

# Procedures and services requiring prior authorization



Summit Health Medicare Advantage

Updated 11-17-2023

## Services requiring prior authorization

<b>Urgent/ Emergent Admission</b>	All urgent/emergent admissions to an inpatient facility requires notification to Summit Health within 48 hours of admission and must meet the definition of an "emergency medical condition"
<b>Inpatient Elective Admissions</b>	Prior authorization is required for all inpatient elective admissions to an acute care facility
<b>Skilled Nursing</b>	Prior authorization is required prior to patient admission
<b>Inpatient Rehabilitation</b>	Prior authorization is required prior to patient admission
<b>Long Term Acute</b>	Prior authorization is required prior to patient admission
<b>Transplants</b>	Prior authorization is required for the transplant evaluation and the transplant event
<b>Advanced Imaging/ Echocardiography / Musculoskeletal/ Pain Intervention/ Cardiology</b>	Prior authorization is required for select advanced imaging, echocardiography studies, musculoskeletal, pain intervention, and cardiology procedures. Authorization is obtained through eviCore at <a href="http://www.eviCore.com">www.eviCore.com</a> 24/7, or by calling 844-303-8451 between 7am and 7pm Monday through Friday unless otherwise indicated. Refer to the Summit Health Advanced Imaging and Cardiology or Musculoskeletal pages for more information.
<b>Specialty Drugs</b>	Prior authorization is required for select specialty drugs through Magellan RX Management at: <a href="https://specialtydrug.magellanprovider.com/MagellanProvider/do/LoadHome">https://specialtydrug.magellanprovider.com/MagellanProvider/do/LoadHome</a> . Refer to the Summit Health Injectables, Infusion and Specialty Drugs page for more information.
<b>Self-Injectable Drugs</b>	Prior authorization for self-injectable medications is obtained through the Summit Health Pharmacy Benefit - contact Pharmacy Customer Service at: 888-361-1610
<b>Clinical Trials</b>	Notification is required for participation in a clinical trial. The trial number, chart notes, protocol and signed consent should be sent for review by the Medical Director.
<b>Therapeutic Drug Monitoring (Urine Drug Testing) , (80305, 80306, 80307, G0480, G0481, G0482, G0483)</b>	Prior authorization is NOT required but will be reviewed with claim submission for medical necessity and appropriate codes. Please refer to Medicare Local Coverage Determination (LCD) L36707 for Controlled Substance Monitoring and Drugs of Abuse Testing.
<b>Durable Medical Equipment</b>	CMS guidelines are applied for prior authorization unless otherwise stated in Summit Health criteria (SHMNC).
<b>Unlisted or unclassified codes</b>	Prior authorization is not required but will be reviewed with claim submission for medical necessity.
<b>"S" Codes</b>	"S" Codes are statutorily non-covered by Medicare. Summit Health Medicare Advantage adheres to this policy with the exception of select contracted providers.

## Mental health and chemical dependency prior authorizations

Description	CPT/HCPC Codes	Instructions
<b>Inpatient Chemical Dependency</b>	H0011	ASAM
<b>Residential Mental Health</b>	H0010, H0017, H0018, H0019	SHMNC - Residential Mental Health
<b>Residential Chemical Dependency</b>	H0011, H0012, H0013	ASAM
<b>Partial Hospital Program Mental Health</b>	H0035	SHMNC - Psych Partial Hospital and Intensive Outpatient Programs

Partial Hospitalization Chemical Dependency	H0035	ASAM
Intensive Outpatient Treatment--Mental Health	S9480	SHMNC - Psych Partial Hospital and Intensive Outpatient Programs
Applied Behavioral Analysis	0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	SHMNC - Applied Behavioral Analysis
Transcranial Magnetic	90867, 90868, 90869	Milliman Care Guidelines (MCG) A-0240
<b>Dental Services</b>		
<b>Description</b>	<b>CPT/HCPC Codes</b>	<b>Instructions</b>
Dental service requested under the medical benefit	Status R CDT codes	Medicare Benefit Policy Manual Chapter 15 section 150 - Dental Services
<b>Medical/Surgical Services Prior Authorization List</b>		
<b>Description</b>	<b>CPT/HCPC Codes</b>	<b>Instructions</b>
Ablation, Cryosurgical of Fibroadenoma	19105	Medical Necessity Review
Acupuncture	97810, 97811, 97813, 97814	Acupuncture National Coverage Determination (NCD) (30.3) Acupuncture for Fibromyalgia NCD (30.3.1) Acupuncture for Osteoarthritis NCD (30.3.2) Acupuncture for Chronic Low Back Pain (cLBP) NCD (30.3.3)
Air Ambulance	A0430, A0431, A0435, A0436	Medicare Benefit Policy Manual Chapter 10, Section 10.4
Allergy Testing - RAST and ALCAT	82785, 83516, 86001, 86003, 86005, 86008, 86849	SHMNC for Allergy Testing, Blood
Allograft	20932, 20933, 20934	Medical necessity review required
Alpha Stim (MENS Unit)	E1399 (Misc. DME code)	
Ankle-Foot Orthosis/Knee-Ankle-Foot Orthosis	L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2930, L2999, L3000, L4002, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4110, L4130, L4205, L4210, L4350, L4360, L4370, L4370, L4380, L4386, L4392, L4396  Non-Covered by Medicare: K1007, L2840, L2850, L4394, L4398	AFO/KAFO Local Coverage Determination (LCD) (L33686) and Policy Article (A52457) Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Antihemophilic Factor	J7212, J7214	Summit Health Pharmacy
Applied Behavior Analysis	Non-Covered by Medicare: 0359T, 0360T, 0361T, 0362T, 0363T, 0365T 0364T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Artificial Larynx	L8500, L8505	SHMNC General DME
Auditory Brainstem Implant (ABI)	S2230, S2235	
Auditory Osseointegrated Device	L8691  Non-Covered by Medicare: L8692	Reference Milliman and Summit Health Criteria for coverage guidance of L8691
Avastin (bevacizumab)	J9035, C9257  Q5107, Q5118 are for cancer indication and are reviewed by Magellan Rx	SHMNC for Avastin for Intraocular Injections (Invitreal, Injections into the eye). All other uses require PA through Magellan Rx  Local Coverage Article (LCA): Intraocular Bevacizumab Billing and Coding Guidelines (A53009)
Behavior Identification Assessment and Treatment	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	Medical necessity review required
Benign Skin Lesion Removal	17106, 17107, 17108 - Laser Removal 17110, 17111 - Laser or Cryotherapy	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) For Treatment of Actinic Keratosis LCD (L33979), See NCD (250.4)
Blepharoplasty & Browlift	15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924	Blepharoplasty & Browlift LCD (L36286) CMS CBG Billing and Coding Guidelines for Cosmetic Services
Bowel Management Devices	Non-Covered by Medicare: A4337, A4458, A4459, A4520, A4554, A4563, A9270, E0350, E0352	Bowel Management Devices LCD (L36267) and LCA (A54516)
BRCA Gene Mutation Testing	81162, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81432, 81445, 81455, 81479, 81163, 81164, 81165, 81166, 81167	BRCA1 and BRCA2 Genetic Testing LCD (L36163)
Breast Brachytherapy/ Partial Breast Irradiation / Brachytherapy	19296, 19297, 19298, 77014, 77326, 77327, 77328, 77750, 77761, 77762, 77763, 77776, 77777, 77778, 77785, 77786, 77787, 77789, 77767, 77768, 77770, 77771, 77772	MCG S-0270 Brachytherapy
Breast Implant Removal	19328, 19330	SHMNC Breast Implant Removal

Breast Reconstruction Surgery	Outpatient: 11920, 11921, 11970, 15777, 19342, 19355, 19370, 19371, 19380, 19396, 19499, Q4116 1 LOS: 11920, 11921, 11970, 11971, 15777, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, C1789, L8600, Q4100 3 LOS (Inpatient Only): 19361, 19364, 19367, 19368, 19369	Breast Reconstruction Following Mastectomy NCD 140.2
Breast Reduction /Augmentation Surgery	19316, 19318, 19325	Plastic Surgery LCD (L37020) and LCA (A57222) SHMNC Breast Reconstruction
Brineura	J0567	SHMNC Brineura
Bronchial Thermoplasty	C9730, C9731, 31660, 31661	Medical Director Review
Calprotectin, Fecal	83993	SHMNC Serum Antibodies for IBD Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Capsule Endoscopy	91110, 91111, 91113, 91299, 44799	Endoscopy NCD (100.2) CMS Billing Guidelines for Capsule Endoscopy
Cardiac Ablation	93600, 93602, 93603, 93609, 93613, 93618, 93619, 93620, 93621, 93622, 93623, 93624, 93650, 93651, 93652	Reference Milliman and Summit Health Criteria for coverage guidance
Cardiac Rehabilitation	93797, 93798, G0422, G0423	Code of Federal Regulations (CFR) Title 42 Section 410.49 Outpatient Cardiac Rehabilitation LCA (A54069) Outpatient Cardiac Rehabilitation LCA (A54070)
Cardiac Valve Replacement or Repair	4 LOS (Inpatient Only): 33400, 33401, 33403, 33405, 33406, 33410, 33411, 33412, 33414, 33415, 33416, 33417, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33472, 33474, 33475, 33600,	Auth required for inpatient services
Cardiovascular Disease Screening Tests	80061, 82465, 83718, 84478	CMS Quick Reference for Preventative Services MoDX BioMarkers in Cardiovascular Risk Assessment LCD (L36362) (if not preventative as previously noted)
Carotid Sinus Baroreflex System for Hypertension	0269T, 0270T, 0271T Non-Covered by Medicare: 0266T, 0267T, 0268T, 0272T, 0273T	Carotid Body Resection/Carotid Body Denervation NCD (20.18) Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Carpal Tunnel Endoscopic Surgical Release	29848, 64721	MCG A-0211 Carpel Tunnel Decompression
Category III Codes	0717T, 0718T, 0719T, 0720T, 0721T, 0723T, 0724T, 0725T, 0726T, 0727T, 0728T, 0729T, 0730T, 0731T, 0732T, 0733T, 0734T, 0735T, 0736T, 0737T, 0738T, 0739T, 0740T, 0741T, 0742T, 0743T, 0744T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0751T, 0752T, 0753T, 0754T, 0755T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0763T, 0764T, 0765T, 0766T, 0767T, 0768T, 0769T, 0770T, 0771T, 0772T, 0773T, 0774T, 0775T, 0776T, 0777T, 0778T, 0779T, 0780T, 0781T,	LCD L35490 Category III codes
Certolizumab Pegol (Cimzia)	J0717, J0718	Contact Pharm OPS/PAC teams for Part B vs. Part D determination
Cervical Thoracic Lumbar Sacral Orthoses	L0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120	SHMNC General DME
Cervical Traction Devices	E0856	Cervical Traction Devices LCD (L33823)
Cholecystectomy	(Inpatient Only): 47612, 47620, 47564 4 LOS (Inpatient Only): 47600, 47605 5 LOS (Inpatient Only): 47610	No medical necessity review required. PA is required on all inpatient stays.
Cochlear Implantation	L8614, L8615, L8616, L8617, L8618, L8619, 69930, 69729, 69730	Cochlear Implantation NCD (50.3) Code Specific details found in MLN Matters MM3796
Cold Therapy	Non-Covered by Medicare: E0218	Cold Therapy LCD (L33735)
Colectomy	4 LOS (Inpatient Only): 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44213 5 LOS (Inpatient Only): 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44160 6 LOS (Inpatient Only): 44150, 44151, 44155, 44156, 44157, 44158	No medical necessity review required. PA is required on all inpatient stays.
Colon Cancer Genetic Testing	81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81327, 81479	MoDX Specific to test
Commodes	E0170, E0171 Non-Covered by Medicare: E0172, E0175	Commodes LCD (L33736) and LCA (A52461)
Compounded Drug, Not Otherwise Classified	J7999	Intraocular Bevacizumab LCA (A53009) Reference Milliman and Summit Health Criteria for coverage guidance
Compression Stockings	A6531, A6532, A6545 Non-Covered by Medicare: A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549	Surgical Dressings LCD (L33831) and Policy Article (A54563)
Computer Assisted Navigation for Musculoskeletal Procedures	20985, 20986, 20987 Non-Covered by Medicare: 0054T, 0055T	SHMNC for Computer Assisted Navigation 20985, 20986, and 20987 Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria for codes 0054T and 0055T
Congenital Heart Defect Repair	33622	No medical necessity review is required for these codes for intial 4 nights. Authorization is required for inpatient services.
Continuous Glucose Monitors	95249 Effective 4/1/2022: A4238 Effective 1/1/2023: A4239, E2103 Deleted Effective 1/1/2023: K0553, K0554 Non-Covered by Medicare: A4257, A9276, A9277, A9278, E0620	Glucose Monitors LCD (L33822) and Policy Article (A52464) CMS Ruling 1682R

Continuous Positive Airway Pressure (CPAP) Device	E0601	CPAP NCD (240.4) CPAP LCD (L33718) and Policy Article (A52467)
Continuous Passive Motion Device (CPM)	E0935, E0936	Durable Medical Equipment Reference List NCD (280.1) Noridian CPM Coverage and Payment Rules
Cord Blood Collection and Storage		Medical necessity review
Coronary Artery Bypass Graft (CABG)	1 LOS (Inpatient Only) *Note: if 33533 if CABG is minimally invasive (MIDCAB) 4 LOS (Inpatient Only): 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536 5 LOS (Inpatient Only): 33542, 33545, 33548	No medical necessity review required. PA is required on all inpatient stays
Coronary Stents/Angioplasty	92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92997 A-1 LOS: 92986, 92987, 92990, 92998	Percutaneous Transluminal Angioplasty NCD (20.7)
Cranial Orthotic/Protective Helmets	A8000, A8001, A8002, A8003, A8004, L0112, L0113	SHMNC General DME
Craniotomy	3 LOS (Inpatient Only): 61304, 61320, 61510, 61512, 61514, 61516, 61537, 61538, 61539, 61540, 61541, 61542, 61543, 61544, 61566, 61567, 61680, 61682, 61690, 61692, 61697, 61698, 61700 7 LOS (Inpatient Only): 00211, 61312, 61313, 61314, 61315, 61322, 61323, 61570, 61571, 62005, 62010 8 LOS (Inpatient Only): 61697, 61698, 61700	No medical necessity review required. PA is required on all inpatient stays
Crutch	Non-Covered by Medicare: E0117	Canes and Crutches LCD (L33733)
Cystic Fibrosis Genetic Carrier Testing	Non-Covered by Medicare: 81220, 81221, 81222, 81223, 81224	MolDX CFTR Gene Analysis Billing and Coding Guidelines
Dental Accidents/Dental Implants/Dental Procedures		Medicare Benefit Policy Manual: Chapter 16, Section 140 CMS Medicare Dental Coverage Routine Dental Services LCA (A52977)
Dermabrasion/Chemical Peel/Rhytidectomy	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15790, 15791, 15792, 15793, 15824, 15847, 15877, 17360	Medicare Benefit Policy Manual 100-02, Chapter 16, Section 120 CMS CBG Billing and Coding Guidelines for Cosmetic Services
Dermal Filler Injection(s)	Q2026, Q2028	Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome NCD (250.5)
Diabetes Prevention Program	G9874, G9875, G9876, G9877, G9878, G9879, G9880, G9881, G9882, G9883, G9884, G9885, G9890, G9891	Medicare Program Integrity Manual Chapter 15, 15.4.6.4 – Medicare Diabetes Prevention Program (MDPP) Suppliers (Rev. 765; Issued: 01-08-18; Effective: 01-01-18; Implementation: 01-19-18)
Diabetic Shoes and Inserts	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513	Diabetic Shoes LCD (L33369) and Policy Article (A52501)
DME Repair/Replacement		Jurisdiction D Supplier Manual Chapter 5 Medicare Benefit Policy Manual 100-02, Chapter 15, Section 110.2
Drug-Induced Sleep Endoscopy	42975	L38312 - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea
Dynamic Spine Stabilization Device Systems (Dynesys)		Medical necessity review
Dynasplint / JAS / Mechanical Stretching Devices	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1825, E1830, E1831, E1840, E1841	AFO/KAFO LCD (L33686) MHMNC Mechanical Stretching Devices Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Ear Piercing	69090	Review for medical necessity vs cosmetic
Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	C9786	
Elbow Arthroscopy	29838	MCG S-421 Elbow Arthroscopy
Elbow Orthosis	L3702, L3710, L3720, L3730, L3740, L3760, L3762, L3763, L3764, L3765, L3766	SHMNC General DME
Elbow Prosthesis	L6100, L6110, L6120, L6130, L6400, L6500, L6930, L6935, L6950, L6955	SHMNC General DME
Electric Hand/Hook/Elbow	L6880, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191	SHMNC General DME
Electrical Stimulation Device for Cancer treatment	E0766	L34823 Tumor Treatment Field Therapy (TTFT) A52711 Tumor Treatment Field Therapy (TTFT) policy Article
Electroretinography (ERG)	92273, 92274, 0509T	Medical necessity review required
Enbrel	J1438	Self-Administered Drug Exclusion List LCA (A53033) Reference Milliman and Summit Health criteria for coverage guidance.

Endoscopic Anti-Reflux Procedures for the Treatment of Gastroesophageal Reflux Disease	43236, 43289, C9724 Non-Covered by Medicare: 43257	SHMNC Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) criteria Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria For 43236: If for Botox for Dx of achalasia, Botulinum toxin types A and B Medicare LCD (L35172) & LCA (A57186)
Enteral Nutrition	B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9000, B9002, B9998, S9433 Non-Covered by Medicare: B4102, B4103	Enteral and Parenteral Nutritional Therapy NCD (180.2)
Esketamine	S0013	Summit Health Pharmacy
Evacuation of Meibomian Glands (Lipiflow device)	Non-Covered by Medicare: 0207T	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Evenity	J3111	SHMNC Evenity (romosozumab-aqqg)
External Counterpulsation (Enhanced External Counterpulsation - EECp)	G0166 92971 - Inpatient Only	External Counterpulsation Therapy for Severe Angina NCD (20.20)
External Defibrillators	93745, E0617, K0606, K0607, K0608, K0609	Automatic External Defibrillators LCD (L33690) and Policy Article (A52458)
External Infusion Pumps	E0784, E0787 Non-Covered by Medicare: A4305, A4306, A9274	External Infusion Pumps LCD (L33794) and Policy Article (A52507)
Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS)	Insertion codes: 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33987, 33988	MCG SG-CVS
Eye Prostheses	L9900, L8609, L8610, L8612, L8613, L8619, L8042, V2623, V2624, V2625, V2626, V2627, V2628, V2629	Eye Prostheses LCD (L33737) and Policy Article (A52462)
Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radio frequency Neurotomy LCD (L34995)
Facial Moulage (Sectional/Complete)	D5911, D5912	Reference Milliman and Summit Health criteria for coverage guidance
Facial Prostheses	L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049	Facial Prostheses LCD (L33738) and Policy Article (A52463)
First Trimester Screening for Down Syndrome (Also known as: Nuchal Translucency Test or Ultrascreen)	Non-Covered by Medicare: 83632, 84702	
Flolan (Epoprostenol)	J1325	External Infusion Pumps LCD (L33794) and Policy Article (A52507)
Forehead Reduction	21137, 21138, 21139	Medical necessity review
Fremanezumab-vfrm	J3031	Summit Health Pharmacy
Functional Electrical Stimulation Devices	E0764, E0770	Neuromuscular Electrical Stimulation (NMES) NCD (160.12) Noridian Functional Electrical Stimulation Devices Coding and Coverage Document
Gastric Bypass/Gastric Restrictive Procedure	43659, 43999, 43770, C9748, C9785 Inpatient Only: 43644, 43645, 43843, 43845, 43846, 43847, 43848, 43771, 43772, 43773, 43774 Non-Covered by Medicare: 43842, 43290, 43291	Bariatric Surgery Coverage LCA (A53027) Bariatric Surgery NCD (100.1)
Gastric electrophysiology mapping	C9787	
Gastric Neurostimulator / Gastric Pacers	43647, 43648, 64595, 0155T, 0156T, 0157T, 0158T, 0162T, E0765, S2213 Inpatient Only: 43881, 43882,	MCG A-0395 Gastric Stimulation Sacral Nerve Stimulation For Urinary Incontinence NCD (230.18) Sacral Nerve Stimulation for Urinary and Fecal Incontinence LCA (A53017) Peripheral Nerve Stimulation LCD (L37360) and LCA (A55531)
Gender Affirming Surgery	Female to Male Procedures: 19301, 19303 Male to Female procedures: 54520, 54690 Reassignment Procedures: 54400, 54401, 54405, 54406, 55408, 54410, 54411, 54415, 54416, 54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57291, 57292, 57335 Inpatient Only: 57110, 57111, 58720	CMS Change Request 8825 - Invalidation of National Coverage Determination 140.3 - Transsexual Surgery SHMNC Gender Reassignment Surgery

Genetic Testing	81161, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81202, 81203, 81204, 81205, 81209, 81210, 81210, 81218, 81219, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81270, 81271, 81274, 81280, 81281, 81282, 81284, 81285, 81286, 81288, 81289, 81302, 81303, 81304, 81306, 81312, 81313, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81329, 81330, 81331, 81333, 81336, 81337, 81343, 81344, 81345, 81349, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81420, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81455, 81456, 81460, 81465, 81470, 81471, 81479, 81518, 81521, 81523, 81535, 81538, 81540, 81560, 81595, 81596, 81599, 82642, 83722, 0090U, 0168U, 0169U, 0170U, 0171U, 0060U, 0172U, 0173U, 0174U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0202U, 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0250U,	MolDX; <a href="https://med.noridianmedicare.com/web/jeb/policies/molDX">https://med.noridianmedicare.com/web/jeb/policies/molDX</a>
Genioplasty	21120, 21121, 21122, 21123	Medical necessity review for cosmetic procedure only
Growth Hormone	J2941  Non Covered by Medicare: J2940	Self-Administered Drug Exclusion List LCA (A53035)
Gynecomastia Surgery	19300	Breast Reconstruction Following Mastectomy NCD (140.2) Plastic Surgery LCD (L37020) and LCA (A57222)
Hand Restoration	L6900, L6905, L6910, L6915	SHMNC General DME
Heating Pads, Heat Lamps, and Hydrocollator Units	Non-Covered by Medicare: E0200, E0205, E0215, E0217, E0225, E0236, E0239, E0249	Heating Pads and Heat Lamps LCD (L33784) and LCA (A52502)
Hemodialysis	90935, 90937, 90945, 90947, 90999	Medical necessity review for outpatient only
Hernia Repair	A-1 LOS: 49521, 49561, 49565, 49566, 49570, 49582, 49585, 49591, 49592, 49593, 49594, 49595, 49613, 49614, 49615 Inpatient Only - 49596, 49616, 49617, 49618, 49621, 49622	MCG S-1305 Hernia Repair (Non-hiatal) MCG S-540 Hiatal Hernia Repair, Abdominal MCG S-550 Hiatal Hernia Repair- Transthoracic
Herniated Disc Treatment	62292, 62287, 0274T, 0275T	Reference Milliman and Summit Health Criteria for coverage guidance. Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
High Density Lipid Profile/Cardiac Disease Screening	82163, 83695, 83700, 83701, 83704, 83718, 83719, 83090, 0026T, 82172, 83698	Lipid Testing NCD (190.23) MolDX: Biomarkers in a Cardiovascular Risk Assessment LCD (L36362)
High Frequency Chest Wall Oscillation Devices	E0483, A7025, A7026	High Frequency Chest Wall Oscillation Devices LCD (L33785) and Policy Article (A52494)
Hip Orthosis	L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1681, L1685, L1686, L1690	SHMNC General DME
Hip-Knee-Ankle-Foot Orthosis (HKAF0)	L2040, L2050, L2060, L2070, L2080, L2090	SHMNC General DME
Histopripsy of Malignant Renal tissue	C9790	
Home Health Services	G0089, G0090, G0151, G0152, G0153, G0155, G0156, G2168, G2169, G0299, G0320, G0321, G0322, S9123, S9124	Medicare Benefit Policy Manual Chapter 7. Section 10.
Home Infusion Services	S5035, S5036, S5497, S5498, S5501, S5502, S5517, S5518, S5520, S5521, S5522, S5523, S9325, S9326, S9327, S9328, S9329, S9330, S9331, S9336, S9338, S9345, S9346, S9347, S9348, S9349, S9351, S9353, S9357, S9359, S9361, S9363, S9364, S9365, S9366, S9367, S9368, S9372, S9373, S9374, S9375, S9376, S9377, S9379, S9494, S9497, S9500, S9501, S9502, S9503, S9504	S Codes are Statutorily Non-Covered by Medicare with the exception of select contracted providers for Home Infusion. These are non covered codes unless the provider contract specifically includes them
Home Infusion, Specialty Drug Administration	99601, 99602	99601 and 99602 are Statutorily Non-Covered by Medicare with the exception of select contracted providers for Home Infusion. These are non covered codes unless the provider contract specifically includes them
Hospice Care		Hospice is not covered by Medicare Advantage plans and should be billed directly to original Medicare
Hospital Beds	E0260, E0261, E0270, E0294, E0295, E0297, E0300, E0301, E0302, E0303, E0304, E0328, E0329, E0910, E0940  Non-Covered by Medicare: E0265, E0266, E0296, E0297	Hospital Beds LCD (L33820) and Policy Article (A52508)
Hyperbaric Oxygen Therapy	G0277	Hyperbaric Oxygen Therapy NCD (20.29)

Hyoglossal Nerve Neurostimulator	64582, 64583, 64584	L38312 & A57949 - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea
Hysterectomy	A-1 LOS: 58260, 58262, 58263, 58270, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573  Inpatient Only: 58267, 58275, 58280, 58285, 58548, 58150, 58152, 58180, 58200, 58210, 58953, 58954, 58956	Sterilization NCD (230.3)
Immediate Post-Surgical or Early Fitting of Prosthesis	L6380, L6382, L6384, L6386, L6388	SHMNC General DME
Implantable Neurostimulator	L8678, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, C1823, 95970	Electrical Nerve Stimulators NCD (160.7) for Implanted Peripheral and 160.7.1 for the assessment of patients suitability for Electrical Nerve Stimulation MCG A-0716 for analysis Deep Brain Stimulation for Essential Tremor and Parkinson's Disease NCD (160.24)
Influenza (Flu) Vaccine		Medicare Learning Network (MLN) Matters Article SE1431
Infrared Heating Pad System	Non-Covered by Medicare: A4639, E0221	Infrared Heating Pad Systems LCD (L33825) and Policy Article (A52477)
Injection, bimatopomab, 1 microgram	J9039	SHMNC for Blincyto
Injection of filling material (collagen)	11950, 11951, 11952, 11954, 51715	Review for medical necessity vs cosmetic
Inpatient Only Code List	00176 00192 00211 00214 00215 00474 00524 00540 00542 00546 00560 00561 00562 00567 00580 00604 00632 00792 00794 00796 00844 00846 00848 00864 00866 00868 00882 00904 00908 00932 00934 00936 01140 01150 01212 01232 01234 01272 01274 01404 01442 01444 01502 01634 01636 01652 01654 01656 01756 01990 11004 11005 11006 11008 15756 15757 15758 15778 16036 19305 19306 19361 19364 19367 19368 19369 0075T 0076T 0095T 0098T 0164T 0165T 0202T 0219T 0220T 0235T 0345T 0483T 0484T 0494T 0495T 0496T 0543T 0544T 0545T 0569T 0570T 0584T 0585T 0586T 0643T 0656T 0657T 0659T 20661 20664 20802 20805 20808 20816 20824 20827 20838 20955 20956 20957 20962 20969 20970 21045 21145 21146 21147 21151 21154 21155 21159 21160 21179 21180 21182 21183 21184 21188 21247 21268 21343 21344 21347 21348 21423 21431 21432 21433 21435 21436 21510 21602 21603 21615 21616 21620 21627 21630 21632 21705 21740 21750 21825 22010 22015 22110 22112 22114 22116 22206 22207 22208 22210 22212 22214 22216 22220 22222 22224 22226 22318 22319 22325 22326 22327 22328 22532 22533 22534 22548 22556 22558 22586 22590 22595 22600 22610 22800 22802 22804 22808 22810 22812 22818 22819 22830 22841 22843 22844 22846 22847 22848 22849 22850 22852 22855 22857 22860 22861 22862 22864 22865 23200 23210 23220 23335 23474 23900 23920 24900	Addendum E.- HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2023
Inpatient Only Code List (cont.)	31225 31230 31290 31291 31360 31365 31367 31368 31370 31375 31380 31382 31390 31395 31725 31760 31766 31770 31775 31780 31781 31786 31800 31805 32035 32036 32096 32097 32098 32100 32110 32120 32124 32140 32141 32150 32151 32160 32200 32215 32220 32225 32310 32320 32440 32442 32445 32480 32482 32484 32486 32488 32491 32501 32503 32504 32505 32506 32507 32540 32650 32651 32652 32653 32654 32655 32656 32658 32659 32661 32662 32663 32664 32665 32666 32667 32668 32669 32670 32671 32672 32673 32674 32800 32810 32815 32820 32850 32851 32852 32853 32854 32855 32856 32900 32905 32906 32940 32997 33017 33018 33019 33020 33025 33030 33031 33050 33120 33130 33140 33141 33202 33203 33236 33237 33238 33243 33250 33251 33254 33255 33256 33257 33258 33259 33261 33265 33266 33267 33268 33269 33300 33305 33310 33315 33320 33321 33322 33330 33335 33340 33361 33362 33363 33364 33365 33366 33367 33368 33369 33390 33391 33404 33405 33406 33410 33411 33412 33413 33414 33415 33416 33417 33418 33420 33422 33425 33426 33427 33430 33440 33460 33463 33464 33465 33468 33471 33474 33475 33476 33477 33478 33496 33500 33501 33502 33503 33504 33505 33506 33507 33509 33510 33511 33512 33513 33514 33516 33517 33518 33519 33521 33522 33523 33530 33533 33534 33535 33536 33542 33545 33548 33572 33600 33602 33606 33608 33610 33611 33612 33615 33617 33619 33620 33621 33622 33641 33645 33647 33660 33665 33670 33675 33676 33677 33681 33684 33688 33690 33692 33694 33697 33702 33710 33720 33724 33726 33730 33732 33735 33736 33737 33741 33745 33746 33750 33755 33762 33764 33766 33767 33768 33770 33771 33774 33775 33776 33777 33778 33779 33780 33781 33782 33783 33786 33788	Addendum E.- HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2023

Inpatient Only Code List (cont.)	33800 33802 33803 33813 33814 33820 33822 33824 33840 33845 33851 33852 33853 33858 33859 33863 33864 33871 33875 33877 33880 33881 33883 33884 33886 33888 33891 33894 33895 33897 33910 33915 33916 33917 33920 33922 33924 33925 33926 33927 33928 33929 33930 33933 33935 33940 33944 33945 33946 33947 33948 33949 33951 33952 33953 33954 33955 33956 33957 33958 33959 33962 33963 33964 33965 33966 33967 33968 33969 33970 33971 33973 33974 33975 33976 33977 33978 33979 33980 33981 33982 33983 33984 33985 33986 33987 33988 33989 33990 33991 33992 33993 33995 33997 34001 34051 34151 34401 34451 34502 34701 34702 34703 34704 34705 34706 34707 34708 34709 34710 34711 34712 34717 34718 34808 34812 34813 34820 34830 34831 34832 34833 34834 34841 34842 34843 34844 34845 34846 34847 34848 35001 35002 35005 35013 35021 35022 35081 35082 35091 35092 35102 35103 35111 35112 35121 35122 35131 35132 35141 35142 35151 35152 35182 35189 35211 35216 35221 35241 35246 35251 35271 35276 35281 35301 35302 35303 35304 35305 35306 35311 35331 35341 35351 35355 35361 35363 35371 35372 35390 35400 35501 35506 35508 35509 35510 35511 35512 35515 35516 35518 35521 35522 35523 35525 35526 35531 35533 35535 35536 35537 35538 35539 35540 35556 35558 35560 35563 35565 35566 35570 35571 35583 35585 35587 35600 35601 35606 35612 35616 35621 35623 35626 35631 35632 35633 35634 35636 35637 35638 35642 35645 35646 35647 35650 35654 35656 35661 35663 35665 35666 35671 35681 35682 35683 35691 35693 35694 35695 35697 35700 35701 35702 35703 35800 35820 35840 35870 35901 35905 35907 36660 36823 37140 37145 37160 37180 37181 37182 37215 37217 37218 37616 37617 37618 37660 37788 38100 38101 38102 38115 38380 38381 38382 38562 38564 38724 38746 38747 38765 38770 38780 39000 39010 39200 39220 39499 39501 39503 39540 39541 39545 39560 39561 39599	Addendum E.- HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2023
Inpatient Only Code List (cont.)	41130 41135 41140 41145 41150 41153 41155 42426 42845 42894 42953 42961 42971 43045 43100 43101 43107 43108 43112 43113 43116 43117 43118 43121 43122 43123 43124 43135 43279 43283 43286 43287 43288 43300 43305 43310 43312 43313 43314 43320 43325 43327 43328 43330 43331 43332 43333 43334 43335 43336 43337 43338 43340 43341 43351 43352 43360 43361 43400 43405 43410 43415 43425 43460 43496 43500 43501 43502 43520 43605 43610 43611	Addendum E.- HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2023
Inpatient Only Code List (cont.)	50010 50040 50045 50060 50065 50070 50075 50100 50120 50125 50130 50135 50205 50220 50225 50230 50234 50236 50240 50250 50280 50290 50300 50320 50323 50325 50327 50328 50329 50340 50360 50365 50370 50380 50400 50405 50500 50520 50525 50526 50540 50545 50546 50547 50548 50600 50605 50610 50620 50630 50650 50660 50700 50715 50722 50725 50728 50740 50750 50760 50770 50780 50782 50783 50785 50800 50810 50815 50820 50825 50830 50840	Addendum E.- HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2023
Inpatient Only Code List (cont.)	60254 60270 60505 60521 60522 60540 60545 60600 60605 60650 61105 61107 61108 61120 61140 61150 61151 61154 61156 61210 61250 61253 61304 61305 61312 61313 61314 61315 61316 61320 61321 61322 61323 61333 61340 61343 61345 61450 61458 61460 61500 61501 61510 61512 61514 61516 61517 61518 61519 61520 61521 61522 61524 61526 61530 61531 61533 61534 61535 61536 61537 61538 61539 61540 61541 61543 61544 61545 61546 61548 61550 61552 61556 61557 61558 61559 61563 61564 61566 61567 61570 61571 61575 61576 61580 61581 61582 61583 61584 61585 61586 61590 61591 61592 61595 61596 61597 61598 61600 61601 61605 61606 61607 61608 61611 61613 61615 61616 61618 61619 61624 61630 61635 61645 61650 61651 61680 61682 61684 61686 61690 61692 61697 61698 61700 61702 61703 61705 61708 61710 61711 61735 61736 61737 61750 61751 61760 61850 61860 61863 61864 61867 61868 62005 62010 62100 62115 62117 62120 62121 62140 62141 62142 62143 62145 62146 62147 62148 62161 62162 62164 62165 62180 62190 62192 62200 62201 62220 62223 62256 62258 63050 63051 63077 63078 63081 63082 63085 63086 63087 63088 63090 63091 63101 63102 63103 63170 63172 63173 63185 63190 63191 63197 63200 63250 63251 63252 63270 63271 63272 63273 63275 63276 63277 63278 63280 63281 63282 63283 63285 63286 63287 63290 63295 63300 63301 63302 63303 63304 63305 63306 63307 63308 63309 63370 63704 63706 63707 63709 63710 63740 64755 64760 64809 64818 64866 64868 65273 69155 69535 69554 69950 75956 75957 75958 75959 92941 92970 92971 92975 93583 99184 99190 99191 99192 99462 99468 99469 99471 99472 99475 99476 99477 99478 99479 99480 C9606 G0341 G0342 G0343 G0412 G0414 G0415	Addendum E.- HCPCS Codes That Would Be Paid Only as Inpatient Procedures for CY 2023
Inpatient Rehabilitation	IP Rehab	Medicare Policy Manual
INR Monitor, Home Use	G0249	Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management NCD (190.11)
Insertion of drug-cluting implant, including punctal dilation, when performed, into lacrimal canaliculus, each		68841 L38301 & A57864 Micro-Invasive Glaucoma Surgery (MIGS)
Intensity Modulated Radiation Therapy (IMRT) Plan	77014, 77301, 77385, 77386, G6015, G6016	Intensity Modulated Radiation Therapy (IMRT) LCA (A58245)
Interscapular Thoracic Prosthesis	L6350, L6360, L6370, L6570, L6970, L6975	SHMNC General DME
Interventional Pain Management	0627T, 0628T, 0629T, 0630T, 27096, 62280, 62281, 62282, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 63650, 63655, 63685, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64625, 64633, 64634, 64635, 64636 are reviewed by eviCore  64483 is reviewed by Summit Health (rather than eviCore) for sacral levels S2-S5	eviCore, NCD/LCDs, Summit Health, Milliman
Intradiscal Electrothermal Therapy (IDET)	Non-Covered by Medicare: 22526, 22527, 62287, S2348  64999 - Non-Covered by Medicare when billed for thermal intradiscal procedures such as IDET	Thermal Intradiscal Procedures (TIPs) NCD (150.11)
Intraocular Lens Implant (IOL)	Non-Covered by Medicare: V2787, V2788	CY 2016 Final Payment by HCPCS/CPT Code (Addendum B)
Intrapulmonary Percussive Ventilator	Non-Covered by Medicare: E0481	Intrapulmonary Percussive Ventilator NCD (240.5) Intrapulmonary Percussive Ventilator LCD (L33786) and Policy Article (A52495)
Intraurethral Drainage Device	A4341, A4342	L33803 Urological Supplies A52521 Urological Supplies - Policy Article
Intravenous Immune Globulin	J1562, 90281, 90283, 90284 are reviewed by Summit Health  J1459 (Privigen), J1556 (Bivigam), J1557, J1558, J1559 (Hizentra), J1561 (Gamunex/Gammaked), J1566 (Gammagard/Carimune NF), J1568 (Octagam), J1569 (Gammagard), J1572 (Flebogamma), J1575, J1599 (IVIg) are reviewed by Magellan Rx	Immune Globulin Intravenous (IVIg) LCD (L34074)
Joint Arthroscopy	29999	Medical necessity review
Ketamine	J7999	Summit Health Pharmacy



Knee Arthroscopy	G0289	Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee NCD (150.9) Decision Memo for Arthroscopy for the Osteoarthritic Knee (CAG-00167N) MCG S-705 Knee Arthroscopy
Knee Orthoses	L1810, L1812, L1820, L1830, L1831, L1832, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, L1860	Knee Orthoses LCD (L33318) and Policy Article (A52465)
Lanadelumab-flyo	J0593	Summit Health Pharmacy
Laser Interstitial Therapy of Lesion (LITT)	61736, 61737	NCCN Central Nervous System Cancers
Laser Treatment of Psoriasis	96920, 96921, 96922	Treatment of Psoriasis NCD (250.1) Reference Milliman and Summit Health Criteria for coverage guidance
Left Ventricular Assist Device	33797, 33980, 33981, 33982, 33983, 33990, 33995  Inpatient Only: 33979	Ventricular Assist Devices NCD (20.9.1)
Legg Perthes Orthosis	L1700, L1710, L1720, L1730, L1755	SHMNC General DME
Light Box (aka Sad Light)	Non-Covered by Medicare: E0203	Noridian DME Non-Covered List
Lipectomy	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15878, 15879	Review for medical necessity vs cosmetic
Laser Ablation of the Prostate	0655T, 0714T	LCD L34090 - Laser Ablation of the Prostate
Laser Interstitial Thermal Therapy (LITT) of lesion	61736, 61737	NCCN Central Nervous System Cancers
Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	43497	L38747 Peroral Endoscopic Myotomy (POEM)
Lower Extremity Additions	L2660, L2670, L2680  Non-Covered by Medicare: L2861	Noridian DME Non-Covered List
Lower Limb Prostheses	L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5999, L7510, L7520, L8400, L8410, L8417, L8420, L8430, L8440, L8460, L8470, L8480  Non-Covered by Medicare: L5969, L5990, L7600	Lower Limb Prostheses LCD (L33787) and Policy Article (A52496)
Lung Volume Reduction Surgery	Inpatient Only: 32491	Lung Volume Reduction Surgery NCD (240.1)
Luxturna ( voretigene neparovvec-rzyl)	J3398	SHMNC Luxturna
Mammograms	77055, 77056, 77057	Mammograms NCD (220.4)
Manual Wheelchair Bases	E1035, E1037, E1038, E1039, E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2230, E2295, K0003, K0004, K0005, K0006, K0007, K0009, K0037, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295	Manual Wheelchair Bases LCD (L33788) and Policy Article (A52497)
Reconstruction of Mandibular Rami	21270, 21275, 21280, 21282	Plastic Surgery LCD (L37020) Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Mastectomy or partial mastectomy/lumpectomy	A: 19301, 19302  A-4 LOS: 19303, 19307  Inpatient Only: 19305, 19306	MCG S-862 Mastectomy, complete with insertion of breast prosthesis MCG S-860 Mastectomy complete MCG S-864 Mastectomy, complete with tissue flap MCG S-858 Mastectomy, Partial (Lumpectomy)
Mechanical In-Exsufflation Devices	E0482, A7020	Mechanical In-Exsufflation Devices LCD (L33795) and Policy Article (A52510)
Midface flap	15730	Medicare Benefit Policy Manual, Chapter 16, section 120: Cosmetic Surgery Plastic Surgery LCD (L37020)
Compounded Inhalation Solutions - Not covered	J7604, J7607, J7609, J7610, J7615, J7622, J7624, J7627, J7628, J7629, J7632, J7634, J7635, J7636, J7637, J7638, J7640, J7641, J7642, J7643, J7645, J7647, J7650, J7657, J7660, J7667, J7670, J7676, J7680, J7681, J7683, J7684, J7685, J7633, J7648, J7649, J7658, J7659, J7668	L33370 - Nebulizers A52466 - Nebulizers Local Coverage Article
Miscellaneous Drug Codes	J0591, J3399, J3590, J9999, J7169, J2840	Summit Health Pharmacy
Miscellaneous Prosthetic Services	L8499	SHMNC General DME

Molecular Pathology	0031U, 0032U, 0139U, 0364U, 0368U, 0369U, 0370U, 0371U, 0372U, 0373U, 0374U, 0375U, 0376U, 0377U, 0378U, 0379U, 0380U, 0381U, 0382U, 0383U, 0384U, 0385U, 0386U 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81175, 81176, 81230, 81231, 81232, 81238, 81247, 81248, 81249, 81258, 81259, 81269, 81283, 81328, 81334, 81335, 81346, 81362, 81363, 81364, 81170, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81211, 81162, 81212, 81213, 81214, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81161, 81235, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81270, 81272, 81273, 81275, 81276, 81277, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81307, 81308, 81309, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81330, 81331, 81332, 81340, 81341, 81342, 81350, 81355, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81522, 81542, 81552	MoIDX
Multianalyte Assays	81535, 81536, 81538, 81539, 81540, 81541, 81551, 81595, 81599	MoIDX
Multiple Sleep Latency Test (MSLT)	95805	Polysomnography and Sleep Studies LCD (L34040) and LCA (A57698)
Musculoskeletal - eviCore	23120, 23130, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23490, 23700, 27090, 27125, 27130, 27132, 27134, 27137, 27138, 27151, 27156, 27330, 27331, 27332, 27333, 27334, 27335, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27488, 27570, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916	eviCore, Medicare NCD/LCD's, Milliman
Myomectomy	A: 58545, 58546 A-3 LOS: 58145  Inpatient Only: 58140, 58146	MCG S-775: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy
Nasal Valve Repair		30469
Nebulizers	E0570, E0580, E0585  Non-Covered by Medicare: A7008, E0575	Nebulizer LCD (L33370) and Policy Article (A52466)
Negative Pressure Wound Therapy (NPWT)	A6550, A7000, E2402, 97605, 97606  Non-Covered by Medicare: A6000, A9272, E0231, E0232	Negative Pressure Wound Therapy LCD (L33821) and Policy Article (A52511)
Nephrectomy	A-1-2 LOS: 50543 Inpatient Only: 50545, 50546, 50547, 50548  A-3 LOS (Inpatient Only): 50220, 50225, 50230, 50234, 50240, 50320, 50340, 50370	MCG S-864 Mastectomy, complete with tissue flap
Nerve Repair	64910, 64911, 64912, 64913	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Neuromuscular Electrical Stimulation Devices	E0745, E0490, E0491  Non-Covered by Medicare: E0744, 0282T, 0283T, 0284T, 0285T, A4560	Neuromuscular Electrical Stimulation Devices NCD (160.12)
New Technology	0474T, 0479T, 0480T, 0481T, 0483T, 0484T, 0485T, 0486T, 0487T, 0488T, 0489T, 0490T, 0491T, 0492T, 0493T, 0494T, 0495T, 0496T, 0497T, 0498T, 0499T, 0500T, 0509T, 0510T, 0512T, 0513T, 0514T, 0518T, 0521T, 0522T, 0523T, 0524T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0533T, 0534T, 0535T, 0536T, 0541T, 0542T, 0563T, 0564T, 0565T, 0566T, 0569T, 0570T, 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0581T, 0582T, 0583T, 0584T, 0585T, 0586T, 0587T, 0588T, 0589T, 0590T, 0594T, 0596T, 0597T, 0598T, 0599T, 0600T, 0601T, 0602T, 0603T, 0604T, 0605T, 0606T, 0607T, 0608T, 0609T, 0610T, 0611T, 0612T, 0613T, 0614T, 0615T, 0616T, 0617T, 0618T, 0619T, 0620T, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T, 0633T, 0634T,	Summit Health Medical Necessity Criteria Medicare Benefit Policy Manual Chapter 14 - Medical Devices Medicare Program Integrity Manual Chapter 3.6.2.2 - Reasonable and Necessary Criteria
Nipple Prosthesis	A4280, L8000, L8001, L8002, L8015, L8020, L8030, L8032, L8039  Non-Covered by Medicare: L8010, L8031, L8035	External Breast Prostheses LCD (L33317) and Policy Article (A52478)
Non-Covered Items	A4210, A4250, A4490, A4495, A4500, A4510, A4520, A4554, A4575, A4627, A6000, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6540, A6541, A6542, A6543, A6544, A6549, A9268, A9269, A9270, A9275, A9276, A9277, A9278, A9280, A9281, A9282, A9292, A9300, B4100, E0172, E0191, E0203, E0220, E0230, E0231, E0232, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0270, E0273, E0274, E0315, E0481, E0625, E0637, E0638, E0641, E0642, E0700, E0710, E0936, E1300, J1055, J3520, J3535, J3570, J8499, J8515, L0210, L1815, L1825, L1901, L3215, L3216, L3217, L3219, L3221, L3222, L3651, L3652, L3700, L3701, L3909, L3911, L7600, Q0144, Q5110, V2025, V2600, V2610, V2615, V2702, V2760, V5336	<a href="https://med.noridianmedicare.com/web/jddm/e/search-result/-/view/2230703/noncovered-items">https://med.noridianmedicare.com/web/jddm/e/search-result/-/view/2230703/noncovered-items</a>  CMS Internet Only Manual Publication 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 280.1
Non-Covered Services (Group 1)	22857, 22862, 28446, 43257, 43284, 43285, 46707, 62263, 62264, 62287, 83987, 84431, 86305, 91132, 91133, 92145, 93702, 97026, 97033, J2010, 0042T, 0054T, 0055T, 0071T, 0072T, 0098T, 0100T, 0101T, 0102T, 0106T, 0107T, 0108T, 0109T, 0110T, 0163T, 0165T, 0198T, 0202T, 0207T, 0219T, 0220T, 0221T, 0222T, 0232T, 0234T, 0235T, 0236T, 0237T, 0238T, 0253T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0272T, 0273T, 0274T, 0278T, 0290T, 0312T, 0313T, 0316T, 0317T, 0329T, 0330T, 0331T, 0332T, 0333T, 0335T, 0338T, 0339T, 0342T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0356T, 0358T, 0362T, 0373T, 0397T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0422T, 0423T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T	Medicare Program Integrity Manual Chapter 3.6.2.2 - Reasonable and Necessary Criteria
Non-Covered Services (Group 2)	93050, 0174T, 0175T, 0208T, 0209T, 0210T, 0211T, 0212T, 0437T	Medicare Program Integrity Manual Chapter 3.6.2.2 - Reasonable and Necessary Criteria
Non-Covered Services (Group 3)	97545, 97546, 99605, 99606, 99607, 0378T, 0379T, 0403T	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Non-Emergency Transport		Medical necessity review
Obinutuzumab (Gazyva)	J9301	SHMNC for Gazyva
Oncotype DX Gene Assay Mammprint Gene Expression Assay	81519	MoIDX Molecular Diagnostic Tests (MDT) LCD (L36256)
Oral Appliances for the Treatment of Obstructive Sleep Apnea	E0486  Non-Covered by Medicare: A9270, E0485	Oral Appliances for Obstructive Sleep Apnea LCD (L33611) and Policy Article (A52512)

Orencia (Abatacept)	J0129	Self-Administered Drug Exclusion List LCA (A53035)
Orthognathic Services	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21244, 21245, 21246, 21247, 21248, 21249, D7940 Non-Covered by Medicare: D7941, D7943-D7949, D7950, D7951, D7953, D7955, D7960	MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement
Orthotripsy / Extracorporeal Shock Wave Treatment (ESWT) / Ossatron	28890 Non-Covered by Medicare: 0101T, 0102T	For 28890: Reference Milliman and Summit Health Criteria for coverage guidance Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Osseointegrated Implants/Hearing Aids	69711, 69714, 69716, 69717, 69719, 69726, 69727, L8699, L8614 Effective 1/1/2023: 69728, 69729, 69730 Non-Covered by Medicare: 69710	NCD 50.3 Cochlear Implantation Auditory Osseointegrated and Auditory Brainstem Devices MLN Matters MM4038 Medicare Benefit Policy Manual Chapter 16, Section 100-General Exclusions From Coverage
Osteogenesis Stimulators	E0747, E0748, E0749, E0760, 20974, 20975, 20979	Osteogenesis Stimulators LCD (L33796) and Policy Article (A52513)
Ostomy Supplies	Non-Covered by Medicare: A4400	Ostomy Supplies LCD (L33828) and LCA (A52487)
Otoplasty	69300	CMS CBG Billing and Coding Guidelines for Cosmetic Services. Review for cosmetic only
Oxygen	Additional A Codes and E codes to consider (Oxygen Accessories) E1390, E1391, E1392, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0477, K0738 Non-Covered by Medicare: A4606, E0445	Oxygen NCD (240.2) Oxygen LCD (L33797) and Policy Article (A52514)
Pain Pump Insertion - Epidural / Intrathecal	A-2 LOS: 62350, 62351, 62360, 62361, 62362	Infusion Pumps NCD (280.14)
Pancreatectomy (Whipple Procedure)	7 LOS (Inpatient Only): 48146, 48148, 48150, 48152, 48153, 48154, 48155	No medical necessity review required. PA is required on all inpatient stays.
Panniculectomy/Abdominal Lipectomy/Suction-Assisted Lipectomy	15830, 15847, 15877	Plastic Surgery LCD (L37020) and LCA (A57222) CMS 1321-FC-21
PAP Smears		Diagnostic PAP Smears NCD (190.2) Screening PAP Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer NCD (210.2) Medicare Learning Network Article: The ABCs of the Annual Wellness Visit (AWV)
Parenteral Nutrition	B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200, B9004, B9006, B9999, E0776	Enteral and Parenteral Nutritional Therapy NCD (180.2)
Partial Hand Prosthesis	L6000, L6010, L6020	SHMNC General DME
Paternity Testing	Non-Covered by Medicare: 86910, 86911	Statutorily Non-Covered, SI E, OPSS
Patient Lifts	E0621, E0630, E0635, E0636, E0639, E0640, E1035, E1036 Non-Covered by Medicare: E0625	Patient Lifts LCD (L33799) and Policy Article (A52516)
Pectus Excavatum	21740, 21742, 21743	No medical necessity review required. PA is required on all inpatient stays.
Pegloticase	J2507	MCG A-0674 Pegloticase
Pelvic Control-Addition to Lower Extremity	L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2650	SHMNC General DME
Pelvic Floor Electrical Stimulator	E0740	Non-Implantable Pelvic Floor Electrical Stimulator NCD (230.8)
Percussor Electric/Pneumatic	E0480	Percussor NCD (280.1)
Percutaneous transluminal coronary lithotripsy	0715T	LCD L35490 Category III codes
Percutaneous Vertebral Augmentation	0200T, 0201T are reviewed by Summit Health 22510, 22511, 22512, 22513, 22514, & 22515 are reviewed by eviCore	Percutaneous Vertebral Augmentation LCD (L34106) and LCA (A57695)
Phototherapy Lights	E0202, E0691, E0692, E0693, E0694	Reference Milliman and Summit Health criteria for coverage guidance
Platelet Rich Plasma	86999, P2010, P9020 Non-Covered by Medicare: 0232T	Reference Milliman and Summit Health criteria for coverage guidance. Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Pneumatic Compression Devices	E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673 Non-Covered by Medicare: E0675, E0676, E0677	Pneumatic Compression Devices LCD (L33829) and Policy Article (A52488)
Polysomnography and Sleep Studies	No authorization required for Home Sleep Studies: 95800, 95801, 95806, G0398, G0399, G0400 Prior authorization required for: 95807, 95808, 95810, 95811	Polysomnography and Sleep Studies LCD (L34040)

Power Mobility Devices (PMD)	E0986, K0013, K0800, K0801, K0802, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0824, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0890, K0891, K0898  Non-Covered by Medicare: K0806, K0807, K0808, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886	Power Mobility Devices LCD (L33789) and Policy Article (A52498)
Pressure Reducing Support Surfaces-Group 1	A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199, E1399  Non-Covered by Medicare: A9270	Pressure Reducing Support Surfaces - Group 1 LCD (L33830) and Policy Article (A52489)
Pressure Reducing Support Surfaces-Group 2	E0193, E0277, E0371, E0372, E0373, E1399	Pressure Reducing Support Surfaces - Group 2 LCD (L33642) and Policy Article (A52490)
Pressure Reducing Support Surfaces -Group 3	E0194	Pressure Reducing Support Surfaces - Group 3 LCD (L33692) and Policy Article (A52468)
Proleukin (aldesleukin)	J9015	SHMNC Proleukin (aldesleukin)
Prolotherapy	M0076 - Non-Covered by Medicare	
Prostate Surgery	A-1 LOS: 52601, 52612, 52614, 52620, 52630, 52640, 52647, 52648, 55867 Inpatient Only: 55801  2 LOS (Inpatient Only): 55810, 55812, 55815, 55831, 55840, 55842, 55845, 55866  3 LOS (Inpatient Only): 55821	No medical necessity review required. PA is required on all inpatient stays.
Prosthetic Implants Not Otherwise Classified (NOC)	L8699	Prosthetic Implants Documentation Checklist (if for urinary device)
Prosthetics Codes Not Valid for Medicare Purposes	D5913, D5914, D5915, D5916, D5919, D5922, D5923, D5924, D5925, D5926, D5927, D5928, D5929, D5931, D5932, D5933, D5934, D5935, D5936, D5952, D5953, D5954, D5955, D5958, D5959, D5960, D5999	
Proton Beam Therapy	77014, 77520, 77522, 77523, 77525	MCG A-0718 Radiofrequency Ablation of Tumor
Pulmonary Rehabilitation	G0237, G0238, G0239, G0424	MLN Matters Article MM6823 - Pulmonary Rehabilitation Services Medicare Claims Processing Manual Chapter 32, Section 140
Punch Graft for Hair Transplant	15775, 15776	Review for medical necessity vs cosmetic
Quantitative computed tomography (CT) tissue characterization	0721T, 0722T	A58559 Billing and Coding: Independent Diagnostic Testing Facilities
Quantitative Pupilometry		95919
Quantitative Sensory Testing	Non-Covered by Medicare: 0106T, 0107T, 0108T, 0109T, 0110T	Medicare Program Integrity Manual Chapter 3.6.2.2
Rabies Vaccine	90675, 90676	Medicare Benefit Policy Manual Chapter 15, Section 50.4.4.2
Radiation Therapy - External Beam	0394T, 0395T, 77261, 77262, 77263, 77280, 77285, 77290, 77293, 77299, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77332, 77333, 77334, 77336, 77338, 77370, 77401, 77402, 77407, 77412, 77424, 77425, 77427, 77431, 77469, 77789, 79005, 79101, 79200, 79300, 79403, 79440, 79445, G0458, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6017	No medical necessity review required with cancer diagnosis
Rebetron	J9214	MCG A-0309 Interferon and Peginterferon
Refractive Lenses	Non-Covered by Medicare: V2025, V2744, V2745, V2600, V2610, V2615, V2702, V2756, V2760, V2761, V2762, V2781, V2786	Refractive Lenses LCD (L33793) and LCA (A52499)
Remote Therapeutic Monitoring		98978
Removal of permanent cardiac contractility modulation system	Non-Covered by Medicare: 0412T, 0413T	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Repair of Traumatic Corporeal Tear(s)	54437	SHMNC Gender Reassignment Criteria
Replantation, Penis, Complete Amputation including Urethral Repair	Inpatient Only: 54438	SHMNC Gender Reassignment Criteria
Respiratory Assist Devices (RAD)	E0601, E0470, E0471 Non-covered: A7049	CPAP LCD (L33718) and Policy Article (A52467)
Argus ii Retinal Prosthesis System	L8608	medical necessity review
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	Plastic Surgery LCD (L37020) and LCA (A57222) Reference Milliman and Summit Health criteria for coverage guidance
Roferon A	J9213	MCG A-0309 Interferon and Peginterferon
Rollabout Chairs	E1031	Rollabout Chairs NCD (280.1)
Sacroiliac Orthoses	L0622, L0624	SHMNC General DME
Scar Revisions (includes Kenolog injections)	11900, 11901, 15786, 31830, J3301, J3302	CMS CBG Billing and Coding Guidelines for Cosmetic Services MCG SG-GS General Surgery or Procedure

Scintimammography	S8080	S Codes are Statutorily Non-Covered by Medicare
Scoliosis Body Jackets	L1300, L1310	
Seat Lift Mechanisms	E0627, E0628, E0629 Non-Covered by Medicare: E0172	Seat Lift Mechanisms LCD (L33801) and Policy Article (A52518)
Self Injectables when given in a provider's office	J0599, J0881 (Aranesp), J0885 (Epogen/Procrit), J1438, J1442 (Neupogen), J1559, J1645, J1650, J1830, J2820, J3030, J3357, J9212, J9213, J9214	Self-Administered Drug Exclusion List LCA (A53035) Reference Milliman and Summit Health Criteria for coverage guidance
Septoplasty	30520, 30620, 30630	CMS CBG Billing and Coding Guidelines for Cosmetic Services MCG A-0184 Rhinoplasty
Sexual Dysfunction	54400, 54401, 54405, 54408, 54410, 54415, 54416 Inpatient Only: 54411, 54417	SHMNC Gender Reassignment Criteria Diagnosis and Treatment of Impotence NCD (230.4)
Shoulder Orthosis	L3650, L3660, L3670, L3671, L3675, L3677	SHMNC General DME
Shoulder/Elbow/Wrist Disarticulation	L6050, L6055, L6200, L6205, L6300, L6310, L6320, L6450, L6550, L6582, L6584, L6586, L6588, L6590, L6920, L6925, L6940, L6945, L6960, L6965, L6580	SHMNC General DME
Shoulder-Elbow-Wrist-Hand Orthosis	L3960, L3961, L3962, L3966, L3967, L3971, L3973, L3975, L3976, L3977, L3978	SHMNC General DME
Sinus Endoscopies	31295, 31296, 31297, 31298	SHMNC Sinus Surgery
Skilled Nursing Facility/Extended Care		
Skin Substitutes	A2011, A2012, A2013, A2019, A2020, A2021, A4100, Q4262, Q4263, Q4264, Q4236	
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512 - Devices 92606, 92609 - Programming Non-Covered by Medicare: E2599	Speech Generating Devices LCD (L33739) and Policy Article (A52469)
Speech Volume Modulation System	K1009	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Spinal Cord Stimulator	63650, 63655, 63685 are reviewed by eviCore  64575, 64590, 95970, L8680 are reviewed by Summit Health	Spinal Cord Stimulators for Chronic Pain LCD (L36204) Electrical Nerve Stimulation NCD (160.7)
Spinal Orthoses	L0450, L0452, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0641, L0642, L0643, L0648, L0649, L0650, L0651, L4002, L0999, L1499, L4000  Non-Covered by Medicare: A4467, L0984	Spinal Orthoses LCD (L33790) and Policy Article (A52500)
Spinal Surgery for Pain	0202T, 0219T, 22100, 22110, 22112, 22114, 22116, 22852, 22855, 22899, 63101, 63102, 63103, 63170, 63185, 63190, 63663, 0221T, 0274T, 0275T	MCG S-810 Lumbar Discectomy, Foraminotomy, or Laminotomy MCG S-830 Lumbar Laminectomy MCG S-820 Lumbar Fusion MCG S-5810 Lumbar Spine Surgery MCG S-320 Cervical fusion, Anterior MCG S-330 Cervical Fusion - Posterior MCG S-1056 Spine, Scoliosis, posterior instrumentation As well as applicable CMS guidelines (LCDs, etc).
Standers/Standing Frames	Non-Covered by Medicare: E0637, E0638, E0641, E0642	Noridian DME Non-Covered List
Stereotactic Radiation Therapy	20982, 61796, 61798, 63620, 77014, 77371, 77372, 77373, 77422, 77423, 77432, 77435, G0339, G0340	Stereotactic Radiation Therapy LCD (L34151) for codes 61796, 61798, 63620, 77371, 77372, 77373, 77432, 77435, G0339, and G0340 MCG A-0423 Stereotactic Radiosurgery for code 20982 and 77432
Surgery/Injections for Peyronie's Disease	54200, 54205, 54300, 54360	MCG SG-US
Surgical Dressings	Non-Covered by Medicare: A4465, A6025, A6228, A6229, A6230, A9270	Surgical Dressings LCD (L33831) and LCA (A54563)
Synagis for RSV	90378	MCG A-0320 Palivizumab
Terminal Devices	L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6881, L6882	SHMNC General DME
Testosterone / Depo-Testosterone Injections		
Therapeutic Drug Monitoring	G0481, G0482, G0483	Controlled Substance Monitoring LCD (L36707)
Thermal Destruction of Intraosseus Basivertebral Nerve	64628, 64629	NCD 150.11 Thermal Intradiscal Procedures (TIPs)
Thermal Imaging / Thermography	Non-Covered by Medicare: 93740, 93760, 93762	Thermography NCD (220.11)
Thiopurine S-methyltransferase (TPMT)	84433	
Thoracic Lumbar Sacral Orthoses	L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290	SHMNC General DME
Thoracic Rib Belt	L0220	SHMNC General DME

Thoracic Sympathectomy (for diagnosis of Hyperhidrosis)	Inpatient Only: 32664	MCG S-1072 Sympathectomy by Thoracoscopy or Laparoscopy
Thoracotomy	A-1 LOS: 32320, 32402, 32500, 32601, 32602, 32657 Inpatient Only: 32220, 32225, 32310, 32650, 32651, 32652, 36253, 36255, 32656  A-2 LOS: 32095, 32320, 32402, 32500, 32601, 32602, 32402, 32500 Inpatient Only: 32100, 32124, 32140, 32141, 32150, 32151, 32215, 32220, 32225, 32310, 32320  A-3 LOS: 32657 Inpatient Only: 32220, 32225, 32310, 32650, 32651, 32652, 32653, 32655, 32656	No medical necessity review is required for these codes. Authorization is required for inpatient services.
Tissue Grafts/Mesh - Biologic (Engineered)	C9349, C9352, C9353, C9354, C9355, C9356, C9358, C9360, C9361, C9362, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4017, Q4108, Q4110, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4119, Q4120, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4131, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4259, Q4260, Q4261, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q5116, Q5117, Q5118	FDA Coverage Indications SHMNC Skin Substitutes
Tissue Transfer or Rearrangement	14301, 14302	Cosmetic review only
TMJ Splints	21085, 21089, 21100, 21110	Medicare Benefit Policy Manual Chapter 15, Section 150-150.1
TMJ Surgeries	29800, 21240, 21242, 21243, 29804	MCG - A-0523 - TMJ Joint Arthroplasty A-0492 - TMJ Arthroscopy
Topical Oxygen Therapy	Non-Covered by Medicare: A4575, E0446	Oxygen LCD (L33797) and Policy Article (A52514)
Total Disc Arthroplasty	Inpatient Only: 0095T (0164T, 22861, 22864, and 22865 are reviewed by eviCore)  Non-Covered by Medicare: 0098T, 0163T, 0165T, 0375T, 22857, 22862	Medicare Program Integrity Manual Chapter 3.6.2.2, Reasonable and Necessary Criteria
Total Joint Replacements	24360, 24361, 24362, 24363, 27700, 27702, 27703	MCG Musculoskeletal Surgery or Procedure GRG MCG S-420 Elbow Arthroplasty
Total Replacement Heart System	33927, 33928, 33929, L8698	Artificial Hearts and Related Devices NCD (20.9) Medicare Decision Memo CAG-00322N for Artificial Hearts  Approved Studies: <a href="https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Artificial-Hearts.html">https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Artificial-Hearts.html</a>
Trabecularbone score (TBS), structural condition of the bone microarchitecture	77089, 77090, 77091, 77092	chapter 15, section 80.5 of Pub. 100-02, Medicare Benefit Policy Manual
Tracheostomy Care Supplies	Non-Covered by Medicare: A7523	Tracheostomy Care Supplies LCD (L33832)
Transcatheter Mitral Valve Repair (TMVR)	Inpatient Only: 33418, 33419, 0345T	TMVR NCD (20.33) Medicare Learning Matters Article MM9008
Transcatheter implantation of wireless pulmonary artery pressure sensor	33285, 93264	Medical necessity review required
Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	0404T	MCG A-0718 Radiofrequency Ablation of Tumor
Transcranial Magnetic Stimulation (TMS)	Non-Covered by Medicare: 90867, 90868, 90869	Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder LCD (L37088) and LCA (A57693)
Transcutaneous Electrical Joint Stimulation Devices (TEJSD)	Non-Covered by Medicare: E0762, A4465, A4495, A4557, A4595	Transcutaneous Electrical Joint Stimulation Devices (TEJSD) LCD (L34821)
Transcutaneous Electrical Nerve Stimulators (TENS)	A4595, E0720, E0730, E0731	TENS LCD (L33802) and Policy Article (A52520)

Transplants/Donor Services, Including Evaluation	38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38220, 38230, 38232, 38240, 38241, 38242  Inpatient Only: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33935, 33940, 33945, 44132, 44133, 44135, 44136, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48551, 48552, 48554, 48556, 50300, 50323, 50325, 50327, 50328, 50329, 50360, 50365, 50380  Non-Covered by Medicare: S2053, S2054, S2055, S2060, S2065, S2150, S2152, 48160, 48550	Transplant Laws and Regulations Adult Liver Transplantation NCD (260.1) Heart Transplants NCD (260.9) Pancreas Transplants NCD (260.3) Reference Milliman and Summit Health criteria for coverage guidance
Unlisted Codes	01999, 15999, 17999, 19499, 20999, 21089, 21299, 21499, 21899, 22899, 22999, 23929, 24999, 25999, 26989, 27299, 27599, 27899, 28899, 29799, 29999, 30999, 31299, 31599, 31899, 32999, 36299, 37501, 37799, 38129, 38999, 39499, 39599, 40799, 40899, 41599, 41899, 42299, 42699, 42999, 43289, 43499, 43659, 43999, 44238, 44799, 44899, 44979, 45399, 45499, 45999, 46999, 47379, 47399, 47579, 47999, 48999, 49329, 49659, 49999, 50549, 50549, 50949, 51999, 53899, 54699, 55559, 55899, 58578, 58579, 58679, 58999, 59897, 59897, 59898, 59899, 60659, 60699, 64999, 66999, 67299, 67399, 67599, 67999, 68399, 68899, 69399, 69799, 69949, 69979, 76496, 76497, 76498, 76499, 76999, 77299, 77399, 77499, 77799, 78099, 78199, 78299, 78399, 78499, 78599, 78699, 78799, 78999, 81479, 81599, 84999, 86486, 86999, 88099, 88199, 88299, 88399, 88749, 89240, 89398, 90399, 90749, 90899, 90999, 91299, 92499, 92700, 93799, 93998, 94799, 95199, 95999, 96379, 96549, 96999, 97039, 97139, 97799, 99199, 99429, , 99499, 99600, A0999, C9399, ,	
Upper Extremity Orthoses	L3956, L3980, L3982, L3984, L3995, L3999	SHMNC General DME
Upper Extremity Prosthesis	L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6684, L6890, L6895, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L8415, L8435, L8465, L8485, L8608, L8698, L8701, L8702	SHMNC General DME
Urinary Incontinence	53445, 53446, 53447, 53448, 53449, 53449, 53451, 53452, 53453, 53454, 53860, 64555, 64566, A4290, 64561, 64566, 64581, L8603, L8604, L8606  Inpatient Only: 53448	Incontinence Control Devices NCD (230.10) for codes 53445, 53446, 53447, 53448, 53449, 53451, 53452, 53453, 53454, L8603, L8604, and L8606. Sacral Nerve Stimulation for Urinary Incontinence LCA (A53016) for codes A4290, 64561, and 64581. Posterior Tibial Nerve Stimulation LCA (A52951) for code 64566. Milliman and Summit Health criteria for coverage guidance for codes 0193T, 53860, and 64555.
Urine Drug Screening (Therapeutic Drug Monitoring)	G0431, G0434, 80102, 82570, 83986, 80299, 83789, 80164, 80184, 82491, 80299, 82541, 82542, 82543, 82544, 84311, 80100, 80101	Controlled Substance Monitoring and Drugs of Abuse LCD (L36707)
Urological Supplies	Non-Covered by Medicare: A4321, A4520, A4554, A9270	Urological Supplies LCD (L33803) and LCA (A52521)
Uvulopalatopharyngoplasty (UPPP) / Uvulectomy	42140, 42145, 42160	SHMNC Obstructive Sleep Apnea - Surgical Treatment
Vacuum Erection Devices	Non-Covered by Medicare: L7900, L7902	Vacuum Erection Devices (VED) Policy Article (A52712)
Vagus Nerve Stimulator	L8680, L8682, L8683, L8685, L8686, L8687, L8788, 61885, 61886, 64553, 64568, 64569, 95970	Vagus Nerve Stimulators NCD (160.18)
Varicose Vein Surgery, Sclerotherapy, and	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 75894	Treatment of Varicose Veins of the Lower Extremities LCD (L34010) and LCA (A57707)
Ventilators	E0450, E0460, E0461, E0463, E0464, E0465, E0466, E0467	Ventilators NCD (280.1) Joint DME MAC Publication "Correct Coding and Coverage of Ventilators" Respiratory Assist Devices LCD (L33800)
Vertebral Axial Decompression (i.e. DRX 9000, VAX-D, Alpha Spina System)	Non-Covered by Medicare: 97012	Vertebral Axial Decompression NCD (160.16)
Virtual Colonoscopy (CT Colonography)	74262 Non-Covered by Medicare: 74263 Provider may use an unlisted code or CT scan code.	eviCore
Virtual reality cognitive behavioral therapy device	E1905	
Viscosupplementation: Synvisc, Supartz, Hyalgan, Orthovisc, Euflexxa	J7318, J7321, J7323, J7324, J7325, J7326, J7328, J7329, J7331, J7332, Q9980	Magellan Rx
Vision Therapy	92065, 92066	2021 Summit Health Member Handbook: Core (HMO-POS), pg 115 Value + Rx (HMO), pg 116 Standard + Rx (HMO-POS), pg 126 Premier + Rx (HMO-POS), pg 126
Voice Prosthesis	L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515	SHMNC General DME
Vyondys 53 (golodirsen)	J1429, J3490	Summit Health Pharmacy
Walker	Non-Covered by Medicare: E0144	Walkers LCD (L33791)
Weight Loss Drugs / Obesity Drugs	Including but not limited to: Meridia, Orlistat, Phenteramine.	Summit Health Pharmacy
Wheelchair Options & Accessories	E0988, E1012, E1028, E2295, E2359, E2398, E2366, E2626, E2627, E2628, E2630, E2631, E2632, E2633  Non-Covered by Medicare: E2230, E2300, E2358, E2360, E2362, E2367, E2610  Not valid for claim submission: E1296, E1297, E1298	Wheelchair Options & Accessories LCD (L33792) and Policy Article (A52504) Wheelchair Seating LCD (L33312)

Wrist Arthroscopy	29846	MCG S-1220 Wrist Arthroscopy
Wrist-Hand-Finger Orthosis	L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3908, L3912, L3913, L3915, L3917, L3919, L3919, L3921, L3923, L3925, L3927, L3929, L3931, L3933, L3935	SHMNC General DME
Xiaflex	J0775	MCG A-0639 Collagenase, Injectable
X-Stop (Interspinous Distraction Device)	C1821, 22869	Medical necessity review - FDA indications and SHMNC Interspinous Decompression and Interlaminar Devices
Zostavac (Shingles Vaccine)	90736	Medical necessity review required for members under age 60
Zulresso	J1632	Summit Health Pharmacy