

PROPOSED/DRAFT Local Coverage Determination (LCD): Non-Covered Category III CPT Codes (DL34555)

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Please Note: This view is an approximation of the CMS MCD LCD Detail page.

CPT codes 0163T and 0165T will be added to this LCD when it is published for notice.

[PROPOSED/DRAFT]

Please Note: This is a Proposed/Draft policy.

Proposed/Draft LCDs are works in progress that are available on the Medicare Coverage Database site for public review. Proposed/Draft LCDs are not necessarily a reflection of the current policies or practices of the contractor.

Contractor Information

Contract Name	Contract Type	Contract Number	Jurisdiction	State(s)
Palmetto GBA	A and B and HHH MAC	11201	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501	J - M	North Carolina
Palmetto	A and B and	11202	J - M	South

GBA	HHH MAC			Carolina
Palmetto GBA	A and B and HHH MAC	11302	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11402	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11502	J - M	North Carolina

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Proposed/Draft LCD Information

Document Information

[PROPOSED/DRAFT]

Source LCD ID
L34555

Proposed/Draft LCD ID
DL34555

Proposed/Draft LCD Title
Non-Covered Category III CPT Codes

AMA CPT / ADA CDT / AHA NUBC Copyright
Statement
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CMS National Coverage Policy

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

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

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

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

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

Title XVIII of the Social Security Act, §1842 (p)(1) states that each claim submitted by a physician "shall include the appropriate diagnosis code (or codes)..."

42 CFR 411.15 (k) excludes particular services from coverage

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

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 13, §50.1 Payment for Radionuclides

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 13, §70.4 Clinical Brachytherapy

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, §§290-290.3 Transcatheter Aortic Valve Replacement (TAVR) and Coding Requirements and Claims Processing

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

CMS Internet-Only Manual, Pub. 100-03, Medicare National Coverage Determinations

Manual, Chapter 1, Part 2, §150.10 Lumbar Artificial Disc Replacement (LADR) as being non-covered specifically for beneficiaries over 60 years of age

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

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

Coverage Indications, Limitations, and/or Medical Necessity

The AMA developed Category III CPT codes to track the utilization of emerging technologies, services, and procedures. The Category III CPT codes description does not establish a service or procedure as safe, effective or applicable to the clinical practice of medicine.

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

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

Not generally accepted in the medical community as safe and effective in the setting and for the condition for which it is used

Not proven to be safe and effective based on peer review or scientific literature
Experimental

Not medically necessary in the particular case

Furnished at a level, duration or frequency that is not medically appropriate

Not furnished in accordance with accepted standards of medical practice, or

Not furnished in a setting (such as inpatient care at a hospital or SNF, outpatient care through a hospital or physician's office or home care) appropriate to the patient's medical needs and condition.

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

Consistent with the symptoms or diagnosis of the illness or injury under treatment;

Necessary for, and consistent with, generally accepted professional medical standards of care (e.g., not experimental or investigational);

Not furnished primarily for the convenience of the patient, the attending physician or other physician or supplier;

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

Medical devices that are not approved for marketing by the Food and Drug Administration (FDA) are considered investigational by Medicare and are not considered reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member. Program payment, therefore, may not be made for medical procedures and services performed using devices that have not been approved for marketing by the FDA or for those not included in an FDA-approved investigational (IDE) trial.

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Proposed/Draft Process Information

Associated Information

N/A

Sources of Information and Basis for Decision

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

Open Meetings/Part B MAC Contractor Advisory Committee (CAC) Meetings

Meeting Date	Meeting Type	Meeting State(s)	Meeting Information
06/05/2017	Open Meeting	West Virginia	Charleston
06/05/2017	CAC Meeting	West Virginia	Charleston

Comment Period Start Date

06/05/2017

Comment Period End Date

07/20/2017

Released to Final LCD Date

Not yet released.

Reason for Proposed LCD

Provider Education/Guidance

Creation of Uniform LCDs Within a MAC Jurisdiction

Proposed Contact

Part A Policy

PO Box 100238

AG-275

Columbia, South Carolina 29202-3238

A.Policy@PalmettoGBA.com

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Coding Information

[PROPOSED/DRAFT]

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999	Not Applicable
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CPT/HCPCS Codes

Group 1 Paragraph:

The following CPT Category III Codes will be noncovered:

Group 1 Codes:

0042T	Ct perfusion w/contrast cbf
0052T	Replace thrc unit hrt syst
0053T	Replace implantable hrt syst
0058T	Cryopreservation ovary tiss
0071T	Us leiomyomata ablate <200
0072T	Us leiomyomata ablate >200

0095T	Rmvl artific disc addl crvcl
0098T	Rev artific disc addl
0106T	Touch quant sensory test
0107T	Vibrate quant sensory test
0108T	Cool quant sensory test
0109T	Heat quant sensory test
0110T	Nos quant sensory test
0111T	Rbc membranes fatty acids
0126T	Chd risk imt study
0174T	Cad cxr with interp
0175T	Cad cxr remote
0178T	64 lead ecg w/i&r
0179T	64 lead ecg w/tracing
0180T	64 lead ecg w/i&r only
0184T	Exc rectal tumor endoscopic
0188T	Videoconf crit care 74 min
0189T	Videoconf crit care addl 30
0190T	Place intraoc radiation src
0198T	Ocular blood flow measure
0200T	Perq sacral augmt unilat inj
0201T	Perq sacral augmt bilat inj
0202T	Post vert arthrplst 1 lumbar
0205T	

	Inirs each vessel add-on
0206T	Cptr dbs alys car elec dta
0207T	Clear eyelid gland w/heat
0208T	Audiometry air only
0209T	Audiometry air & bone
0210T	Speech audiometry threshold
0211T	Speech audiom thresh & recog
0212T	Compre audiometry evaluation
0213T	Njx paravert w/us cer/thor
0214T	Njx paravert w/us cer/thor
0215T	Njx paravert w/us cer/thor
0216T	Njx paravert w/us lumb/sac
0217T	Njx paravert w/us lumb/sac
0218T	Njx paravert w/us lumb/sac
0219T	Plmt post facet implt cerv
0220T	Plmt post facet implt thor
0221T	Plmt post facet implt lumb
0222T	Plmt post facet implt addl
0228T	Njx tfrml eprl w/us cer/thor
0229T	Njx tfrml eprl w/us cer/thor
0230T	Njx tfrml eprl w/us lumb/sac
0231T	Njx tfrml eprl w/us lumb/sac
0232T	

	Njx platelet plasma
0234T	Trluml perip athrc renal art
0235T	Trluml perip athrc visceral
0236T	Trluml perip athrc abd aorta
0237T	Trluml perip athrc brchiocph
0238T	Trluml perip athrc iliac art
0253T	Insert aqueous drain device
0254T	Evasc rpr iliac art bifur
0255T	Evasc rpr iliac art bifr s&i
0263T	Im b1 mrw cel ther cmpl
0264T	Im b1 mrw cel ther xcl hrvt
0265T	Im b1 mrw cel ther hrvt onl
0266T	Implt/rpl crtd sns dev total
0267T	Implt/rpl crtd sns dev lead
0268T	Implt/rpl crtd sns dev gen
0269T	Rev/remvl crtd sns dev total
0270T	Rev/remvl crtd sns dev lead
0271T	Rev/remvl crtd sns dev gen
0272T	Interrogate crtd sns dev
0273T	Interrogate crtd sns w/pgrmg
0274T	Perq lamot/lam crv/thrc
0278T	Tempr
0280T	

	Laser inc for pkp/lkp recip
0293T	Ins lt atrl press monitor
0294T	Ins lt atrl mont pres lead
0299T	Esw wound healing init wound
0300T	Esw wound healing addl wound
0301T	Mw therapy for breast tumor
0302T	Icar ischm mntrng sys compl
0303T	Icar ischm mntrng sys eltrd
0304T	Icar ischm mntrng sys device
0305T	Icar ischm mntrng prgrm eval
0306T	Icar ischm mntr interr eval
0307T	Rmvl icar ischm mntrng dvce
0309T	Prescri fuse w/ instr l4/l5
0310T	Motor function mapping ntms
0312T	Laps impltj nstim vagus
0313T	Laps rmvl nstim array vagus
0314T	Laps rmvl vgl arry&pls gen
0315T	Rmvl vagus nerve pls gen
0316T	Replc vagus nerve pls gen
0317T	Elec alys vagus nrv pls gen
0329T	Mntr io press 24hrs/> uni/bi
0330T	Tear film img uni/bi w/i&r
0331T	

	Heart symp image plnr
0332T	Heart symp image plnr spect
0333T	Visual ep acuity screen auto
0335T	Extraosseous joint stblztion
0337T	Endothel fxnassmnt non-invas
0338T	Trnscth renal symp denrv unl
0339T	Trnscth renal symp denrv bil
0340T	Ablate pulm tumors + extnsn
0341T	Quant pupillometry w/ rpt
0342T	Thxp apheresis w/hdl delip
0346T	Ultrasound elastography
0347T	Ins bone device for rsa
0348T	Rsa spine exam
0349T	Rsa upper extr exam
0350T	Rsa lower extr exam
0351T	Intraop oct brst/node spec
0352T	Oct brst/node i&r per spec
0353T	Intraop oct breast cavity
0354T	Oct breast surg cavity i&r
0355T	Gi tract capsule endoscopy
0356T	Insrt drug device for iop
0357T	Cryopreservation oocyte(s)
0358T	

	Bia whole body
0359T	Behavioral id assessment
0360T	Observ behav assessment
0361T	Observ behav assess addl
0362T	Expose behav assessment
0363T	Expose behav assess addl
0364T	Adaptive behavior treatment
0365T	Adaptive behavior tx addl
0366T	Group behavior treatment
0367T	Group behav treatment addl
0368T	Behavior treatment modified
0369T	Behav treatment modify addl
0370T	Fam behav treatment guidance
0371T	Mult fam behav treat guide
0372T	Social skills training group
0373T	Exposure behavior treatment
0374T	Expose behav treatment addl
0375T	Total disc arthrp ant appr
0377T	Anoscopy inj agent for incont
0380T	Comp animat ret imag series
0381T	Ext h rate epi sz 14 days
0382T	Ext h rate sz 14 day ri only
0383T	

	Ext h rate sz up to 30 days
0384T	Ex h rate sz 30 day ri only
0385T	Ex h rate for sz ovr 30 day
0386T	Ex h rate sz 30+ day ri only
0387T	Leadless c pm ins/rpl ventr
0388T	Leadless c pm remove ventr
0389T	Prog eval inper leadls pm
0390T	Periproc eval inper ledls pm
0391T	Intergt eval inper leadls pm
0394T	Hdr elctrnc skn surf brchytx
0395T	Hdr elctr ntrst/ntrcv brchtx
0396T	Intraop kinetic balnce sensr
0397T	Ercp w/optical endomicroscopy
0398T	Mrgfus strtctc les abltj
0399T	Myocardial strain imaging
0400T	Mltispectrl digital les alys
0401T	Mltispectrl digital les alys
0402T	Collagen crosslinking cornea
0403T	Diabetes prev standard curr
0404T	Trnscrvt uterin fibroid abltj
0405T	Ovrsght xtrcorp liv asst pat
0406T	Sin ndsc plmt drg elut mplnt
0407T	

	Sin ndsc plmt drg elut mplnt
0408T	Insj/rplc cardiac modulj sys
0409T	Insj/rplc car modulj pls gn
0410T	Insj/rplc car modulj atr elt
0411T	Insj/rplc car modulj vnt elt
0412T	Rmvl cardiac modulj pls gen
0413T	Rmvl car modulj tranvns elt
0414T	Rmvl & rpl car modulj pls gn
0415T	Repos car modulj tranvns elt
0416T	Reloc skin pocket pls gen
0417T	Prgrmg eval cardiac modulj
0418T	Interro eval cardiac modulj
0419T	Dstrj neurofibroma xtmsv
0420T	Dstrj neurofibroma xtmsv
0421T	Waterjet prostate abltj cmpl
0422T	Tactile breast img uni/bi
0423T	Assay secretory type ii pla2
0424T	Insj/rplc nstim apnea compl
0425T	Insj/rplc nstim apnea sen ld
0426T	Insj/rplc nstim apnea stm ld
0427T	Insj/rplc nstim apnea pls gn
0428T	Rmvl nstim apnea pls gen
0429T	

	Rmvl nstim apnea sen ld
0430T	Rmvl nstim apnea stimj ld
0431T	Rmvl/rplc nstim apnea pls gn
0432T	Repos nstim apnea stimj ld
0433T	Repos nstim apnea sensing ld
0434T	Interro eval npgs apnea
0435T	Prgrmg eval npgs apnea 1 ses
0436T	Prgrmg eval npgs apnea study
0437T	Impltj synth rnfcmtd abdl wal
0438T	Tprnl plmt biodegrdabl matrl
0439T	Myocrd contrast prfuj echo
0440T	Abltj perc uxtr/perph nrv
0441T	Abltj perc lxtr/perph nrv
0442T	Abltj perc plex/trncl nrv
0443T	R-t spctrl alys prst8 tiss
0444T	1st plmt drug elut oc ins
0445T	Sbsqt plmt drug elut oc ins
0446T	Insj impltbl glucose sensor
0447T	Rmvl impltbl glucose sensor
0448T	Remvl insj impltbl gluc sens
0449T	Insj aqueous drain dev 1st
0450T	Insj aqueous drain dev each
0451T	

	Insj/rplcmt aortic ventr sys
0452T	Insj/rplcmt dev vasc seal
0453T	Insj/rplcmt mech-elec ntrfce
0454T	Insj/rplcmt subq electrode
0455T	Remvl aortic ventr cmpl sys
0456T	Remvl aortic dev vasc seal
0457T	Remvl mech-elec skin ntrfce
0458T	Remvl subq electrode
0459T	Relocaj rplcmt aortic ventr
0460T	Repos aortic ventr dev eltrd
0461T	Repos aortic contrpulsj dev
0462T	Prgrmg eval aortic ventr sys
0463T	Interrog aortic ventr sys
0464T	Visual ep test for glaucoma
0465T	Supchrldl njx rxw/o supply
0466T	Insj chwal respir eltrd/ra
0467T	Revj/rplmnt ch respir eltrd
0468T	Rmvl chwal respir eltrd/ra

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

Group 1 Codes:

XX000	Not Applicable
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ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:**Group 1 Codes:**

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Associated Documents

Attachments

There are no attachments for this LCD.

Related Local Coverage Documents

This LCD version has no Related Local Coverage Documents.

Related National Coverage Documents

This LCD version has no Related National Coverage Documents.

Public Version(s)

Updated on 05/12/2017 with effective dates N/A - N/A

Updated on 05/10/2017 with effective dates N/A - N/A

Updated on 05/10/2017 with effective dates 03/16/2017 - N/A

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Keywords

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