

# Medicare Policies Across Programs

(latest update 4/4/2024)

## **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 does not use EviCore coverage policy to supplement all NCDs/LCDs. 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.

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## Radiology

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

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

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

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

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

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

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

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

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

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

## Durable Medical Equipment

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

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

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

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

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| States: All States and U.S Territories |
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| <b>Medicare National Coverage Determination (NCD) Noncontact Normothermic Wound Therapy (NNWT) (270.2)</b> |
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| <b>Medicare Local Coverage Determination (LCD) Suction Pumps (L33612) / LCA (A52519).</b> |
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| States: All States and U.S Territories |
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## Post-Acute Care

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| <b>None Apply</b> |
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## Medical Drug Management

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| <b>L33394: Drugs and Biologics, Coverage of, for Label and Off-label Uses</b> |
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| States: IL, MN, WI, CT, NY, MA, RI, VT |
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## Radiation Oncology

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| <b>NCD 110.1: Hyperthermia for Treatment of Cancer</b> |
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| <b>L33937: Proton Beam Radiotherapy</b> |
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| States: Florida, Puerto Rico, U.S. Virgin Islands |
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| <b>L35075: Proton Beam Therapy</b> |
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| States: Illinois, Minnesota, Wisconsin (MAC - Part A and B), Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont |
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| <b>L35076: Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT)</b> |
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| States: Illinois, Minnesota, Wisconsin, Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont |
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| <b>L36658: Proton Beam Therapy</b> |
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| States: Kentucky, Ohio |
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| <b>L36711: Intensity Modulated Radiation Therapy (IMRT)</b> |
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| States: Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi, Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania |
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| <b>L36773: Intensity Modulated Radiation Therapy (IMRT)</b> |
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| States: Florida, Puerto Rico, U.S. Virgin Islands |
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| <b>L37779: Intraoperative Radiation Therapy</b> |
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| States: Alabama, Georgia, Tennessee, South Carolina, Virginia, West Virginia, North Carolina |
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| <b>L39553: Radiation Therapies</b> |
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| 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**

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

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