



SUPPLEMENTAL

Medicare Policies Across Programs

EviCore
By ~~EVERNORTH~~

EviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist, and/or individual's Primary Care Physician (PCP) may provide additional insight.

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General Information for Medicare

MCR.NCD.LCD.GENINFO

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.

Note:

This document is intended as reference only. Please visit Centers for Medicare and Medicare Services (CMS) for the most up-to-date information at MCD Search: [cms.gov](https://www.cms.gov)

Cardiovascular

MCR.NCD.LCD.CARDIOVASC

National Coverage Determination (NCD)

NCD	Title	States/ Territories
NCD 20.4	Implantable Automatic Defibrillators	All
NCD 20.7	Percutaneous Transluminal Angioplasty (PTA)	All
NCD 20.8.3	Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers	All
NCD 20.8.4	Leadless Pacemakers	All
NCD 220.1	Computed Tomography	All
NCD 220.2	Magnetic Resonance Imaging	All
NCD 220.5	Ultrasound Diagnostic Procedures	All
NCD 220.6.1	PET for Perfusion of the Heart	All
NCD 220.6.8	FDG PET for Myocardial Viability	All
NCD 220.12	Single Photon Emission Computed Tomography (SPECT)	All

Local Coverage Determination (LCD)

NCD	Title	States/ Territories
L35490	Category III Codes	IA, IN, KS, MI, MO, NE
L39521	Positron Emission Tomography (PET) Scan for Inflammation and Infection	KY, OH
L39080	Cardiac Resynchronization Therapy (CRT)	AL, GA, NC, SC, TN, VA, WV
L33423	Cardiac Computed Tomography & Angiography (CCTA)	AL, GA, NC, SC, TN, VA, WV

NCD	Title	States/ Territories
L33559	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33947	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	KY, OH
L35121	Coronary Computed Tomography Angiography (CCTA)	IA, IN, KS, MI, MO, NE
L33557	Cardiac Catheterization and Coronary Angiography	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33959	Cardiac Catheterization and Coronary Angiography	KY, OH
L33457	Cardiac Radionuclide Imaging	AL, GA, NC, SC, TN, VA, WV
L33560	Cardiovascular Nuclear Medicine	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33960	Cardiovascular Nuclear Medicine	KY, OH
L38786	Echocardiography for Myocardial Perfusion	AL, GA, NC, SC, TN, VA, WV
L33579	Transesophageal Echocardiogram (TEE)	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35016	Transesophageal Echocardiography (TEE)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34337	Transesophageal Echocardiography (TEE)	KY, OH
L33756	Transesophageal Echocardiogram	FL, PR, VI

NCD	Title	States/ Territories
L33577	Transthoracic Echocardiogram	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34338	Transthoracic Echocardiogram, Stress Echocardiogram, 3-D Echocardiogram	KY, OH
L37379	Echocardiography	AL, GA, NC, SC, TN, VA, WV
L36889	Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34324	Cardiovascular Stress Testing, Including Exercise and/or Pharmacological Stress and Stress Echocardiography	CA, HI, NV, AS, GU, MP
L35083	Cardiology Non-emergent Outpatient Stress Testing	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38396	Cardiology Non-emergent Outpatient Stress Testing	FL, PR, VI
L35028	Venous Angioplasty with or without Stent Placement for the Treatment of Chronic Cerebrospinal Venous Insufficiency	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
L35998	Non-Coronary Vascular Stents	IA, IN, KS, MI, MO, NE
L37893	Endovenous Stenting	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38231	Endovenous Stenting	FL, PR, VI
L38278	Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease	AL, GA, NC, SC, TN, VA, WV
L38613	Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease	CA, HI, NV, AS, GU, MP

NCD	Title	States/ Territories
L38615	Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38771	Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease	KY, OH
L38839	Non-Invasive Fractional Flow Reserve (FFR) for Ischemic Heart Disease	IA, IN, KS, MI, MO, NE
L39075	Non-Invasive Fractional Flow Reserve (FFR) for Stable Ischemic Heart Disease	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33575	Varicose Veins of the Lower Extremity, Treatment of	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34082	Varicose Veins of the Lower Extremity, Treatment of	KY, OH
L34010	Treatment of Varicose Veins of the Lower Extremity	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34536	Treatment of Varicose Veins of the Lower Extremities	IA, IN, KS, MI, MO, NE
L39121	Treatment of Varicose Veins of the Lower Extremities	AL, GA, NC, SC, TN, VA, WV
L34209	Treatment of Varicose Veins of the Lower Extremity	CA, HI, NV, AS, GU, MP
L34924	Treatment of Chronic Venous Insufficiency of the Lower Extremities	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38720	Treatment of Chronic Venous Insufficiency of the Lower Extremities	FL, PR, VI

Durable Medical Equipment

MCR.NCD.LCD.DME

Medicare Regulations and Guidance Documents

Document	Title/Section	States/ Territories
Medicare Benefit Policy Manual	Chapter 15, Section 130	All
Medicare Benefit Policy Manual	Chapter 15, 110.2 - Repairs, Maintenance, Replacement, and Delivery	All

National Coverage Determination (NCD)

NCD	Title	States/ Territories
National Coverage Analysis (NCA) Decision Memo CAG-00461N	Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3)	All
NCD 150.2	Osteogenic Stimulators	All
NCD 280.11	Corset Used as Hernia Support	All
NCD 280.1	Durable Medical Equipment Reference List	All
NCD 160.12	Neuromuscular Electrical Stimulation (NMES)	All
NCD 280.7	Hospital Beds	All
NCD 280.8	Air-Fluidized Bed	All
NCD 230.15	Electrical Continence Aid	All
NCD 280.14	Infusion Pumps	All
NCD 280.6	Pneumatic Compression Devices	All

NCD	Title	States/ Territories
NCD 190.11	Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management	All
NCD 280.10	Prosthetic Shoe	All
NCD 240.2	Home Use of Oxygen	All
NCD 230.8	Non-Implantable Pelvic Floor Electrical Stimulator	All
NCD 280.3	Mobility Assistive Equipment (MAE)	All
NCD 280.4	Seat Lift	All
NCD 50.1	Speech Generating Devices	All
NCD 50.4	Tracheostomy Speaking Valve	All
NCD 10.2	Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain	All
NCD 160.27	Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP)	All
NCD 250.1	Treatment of Psoriasis	All
NCD 270.2	Noncontact Normothermic Wound Therapy (NNWT)	All

Local Coverage Determination (LCD)

LCD	Title	States/ Territories
L33690	Automatic External Defibrillators	All
L33686	Ankle-Foot/Knee-Ankle-Foot Orthosis	All
L33790	Spinal Orthoses: TLSO and LSO	All
L33318	Knee Orthoses	All
L33733	Canes and Crutches	All
L33823	Cervical Traction Devices	All
L33822	Glucose Monitors	All
L33794	External Infusion Pumps	All

LCD	Title	States/ Territories
L33735	Cold Therapy	All
L33369	Therapeutic Shoes for Persons with Diabetes	All
L33802	Transcutaneous Electrical Nerve Stimulation (TENS)	All
L33825	Infrared Heating Pad Systems	All
L33784	Heating Pads and Heat Lamps	All
L33785	High Frequency Chest Wall Oscillation Devices	All
L33786	Intrapulmonary Percussive Ventilation System	All
L33820	Hospital Beds and Accessories	All
L36267	Bowel Management Devices	All
L33829	Pneumatic Compression Devices	All
L33795	Mechanical In-exsufflation Devices	All
L33791	Walkers	All
L33370	Nebulizers	All
L33641	Orthopedic Footwear	All
L33800	Respiratory Assist Devices	All
L33828	Ostomy Supplies	All
L33797	Oxygen and Oxygen Equipment	All
L33799	Patient Lifts	All
L33736	Commodes	All
L33789	Power Mobility Devices	All
L33830	Pressure Reducing Support Surfaces - Group 1	All
L33642	Pressure Reducing Support Surfaces - Group 2	All
L33692	Pressure Reducing Support Surfaces - Group 3	All
L33317	External Breast Prosthesis	All
L33787	Lower Limb Prostheses	All
L33739	Speech Generating Devices (SGD)	All

LCD	Title	States/ Territories
L33831	Surgical Dressings	All
L33832	Tracheostomy Care Supplies	All
L34823	Tumor Treatment Field Therapy (TTFT)	All
L33803	Urological Supplies	All
L34824	Vacuum Erection Devices (VED)	All
L33788	Manual Wheelchair Bases	All
L33312	Wheelchair Seating	All
L33792	Wheelchair Options/Accessories	All
L33821	Negative Pressure Wound Therapy Pumps	All
L33612	Suction Pumps	All

Gastroenterology

MCR.NCD.LCD.GASTRO

Medicare Regulations and Guidance Documents

Document	Title/Section	States/ Territories
Medicare Benefit Policy Manual	Chapter 15, Transmittal 280.2.3, Sections A, B, and D	All

National Coverage Determination (NCD)

NCD	Title	States/ Territories
NCD 100.2	Endoscopy	All
NCD 100.10	Injection Sclerotherapy for Esophageal Variceal Bleeding	All

Local Coverage Determination (LCD)

LCD	Title	States/ Territories
L34213	Diagnostic and Therapeutic Colonoscopy	CA, HI, NV, AS, GU, MP
L38571	Colon Capsule Endoscopy (CCE)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
L38824	Colon Capsule Endoscopy (CCE)	AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY
L38777	Colon Capsule Endoscopy (CCE)	KY, OH
L38805	Colon Capsule Endoscopy (CCE)	FL, PR, VI

LCD	Title	States/ Territories
L38807	Colon Capsule Endoscopy (CCE)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38755	Colon Capsule Endoscopy (CCE)	AL, GA, NC, SC, TN, VA, WV
L38837	Colon Capsule Endoscopy (CCE)	IA, IN, KS, MI, MO, NE

Laboratory Management

MCR.NCD.LCD.LAB

National Coverage Determination (NCD)

NCD	Title	States/ Territories
NCD 90.1	Pharmacogenomic Testing for Warfarin Response	All
NCD 90.2	Next Generation Sequencing (NGS)	All
NCD 100.5	Diagnostic Breath Analyses	All
NCD 110.11	Food Allergy Testing and Treatment	All
NCD 110.13	Cytotoxic Food Tests	All
NCD 190.1	Histocompatibility Testing	All
NCD 190.11	Home Prothrombin Time/International Normalized Ration (PT/INR) Monitoring for Anticoagulation Management	All
NCD 190.12	Urine Culture, Bacterial	All
NCD 190.13	Human Immunodeficiency Virus (HIV) Testing	All
NCD 190.14	Human Immunodeficiency Virus (HIV) Testing	All
NCD 190.15	Blood Counts	All
NCD 190.16	Partial Thromboplastin Time (PTT)	All
NCD 190.17	Prothrombin Time (PT)	All
NCD 190.18	Serum Iron Studies	All
NCD 190.19	Collagen Crosslinks, Any Method	All
NCD 190.20	Blood Glucose Testing	All
NCD 190.21	Glycated Hemoglobin/Glycated Protein	All
NCD 190.22	Thyroid Testing	All
NCD 190.23	Lipids Testing	All
NCD 190.24	Digoxin Therapeutic Drug Assay	All
NCD 190.25	Alpha-Fetoprotein	All

Medicare Policies Across Programs

NCD	Title	States/ Territories
NCD 190.26	Carcinoembryonic Antigen	All
NCD 190.27	Human Chorionic Gonadotropin	All
NCD 190.28	Tumor Antigen by Immunoassay CA 125	All
NCD 190.29	Tumor Antigen by Immunoassay CA 15-3/CA 27.29	All
NCD 190.30	Tumor Antigen by Immunoassay CA 19-9	All
NCD 190.3	Cytogenetic Studies	All
NCD 190.31	Prostate Specific Antigen	All
NCD 190.32	Gamma Glutamyl Transferase	All
NCD 190.33	Hepatitis Panel/Acute Hepatitis Panel	All
NCD 190.34	Fecal Occult Blood Test	All
NCD 190.8	Lymphocyte Mitogen Response Assays	All
NCD 210.10	Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs (ICD-10)	All
NCD 210.13	Screening for Hepatitis C Virus in Adults	All
NCD 210.2	Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer	All
NCD 210.3	Colorectal Cancer Screening Tests	All
NCD 210.6	Screening for Hepatitis B Virus (HBV) Infection	All
NCD 210.7	Screening for the Human Immunodeficiency Virus (HIV) Infection	All
NCD 210.2.1	Screening for Cervical Cancer with Human Papillomavirus (HPV)	All

Medical Drug Management

MCR.NCD.LCD.MDM

Local Coverage Determination (LCD)

LCD	Title	States/ Territories
L33394	Drugs and Biologics, Coverage of, for Label and Off-label Uses	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

Medical Oncology

MCR.NCD.LCD.MEDONC

National Coverage Determination (NCD)

NCD	Title	States/ Territories
NCD 20.28	Therapeutic Embolization	All
NCD 110.18	Aprepitant for Chemotherapy-Induced Emesis	All
NCD 110.21	Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions	All
NCD 110.24	Chimeric Antigen Receptor (CAR) T-cell Therapy	All
NCD 310.1	Routine Costs in Clinical Trials	All

Local Coverage Determination (LCD)

LCD	Title	States/ Territories
L34648	Biphosphonate Drug Therapy	IA, IN, KS, MI, MO, NE
L33270	Bisphosphonates and Monoclonal Antibodies	FL, PR, VI
L33394	Drugs and Biologics, Coverage of, for Label and Off-label Uses	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

Musculoskeletal Advanced Procedures

MCR.NCD.LCD.CMM

Medicare Regulations and Guidance Documents

Document	Title/Section	States/ Territories
Medicare Benefit Policy Manual	Chapter 15 – Covered Medical and Other Health Services	All

National Coverage Determination (NCD)

NCD	Title	States/ Territories
NCD 150.2	Osteogenic Stimulators	All
NCD 150.7	Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents	All
NCD 150.10	Lumbar Artificial Disc Replacement (LADR) (for age over 60 years)	All
NCD 150.11	Thermal Intradiscal Procedures (TIPs)	All
NCD 150.13	Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis	All
NCD 160.7	Electrical Nerve Stimulators	AR, CO, CT, DE, FL, IA, IL, IN, KS, KY, LA, MA, MD, ME, MN, MO, MS, NE, NH, NM, NJ, NY, OH, OK, PA, PR, RI, VT, WI, TX
NCD 280.14	Infusion Pumps	All

Local Coverage Determination (LCD)

LCD	Title	States/ Territories
L35490	Category III Codes	IA, IN, KS, MI, MO, NE
L39036	Epidural Steroid Injections for Pain Management	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36920	Epidural Steroid Injections for Pain Management	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L39054	Epidural Steroid Injections for Pain Management	IA, IN, KS, MI, MO, NE
L39015	Epidural Steroid Injections for Pain Management	KY, OH
L38994	Epidural Steroid Injections for Pain Management	AL, GA, NC, SC, TN, VA, WV
L33906	Epidural Steroid Injections for Pain Management	FL, PR, VI
L39240	Epidural Steroid Injections for Pain Management	AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY
L38803	Facet Joint Interventions for Pain Management	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35936	Facet Joint Interventions for Pain Management	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34892	Facet Joint Interventions for Pain Management	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38841	Facet Joint Interventions for Pain Management	IA, IN, KS, MI, MO, NE

LCD	Title	States/ Territories
L38773	Facet Joint Interventions for Pain Management	KY, OH
L38765	Facet Joint Interventions for Pain Management	AL, GA, NC, SC, TN, VA, WV
L33930	Facet Joint Interventions for Pain Management	FL, PR, VI
L38801	Facet Joint Interventions for Pain Management	CA, HI, NV, AS, GU, MP
L33458	Chemodenervation	AL, GA, NC, SC, TN, VA, WV
L34106	Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L33569	Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35130	Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38213	Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	IA, IN, KS, MI, MO, NE
L38201	Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	KY, OH
L38737	Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	AL, GA, NC, SC, TN, VA, WV
L38737	Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	FL, PR, VI
L34228	Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF)	CA, HI, NV, AS, GU, MP

LCD	Title	States/ Territories
L35457	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35456	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	CA, HI, NV, AS, GU, MP
L36850	Peripheral Nerve Blocks	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33933	Peripheral Nerve Blocks	FL, PR, VI
L36944	Intraosseous Basivertebral Nerve Ablation	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39420	Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebroprogenic Lower Back Pain	AL, GA, NC, SC, TN, VA, WV
L36942	Intraosseous Basivertebral Nerve Ablation	CA, HI, NV, AS, GU, MP
L36859	Trigger Point Injections	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39662	Trigger Point Injections	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35010	Trigger Point Injections	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L39713	Trigger Point Injections	IA, IN, KS, MI, MO, NE
L39656	Trigger Point Injections	KY, OH
L39671	Trigger Point Injections	AL, GA, NC, SC, TN, VA, WV

LCD	Title	States/ Territories
L33912	Injection of Trigger Points	FL, PR, VI
L34211	Trigger Point Injections	CA, HI, NV, AS, GU, MP
L37360	Peripheral Nerve Stimulation	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34328	Peripheral Nerve Stimulation	CA, HI, NV, AS, GU, MP
L36204	Spinal Cord Stimulators for Chronic Pain	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L37632	Spinal Cord Stimulators for Chronic Pain	AL, GA, NC, SC, TN, VA, WV
L35136	Spinal Cord Stimulators for Chronic Pain	CA, HI, NV, AS, GU, MP
L35049	Monitored Anesthesia Care	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33796	Osteogenesis Stimulators	All
L39958	Intervertebral Disc Repair	KY, OH
L39942	Intervertebral Disc Repair	AL, GA, NC, SC, TN, VA, WV
L39660	Intervertebral Disc Repair	AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY
L39812	Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD	Title	States/ Territories
L36406	Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36000	Percutaneous Minimally Invasive Fusion/ Stabilization of the Sacroiliac Joint for the Treatment of Back Pain	IA, IN, KS, MI, MO, NE
L39802	Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint	KY, OH
L39797	Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint	AL, GA, NC, SC, TN, VA, WV
L39810	Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac (SI) Joint	CA, HI, NV, AS, GU, MP
L37848	Lumbar Spinal Fusion	AL, GA, NC, SC, TN, VA, WV
L33382	Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions	FL, PR, VI
L37826	Lumbar Artificial Disc Replacement (for age 60 years and under)	AL, GA, NC, SC, TN, VA, WV
L38033	Cervical Disc Replacement	AL, GA, NC, SC, TN, VA, WV
L39770	Cervical Fusion	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L39793	Cervical Fusion	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L39788	Cervical Fusion	IA, IN, KS, MI, MO, NE

LCD	Title	States/ Territories
L39741	Cervical Fusion	KY, OH
L39773	Cervical Fusion	AL, GA, NC, SC, TN, VA, WV
L39799	Cervical Fusion	FL, PR, VI
L39758	Cervical Fusion	AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY
L36573	Total Hip Arthroplasty	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36577	Total Knee Arthroplasty	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36039	Total Joint Arthroplasty	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36007	Lower Extremity Major Joint Replacement (Hip and Knee)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L39911	Total Joint Arthroplasty	IA, IN, KS, MI, MO, NE
L33456	Total Joint Arthroplasty	AL, GA, NC, SC, TN, VA, WV
L33618	Major Joint Replacement (Hip and Knee)	FL, PR, VI
L34163	Total Hip Arthroplasty	CA, HI, NV, AS, GU, MP
L36575	Total Knee Arthroplasty	CA, HI, NV, AS, GU, MP

LCD	Title	States/ Territories
L39956	Total Shoulder Arthroplasty	AL, GA, NC, SC, TN, VA, WV
L39464	Sacroiliac Joint Injections and Procedures	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39455	Sacroiliac Joint Injections and Procedures	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L39475	Sacroiliac Joint Injections and Procedures	IA, IN, KS, MI, MO, NE
L39383	Sacroiliac Joint Injections and Procedures	KY, OH
L39402	Sacroiliac Joint Injections and Procedures	AL, GA, NC, SC, TN, VA, WV
L39462	Sacroiliac Joint Injections and Procedures	CA, HI, NV, AS, GU, MP

Musculoskeletal Therapies

MCR.NCD.LCD.POSTCAM

Medicare Regulations and Guidance Documents

For All Outpatient Requests

Document	Title/Section	States/ Territories
Medicare Benefit Policy Manual	Chapter 15, Section 220 & 230	All

For All Home Health Care Requests

Document	Title/Section	States/ Territories
Medicare Benefit Policy Manual	Chapter 7, Section 40	All

Post-Acute Care

MCR.NCD.LCD.PAC

None Apply

Medicare Policies Across Programs

Radiation Oncology

MCR.NCD.LCD.RADONC

National Coverage Determination (NCD)

NCD	Title/Section	States/ Territories
NCD 110.1	Hyperthermia for Treatment of Cancer	FL, PR, VI

Local Coverage Determination (LCD)

LCD	Title/Section	States/ Territories
L35490	Category III Codes	IA, IN, KS, MI, MO, NE
L35075	Proton Beam Therapy	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36658	Proton Beam Therapy	KY, OH
L33937	Proton Beam Radiotherapy	FL, PR, VI
L35076	Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT)	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L37779	Intraoperative Radiation Therapy	AL, GA, NC, SC, TN, VA, WV
L39553	Radiation Therapies	AL, GA, NC, SC, TN, VA, WV

Radiology

MCR.NCD.LCD.RAD

Medicare Regulations and Guidance Documents

Document	Title/Section	States/ Territories
Medicare Benefit Policy Manual	Chapter 15, Section 80.5 - Bone Mass Measurements (BMMs)	All
Medicare Claims Processing	Chapter 18 - Preventative and Screening Services	All

National Coverage Determination (NCD)

NCD	Title	States/ Territories
NCD 220.1	Computed Tomography	All
NCD 220.2	Magnetic Resonance Imaging	All
NCD 210.3	Colorectal Cancer Screening Tests	All
NCD 210.14	Lung Cancer Screening with LDCT	All
NCD 220.5	Ultrasound Diagnostic Procedures	All
NCD 220.6.1	PET for Perfusion of the Heart	All
NCD 220.6.9	FDG PET for Refractory Seizures	All
NCD 220.6.13	FDG PET for Dementia and Neurodegenerative Diseases	All
NCD 220.6.17	Positron Emission Tomography (FDG) for Oncologic Conditions	All
NCD 220.6.19	Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer	All
NCD 220.12	Single Photon Emission Computed Tomography (SPECT)	All

Local Coverage Determination (LCD)

LCD	Title	States/ Territories
L35490	Category III Codes	IA, IN, KS, MI, MO, NE
L35391	Multiple Imaging in Oncology	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33452	Virtual Colonoscopy (CT Colonography)	AL, GA, NC, SC, TN, VA, WV
L34055	Virtual Colonoscopy (CT Colonography)	KY, OH
L33562	Computed Tomographic (CT) Colonography for Diagnostic Uses	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33578	Transrectal Ultrasound	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33459	Computerized Axial Tomography (CT), Thorax	AL, GA, NC, SC, TN, VA, WV
L33959	Cardiac Catheterization and Coronary Angiography	KY, OH
L33577	Transthoracic Echocardiogram	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33579	Transesophageal Echocardiogram (TEE)	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33585	Breast Imaging: Breast Echography (Sonography)/ Breast MRI/Ductography	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33950	Breast Imaging Mammography/ Breast Echography (Sonography)/ Breast MRI/Ductography	KY, OH
L34372	Magnetic Resonance Angiography (MRA)	FL, PR, VI

LCD	Title	States/ Territories
L34424	Magnetic Resonance Angiography (MRA)	AL, GA, NC, SC, TN, VA, WV
L34865	Magnetic Resonance Angiography (MRA)	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33633	Magnetic Resonance Angiography (MRA)	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34425	Magnetic Resonance Imaging of the Orbit, Face, and/or Neck	AL, GA, NC, SC, TN, VA, WV
L35175	MRI and CT Scans of the Head and Neck	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34417	CT of the Head	AL, GA, NC, SC, TN, VA, WV
L33695	Non-Invasive Extracranial Arterial Studies	FL, PR, VI
L33977	Transcranial Doppler Studies	FL, PR, VI
L34027	Ultrasound, Soft Tissues of Head and Neck	FL, PR, VI
L35397	Non-Invasive Cerebrovascular Arterial Studies	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L35753	Non-Invasive Cerebrovascular Studies	IA, IN, KS, MI, MO, NE
L37373	MRI and CT Scans of the Head and Neck	CA, HI, NV, AS, GU, MP
L38694	Computed Tomography Cerebral Perfusion Analysis (CTP)	KY, OH

LCD	Title	States/ Territories
L38709	Computed Tomography Cerebral Perfusion Analysis (CTP)	AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY
L38769	Computed Tomography Cerebral Perfusion Analysis (CTP)	AL, GA, NC, SC, TN, VA, WV
L34220	Lumbar MRI	CA, HI, NV, AS, GU, MP
L37281	Lumbar MRI	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34415	CT of the Abdomen and Pelvis	AL, GA, NC, SC, TN, VA, WV
L34577	Retroperitoneal Ultrasound	AL, GA, NC, SC, TN, VA, WV
L37636	Nonobstetric Pelvic Ultrasound	CA, HI, NV, AS, GU, MP
L35755	Non-Invasive Abdominal/Visceral Vascular Studies	IA, IN, KS, MI, MO, NE
L33619	Nonvascular Extremity Ultrasound	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33627	Non-Invasive Vascular Studies	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34045	Non-Invasive Vascular Studies	KY, OH
L33667	Duplex Scan of Lower Extremity Arteries	FL, PR, VI
L34062	Dialysis Access Maintenance	KY, OH
L33674	Duplex Scanning	FL, PR, VI

LCD	Title	States/ Territories
L33693	Peripheral Venous Ultrasound	FL, PR, VI
L35451	Peripheral Venous Ultrasound	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L35751	Non-Invasive Peripheral Venous Vascular and Hemodialysis Access Studies	IA, IN, KS, MI, MO, NE
L35761	Non-Invasive Peripheral Arterial Vascular Studies	IA, IN, KS, MI, MO, NE
L34082	Varicose Veins of the Lower Extremity, Treatment of	KY, OH
L34010	Treatment of Varicose Veins of the Lower Extremity	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34209	Treatment of Varicose Veins of the Lower Extremity	CA, HI, NV, AS, GU, MP
L34536	Treatment of Varicose Veins of the Lower Extremities	IA, IN, KS, MI, MO, NE
L39521	Positron Emission Tomography (PET) Scan for Inflammation and Infection	KY, OH
L35222	Nerve Blocks for Peripheral Neuropathy	IA, IN, KS, MI, MO, NE
L35249	Nerve Blocks for Peripheral Neuropathy	KY, OH
L35456	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	CA, HI, NV, AS, GU, MP
L35457	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39260	Hyaluronic Acid Injections for Knee Osteoarthritis	AL, GA, NC, SC, TN, VA, WV
L39529	Intraarticular Knee Injections of Hyaluronan	IA, IN, KS, MI, MO, NE

LCD	Title	States/ Territories
L39464	Sacroiliac Joint Injections and Procedures	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39455	Sacroiliac Joint Injections and Procedures	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L39475	Sacroiliac Joint Injections and Procedures	IA, IN, KS, MI, MO, NE
L39383	Sacroiliac Joint Injections and Procedures	KY, OH
L39402	Sacroiliac Joint Injections and Procedures	AL, GA, NC, SC, TN, VA, WV
L39462	Sacroiliac Joint Injections and Procedures	CA, HI, NV, AS, GU, MP

Sleep

MCR.NCD.LCD.SLEEP

National Coverage Determination (NCD)

NCD	Title	States/ Territories
NCD 240.4	Continuous Positive Airway Pressure (CPAP) Therapy For Obstructive Sleep Apnea (OSA)	All
NCD 240.4.1	Sleep Testing for Obstructive Sleep Apnea (OSA)	All

Local Coverage Determination (LCD)

LCD	Title	States/ Territories
L33611	Oral Appliances for Obstructive Sleep Apnea	All
L33718	Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	All
L33800	Respiratory Assist Devices	All
L35050	Outpatient Sleep Studies	AR, CO, DC, DE, LA, ND, MS, NJ, NM, OK, PA, TX
L36593	Polysomnography	AL, GA, NC, SC, TN, VA, WV
L33405	Polysomnography and Sleep Testing	FL, PR, VI
L36839	Polysomnography and Other Sleep Studies	IA, IN, KS, MI, MO, NE
L36861	Polysomnography and Other Sleep Studies	AK, AS, AZ, CA, GU, HI, ID, MP, MT, ND, NV, OR, SD, UT, WA, WY
L36902	Polysomnography and Other Sleep Studies	KY, OH

LCD	Title	States/ Territories
L37293	Respiratory Care (Respiratory Therapy)	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY