

Medicare Policies Across Programs

(latest update 3/7/2024)

Centers for Medicare and Medicaid (CMS) Guidance **42 CFR 417, 42 CFR 422, and 42 CFR 423**

Medicare Advantage plans must comply with national coverage determinations (NCD), local coverage determinations (LCD), and general coverage and benefit conditions included in traditional Medicare laws. This includes criteria for determining whether an item or service is a benefit available under traditional Medicare. When coverage criteria are not fully established in Medicare statute (42 CFR 422.101 (6)(i)) regulation, NCD, or LCD, Medicare Advantage organizations may create publicly accessible internal coverage criteria that are based on current evidence in widely used treatment guidelines or clinical literature.

EviCore will exhaust all traditional Medicare policies, NCDs, and LCDs prior to using internal criteria policies. When an internally created coverage policy is utilized for a specific condition where a Medicare policy, an NCD, or LCD is not fully established, the general provisions supplemented by the internal criteria will include when the specific clinical presentation of the enrollee, for the request under review is not addressed in the Medicare coverage policy; or there are no specific coverage criteria included in a Medicare policy because the policy provides broad provisions, which may be instructive, but are not detailed enough to be used to determine the medical necessity of the request. Additionally, internal coverage policy may be used when Medicare policy includes statements within the policy that allow for coverage beyond what is written in the Medicare policy.

Under the guidance outlined above EviCore's evidence-based guidelines or the appropriate alternative guideline utilized by a program/health plan in place of EviCore's guidelines, EviCore may apply internally developed clinical coverage guidelines to the request under review. Each EviCore clinical coverage policy is developed following an objective, evidence-based process based on scientific evidence, generally accepted and current standards of medical practice, and authoritative clinical practice guidelines. Each policy contains an explanation of the rationale that supports development of the coverage policy, a summary of evidence, and a reference section that lists the resources used in development of the policy. Each coverage policy developed and used outlines clinical benefits, addresses any clinical harm, and access to services. EviCore believes that the benefits of our internally created coverage policy ensures that patients receive services that are appropriate, safe, and effective, and substantially outweigh any clinical harms. In addition, each member's unique clinical situation is considered in conjunction with current CMS guidelines and EviCore clinical coverage policy, as applicable.

Contents

Radiology	3
Medical Oncology	7
Gastroenterology	7
Sleep	8
Cardiovascular	9
Musculoskeletal Therapies	12
Musculoskeletal Advanced Procedures	12
Durable Medical Equipment.....	16
Post-Acute Care.....	20
Medical Drug Management.....	20
Radiation Oncology.....	20
Laboratory Management.....	21

Radiology

NCD 210.3: Colorectal Cancer Screening Tests
NCD 210.14: Lung Cancer Screening with LDCT
NCD 220.1: National Coverage Determination (NCD) for Computed Tomography
NCD 220.2: National Coverage Determination (NCD) for Magnetic Resonance Imaging
NCD 220.5: National Coverage Determination (NCD) for Ultrasound Diagnostic Procedures
NCD 220.6.1: National Coverage Determination (NCD) for PET for Perfusion of the Heart
NCD 220.6.9: National Coverage Determination (NCD) for FDG PET for Refractory Seizures
NCD 220.6.13: National Coverage Determination (NCD) for FDG PET for Dementia and Neurodegenerative Diseases
NCD 220.6.17: National Coverage Determination (NCD) for Positron Emission Tomography (FDG) for Oncologic Conditions
NCD 220.6.19: National Coverage Determination (NCD) for Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer
NCD 220.12: National Coverage Determination (NCD) for Single Photon Emission Computed Tomography (SPECT)
Medicare Benefit Policy Manual, Chapter 15, Section 80.5 - Bone Mass Measurements (BMMs)
Medicare Claims Processing: Chapter 18 - Preventative and Screening Services
LCD L33452: Virtual Colonoscopy (CT Colonography)
States: NC, SC, VA, WV, AL, GA, TN
LCD L33459: Computerized Axial Tomography (CT), Thorax
States: NC, SC, VA, WV, AL, GA, TN
LCD L33562: Computed Tomographic (CT) Colonography for Diagnostic Uses
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33577: Transthoracic Echocardiogram
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33578: Transrectal Ultrasound
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33579: Transesophageal Echocardiogram (TEE)
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33585: Breast Imaging: Breast Echography (Sonography)/ Breast MRI/Ductography
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33619: Nonvascular Extremity Ultrasound
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33627: Non-Invasive Vascular Studies
States: IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
LCD L33633: Magnetic Resonance Angiography (MRA)

States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33667: Duplex Scan Of Lower Extremity Arteries
States: FL, PR, VI
LCD L33674: Duplex Scanning
States: FL, PR, VI
LCD L33693: Non-Invasive Evaluation of Extremity Veins
States: FL, PR, VI
LCD L33695: Non-invasive Extracranial Arterial Studies
States: FL, PR, VI
LCD L33696: Non-invasive Extracranial Arterial Studies
States: FL, PR, VI
LCD L33950: Breast Imaging Mammography/ Breast Echography (Sonography)/ Breast MRI/Ductography
States: KY, OH
LCD L33959: Cardiac Catheterization and Coronary Angiography
States: KY, OH
LCD L33977: Transcranial Doppler Studies
States: FL, PR, VI
LCD L34010: Treatment of varicose veins of the lower extremity
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD L34027: Ultrasound, Soft Tissues of Head and Neck
States: FL, PR, VI
LCD L34045: Non-Invasive Vascular Studies
States: KY, OH
LCD L34055: Virtual Colonoscopy (CT Colonography)
States: KY, OH
LCD L34062: Dialysis Access Maintenance
States: KY, OH

LCD L34082: Varicose Veins of the Lower Extremity, Treatment of
States: KY, OH
LCD L34209: Treatment of varicose veins of the lower extremity
States: CA, HI, NV, AS, Guam, Northern Mariana Islands
LCD L34220: Lumbar MRI
States: CA, NV, HI, American Samoa, Guam, Northern Mariana IS
LCD L34372: Magnetic Resonance Angiography (MRA)
States: FL, PR, VI
LCD L34415: CT of the Abdomen and Pelvis
States: NC, SC, VA, WV, AL, GA, TN
LCD L34417: CT of the Head
States: AL, GA, TN, SC, VA, WV, NC
LCD L34424: Magnetic Resonance Angiography (MRA)
States: AL, GA, TN, SC, VA, WV, NC
LCD L34425: Magnetic Resonance Imaging of the Orbit, Face, and/or Neck
States: AL, GA, TN, SC, VA, WV, NC
LCD L34536: Treatment of Varicose Veins of the Lower Extremities
States: IA, KS, MO, NE, IN, MI
LCD L34577: Retroperitoneal Ultrasound
States: AL, GA, TN, SC, VA, WV, NC
LCD L34865: Magnetic Resonance Angiography (MRA)
States: AR, CO, LA, MS, NM, OK, TX, DE, DC, MD, NJ, PA
LCD L35175: MRI and CT Scans of the Head and Neck
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD L35222: Nerve Blocks for Peripheral Neuropathy
States: IN, IA, KS, MI, MO, NE
LCD L35249: Nerve Blocks for Peripheral Neuropathy
States: KY, OH
LCD L35391: Multiple Imaging in Oncology
States: AR, CO, LA, MS, NM, OK, TX, DE, DC, MD, NJ, PA
LCD L35397: Non-Invasive Cerebrovascular Arterial Studies
States: AR, CO, NM, OK, TX, LA, MS, DE, DC, MD, NJ, PA
LCD L35451: Non-Invasive Peripheral Venous Studies
States: AR, CO, NM, OK, TX, LA, MS, DE, DC, MD, NJ, PA
LCD L35456: Nerve Blockade for Treatment of Chronic Pain and Neuropathy
States: CA, NV, HI, American Soma, Guam, Northern Mariana Islands
LCD L35457: Nerve Blockade for Treatment of Chronic Pain and Neuropathy
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD L35490: Category III Codes
States: IA, KS, MO, NE, IN, MI
LCD L35751: Non-Invasive Peripheral Venous Vascular and Hemodialysis Access Studies
States: IA, KS, MO, NE, IN, MI
LCD L35753: Non-Invasive Cerebrovascular Studies

States: IA, KS, MO, NE, IN, MI
LCD L35755: Non-Invasive Abdominal / Visceral Vascular Studies
States: IA, KS, MO, NE, IN, MI
LCD L35761: Non-Invasive Peripheral Arterial Vascular Studies
States: IA, KS, MO, NE, IN, MI
LCD L37281: Lumbar MRI
States: AK, ID, OR, WA, AZ, MN, MT, ND, SD, UT, WY
LCD L37373: MRI and CT Scans of the Head and Neck
States: CA, NV, HI, American Samoa, Guam, Northern Mariana Islands
LCD L37636: Nonobstetric Pelvic Ultrasound
States: CA, NV, HI, American Samoa, Guam, Northern Mariana Islands
LCD L38694: Computed Tomography Cerebral Perfusion Analysis (CTP)
States: KY, OH
LCD L38700: Computed Tomography Cerebral Perfusion Analysis (CTP)
States: AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY
LCD L38709: Computed Tomography Cerebral Perfusion Analysis (CTP)
States: CA, NV, HI, American Samoa, Guam, Northern Mariana Islands
LCD L38769: Computed Tomography Cerebral Perfusion Analysis (CTP)
States: AL, GA, TN, SC, VA, WV, NC
LCD L39260: Hyaluronic Acid Injections for Knee Osteoarthritis
States: AL, GA, TN, SC, VA, WV, NC
LCD L39383: Sacroiliac Joint Injections and Procedures
States: KY, OH
LCD L39402: Sacroiliac Joint Injections and Procedures
States: AL, GA, TN, SC, VA, WV, NC
LCD L39455: Sacroiliac Joint Injections and Procedures
States: IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
LCD L39462: Sacroiliac Joint Injections and Procedures
States: CA, NV, HI, American Samoa, Guam, Northern Mariana Islands
LCD L39464: Sacroiliac Joint Injections and Procedures
States: AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY
LCD L39475: Sacroiliac Joint Injections and Procedures
States: IO, KS, MO, NE, IN, MI
LCD L39521: Positron Emission Tomography (PET) Scan for Inflammation and Infection
States: KY, OH
LCD L39529: Intraarticular Knee Injections of Hyaluronan
States: IA, KS, MO, NE, IN, MI

Medical Oncology

NCD 110.21: Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions

LCD L34648: Biphosphonate Drug Therapy

States: IA, KS, MO, NE, IN, MI

LCD L33270: Bisphosphonates and monoclonal antibodies

States: FL, PR, VI

LCD L33394: Drugs and Biologicals, Coverage of, for Label and Off-Label Uses

States: IL, MN, WI, CN, NY, MA, NH, RI, VT

NCD 110.18: Aprepitant for Chemotherapy-Induced Emesis

NCD 310.1: Routine Costs in Clinical Trials

NCD 20.28: Therapeutic Embolization

NCD 110.24: Chimeric Antigen Receptor (CAR) T-cell Therapy

Gastroenterology

NCD 100.2: Endoscopy

NCD 100.10: Injection Sclerotherapy for Esophageal Variceal Bleeding

Chapter 15, Transmittal 280.2.3, Sections A, B, and D

States: All States

LCD L34213: Diagnostic and Therapeutic Colonoscopy

States: CA, HI, NV, American Samoa, Guam, Northern Mariana Islands

LCD L38571: Colon Capsule Endoscopy (CCE)

States: IL, MN, WI, CT, NY, ME, MA, NH, RI, VT

LCD L38824: Colon Capsule Endoscopy (CCE)

States: CA, NV, HI, American Samoa, Guam, Northern Mariana Islands

Sleep

NCD 240.4: Continuous Positive Airway Pressure (CPAP) Therapy For Obstructive Sleep Apnea (OSA)

NCD 240.4.1: Sleep Testing for Obstructive Sleep Apnea (OSA)

LCD L33405: Polysomnography and Sleep Testing

States: FL, PR, VI

LCD L33611: Oral Appliances for Obstructive Sleep Apnea

States: All

LCD L33718: Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea

States: IL, IN, KY, MI, MN, OH, WI, CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT
AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, PR, SC, TN, TX, VI, VA, WV, AK, AS, AZ, CA,
GU, HI, ID, IA, KS, MO, MT, NE, NV, ND, CNMI, OR, SD, UT, WA, WY

LCD L33800: Respiratory Assist Devices

States: IL, IN, KY, MI, MN, OH, WI, CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT,
AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, PR, SC, TN, TX, VI, VA, WV, AK, AS, AZ, CA,
GU, HI, ID, IA, KS, MO, MT, NE, NV, ND, CNMI, OR, SD, UT, WA, WY

LCD L34040: Polysomnography and Other Sleep Studies

States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD L35050: Outpatient Sleep Studies

States: CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA

LCD L36593: Polysomnography

States: AL, GA, TN, SC, VA, WV, NC

LCD L36839: Polysomnography and Other Sleep Studies

States: IN, MI, IA, KS, MO, NE

LCD L36861: Polysomnography and Other Sleep Studies

States: AS, GU, HI, NMI, CA, NV

LCD L36902: Polysomnography and Other Sleep Studies

States: KY, OH

LCD L37293: Respiratory Care (Respiratory Therapy)

States: AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY

Cardiovascular

NCD 20.4: Implantable Automatic Defibrillators
NCD 20.7: Percutaneous Transluminal Angioplasty (PTA)
NCD 20.8.3: Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers
NCD 20.8.4: Leadless Pacemakers
NCD 220.1: National Coverage Determination (NCD) for Computed Tomography
NCD 220.2: National Coverage Determination (NCD) for Magnetic Resonance Imaging
NCD 220.5: National Coverage Determination (NCD) for Ultrasound Diagnostic
NCD 220.6.1: PET for Perfusion of the Heart
NCD 220.6.8: National Coverage Determination (NCD) for FDG PET for Myocardial Viability
NCD 220.12: National Coverage Determination (NCD) for Single Photon Emission Computed Tomography (SPECT)
LCD L33423: Cardiac Computed Tomography & Angiography (CCTA)
States: AL, GA, TN, SC, VA, WV, NC
LCD L33457: Cardiac Radionuclide Imaging
States: AL, GA, TN, NC, SC, VA, WV
LCD L33557: Cardiac Catheterization and Coronary Angiography
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33559: Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)
States: IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
LCD L33560: Cardiovascular Nuclear Medicine
States: IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
LCD L33575: Varicose Veins of the Lower Extremity, Treatment of
States: IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
LCD L33577: Transthoracic Echocardiogram
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33579: Transesophageal Echocardiogram (TEE)
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
LCD L33756: Transesophageal Echocardiogram
States: FL, PR, VI
LCD L33947: Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)
States: KY, OH
LCD L33959: Cardiac Catheterization and Coronary Angiography
States: KY, OH
LCD L33960: Cardiovascular Nuclear Medicine
States: KY, OH
LCD L34324: Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography

States: CA, NV, HI
LCD L34337: Transesophageal Echocardiography (TEE)
States: KY, OH
LCD L34338: Transthoracic Echocardiogram, Stress Echocardiogram, 3-D Echocardiogram
States: KY, OH
LCD L35016: Transesophageal Echocardiography (TEE)
States: AR, CO, LA, MS, NM, OK, TX, DE, DC, MD, NJ, PA
LCD L35083: Cardiology Non-emergent Outpatient Stress Testing
States: AR, CO, NM, OK, TX, LA, MS, DE, DC, MD, NJ, PA
LCD L35121: Coronary Computed Tomography Angiography (CCTA)
States: IN, MI, IA, KS, MO, NE
LCD L35490: Category III Codes
States: IA, KS, MO, NE, IN, MI
LCD L35998: Non-Coronary Vascular Stents
States: IA, KS, MO, NE
LCD L36889: Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography
States: AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY
LCD L37379: Echocardiography
States: NC, SC, VA, WV, AL, GA, TN
LCD L37893: Endovenous Stenting
States: AK, CO, NM, OK, TX, LA, MS, DE, DC, MD, NJ, PA
LCD L38231: Endovenous Stenting
States: FL, PR, VI
LCD L38278: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease
States: AL, GA, TN, SC, VA, WV, NC

LCD L38396: Cardiology Non-emergent Outpatient Stress Testing
States: FL, PR, VI
LCD L38613: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease
States: CA, HI, NV, AS, GU, MPI
LCD L38615: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD L38771: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease
States: KY, OH
LCD L38786: Echocardiography for Myocardial Perfusion
States: AL, GA, TN, NC, SC, VA, WV
LCD L39075: Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease
States: IL, MN, WI, CT, NY, ME, MA, NH, RI, VT
LCD L39080: Cardiac Resynchronization Therapy (CRT)
States: AL, GA, TN, NC, SC, VA, WV
LCD L39521: Positron Emission Tomography (PET) Scan for Inflammation and Infection
States: KY, OH
LCD L38839: Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease
States: IA, KS, MO, NE, IN, MI
LCD L34924: Treatment of Chronic Venous Insufficiency of the Lower Extremities
States: AR, CO, LA, MS, NM, OK, TX, DE, MD, NJ, PA, DC
LCD L34010: Treatment of varicose veins of the lower extremity
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD L34082: Varicose Veins of the Lower Extremity, Treatment of
States: KY, OH
LCD L34209: Treatment of varicose veins of the lower extremity
States: CA, HI, NV, AS, Guam, Northern Mariana Islands
LCD L34536: Treatment of Varicose Veins of the Lower Extremities
States: IA, KS, MO, NE, IN, MI
L39121 Treatment of Varicose Veins of the Lower Extremities
States: AL, GA, TN, NC, SC, VA, WV
L38720 Treatment of Chronic Venous Insufficiency of the Lower Extremities
AR, CO, NM, OK, TX, LA, MS, DE, DC, MD, NJ, PA (includes Part B for counties of Arlington and Fairfax in Virginia and the city of Alexandria)
L35028 Venous Angioplasty with or without Stent Placement for the Treatment of Chronic Cerebrospinal Venous Insufficiency
CT, NY, ME, MA, NH, RI, VT , IL, MN, WI
LCD L33960: Cardiovascular Nuclear Medicine
States: KY, OH

Musculoskeletal Therapies

For All Outpatient requests: The Medicare Benefit Policy Manual Chapter 15, Section 220 & 230

Medicare Benefit Policy Manual ([cms.gov](https://www.cms.gov))

For All Home Health Care requests: Medicare Benefit Policy Manual Chapter 7, Section 40

Medicare Benefit Policy Manual ([cms.gov](https://www.cms.gov))

Musculoskeletal Advanced Procedures

L39242: Epidural Steroid Injections for Pain Management

States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

L39036 Epidural Steroid Injections for Pain Management

States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI

L36920 Epidural Steroid Injections for Pain Management

States: AR, CO, LA, MS, NM, OK, TX, DE, MD, NJ, PA, DC

L39054 Epidural Steroid Injections for Pain Management

States: IA, IN, KS, MI, MO, NE

L39015 Epidural Steroid Injections for Pain Management

States: KY, OH

L38994 Epidural Steroid Injections for Pain Management

States: AL, GA, NC, SC, TN, VA, WV

L33906 Epidural Steroid Injections for Pain Mgmt

States: FL, PR, VI

L39240 Epidural Steroid Injections for Pain Management

States: CA, HI, NV, AS, GU, MP

L38803 Facet Joint Interventions for Pain Management

States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

L35936 Facet Joint Interventions for Pain Management

States: CT, IL, ME, MA, NH, NY, RI, VT, WI

L34892 Facet Joint Interventions for Pain Management

States: AR, CO, LA, MS, NM, OK, TX, DE, MD, NJ, PA, DC

L38841 Facet Joint Interventions for Pain Management

States: IA, IN, KS, MI, MO, NE

L38773 Facet Joint Interventions for Pain Management

States: KY, OH

L38765 Facet Joint Interventions for Pain Management

States: AL, GA, NC, SC, TN, VA, WV
L33930 Facet Joint Interventions for Pain Management
States: FL, PR, VI
L38801 Facet Joint Interventions for Pain Management
States: CA, HI, NV, AS, GU, MP
NCD 150.11 Thermal Intradiscal Procedures (TIPs)
LCD33458 Chemodenervation
States: AL, GA, NC, SC, TN, VA, WV
L34106 Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L33569 Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
L35130 Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
States: AR, CO, LA, MS, NM, OK, TX, DE, MD, NJ, PA, DC
L38213 Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
States: IA, IN, KS, MI, MO, NE
L38201 Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
States: KY, OH
L38737 Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
States: AL, GA, NC, SC, TN, VA, WV
L34976 Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
States: FL, PR, VI
L34228 Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)
States: CA, HI, NV, AS, GU, MP
L36850 Peripheral Nerve Blocks
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
L37642 Nerve Blocks and Electrostimulation for Peripheral Neuropathy
States: AL, GA, NC, SC, TN, VA, WV
L33933 Peripheral Nerve Blocks
States: FL, PR, VI
L36944 Intraosseous Basivertebral Nerve Ablation
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39420 Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain
States: AL, GA, NC, SC, TN, VA, WV
L39642 Intraosseous Basivertebral Nerve Ablation

States: CA, HI, NV, AS, GU, MP
L36859 Trigger Point Injections
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L33622 Pain Management
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
L35010 Trigger Point Injections
States: AR, CO, LA, MS, NM, OK, TX, DE, MD, NJ, PA, DC
L34588 Trigger Points, Local Injections
States: IA, IN, KS, MI, MO, NE
L37635 Trigger Point Injections
States: AL, GA, NC, SC, TN, VA, WV
L33912 Injection of Trigger Points
States: FL, PR, VI
L34211 Trigger Point Injections
States: CA, HI, NV, AS, GU, MP
L37360 Peripheral Nerve Stimulation
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34328 Peripheral Nerve Stimulation
States: CA, HI, NV, AS, GU, MP
L36204 Spinal Cord Stimulators for Chronic Pain
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
NCD 160.7 Electrical Nerve Stimulators
States: All States and U.S Territories
L37632 Spinal Cord Stimulators for Chronic Pain
States: AL, GA, NC, SC, TN, VA, WV
L35136 Spinal Cord Stimulators for Chronic Pain
States: CA, HI, NV, AS, GU, MP
NCD 280.14 Infusion Pumps
States: All States and U.S Territories
L35049 Monitored Anesthesia Care
States: AR, CO, LA, MS, NM, OK, TX, DE, MD, NJ, PA, DC
NCD 150.11 Thermal Intradiscal Procedures (TIPs)
States: All States and U.S Territories
NCD 150.7 Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents
States: All States and U.S Territories
NCD 150.2 Osteogenic Stimulators
States: All States and U.S Territories
L33796 Osteogenesis Stimulators
States: All States and U.S Territories
L38033 Cervical Disc Replacement
States: AL, GA, NC, SC, TN, VA, WV
L36406 Minimally-invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI

L36494 Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint
States: KY, OH
L39025 Minimally Invasive Surgical (MIS) Fusion of the Sacroiliac Joint (SIJ)
States: AL, GA, NC, SC, TN, VA, WV
NCD 150.10 Lumbar Artificial Disc Replacement (LADR)
States: All States and U.S Territories (over age 60)
LCD37826 Lumbar Artificial Disc Replacement
States: AL, GA, NC, SC, TN, VA, WV (60 and under)
L37848 Lumbar Spinal Fusion
States: AL, GA, NC, SC, TN, VA, WV
L33382 Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions
States: FL, PR, VI
NCD 150.13 Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis
States: All States and U.S Territories
L36573 Total Hip Arthroplasty
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36577 Total Knee Arthroplasty
States: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36039 Total Joint Arthroplasty
States: CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
L36007 Lower Extremity Major Joint Replacement (Hip and Knee)
States: AR, CO, LA, MS, NM, OK, TX, DE, MD, NJ, PA, DC
L33456 Total Joint Arthroplasty
States: AL, GA, NC, SC, TN, VA, WV
L33618 Major Joint Replacement (Hip and Knee)
States: FL, PR, VI
L34163 Total Hip Arthroplasty
States: CA, HI, NV, AS, GU, MP
L36575 Total Knee Arthroplasty
States: CA, HI, NV, AS, GU, MP

Durable Medical Equipment

Medicare Local Coverage Determination (LCD) Automatic External Defibrillators (L33690) / LCA (A52458).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) Osteogenic Stimulators (150.2)
Medicare Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) / LCA (A52457).
States: All States and U.S Territories
Medicare National Coverage Determination Corset Used as Hernia Support (NCD) 280.11
Medicare Local Coverage Determination (LCD): Spinal Orthoses: TLSO and LSO (L33790) / LCA (A52500).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Knee Orthoses (L33318) / LCA (A52465).
States: All States and U.S Territories
The Medicare Benefit Policy Manual (Publication 100-02), Chapter 15, Section 130.
Medicare Local Coverage Determination (LCD): Canes and Crutches (L33733) / LCA (A52459).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Cervical Traction Devices (L33823) / LCA (A52476).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) Glucose Monitors (L33822) / LCA (A52464).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) for External Infusion Pumps (L33794) / LCA A52507).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1).
Medicare Local Coverage Determination (LCD): Cold Therapy (337358) / LCA (A52460).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Therapeutic Shoes for Persons with Diabetes (L33369) / LCA (A52501).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) for Neuromuscular Electrical Stimulation (NMES) (160.12).
Medicare Local Coverage Determination (LCD) Transcutaneous Electrical Nerve Stimulation (TENS) (L33802) / LCA (A52520).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Infared Heating Pad Systems (L33825) / LCA (A52477).
States: All States and U.S Territories

Medicare Local Coverage Determination (LCD): Heating Pads and Heat Lamps (L33784) / LCA (A52502).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) High Frequency Chest Wall Oscillation Devices (L33785) / LCA (A52494).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Intrapulmonary Percussive Ventilation System (L33786) / LCA (A52495).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) Hospital Beds (280.7)
Medicare Local Coverage Determination (LCD): Hospital Beds and Accessories (L33820) / LCA (A52508).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) Air-Fluidized Bed 280.8
Medicare Local Coverage Determination (LCD): Bowel Management Devices (L36267) / LCA (A54516).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) (230.15) Electrical Continence Aid.
Medicare National Coverage Document (NCD) Infusion Pumps (280.14).
Medicare Local Coverage Determination (LCD) External Infusion Pumps (L33794) / LCA (A52507)
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) Intrapulmonary Percussive Ventilation System (L33786) / LCA (A52495).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) for External Infusion Pumps (L33794) / LCA A52507).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) Pneumatic Compression Devices (280.6)
Medicare Local Coverage Determination (LCD): Pneumatic Compression Devices (L33829) / LCA (A52488).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) Mechanical In-exsufflation Devices (L33795) / LCA (A52510).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Walkers (L33791) / LCA (A52503).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) for Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management (190.11).
Medicare Local Coverage Determination (LCD): Nebulizers (L33370) / LCA (A52466).
States: All States and U.S Territories

Medicare Local Coverage Determination (LCD): Respiratory Assist Devices (L33800) / LCA (A52517).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Orthopedic Footwear (L33641) / LCA (A52481).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) Prosthetic Shoe (280.10)
Medicare Local Coverage Determination (LCD) for Ostomy Supplies LCA (L33828) / (A52487).
States: All States and U.S Territories
Medicare National Coverage Document (NCD) Home Use of Oxygen (240.2).
Medicare Local Coverage Determination (LCD) Oxygen and Oxygen Equipment (L33797) / LCA (A52514).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Patient Lifts (L33799) / LCA (A52516).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Commodes (L33736) / LCA (A52461).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) for Non-Implantable Pelvic Floor Electrical Stimulator (230.8).
Medicare National Coverage Determination (NCD): Mobility Assistive Equipment (MAE) (280.3).
Medicare Local Coverage Determination (LCD) Power Mobility Devices (L33789) / LCA (A52498)
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 1 (L33830) / LCA (A52489).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) Pressure Reducing Support Surfaces Group 2 (L33642) / LCA (A52490).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) Pressure Reducing Support Surfaces Group 3 (L33692) / LCA (A52468).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) External Breast Prosthesis (L33317) / LCA (A52478).
States: All States and U.S Territories
The Medicare Benefit Policy Manual (Publication 100-02), Chapter 15, Section 130.
Medicare Local Coverage Determination (LCD): Lower Limb Prostheses (L33787) / LCA (A52496).
States: All States and U.S Territories
Medicare Benefit Policy Manual, Chapter 15, 110.2 - Repairs, Maintenance, Replacement, and Delivery.

Medicare National Coverage Determination (NCD) Seat Lift (280.4)
Medicare National Coverage Determination (NCD) Speech Generating Devices (50.1)
Medicare Local Coverage Determination (LCD) Speech Generating Devices (SGD) (L33739) / LCA (A52469).
States: All States and U.S Territories
Medicare National Coverage Document (NCD) Tracheostomy Speaking Valve (50.4)
Medicare Local Coverage Determination (LCD): Surgical Dressings (L33831) / LCA (A54563).
States: All States and U.S Territories
Medicare National Coverage Determination (NCD) Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain (10.2)
Medicare National Coverage Determination (NCD) Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27)
Medicare Local Coverage Determination (LCD) Transcutaneous Electrical Nerve Stimulation (TENS) (L33802) / LCA (A52520).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Tracheostomy Care Supplies (L33832).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) Tumor Treatment Field Therapy (TTFT) (L34823) / LCA (A52711).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD) Urological Supplies (L33803) / LCA (A52521).
States: All States and U.S Territories
National Coverage Determination (NCD) Treatment of Psoriasis (250.1).
Medicare Local Coverage Determination (LCD): Vacuum Erection Devices (VED) (L34824) / LCA (A52712).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Manual Wheelchair Bases (L33788) / LCA (A52497).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Wheelchair Seating (L33312) / LCA (A52505).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792) / LCA (A52504).
States: All States and U.S Territories
Medicare Local Coverage Determination (LCD): Power Mobility Devices (L33789) / LCA (A52498).
States: All States and U.S Territories
Medicare National Coverage Analysis (NCA) Decision Memo CAG-00461N; Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3)
Medicare Local Coverage Determination (LCD): Negative Pressure Wound Therapy Pumps (L33821) / LCA (A52511).

States: All States and U.S Territories
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Medicare National Coverage Determination (NCD) Noncontact Normothermic Wound Therapy (NNWT) (270.2)
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Medicare Local Coverage Determination (LCD) Suction Pumps (L33612) / LCA (A52519).

States: All States and U.S Territories
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Post-Acute Care

None Apply

Medical Drug Management

L33394: Drugs and Biologics, Coverage of, for Label and Off-label Uses

States: IL, MN, WI, CT, NY, MA, RI, VT
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Radiation Oncology

NCD 110.1: Hyperthermia for Treatment of Cancer
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L33937: Proton Beam Radiotherapy

States: Florida, Puerto Rico, U.S. Virgin Islands

L35075: Proton Beam Therapy

States: Illinois, Minnesota, Wisconsin (MAC - Part A and B), Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
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L35076: Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT)

States: Illinois, Minnesota, Wisconsin, Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

L36658: Proton Beam Therapy

States: Kentucky, Ohio

L36711: Intensity Modulated Radiation Therapy (IMRT)

States: Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi, Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania

L36773: Intensity Modulated Radiation Therapy (IMRT)

States: Florida, Puerto Rico, U.S. Virgin Islands

L37779: Intraoperative Radiation Therapy

States: Alabama, Georgia, Tennessee, South Carolina, Virginia, West Virginia, North Carolina
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L39553: Radiation Therapies

States: Alabama, Georgia, Tennessee, North Carolina, South Carolina, Virginia, West Virginia
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L35490: Category III Codes

States: Iowa, Kansas, Missouri, Nebraska, Indiana, Michigan

Laboratory Management

NCD 90.1: Pharmacogenomic Testing for Warfarin Response
NCD 90.2: Next Generation Sequencing (NGS)
NCD 100.5: Diagnostic Breath Analyses
NCD 110.11: Food Allergy Testing and Treatment
NCD 110.13: Cytotoxic Food Tests
NCD 190.1: Histocompatibility Testing
NCD 190.11: Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management
NCD 190.12: Urine Culture, Bacterial
NCD 190.13: Human Immunodeficiency Virus (HIV) Testing
NCD 190.14: Human Immunodeficiency Virus (HIV) Testing
NCD 190.15: Blood Counts
NCD 190.16: Partial Thromboplastin Time (PTT)
NCD 190.17: Prothrombin Time (PT)
NCD 190.18: Serum Iron Studies
NCD 190.19: Collagen Crosslinks, Any Method
NCD 190.20: Blood Glucose Testing
NCD 190.21: Glycated Hemoglobin/Glycated Protein
NCD 190.22: Thyroid Testing
NCD 190.23: Lipids Testing
NCD 190.24: Digoxin Therapeutic Drug Assay
NCD 190.25: Alpha-fetoprotein
NCD 190.26: Carcinoembryonic Antigen
NCD 190.27: Human Chorionic Gonadotropin
NCD 190.28: Tumor Antigen by Immunoassay CA 125
NCD 190.29: Tumor Antigen by Immunoassay CA 15-3/CA 27.29
NCD 190.30: Tumor Antigen by Immunoassay CA 19-9
NCD 190.3: Cytogenetic Studies
NCD 190.31: Prostate Specific Antigen
NCD 190.32: Gamma Glutamyl Transferase
NCD 190.33: Hepatitis Panel/Acute Hepatitis Panel
NCD 190.34: Fecal Occult Blood Test
NCD 190.8: Lymphocyte Mitogen Response Assays
NCD 210.10: Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs (ICD-10)
NCD 210.13: Screening for Hepatitis C Virus in Adults

NCD 210.2: Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer
NCD 210.3: Colorectal Cancer Screening Tests
NCD 210.6: Screening for Hepatitis B Virus (HBV) Infection
NCD 210.7: Screening for the Human Immunodeficiency Virus (HIV) Infection
NCD 210.2.1: Screening for Cervical Cancer with Human Papillomavirus (HPV)