart Transplants</a>				
Transplant	<b>Heart/Lung</b>	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	<a href="#">CMS NCD 260.9 - Heart Transplants</a>				
Transplant	<b>Intestine</b>	44135	Intestinal allotransplantation; from cadaver donor	<a href="#">CMS NCD 260.5 - Intestinal and Multi-Visceral Transplantation</a>		<b>Medicare: Procedures - Intestinal and Multi-Visceral Transplantation NCD</b>		
Transplant	<b>Intestine</b>	44136	Intestinal allotransplantation; from living donor	<a href="#">CMS NCD 260.5 - Intestinal and Multi-Visceral Transplantation</a>		<b>Medicare: Procedures - Intestinal and Multi-Visceral Transplantation NCD</b>		
Transplant	<b>Intestine/Liver</b>	S2053	Transplantation of small intestine and liver allografts					
Transplant	<b>Kidney</b>	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	<a href="#">CMS NCD 260.3 - Pancreas Transplants</a>				

Transplant	<b>Kidney</b>	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	<a href="#">CMS NCD 260.3 - Pancreas Transplants</a>			
Transplant	<b>Kidney</b>	50380	Renal autotransplantation, reimplantation of kidney				<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Liver</b>	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	<a href="#">CMS NCD 260.1 - Adult Liver Transplantation</a>		<b>Medicare: Procedures - Adult Liver Transplantation NCD</b>	
Transplant	<b>Liver</b>	47399	Unlisted procedure, liver	<a href="#">CMS NCD 260.1 - Adult Liver Transplantation</a>		<b>Medicare: Procedures - Adult Liver Transplantation NCD</b>	
Transplant	<b>Lung</b>	32851	Lung transplant, single; without cardiopulmonary bypass				<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Lung</b>	32852	Lung transplant, single; with cardiopulmonary bypass				<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Lung</b>	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass				<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Lung</b>	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass				<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Pancreas</b>	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	<a href="#">CMS NCD 260.3 - Pancreas Transplants</a>		<b>Medicare: Procedures - Pancreas Transplants NCD</b>	
Transplant	<b>Pancreas</b>	48554	Transplantation of pancreatic allograft	<a href="#">CMS NCD 260.3 - Pancreas Transplants</a>		<b>Medicare: Procedures - Pancreas Transplants NCD</b>	
Transplant	<b>Pancreas/Kidney</b>	S2065	Simultaneous pancreas kidney transplantation				
Transplant	<b>Pancreatic Islet Cells</b>	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous				<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Pancreatic Islet Cells</b>	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic				<a href="#">MCP 01 - General medical necessity</a>
Transplant	<b>Pancreatic Islet Cells</b>	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open				<a href="#">MCP 01 - General medical necessity</a>

Major Group	Minor Group	Code	Description	Limit/Note	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	Additional CMS LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Internal Coverage Policy	Comment (Limit, etc)
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	Limited to 1 in 1 calendar month
General DME	Customized DME	K0900	Customized durable medical equipment, other than wheelchair							MCP 01 - General Medical Necessity	
General DME	Robotic Device	E1399 UA	Robotic Assistive Feeding Device	E1399 alone does not require PA - only with UA or U9 modifier							PA always required for robotic assistive feeding device - not covered by Medicare, always use DHS guideline.
General DME	Robotic Device	E1399 U9	Robotic Arms	E1399 alone does not require PA - only with UA or U9 modifier							PA always required for robotic arms - not covered by Medicare, always use DHS guideline.
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 Maintenance	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 Maintenance	K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	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	Limited to 48 units in a rolling day
General DME	Repairs and Maintenance	K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	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.						MCP 01 - General Medical Necessity	Limited to 48 units in a rolling day
General DME	Repairs and Maintenance	L4205	Repair of orthotic device, labor component, per 15 minutes	Equipment that requires authorization for purchase, always requires authorization for repairs		CMS LCD 133318 Knee Orthoses	CMS LCD 133686 Ankle-Foot/Knee-Ankle-Foot Orthosis	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	L4210	Repair of orthotic device, repair or replace minor parts	Equipment that requires authorization for purchase, always requires authorization for repairs		CMS LCD 133318 Knee Orthoses	CMS LCD 133686 Ankle-Foot/Knee-Ankle-Foot Orthosis	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		CMS LCD 133787 Lower Limb Prosthesis	CMS Article A52496 Lower Limb Prosthesis	Medicare: Post Acute & Durable Medical Equipment Lower Limb Prosthesis	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		CMS LCD 133787 - Lower Limb Prosthesis	CMS Article A52496 Lower Limb Prosthesis	Medicare: Post Acute & Durable Medical Equipment Lower Limb Prosthesis	CMS IO Manual: 100-2, Ch15, section 110.2	MCP 01 - General Medical Necessity	
Hospital Beds	Air Bed	E0194	Air fluidized bed		CMS NCD 280.8 Air-Fluidized Bed	CMS LCD 133692 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 133820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hospital 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 133820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hospital 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 133820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hospital 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 133820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hospital 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					Medicare: Post Acute & DME - Hospital Beds and Accessories	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 133820 Hospital Bed and Accessories		Medicare: Post Acute & DME - Hospital Beds and Accessories	CMS IO Manual: 100-2, Ch15, section 110	MCP 01 - General Medical Necessity	
Hospital Beds	Oscillating Rocking Bed	E0462	Rocking bed, with or without side rails					Medicare: Post Acute & DME - Hospital Beds 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	
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	
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	





Mobility Devices	Wheelchair for Members in SNF	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2219	Manual wheelchair accessory, foam caster tire, any size, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2224	Manual wheelchair accessory, propulsiion wheel excludes tire, any size, replacement only, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33312 - Wheelchair Seating</a>	<a href="#">CMS Article A52505 Wheelchair Seating</a>	Medicare Post Acute & DME - Wheelchair Seating	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33312 - Wheelchair Seating</a>	<a href="#">CMS Article A52505 Wheelchair Seating</a>	Medicare Post Acute & DME - Wheelchair Seating	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33312 - Wheelchair Seating</a>	<a href="#">CMS Article A52505 Wheelchair Seating</a>	Medicare Post Acute & DME - Wheelchair Seating	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33312 - Wheelchair Seating</a>	<a href="#">CMS Article A52505 Wheelchair Seating</a>	Medicare Post Acute & DME - Wheelchair Seating	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
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.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
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.	<a href="#">CMS LCD L33792 Wheelchair Options/Accessories</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Wheelchair Options/Accessories	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	K0001	Standard wheelchair	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33788 Manual Wheelchair Bases</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Manual Wheelchair Bases	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	K0002	Standard hemi (low seat) wheelchair	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33788 Manual Wheelchair Bases</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Manual Wheelchair Bases	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	K0003	Lightweight wheelchair	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33788 Manual Wheelchair Bases</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Manual Wheelchair Bases	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	K0004	High strength, lightweight wheelchair	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33788 Manual Wheelchair Bases</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Manual Wheelchair Bases	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	K0005	Ultralightweight wheelchair	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33788 Manual Wheelchair Bases</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Manual Wheelchair Bases	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Mobility Devices	Wheelchair for Members in SNF	K0007	Extra heavy-duty wheelchair	parts and accessories require an auth for members residing in a NH/SNF.	<a href="#">CMS LCD L33788 Manual Wheelchair Bases</a>	<a href="#">CMS Article A52504 Wheelchair Options/Accessories Article</a>	Medicare Post Acute & DME - Manual Wheelchair Bases	<a href="#">CMS IO Manual: 100-2, Ch15, section 110</a>	<a href="#">MCP 01 - General Medical Necessity</a>	
Nutritional Products	Enteral Nutrition	B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/tubing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
Nutritional Products	Enteral Nutrition	B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/tubing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	31 units in a rolling month. Limited to 51 units in a rolling month as a group
Nutritional Products	Enteral Nutrition	B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/tubing syringe, administration set tubing, dressings, tape	PA: Required for oral administration Limit: 51 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	31 units in a rolling month. Limited to 51 units in a rolling month as a group
Nutritional Products	Enteral Nutrition	B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	PA Required for oral administration	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
Nutritional Products	Enteral Nutrition	B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	PA Required for oral administration	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
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	PA: Required for oral administration Limit: 1050 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
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	PA: Required for oral administration Limit: 1050 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
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	PA: Required for oral administration Limit: 1050 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
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	PA: Required for oral administration Limit: 1050 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
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	PA: Required for oral administration Limit: 1050 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
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	PA: Required for oral administration Limit: 1050 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	
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	PA: Required for oral administration Limit: 1050 units in a rolling month	<a href="#">CMS LCD L38955 Enteral Nutrition</a>	<a href="#">CMS Article A58833 Enteral Nutrition</a>	Medicare Post Acute & DME - Enteral Nutrition	None	<a href="#">MCP 01 - General Medical Necessity</a>	

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	PA: Required for oral administration Limit: 1050 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	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	PA: Required for oral administration Limit: 1050 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	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	PA: Required for oral administration Limit: 1050 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	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	PA: Required for oral administration Limit: 1050 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	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	PA: Required for oral administration Limit: 1050 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	
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 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	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 14Q	MCP 01 - General Medical Necessity	Limited to 4 in 1 calendar year
Orthopedic and Therapeutic Footwear	Inserts	A5512	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 14Q	MCP 01 - General Medical Necessity	Limited to 6 in 1 calendar year
Orthopedic and Therapeutic Footwear	Inserts	A5513	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 14Q	MCP 01 - General Medical Necessity	Limited to 6 in 1 calendar year
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 14Q	MCP 01 - General Medical Necessity	Limited to 6 in 1 calendar year
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 14Q	MCP 01 - General Medical Necessity	Limited to 4 in 1 calendar year
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 14Q	MCP 01 - General Medical Necessity	Limited to 4 in 1 calendar year
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 14Q	MCP 01 - General Medical Necessity	Limited to 4 in 1 calendar year
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 14Q	MCP 01 - General Medical Necessity	Limited to 4 in 1 calendar year
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 14Q	MCP 01 - General Medical Necessity	Limited to 4 in 1 calendar year
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 29Q	MCP 01 - General Medical Necessity	
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 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3203	Orthopedic shoe, Oxford with supinator or pronator, junior		CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15, section 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3204	Orthopedic shoe, hightop 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 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3206	Orthopedic shoe, hightop 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 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3207	Orthopedic shoe, hightop with supinator or pronator, junior		CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15, section 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3215	Orthopedic footwear, ladies shoe, Oxford, each		CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15, section 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3216	Orthopedic footwear, ladies shoe, depth inlay, each		CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15, section 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each		CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15, section 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3219	Orthopedic footwear, mens shoe, Oxford, each		CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15, section 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3221	Orthopedic footwear, mens shoe, depth inlay, each		CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15, section 29Q	MCP 01 - General Medical Necessity	
Orthopedic and Therapeutic Footwear	Orthopedic Shoes	L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each		CMS LCD L33641 - Orthopedic Footwear	CMS Article A52481 Orthopedic Footwear	Medicare:Post Acute & DME - Orthopedic Footwear	CMS IO Manual: 100-2, Ch15, section 29Q	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 14Q	MCP 01 - General Medical Necessity	Limited to 4 in 1 calendar year
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 14Q	MCP 01 - General Medical Necessity	Limited to 4 in 1 calendar year
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	Limited to 2 before the age of 2. Over 2 y/o requires auth
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	Limited to 4 in 1 calendar year
Prosthetic	Lower Limb Orthotics	L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf 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	Limited to 4 in 1 calendar year
Prosthetic	Lower Limb Orthotics	L1820	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf 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	Limited to 4 in 1 calendar year









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

Skin Substitutes	<b>Skin Substitutes</b>	Q4118	MatriStem micromatrix, 1 mg							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4121	TheraSkin, per sq cm							MCP 01 - General Medical Necessity
			DermACELL, DermACELL AWM or DermACELL							
Skin Substitutes	<b>Skin Substitutes</b>	Q4122	AWM Porous, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4123	AlloSkin RT, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4124	OASIS ultra tri-layer wound matrix, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4125	ArthroFlex, per sq cm							MCP 01 - General Medical Necessity
			MemoDerm, DermaSpan, TranZgraft or InteguPly,							
Skin Substitutes	<b>Skin Substitutes</b>	Q4126	per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4127	Talymed, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4128	FlexHD, or AllopatchHD, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4130	Strattice, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4132	Grafix Core and GrafixPL Core, per sq cm							MCP 01 - General Medical Necessity
			Grafix PRIME, GrafixPL PRIME, Stravix and							
Skin Substitutes	<b>Skin Substitutes</b>	Q4133	StravixPL, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4134	HMatrix, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4135	Mediskin, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4136	EZ Derm, per sq cm							MCP 01 - General Medical Necessity
			AmnioExcel, AmnioExcel Plus or BioDExcel, per sq							
Skin Substitutes	<b>Skin Substitutes</b>	Q4137	cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4138	BioDFence DryFlex, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4140	BioDFence, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4141	AlloSkin AC, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4142	XCM biologic tissue matrix, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4143	Repriza, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4145	EpiFix, injectable, 1 mg							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4146	TENSIX, per sq cm							MCP 01 - General Medical Necessity
			Architect, Architect PX, or Architect FX,							
Skin Substitutes	<b>Skin Substitutes</b>	Q4147	extracellular matrix, per sq cm							MCP 01 - General Medical Necessity
			Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K,							
Skin Substitutes	<b>Skin Substitutes</b>	Q4148	per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4149	Excellagen, 0.1 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4150	AlloWrap DS or dry, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4151	AmnioBand or Guardian, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4152	DermaPure, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4153	DermaVest and Plurivest, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4154	Biovance, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4155	Neox Flo or Clarix Flo 1 mg							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4156	Neox 100 or Clarix 100, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4157	Revitalon, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4158	Kerecis Omega3, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4159	Affinity, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4160	NuShield, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4161	bio-ConneKt wound matrix, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4163	WoundEx, BioSkin, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4164	Helicoll, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4165	Keramatrix or Kerasorb, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4166	Cytal, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4167	Truskin, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4168	AmnioBand, 1 mg							MCP 01 - General Medical Necessity

Skin Substitutes	<b>Skin Substitutes</b>	Q4169	Artacent wound, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4170	Cygnus, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4171	Interfyt, 1 mg							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4173	PalinGen or PalinGen XPlus, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4175	Miroderm, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4176	NeoPatch or Therion, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4177	FlowerAmnioFlo, 0.1 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4178	FlowerAmnioPatch, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4179	FlowerDerm, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4180	Revita, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4181	Amnio Wound, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4182	TransCyte, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4183	surgiGRAFT, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4184	Cellesta or Cellesta Duo, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4186	Epifix, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4187	Epicord, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4188	AmnioArmor, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4189	Artacent AC, 1 mg							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4190	Artacent AC, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4191	Restorigin, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4192	Restorigin, 1 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4193	Coll-e-Derm, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4194	Novachor, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4195	PuraPly, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4196	PuraPly AM, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4197	PuraPly XT, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4198	Genesis Amniotic Membrane, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4199	Cygnus matrix, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4200	SkinTE, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4201	Matrion, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4202	Kerxxx (2.5 g/cc), 1 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4203	Derma-Gide, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4204	XWRAP, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4205	Membrane Graft or Membrane Wrap, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4206	Fluid Flow or Fluid GF, 1 cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4208	Novafix, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4209	SurGraft, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4211	Amnion Bio or AxBioMembrane, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4212	AlloGen, per cc							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4213	Ascent, 0.5 mg							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4214	Cellesta Cord, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4216	Artacent Cord, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4218	SurgiCORD, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4219	SurgiGRAFT-DUAL, per sq cm							MCP 01 - General Medical Necessity
Skin Substitutes	<b>Skin Substitutes</b>	Q4220	BellaCell HD or SureDerm, per sq cm							MCP 01 - General Medical Necessity

Skin Substitutes	<b>Skin Substitutes</b>	Q4221	Amnio Wrap2, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4222	ProgenaMatrix, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4225	AmnioBind or DermaBind TL, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4227	AmnioCore, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4229	Cogenex Amniotic Membrane, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4230	Cogenex Flowable Amnion, per 0.5 cc							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4232	Corplex, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4233	SurFactor or NuDyn, per 0.5 cc							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4234	XCellerate, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4235	AMNIOREPAIR or AltiPly, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4236	carePATCH, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4237	Cryo-Cord, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4238	Derm-Maxx, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4240	CoreCyte, for topical use only, per 0.5 cc							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4241	PolyCyte, for topical use only, per 0.5 cc							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4242	AmnioCyte Plus, per 0.5 cc							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4245	AmnioText, per cc							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4246	CoreText or ProText, per cc							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4247	AmnioText Patch, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4249	AMNIPLY, for topical use only, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4250	AmnioAmp-MP, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4251	Vim, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4252	Vendaje, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4253	Zenith Amniotic Membrane, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4254	Novafix DL, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4255	REGUARD, for topical use only, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4256	MLG-Complete, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4257	Relese, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4258	Enverse, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4260	Signature APatch, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4261	TAG, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4262	Dual Layer Impax Membrane, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4263	SurGraft TL, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4264	Cocoon Membrane, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4265	NeoStim TL, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4266	NeoStim Membrane, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4267	NeoStim DL, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4268	SurGraft FT, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4269	SurGraft XT, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4270	Complete SL, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4271	Complete FT, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4272	Esano A, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4273	Esano AAA, per sq cm							<a href="#">MCP 01 - General Medical Necessity</a>



Skin Substitutes	<b>Skin Substitutes</b>	Q4420	Nuform per sq cm						<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4431	Pma skin substitute, nos						<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4432	510(k) skin subs, nos						<a href="#">MCP 01 - General Medical Necessity</a>
Skin Substitutes	<b>Skin Substitutes</b>	Q4433	361 hct/p skin subs, nos						<a href="#">MCP 01 - General Medical Necessity</a>
Wound Care Treatments	<b>Treatments or Procedures</b>	97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s)	<a href="#">CMS NCD 270.4 - Treatment of Decubitus Ulcers</a>				<a href="#">CMS IO Manual 100-3, Part 4, section 270</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Wound Care Treatments	<b>Treatments or Procedures</b>	0512T	Extracorporeal shock wave for integumentary wound healing	<a href="#">CMS NCD 270.4 - Treatment of Decubitus Ulcers</a>				<a href="#">CMS IO Manual 100-3, Part 4, section 270</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Wound Care Treatments	<b>Treatments or Procedures</b>	0513T	Extracorporeal shock wave for integumentary wound healing	<a href="#">CMS NCD 270.4 - Treatment of Decubitus Ulcers</a>				<a href="#">CMS IO Manual 100-3, Part 4, section 270</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Wound Care Treatments	<b>Treatments or Procedures</b>	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	<a href="#">CMS NCD 270.4 - Treatment of Decubitus Ulcers</a>				<a href="#">CMS IO Manual 100-3, Part 4, section 270</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Wound Care Treatments	<b>Treatments or Procedures</b>	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)	<a href="#">CMS NCD 270.4 - Treatment of Decubitus Ulcers</a>				<a href="#">CMS IO Manual 100-3, Part 4, section 270</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Wound Care Treatments	<b>Treatments or Procedures</b>	A4575	Hyperbaric (Topical Application for treatment of chronic wounds)	<a href="#">CMS NCD 270.4 - Treatment of Decubitus Ulcers</a>				<a href="#">CMS IO Manual 100-3, Part 4, section 270</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Wound Care Treatments	<b>Treatments or Procedures</b>	E0446	Hyperbaric (Topical Application for treatment of chronic wounds)	<a href="#">CMS NCD 270.4 - Treatment of Decubitus Ulcers</a>	<a href="#">CMS LCD L33797 - Oxygen and Oxygen Equipment</a>			<a href="#">CMS IO Manual 100-3, Part 4, section 270</a>	<a href="#">MCP 01 - General Medical Necessity</a>
Wound Care Treatments	<b>Treatments or Procedures</b>	E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	<a href="#">CMS NCD 270.4 - Treatment of Decubitus Ulcers</a>				<a href="#">CMS IO Manual 100-3, Part 4, section 270</a>	<a href="#">MCP 01 - General Medical Necessity</a>

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
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) <sup>2</sup>		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP.01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP.01 - General Medical Necessity</a>
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)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP.01 - General Medical Necessity</a>
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)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP.01 - General Medical Necessity</a>
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))		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP.01 - General Medical Necessity</a>
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)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP.01 - General Medical Necessity</a>

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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>

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		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>

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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)			<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Proceudres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Proceudres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Proceudres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Proceudres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Proceudres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>

Genetic Testing	Gene Analysis	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD Pharmacogenomic Testing L39995</a>	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD Pharmacogenomic Testing L39995</a>	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD Pharmacogenomic Testing L39995</a>	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD Pharmacogenomic Testing L39995</a>	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD Pharmacogenomic Testing L39995</a>	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD Pharmacogenomic Testing L39995</a>	Medicare: Molecular Diagnostics & Lab - Pharmacogenomic Testing NGS	<a href="#">MCP 01 - General Medical Necessity</a>

Genetic Testing	Gene Analysis	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>			<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>			<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>			<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS		<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	<a href="#">CMS LCD Pharmacogenomic Testing L39995</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Pharmacogenomic Testing</b> NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)		<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS		<a href="#">MCP 01 - General Medical Necessity</a>

Genetic Testing	Gene Analysis	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)])	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>

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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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			<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	<a href="#">CMS LCD: Pharmacogenomic Testing L39995</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Pharmacogenomics Testing</b> NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81290	MCOLN1 (mucopolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>

Genetic Testing	Gene Analysis	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	<a href="#">CMS LCD: Pharmacogenomic Testing L39995</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Pharmacogenomics Testing</b> NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS Article A56609: Biomarker Testing for Prostate Cancer Diagnosis</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>

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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD: Pharmacogenomic Testing L39995</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Pharmacogenomics Testing</b> NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>

Genetic Testing	Gene Analysis	81333	TGFB1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>			<a href="#">MCP 01 - General Medical Necessity</a>
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)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>			<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)		<a href="#">CMS LCD: Pharmacogenomic Testing L39995</a>		<b>Medicare:Molecular Diagnostics &amp; Lab - Pharmacogenomics Testing NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Not Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Not Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>			<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
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)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
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)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
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)		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>			<a href="#">MCP 01 - General Medical Necessity</a>

Genetic Testing	Gene Analysis	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	<a href="#">CMS LCD: Pharmacogenomic Testing L39995</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Pharmacogenomics Testing NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Not Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD: Pharmacogenomic Testing L39995</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Pharmacogenomics Testing NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Molecular Pathology Procedures Covered NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD: Pharmacogenomic Testing L39995</a>	<b>Medicare:Molecular Diagnostics &amp; Lab - Pharmacogenomics Testing NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>

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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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])	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedres Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>

Genetic Testing	Gene Analysis	81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD: Pharmacogenomic Testing L39995</a>	Medicare: Molecular Diagnostics & Lab - Pharmacogenomics Testing NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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)	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>

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		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Molecular Pathology</b> Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
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		<a href="#">CMS LCD L37606 Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>
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		<a href="#">CMS LCD L37606 Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases</a>	<b>Medicare: Molecular Diagnostics &amp; Lab - Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases NGS</b>	<a href="#">MCP 01 - General Medical Necessity</a>

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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81479	Unlisted molecular pathology procedure	<a href="#">CMS NCD Next Generation Sequencing (NGS)</a>	<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score				<a href="#">MCP 01 - General Medical Necessity</a>
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		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>	Medicare: Molecular Diagnostics & Lab - Molecular Pathology Procedures Not Covered NGS	<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS NCD 210.3 - Colorectal Cancer Screening Tests</a>		Medicare: Molecular Diagnostics & Lab - Next Generation Sequencing (NGS) NCD	<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	81599	Unlisted multianalyte assay with algorithmic analysis		<a href="#">CMS LCD L35000 Molecular pathology Procedures</a>		<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	88299	Unlisted cytogenetic study	<a href="#">CMS NCD 190.3 Cytogenetic Studies</a>			<a href="#">MCP 01 - General Medical Necessity</a>
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				<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS NCD 90.2 Next Generation Sequencing (NGS)</a>		Medicare: Molecular Diagnostics & Lab - Next Generation Sequencing (NGS) NCD	<a href="#">MCP 01 - General Medical Necessity</a>

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					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>

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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS NCD 90.2 Next Generation Sequencing (NGS)</a>		<b>Medicare: Molecular Diagnostics &amp; Lab - Next Generation Sequencing (NGS) NCD</b>		<a href="#">MCP 01 - General Medical Necessity</a>
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	<a href="#">CMS NCD 90.2 Next Generation Sequencing (NGS)</a>		<b>Medicare: Molecular Diagnostics &amp; Lab - Next Generation Sequencing (NGS) NCD</b>		<a href="#">MCP 01 - General Medical Necessity</a>
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		<a href="#">CMS LCD L37810 Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms</a>			<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>

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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>

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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm 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					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>

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						<a href="#">MCP 01 - General Medical Necessity</a>
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						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3841	Genetic testing for retinoblastoma						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3842	Genetic testing for Von Hippel-Lindau disease						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3845	Genetic testing for alpha-thalassemia						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3846	Genetic testing for hemoglobin E beta-thalassemia						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3849	Genetic testing for Niemann-Pick disease						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3850	Genetic testing for sickle cell anemia						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease						<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3853	Genetic testing for myotonic muscular dystrophy						<a href="#">MCP 01 - General Medical Necessity</a>

Genetic Testing	Gene Analysis	S3854	Gene expression profiling panel for use in the management of breast cancer treatment					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy					<a href="#">MCP 01 - General Medical Necessity</a>
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					<a href="#">MCP 01 - General Medical Necessity</a>
Genetic Testing	Gene Analysis	S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability					<a href="#">MCP 01 - General Medical Necessity</a>

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					<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	S0512	Daily wear specialty contact lens, per lens					<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	S0514	Color contact lens, per lens					<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2500	Contact lens, PMMA, spherical, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2501	Contact lens, PMMA, toric or prism ballast, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2502	Contact lens PMMA, bifocal, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2503	Contact lens, PMMA, color vision deficiency, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2510	Contact lens, gas permeable, spherical, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2511	Contact lens, gas permeable, toric, prism ballast, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2512	Contact lens, gas permeable, bifocal, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2513	Contact lens, gas permeable, extended wear, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2520	Contact lens, hydrophilic, spherical, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2522	Contact lens, hydrophilic, bifocal, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2523	Contact lens, hydrophilic, extended wear, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2525	Contact lens, hydrophilic, dual focus, per lens					<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2526	Contact lens, hydrophilic, with blue-violet filter, per lens					<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)		<a href="#">CMS LCD L33793 Refractive Lenses</a>			<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Contact Lens	V2599	Contact lens, other type		<a href="#">CMS LCD L33793 Refractive Lenses</a>	Medicare: Post Acute & DME - Refractive Lenses		<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Eyeglasses	S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens					<a href="#">MCP 01: General Medical Necessity Criteria</a>	

Vision	<b>Eyeglasses</b>	S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens					<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens					<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	S0510	Nonprescription lens (safety, athletic, or sunglass), per lens					<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	S0581	Nonstandard lens (list this code in addition to the basic code for the lens)					<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	V2020	Frames		<a href="#">CMS LCD L33793 Refractive Lenses</a>		<b>Medicare: Post Acute &amp; DME - Refractive Lenses</b>	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	V2025	Frames					<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>		<b>Medicare: Post Acute &amp; DME - Refractive Lenses</b>	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	V2755	U-V lens, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>		<b>Medicare: Post Acute &amp; DME - Refractive Lenses</b>	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	V2762	Polarization, any lens material, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>		<b>Medicare: Post Acute &amp; DME - Refractive Lenses</b>	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Eyeglasses</b>	V2786	Specialty occupational multifocal lens, per lens		<a href="#">CMS LCD L33793 Refractive Lenses</a>		<b>Medicare: Post Acute &amp; DME - Refractive Lenses</b>	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Vision Services</b>	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					<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Vision Services</b>	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					<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Vision Services</b>	92325	Modification of contact lens (separate procedure), with medical supervision of adaptation				<a href="#">CMS NCD Manual Ch.1, Part 1, Section 80 - Eye</a>	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Vision Services</b>	92326	Replacement of contact lens				<a href="#">CMS NCD Manual Ch.1, Part 1, Section 80 - Eye</a>	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Vision Services</b>	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session				<a href="#">CMS NCD Manual Ch.1, Part 1, Section 80 - Eye</a>	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Vision	<b>Vision Services</b>	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				<a href="#">CMS NCD Manual Ch.1, Part 1, Section 80 - Eye</a>	<a href="#">MCP 01: General Medical Necessity Criteria</a>

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				<a href="#">CMS NCD Manual Ch.1, Part 1, Section 80 - Eye</a>	<a href="#">MCP 01: General Medical Necessity Criteria</a>	
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				<a href="#">CMS NCD Manual Ch.1, Part 1, Section 80 - Eye</a>	<a href="#">MCP 01: General Medical Necessity Criteria</a>	
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				<a href="#">CMS NCD Manual Ch.1, Part 1, Section 80 - Eye</a>	<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Vision	Vision Services	A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment				<a href="#">CMS NCD Manual Ch.1, Part 1, Section 80 - Eye</a>	<a href="#">MCP 01: General Medical Necessity Criteria</a>	
Hearing	Hearing Aids	V5070	Glasses, air conduction					<a href="#">MCP 01: General Medical Necessity Criteria</a>	<a href="#">Hearing aides are not covered by Medicare, use DHS criteria</a>
Hearing	Hearing Aids	V5080	Glasses, bone conduction					<a href="#">MCP 01: General Medical Necessity Criteria</a>	<a href="#">Hearing aides are not covered by Medicare, use DHS criteria</a>
Hearing	Hearing Aids	V5150	Binaural, glasses					<a href="#">MCP 01: General Medical Necessity Criteria</a>	<a href="#">Hearing aides are not covered by Medicare, use DHS criteria</a>
Hearing	Hearing Aids	V5190	Hearing aid, contralateral routing, monaural, glasses					<a href="#">MCP 01: General Medical Necessity Criteria</a>	<a href="#">Hearing aides are not covered by Medicare, use DHS criteria</a>
Hearing	Hearing Aids	V5230	Hearing aid, contralateral routing system, binaural, glasses					<a href="#">MCP 01: General Medical Necessity Criteria</a>	<a href="#">Hearing aides are not covered by Medicare, use DHS criteria</a>

Major Group	Minor Group	Code	Description	Note	Internal Coverage Policy
Assisted Transportation	<b>Air Ambulance</b>	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)	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Assisted Transportation	<b>Air Ambulance</b>	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)	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Assisted Transportation	<b>Air Ambulance</b>	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)	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Assisted Transportation	<b>Air Ambulance</b>	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)	<a href="#">MCP 01: General Medical Necessity Criteria</a>
Assisted Transportation	<b>Air Ambulance</b>	A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	This is a non-covered service	
Assisted Transportation	<b>Non-Emergent Transport</b>	A0130	Nonemergency transportation; encounter/trip (Wheelchair Van)	Not a Medicare covered benefit (use Medicaid)	
Assisted Transportation	<b>Non-Emergent Transport</b>	T2003	Nonemergency transportation; encounter/trip (ambulatory assist)	Not a Medicare covered benefit (use Medicaid)	
Assisted Transportation	<b>Protected Transport</b>	T2003 UA	Nonemergency transportation; encounter/trip (Protected)	Not a Medicare covered benefit (use Medicaid)	
Assisted Transportation	<b>Non-Emergent Transport</b>	T2005	Nonemergency transportation; encounter/trip (Stretcher Van)	Not a Medicare covered benefit (use Medicaid)	

Major Group	Minor Group	Code	Description	Benefit Limit	Medicare Coverage Criteria: NCD	Medicare Coverage Criteria: LCD/Article	InterQual Path (Medicare)	CMS Internet Only Manuals	Intenal Coverage Policy
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	<a href="#">CMSNCD 30.3 - Acupuncture</a>		<b>Medicare: Procedures</b> - Acupuncture for Chronic Low Back Pain, Fibromyalgia, Osteoarthritis		<a href="#">MCP 01: General Medical Necessity Criteria</a>
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	<a href="#">CMSNCD 30.3 - Acupuncture</a>		<b>Medicare: Procedures</b> - Acupuncture for Chronic Low Back Pain, Fibromyalgia, Osteoarthritis		<a href="#">MCP 01: General Medical Necessity Criteria</a>
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	<a href="#">CMSNCD 30.3 - Acupuncture</a>		<b>Medicare: Procedures</b> - Acupuncture for Chronic Low Back Pain, Fibromyalgia, Osteoarthritis		<a href="#">MCP 01: General Medical Necessity Criteria</a>
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	<a href="#">CMSNCD 30.3 - Acupuncture</a>		<b>Medicare: Procedures</b> - Acupuncture for Chronic Low Back Pain, Fibromyalgia, Osteoarthritis		<a href="#">MCP 01: General Medical Necessity Criteria</a>
Chiropractic	Chiropractic	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar month) - for Medicaid covered services		<a href="#">CMS Medical Policy Article A57889 - Chiropractic Services</a>	<b>Medicare: Post Acute &amp; DME</b> - Chiropractic Services NGS		<a href="#">MCP 01: General Medical Necessity Criteria</a>
Chiropractic	Chiropractic	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar month) - for Medicaid covered services		<a href="#">CMS Medical Policy Article A57889 - Chiropractic Services</a>	<b>Medicare: Post Acute &amp; DME</b> - Chiropractic Services NGS		<a href="#">MCP 01: General Medical Necessity Criteria</a>
Chiropractic	Chiropractic	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	Benefit Limit (6 in 1 month or 24 in 1 calendar month) - for Medicaid covered services		<a href="#">CMS Medical Policy Article A57889 - Chiropractic Services</a>	<b>Medicare: Post Acute &amp; DME</b> - Chiropractic Services NGS		<a href="#">MCP 01: General Medical Necessity Criteria</a>

Major Group	Minor Group	Code	Description	PA, Benefit Limit, Both	Comment (Limit, etc)
Skilled Nursing Facility	<b>Private Room</b>	<b>R0110</b>	<b>Private Room in SNF</b>	<b>Prior Authorization Required</b>	<b>Review Private room request form - must have doctor signature and QAAC signature</b>
Skilled Nursing Facility	<b>Skilled Care</b>	Rate codes	Skilled Care Days	Notification	Up to 100 days - Skilled level of care, Medicare Part A benefit days.
Skilled Nursing Facility	<b>Non-Skilled</b>	Rate codes	Custodial/Non-skilled Days	Notification	Up to 180 days - custodial benefit.
Skilled Nursing Facility	<b>Non-Skilled</b>	Rate codes	Custodial/Non-skilled Days	Notification	Up to 100 days - custodial benefit.
Skilled Nursing Facility	<b>Swing Bed</b>	Rate codes	Skilled/Swing Bed	Notification	Up to 100 days - Skilled level of care, Medicare Part A benefit days.
Skilled Nursing Facility	<b>Swing Bed</b>	Rate codes	Swing Bed	Notification	Up to 100 days - custodial benefit.
Skilled Nursing Facility	<b>Swing Bed</b>	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	<b>Any Nursing Home Services</b>				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	<b>Hospice</b>	N/A	Hospice Care	<b>Notification Only</b>	<b>Auth NOT Required - notification required. Submit: Hospice notification form #4735</b>

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