

Cotiviti Approved Topics List as of August 01, 2025

[illegible]

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
0050 - Add on Codes Paid without Primary Code and/or Denied Primary Code	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient	3 - all applicable states	1/22/2021	Approved	CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an additional procedure is performed. Add-on codes are not separately billable.	Add-on Codes: https://www.cms.gov/mccs/medicare/mccs-add-code-edits	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims that have a "claim paid date" which is more than 3 years prior to the informational letter date
0050 - Add on Codes Paid without Primary Code and/or Denied Primary Code	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient	4 - all applicable states	1/22/2021	Approved	CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an additional procedure is performed. Add-on codes are not separately billable.	Add-on Codes: https://www.cms.gov/mccs/medicare/mccs-add-code-edits	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims that have a "claim paid date" which is more than 3 years prior to the informational letter date
0054 - Ambulance Billed during Inpatient; Unbundling	Automated	Ambulance Providers	3 - all applicable states	6/20/2017	Approved	Ambulance services during an inpatient stay are included in the facility's PPS payment and are not separately billable. Part B, excluding the date of admission, payment for ambulance services is included.	A0425, A0426, A0427, A0428, A0429, A0432, A0433, A0434	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits for Ambulance Services 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits for Ambulance Services	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date
0054 - Ambulance Billed during Inpatient; Unbundling	Automated	Ambulance Providers	4 - all applicable states	6/20/2017	Approved	Ambulance services during an inpatient stay are included in the facility's PPS payment and are not separately billable. Part B, excluding the date of admission, payment for ambulance services is included.	A0425, A0426, A0427, A0428, A0429, A0432, A0433, A0434	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits for Ambulance Services 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits for Ambulance Services	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date
0056 - Evaluation and Management Services in Skilled Nursing Facilities; Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	8/7/2017	Approved	Management (E/M) codes billed for services rendered to a patient residing in a skilled nursing facility (SNF), with no additional billing for the same date of service.	99233, 99232, 99233	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the informational letter date (automated)
0056 - Evaluation and Management Services in Skilled Nursing Facilities; Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	8/7/2017	Approved	Claims with CPT inpatient hospital care evaluation and management (E/M) codes billed for services rendered to a patient residing in a skilled nursing facility (SNF), with no additional billing for the same date of service.	99233, 99232, 99233	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the informational letter date (automated)
0060 - Unbundled Therapy: Excessive Units	Automated	Outpatient Hospital; Skilled Nursing Facility (SNF); Outpatient Rehabilitation Facility (ORF); Outpatient Hospital; Skilled Nursing Facility (SNF)	3 - all applicable states	9/8/2017	Approved	When reporting service units for unlisted codes (excluding Modifiers -XX, and -59) where the procedure is not defined by a specific timeframe, the provider may not bill for more than one unit of service.	92507, 92508, 92521, 92522, 92523, 92524, 92526, 92597, 92609, 97012, 97016, 97018, 97022, 97024, 97028, 97029, 97030, 97031, 97032, 97033, 97034, 97035, 97036, 97037, 97038, 97039, 97040, 97041, 97042, 97043, 97044, 97045, 97046, 97047, 97048, 97049, 97050, 97051, 97052, 97053, 97054, 97055, 97056, 97057, 97058, 97059, 97060, 97061, 97062, 97063, 97064, 97065, 97066, 97067, 97068, 97069, 97070, 97071, 97072, 97073, 97074, 97075, 97076, 97077, 97078, 97079, 97080, 97081, 97082, 97083, 97084, 97085, 97086, 97087, 97088, 97089, 97090, 97091, 97092, 97093, 97094, 97095, 97096, 97097, 97098, 97099, 97100, 97101, 97102, 97103, 97104, 97105, 97106, 97107, 97108, 97109, 97110, 97111, 97112, 97113, 97114, 97115, 97116, 97117, 97118, 97119, 97120, 97121, 97122, 97123, 97124, 97125, 97126, 97127, 97128, 97129, 97130, 97131, 97132, 97133, 97134, 97135, 97136, 97137, 97138, 97139, 97140, 97141, 97142, 97143, 97144, 97145, 97146, 97147, 97148, 97149, 97150, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 97159, 97160, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97169, 97170, 97171, 97172, 97173, 97174, 97175, 97176, 97177, 97178, 97179, 97180, 97181, 97182, 97183, 97184, 97185, 97186, 97187, 97188, 97189, 97190, 97191, 97192, 97193, 97194, 97195, 97196, 97197, 97198, 97199, 97200, 97201, 97202, 97203, 97204, 97205, 97206, 97207, 97208, 97209, 97210, 97211, 97212, 97213, 97214, 97215, 97216, 97217, 97218, 97219, 97220, 97221, 97222, 97223, 97224, 97225, 97226, 97227, 97228, 97229, 97230, 97231, 97232, 97233, 97234, 97235, 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97808, 97809, 97810, 97811, 97812, 97813, 97814, 97815, 97816, 97817, 97818, 97819, 97820, 97821, 97822, 97823, 97824, 97825, 97826, 97827, 97828, 97829, 97830, 97831, 97832, 97833, 97834, 97835, 97836, 97837, 97838, 97839, 97840, 97841, 97842, 97843, 97844, 97845, 97846, 97847, 97848, 97849, 97850, 97851, 97852, 97853, 97854, 97855, 97856, 97857, 97858, 97859, 97860, 97861, 97862, 97863, 97864, 97865, 97866, 97867, 97868, 97869, 97870, 97871, 97872, 97873, 97874, 97875, 97876, 97877, 97878, 97879, 97880, 97881, 97882, 97883, 97884, 97885, 97886, 97887, 97888, 97889, 97890, 97891, 97892, 97893, 97894, 97895, 97896, 97897, 97898, 97899, 97900, 97901, 97902, 97903, 97904, 97905, 97906, 97907, 97908, 97909, 97910, 97911, 97912, 97913, 97914, 97915, 97916, 97917, 97918, 97919, 97920, 97921, 97922, 97923, 97924, 97925, 97926, 97927, 97928, 97929, 97930, 97931, 97932, 97933, 97934, 97935, 97936, 97937, 97938, 97939, 97940, 97941, 97942, 97943, 97944, 97945, 97946, 97947, 97948, 97949, 97950, 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Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments	Automated	Outpatient Hospital; Inpatient Hospital Part B	4 - all applicable states	10/5/2017	Approved	Outpatient services for the same beneficiary, same or different service provider, where the date(s) of service on the outpatient claim falls within an inpatient admission or the date(s) of service on the inpatient claim falls within an outpatient admission.	Eligible codes with TOB 11x, 12x and 13x	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.
0073 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation Requirements	Complex	Inpatient Rehabilitation Facility; Inpatient	3 - all applicable states	10/4/2018	Approved	Medicare only pays for services that are reasonable and necessary for the setting billed. The inpatient rehabilitation facility (IRF) benefit is designed to provide rehabilitation services to Medicare beneficiaries who are unable to be discharged to their homes and require intensive therapy services.	N/A	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	"Paid claim date" which is more than 3 years prior to the ADR letter date.
0074 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation Requirements	Complex	Inpatient Rehabilitation Facility; Inpatient	4 - all applicable states	10/4/2018	Approved	Medicare only pays for services that are reasonable and necessary for the setting billed. The inpatient rehabilitation facility (IRF) benefit is designed to provide rehabilitation services to Medicare beneficiaries who are unable to be discharged to their homes and require intensive therapy services.	N/A	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0075 - Drug and Biologicals in Single-Dose Vials: Incorrect Units Billed	Complex	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	12/21/2017	Approved	Claims billed with excessive or insufficient units will be reviewed to determine the actual amount administered and the correct number of billable/payable units.	G0439, G0402	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0076 - Drug and Biologicals in Single-Dose Vials: Incorrect Units Billed	Complex	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	12/21/2017	Approved	Claims billed with excessive or insufficient units will be reviewed to determine the actual amount administered and the correct number of billable/payable units.	G0439, G0402	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0077 - Home Health: Medical Necessity and Documentation Requirements	Complex	Home Health Agencies	5 - All HHH MACs	12/12/2017	Approved	This review will determine whether the Home Health care is reasonable and necessary, based on documentation in the medical record. Claims that do not meet the criteria for reasonable and necessary will be denied.	Revenue Codes: 002X, 002X, 002X, 002X, 004X, 004X, 005X, 005X, 005X, 005X	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" prior to May 12, 2023
0077 - Annual Wellness Visit Billed Sooner than Eleven Whole Months Following the Initial Preventive Physical Examination	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	1/9/2018	Approved	Claims for HCPCS Code G0439 will be recovered as overpayment as it is not payable if an Initial Preventive Physical Examination (IPPE) or an Annual Wellness Visit (AWV) has been billed within the same calendar year.	G0439, G0402	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.
0077 - Annual Wellness Visit Billed Sooner than Eleven Whole Months Following the Initial Preventive Physical Examination	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	1/9/2018	Approved	Claims for HCPCS Code G0439 will be recovered as overpayment as it is not payable if an Initial Preventive Physical Examination (IPPE) or an Annual Wellness Visit (AWV) has been billed within the same calendar year.	G0439, G0402	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.
0081 - Negative Pressure Wound Therapy: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	2/6/2018	Approved	This review will determine if Negative Pressure Wound Therapy is reasonable and necessary for the patient's condition based on the documentation in the medical record.	E2402, A6550, A7000	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Select claims that have a "claim paid date" which is less than 3 years prior to the Review Results letter date.
0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling	Automated	Laboratory/Ambulance, Outpatient Hospital	3 - all applicable states	3/13/2018	Approved	Laboratory services are covered under Part A, excluding anatomical pathology services and certain clinical pathology services. If billed separately, these are considered unbundleable services.	80047-87912	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Select claims that have a "claim paid date" which is less than 3 years prior to the Review Results letter date.
0086 - Observation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/4/2018	Approved	Hospital outpatient observation care (initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the same physician or qualified health care professional.	99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the Review Results letter date.
0086 - Observation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/4/2018	Approved	Hospital outpatient observation care (initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the same physician or qualified health care professional.	99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the Review Results letter date.
0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/4/2018	Approved	The ESRD PPS includes consolidated billing for limited Part B services included in the ESRD facility bundled payment. Certain laboratory services and limited drugs and supplies will be subject to Part B consolidated billing and are not payable if billed separately.	Labs subject to ESRD Consolidated Billing	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.
0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/4/2018	Approved	The ESRD PPS includes consolidated billing for limited Part B services included in the ESRD facility bundled payment. Certain laboratory services and limited drugs and supplies will be subject to Part B consolidated billing and are not payable if billed separately.	Labs subject to ESRD Consolidated Billing	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.
0088 - Ancillary Services Billed Without an Approved Surgical Procedure	Automated	Ambulatory Surgery Center (ASC)	3 - all applicable states	3/4/2018	Approved	Covered ancillary items and services are not payable if there is no approved Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the patient.	All ancillary services- https://www.cms.gov/medicare/coverage/ancillary-services	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.
0088 - Ancillary Services Billed Without an Approved Surgical Procedure	Automated	Ambulatory Surgery Center (ASC)	4 - all applicable states	3/4/2018	Approved	Covered ancillary items and services are not payable if there is no approved Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the patient.	All ancillary services- https://www.cms.gov/medicare/coverage/ancillary-services	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.
0089 - Clinical Social Worker during Inpatient: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/4/2018	Approved	Services of Clinical Social Workers (CSW) rendered during inpatient hospital stays are included in the facilities PPS payment and are not separately payable under Part B.	90785- 90899	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.
0089 - Clinical Social Worker during Inpatient: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/4/2018	Approved	Services of Clinical Social Workers (CSW) rendered during inpatient hospital stays are included in the facilities PPS payment and are not separately payable under Part B.	90785- 90899	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded.

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Add'l Information	End of Service
0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner); Laboratory; Independent Diagnostic Testing	3 - all applicable states	4/6/2018	Approved	The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable.	All Lab/Pathology CPT/HCPCS codes with TC/PC Indicator 1 or 3	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Period of the automated review, claims having a paid claim date which is more than 3 years prior to the informational letter date.
0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner); Laboratory; Independent Diagnostic Testing	4 - all applicable states	4/6/2018	Approved	The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable.	All Lab/Pathology CPT/HCPCS codes with TC/PC Indicator 1 or 3	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude from the automated review, claims having a paid claim date which is less than 3 years prior to the informational letter date.
0091- Duplicate Payments: Professional Services	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	5/8/2018	Approved	Duplicate payments are any payments paid across more than one claim number for the same Beneficiary, CPT/HCPCS code, and service date by the same provider, regardless of whether the payment was made by Medicare or another payer.	All CPT, HCPCS Codes	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Claims that have a "claim paid date" which is less than 3 years prior to the informational Letter date (automated review).
0091- Duplicate Payments: Professional Services	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	5/8/2018	Approved	Duplicate payments are any payments paid across more than one claim number for the same Beneficiary, CPT/HCPCS code, and service date by the same provider, regardless of whether the payment was made by Medicare or another payer.	All CPT, HCPCS Codes	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Claims that have a "claim paid date" which is less than 3 years prior to the informational Letter date (automated review).
0092 - Percutaneous Implantation of Neurostimulator Electrode Array; Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Ambulatory Surgical Center (ASC); Professional Services	3 - all applicable states	5/8/2018	Approved	The review shall identify claims billed incorrectly as percutaneous implantation of neurostimulator electrode array when the medical record demonstrates the device was implanted in the spine.	G4533, G4555, L8679	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0092 - Percutaneous Implantation of Neurostimulator Electrode Array; Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Ambulatory Surgical Center (ASC); Professional Services	4 - all applicable states	5/8/2018	Approved	The review shall identify claims billed incorrectly as percutaneous implantation of neurostimulator electrode array when the medical record demonstrates the device was implanted in the spine.	G4533, G4555, L8679	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date.
0093 - Implantable Automatic Defibrillator - Outpatient Procedure; Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; ASC (TOB 13X and EXM); ASC (ASC facilities = service type T)	3 - all applicable states	5/14/2018	Approved	The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillation.	33216, 33217, 33224, 33225, 33230, 33231, 33240, 33249	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0093 - Implantable Automatic Defibrillators - Outpatient Procedure; Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (Part B) – 12X, Outpatient – 13X, Ambulatory Surgery (ASC – 83X or POS 24 = service type F)	4 - all applicable states	5/14/2018	Approved	The device is designed to detect and treat life threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillation.	33216, 33217, 33224, 33225, 33230, 33231, 33240, 33249	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0094 - Group 3 Pressure-Reducing Support Surfaces; Medical Necessity and Documentation Requirements	Complex	DME Physician/DME Supplier	5- All DME MACs	5/11/2018	Approved	Group III Pressure-Reducing Support Surfaces, HCPCS Code E0194, Air-Fluidized bed is covered for the treatment of Stage II and Stage IV ulcers when the patient has a documented ulcer.	E0194	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Claims that have a claim paid date which is more than 3 years prior to the Review Results Letter date.
0095 - Facet Joint Interventions: Medical Necessity and Documentation Requirements	Complex	Hospital Inpatient (Part B) – 12X, Outpatient – 13X, Ambulatory Surgery (ASC – 83X or POS 24 = service type F)	3 - all applicable states	2/1/2023	Approved	Facet joint are joints in the spine that aid stability and allow the spine to bend and twist. Facet joint injections are a type of interventional pain management technique used to deliver medication directly into the facet joint space to relieve pain.	64490-64495	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude claims that have a "claim paid date" which is more than 3 years prior to the ADR letter date (complex review).
0095 - Facet Joint Interventions: Medical Necessity and Documentation Requirements	Complex	Hospital Inpatient (Part B) – 12X, Outpatient – 13X, Ambulatory Surgery (ASC – 83X or POS 24 = service type F)	4 - all applicable states	2/1/2023	Approved	Facet joint are joints in the spine that aid stability and allow the spine to bend and twist. Facet joint injections are a type of interventional pain management technique used to deliver medication directly into the facet joint space to relieve pain.	64490-64495	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude claims that have a "claim paid date" which is more than 3 years prior to the ADR letter date (complex review).
0098 - Critical Care Professional Services: Unbundling	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	6/18/2018	Approved	Certain CPT codes for Part B Professional Services for the same beneficiary, same Date of Service, and Same Provider will be recovered as overpayments as they are considered duplicate services.	59500, 59510, 59515, 59591, 59599, 61500, 61505, 61510, 61515, 61516, 61517, 61518, 61519, 61520, 61521, 61522, 61523, 61524, 61525, 61526, 61527, 61528, 61529, 61530, 61531, 61532, 61533, 61534, 61535, 61536, 61537, 6		
0098 - Critical Care Professional Services: Unbundling	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	6/18/2018	Approved	Certain CPT codes for Part B Professional Services for the same beneficiary, same Date of Service, and Same Provider will be recovered as overpayments as they are considered duplicate services.	59500, 59510, 59515, 59591, 59599, 61500, 61505, 61510, 61515, 61516, 61517, 61518, 61519, 61520, 61521, 61522, 61523, 61524, 61525, 61526, 61527, 61528, 61529, 61530, 61531, 61532, 61533, 61534, 61535, 61536, 61537, 6		
0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Automated	Outpatient Facility	3 - all applicable states	6/25/2018	Approved	Payment for the Skilled Nursing Facility (SNF) services, HCPCS Code E0194, Air-Fluidized bed is covered for the treatment of Stage II and Stage IV ulcers when the patient has a documented ulcer.	G4533, G4555, L8679	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter (automated review).
0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Automated	Outpatient Facility	4 - all applicable states	6/25/2018	Approved	Payment for the Skilled Nursing Facility (SNF) services, HCPCS Code E0194, Air-Fluidized bed is covered for the treatment of Stage II and Stage IV ulcers when the patient has a documented ulcer.	G4533, G4555, L8679	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter (automated review).
0100 - Add-On Code Paid without Primary Code and/or Denied Primary Code: Clinical Laboratory	Automated	Laboratory	3 - all applicable states	6/20/2018	Approved	CMS has designated certain codes as "add-on" procedures. These services are always done in conjunction with another procedure and are only payable when billed with the primary procedure.	17311, 17315, 81205, 81415, 81425, 81535	1.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 3.Becall Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(l)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer.	Claims that have a "claim paid date" which is less than 3 years prior to the informational Letter date.
0100 - Add-On Code Paid without Primary Code and/or Denied Primary Code: Clinical Laboratory	Automated	Laboratory	4 - all applicable states	6/20/2018	Approved	CMS has designated certain codes as "add-on" procedures. These services are always done in conjunction with another procedure and are only payable when billed with the primary procedure.	17311, 17315, 81205, 81415, 81425, 81535, 82591, 82592, 82593, 82594, 82595, 82596, 82597, 82598, 82599, 82600, 82601, 82602, 82603, 82604, 82605, 82606, 82607, 82608, 82609, 82610, 82611, 82612, 82613, 82614, 82615, 82616, 82617, 82618, 82619, 82620, 82621, 82622, 82623, 82624, 82625, 82626, 82627, 82628, 82629, 82630, 82631, 82632, 82633, 82634, 82635, 82636, 82637, 82638, 82639, 82640, 82641, 82642, 82643, 82644, 82645, 82646, 82647, 82648, 82649, 82650, 82651, 82652, 82653, 82654, 82655, 82656, 82657, 82658, 82659, 82660, 82661, 82662, 82663, 82664, 82665, 82666, 82667, 82668, 82669, 82670, 82671, 82672, 82673, 82674, 82675, 82676, 82677, 82678, 82679, 82680, 82681, 82682, 82683, 82684, 82685, 82686, 82687, 82688, 82689, 82690, 82691, 82692, 82693, 82694, 82695, 82696, 82697, 82698, 82699, 82700, 82701, 82702, 82703, 82704, 82705, 82706, 82707, 82708, 82709, 82710, 82711, 82712, 82713, 82714, 82715, 82716, 82717, 82718, 82719, 82720, 82721, 82722, 82723, 82724, 82725, 82726, 82727, 82728, 82729, 82730, 82731, 82732, 82733, 82734, 82735, 82736, 82737, 82738, 82739, 82740, 82741, 82742, 82743, 82744, 82745, 82746, 82747, 82748, 82749, 82750, 82751, 82752, 82753, 82754, 82755, 82756, 82757, 82758, 82759, 82760, 82761, 82762, 82763, 82764, 82765, 82766, 82767, 82768, 82769, 82770, 82771, 82772, 82773, 82774, 82775, 82776, 82777, 82778, 82779, 82780, 82781, 82782, 82783, 82784, 82785, 82786, 82787, 82788, 82789, 82790, 82791, 82792, 82793, 82794, 82795, 82796, 82797, 82798, 82799, 82800, 82801, 82802, 82803, 82804, 82805, 82806, 82807, 82808, 82809, 82810, 82811, 82812, 82813, 82814, 82815, 82816, 82817, 82818, 82819, 82820, 82821, 82822, 82823, 82824, 82825, 82826, 82827, 82828, 82829, 82830, 82831, 82832, 82833, 82834, 82835, 82836, 82837, 82838, 82839, 82840, 82841, 82842, 82843, 82844, 82845, 82846, 82847, 82848, 82849, 82850, 82851, 82852, 82853, 82854, 82855, 82856, 82857, 82858, 82859, 82860, 82861, 82862, 82863, 82864, 82865, 82866, 82867, 82868, 82869, 82870, 82871, 82872, 82873, 82874, 82875, 82876, 82877, 82878, 82879, 82880, 82881, 82882, 82883, 82884, 82885, 82886, 82887, 82888, 82889, 82890, 82891, 82892, 82893, 82894, 82895, 82896, 82897, 82898, 82899, 82900, 82901, 82902, 82903, 82904, 82905, 82906, 82907, 82908, 82909, 82910, 82911, 82912, 82913, 82914, 82915, 82916, 82917, 82918, 82919, 82920, 82921, 82922, 82923, 82924, 82925, 82926, 82927, 82928, 82929, 82930, 82931, 82932, 82933, 82934, 82935, 82936, 82937, 82938, 82939, 82940, 82941, 82942, 82943, 82944, 82945, 82946, 82947, 82948, 82949, 82950, 82951, 82952, 82953, 82954, 82955, 82956, 82957, 82958, 82959, 82960, 82961, 82962, 82963, 82964, 82965, 82966, 82967, 82968, 82969, 82970, 82971, 82972, 82973, 82974, 82975, 82976, 82977, 82978, 82979, 82980, 82981, 82982, 82983, 82984, 82985, 82986, 82987, 82988, 82989, 82990, 82991, 82992, 82993, 82994, 82995, 82996, 82997, 82998, 82999, 83000, 83001, 83002, 83003, 83004, 83005, 83006, 83007, 83008, 83009, 83010, 83011, 83012, 83013, 83014, 83015, 83016, 83017, 83018, 83019, 83020, 83021, 83022, 83023, 83024, 83025, 83026, 83027, 83028, 83029, 83030, 83031, 83032, 83033, 83034, 83035, 83036, 83037, 83038, 83039, 83040, 83041, 83042, 83043, 83044, 83045, 83046, 83047, 83048, 83049, 83050, 83051, 83052, 83053, 83054, 83055, 83056, 83057, 83058, 83059, 83060, 83061, 83062, 83063, 83064, 83065, 83066, 83067, 83068, 83069, 83070, 83071, 83072, 83073, 83074, 83075, 83076, 83077, 83078, 83079, 83080, 83081, 83082, 83083, 83084, 83085, 83086, 83087, 83088, 83089, 83090, 83091, 83092, 83093, 83094, 83095, 83096, 83097, 83098, 83099, 83100, 83101, 83102, 83103, 83104, 83105, 83106, 83107, 83108, 83109, 83110, 83111, 83112, 83113, 83114, 83115, 83116, 83117, 83118, 83119, 83120, 83121, 83122, 83123, 83124, 83125, 83126, 83127, 83128, 83129, 83130, 83131, 83132, 83133, 83134, 83135, 83136, 83137, 83138, 83139, 83140, 83141, 83142, 83143, 83144, 83145, 83146, 83147, 83148, 83149, 83150, 83151, 83152, 83153, 83154, 83155, 83156, 83157, 83158, 83159, 83160, 83161, 83162, 83163, 83164, 83165, 83166, 83167, 83168, 83169, 83170, 83171, 83172, 83173, 83174, 83175, 83176, 83177, 83178, 83179, 83180, 83181, 83182, 83183, 83184, 83185, 83186, 83187, 83188, 83189, 83190, 83191, 83192, 83193, 83194, 83195, 83196, 83197, 83198, 83199, 83200, 83201, 83202, 83203, 83204, 83205, 83206, 83207, 83208, 83209, 83210, 83211, 83212, 83213, 83214, 83215, 83216, 83217, 83218, 83219, 83220, 83221, 83222, 83223, 83224, 83225, 83226, 83227, 83228, 83229, 83230, 83231, 83232, 83233, 83234, 83235, 83236, 83237, 83238, 83239, 83240, 83241, 83242, 83243, 83244, 83245, 83246, 83247, 83248, 83249, 83250, 83251, 83252, 83253, 83254, 83255, 83256, 83257, 83258, 83259, 83260, 83261, 83262, 83263, 83264, 83265, 83266, 83267, 83268, 83269, 83270, 83271, 83272, 83273, 83274, 83275, 83276, 83277, 83278, 83279, 83280, 83281, 83282, 83283, 83284, 83285, 83286, 83287, 83288, 83289, 83290, 83291, 83292, 83293, 83294, 83295, 83296, 83297, 83298, 83299, 83300, 83301, 83302, 83303, 83304, 83305, 83306, 83307, 83308, 83309, 83310, 83311, 83312, 83313, 83314, 83315, 83316, 83317, 83318, 83319, 83320, 83321, 83322, 83323, 83324, 83325, 83326, 83327, 83328, 83329, 83330, 83331, 83332, 83333, 83334, 83335, 83336, 83337, 83338, 83339, 83340, 83341, 83342, 83343, 83344, 83345, 83346, 83347, 83348, 83349, 83350, 83351, 83352, 83353, 83354, 83355, 83356, 83357, 83358, 83359, 83360, 83361, 83362, 83363, 83364, 83365, 83366, 83367, 83368, 83369, 83370, 83371, 83372, 83373, 83374, 83375, 83376, 83377, 83378, 83379, 83380, 83381, 83382, 83383, 83384, 83385, 83386, 83387, 83388, 83389, 83390, 83391, 83392, 83393, 83394, 83395, 83396, 83397, 83398, 83399, 83400, 83401, 83402, 83403, 83404, 83405, 83406, 83407, 83408, 83409, 83410, 83411, 83412, 83413, 83414, 83415, 83416, 83417, 83418, 83419, 83420, 83421, 83422, 83423, 83424, 83425, 83426, 83427, 83428, 83429, 83430, 83431, 83432, 83433, 83434, 83435, 83436, 83437, 83438, 83439, 83440, 83441, 83442, 83443, 83444, 83445, 83446, 83447, 83448, 83449, 83450, 83451, 83452, 83453, 83454, 83455, 83456, 83457, 83458, 83459, 83460, 83461, 83462, 83463, 83464, 83465, 83466, 83467, 83468, 83469, 83470, 83471, 83472, 83473, 83474, 83475, 83476, 83477, 83478, 83479, 83480, 83481, 83482, 83483, 83484, 83485, 83486, 83487, 83488, 83489, 83490, 83491, 83492, 83493, 83494, 83495, 83496, 83497, 83498, 83499, 83500, 83501, 83502, 83503, 83504, 83505, 83506, 83507, 83508, 83509, 83510, 83511, 83512, 83513, 83514, 83515, 83516, 83517, 83518, 83519, 83520, 83521, 83522, 83523, 83524, 83525, 83526, 83527, 83528, 83529, 83530, 83531, 83532, 83533, 83534, 83535, 83536, 83537, 83538, 83539, 83540, 83541, 83542, 83543, 83544, 83545, 83546, 83547, 83548, 83549, 83550, 83551, 83552, 83553, 83554, 83555, 83556, 83557, 83558, 83559, 83560, 83561, 83562, 83563, 83564, 83565		

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
0124 - Part B Therapies during Inpatient: Unbundling	Automated	Therapist, Occupational Therapist, Speech Language Therapist in Skilled Nursing Facility, Speech Language Therapist in Private Practice	3 - all applicable states	11/20/2018	Approved	HCPCS/CPT Codes with a PCTC Indicator "7" in the Medicare Physician Fee Schedule Data Base. Payment for these services is provided to a hospital as part of the inpatient claim. Excludes: 1. Services performed by a non-physician provider in a non-physician office setting. 2. Services performed by a non-physician provider in a non-physician office setting. 3. Services performed by a non-physician provider in a non-physician office setting.	HCPCS/CPT Codes with a PCTC Indicator of 7	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" which is less than 3 years prior to the date of the informational letter date (automated)
	0124 - Part B Therapies during Inpatient: Unbundling	Automated	Therapist in Skilled Nursing Facility, Ambulatory Surgical Center (ASC), Professional Services	4 - all applicable states	11/20/2018	Approved	HCPCS/CPT Codes with a PCTC Indicator "7" in the Medicare Physician Fee Schedule Data Base. Payment for these services is provided to a hospital as part of the inpatient claim. Excludes: 1. Services performed by a non-physician provider in a non-physician office setting. 2. Services performed by a non-physician provider in a non-physician office setting. 3. Services performed by a non-physician provider in a non-physician office setting.	HCPCS/CPT Codes with a PCTC Indicator of 7	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer
0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day	Automated	Therapist in Skilled Nursing Facility, Ambulatory Surgical Center (ASC), Professional Services	3 - all applicable states	11/24/2018	Approved	Surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple endoscopic procedures are performed, the HCPCS/CPT code for the first procedure shall be reported with a surgical endoscopy code. If multiple endoscopic procedures are performed, the HCPCS/CPT code for the first procedure shall be reported with a surgical endoscopy code.	45378, 45330	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date (automated)
0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day	Automated	Therapist in Skilled Nursing Facility, Ambulatory Surgical Center (ASC), Professional Services	4 - all applicable states	11/24/2018	Approved	Surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple endoscopic procedures are performed, the HCPCS/CPT code for the first procedure shall be reported with a surgical endoscopy code. If multiple endoscopic procedures are performed, the HCPCS/CPT code for the first procedure shall be reported with a surgical endoscopy code.	45378, 45330	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date (automated)
0128 - Spinal Orthoses within the Reasonable Useful Lifetime: Excessive Units	Automated	DME Physician/ DME Supplier (Physician/Non-Physician)	5 - All DME MACs	1/2/2019	Approved	For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBO) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. HBO is used to treat a variety of conditions, including but not limited to, decompression sickness, gas gangrene, and carbon monoxide poisoning. HBO is not covered by Medicare. For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBO) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. HBO is used to treat a variety of conditions, including but not limited to, decompression sickness, gas gangrene, and carbon monoxide poisoning. HBO is not covered by Medicare.	10450, 10452, 10454, 10455, 10456, 10457, 60277	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "claim paid date" which is less than 3 years prior to the date of the informational letter date (automated)
0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital TOB: 13X	3 - all applicable states	1/30/2019	Approved	For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBO) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. HBO is used to treat a variety of conditions, including but not limited to, decompression sickness, gas gangrene, and carbon monoxide poisoning. HBO is not covered by Medicare. For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBO) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. HBO is used to treat a variety of conditions, including but not limited to, decompression sickness, gas gangrene, and carbon monoxide poisoning. HBO is not covered by Medicare.	60277	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "claim paid date" which is less than 3 years prior to the date of the informational letter date (automated)
0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital TOB: 13X	4 - all applicable states	1/30/2019	Approved	For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBO) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. HBO is used to treat a variety of conditions, including but not limited to, decompression sickness, gas gangrene, and carbon monoxide poisoning. HBO is not covered by Medicare. For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBO) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. HBO is used to treat a variety of conditions, including but not limited to, decompression sickness, gas gangrene, and carbon monoxide poisoning. HBO is not covered by Medicare.	60277	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date (automated)
0130 - Panniculectomy: Medical Necessity and Documentation Requirements	Complex	Ambulatory Surgical Center; Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	2/15/2019	Approved	Panniculectomy is a surgical procedure to remove excess skin and fat from the abdominal wall. It is performed for medical reasons, such as chronic rashes, infections, and difficulty with hygiene. It is not performed for cosmetic reasons. Panniculectomy is covered by Medicare when performed for medical reasons. Panniculectomy is not covered by Medicare when performed for cosmetic reasons.	15830, 15847	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the date of the informational letter date.
0130 - Panniculectomy: Medical Necessity and Documentation Requirements	Complex	Ambulatory Surgical Center; Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	2/15/2019	Approved	Panniculectomy is a surgical procedure to remove excess skin and fat from the abdominal wall. It is performed for medical reasons, such as chronic rashes, infections, and difficulty with hygiene. It is not performed for cosmetic reasons. Panniculectomy is covered by Medicare when performed for medical reasons. Panniculectomy is not covered by Medicare when performed for cosmetic reasons.	15830, 15847	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the date of the informational letter date.
0131 - Pneumatic Compression Device: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	1/8/2019	Approved	Cryosurgery of the prostate gland to determine whether the prostate gland is cancerous. Cryosurgery is a surgical procedure to remove the prostate gland. It is performed for medical reasons, such as prostate cancer. Cryosurgery is covered by Medicare when performed for medical reasons. Cryosurgery is not covered by Medicare when performed for cosmetic reasons.	E0650, E0651, E0652, E0655, E0660, E0665	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date.
0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital, Ambulatory Surgical Center, and Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	2/5/2019	Approved	Cryosurgery of the prostate gland to determine whether the prostate gland is cancerous. Cryosurgery is a surgical procedure to remove the prostate gland. It is performed for medical reasons, such as prostate cancer. Cryosurgery is covered by Medicare when performed for medical reasons. Cryosurgery is not covered by Medicare when performed for cosmetic reasons.	55873	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date.
0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital, Ambulatory Surgical Center, and Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	2/5/2019	Approved	Cryosurgery of the prostate gland to determine whether the prostate gland is cancerous. Cryosurgery is a surgical procedure to remove the prostate gland. It is performed for medical reasons, such as prostate cancer. Cryosurgery is covered by Medicare when performed for medical reasons. Cryosurgery is not covered by Medicare when performed for cosmetic reasons.	55873	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date.
0135 - Cardiac Rehabilitation: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	3/7/2019	Approved	Cardiac rehabilitation (CR) is a physician or non-physician practitioner-supervised program that furnishes physician prescribed exercise; cardiac risk factor modification, and patient education. CR is covered by Medicare when performed for medical reasons. CR is not covered by Medicare when performed for cosmetic reasons.	93797, 93798, 90422, G0423	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date.
0135 - Cardiac Rehabilitation: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	4 - all applicable states	3/7/2019	Approved	Cardiac rehabilitation (CR) is a physician or non-physician practitioner-supervised program that furnishes physician prescribed exercise; cardiac risk factor modification, and patient education. CR is covered by Medicare when performed for medical reasons. CR is not covered by Medicare when performed for cosmetic reasons.	93797, 93798, 90422, G0423	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date.
0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	4/15/2019	Approved	Radiologic examination of the chest is a common test performed in many outpatient facilities (radiology and many others), clinics, outpatient hospital departments, inpatient and ambulatory, skilled nursing facilities, home, and other health care settings. Radiologic examination of the chest is covered by Medicare when performed for medical reasons. Radiologic examination of the chest is not covered by Medicare when performed for cosmetic reasons.	71045, 71046, 71047, 71048	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims with Dates of Service prior to May 12, 2023
0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	4 - all applicable states	4/15/2019	Approved	Radiologic examination of the chest is a common test performed in many outpatient facilities (radiology and many others), clinics, outpatient hospital departments, inpatient and ambulatory, skilled nursing facilities, home, and other health care settings. Radiologic examination of the chest is covered by Medicare when performed for medical reasons. Radiologic examination of the chest is not covered by Medicare when performed for cosmetic reasons.	71045, 71046, 71047, 71048	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims with Dates of Service prior to May 12, 2023
0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapy; Speech; and Professional Services	3 - all applicable states	2/20/2019	Approved	Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health care professional, are bundled into the therapy CPT/HCPCS codes included in File 1000. Language pathology services are not bundled into the therapy CPT/HCPCS codes included in File 1000.	Therapy CPT/HCPCS codes included in File 1000	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date (automated)
0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapy; Speech; and Professional Services	4 - all applicable states	2/20/2019	Approved	Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health care professional, are bundled into the therapy CPT/HCPCS codes included in File 1000. Language pathology services are not bundled into the therapy CPT/HCPCS codes included in File 1000.	Therapy CPT/HCPCS codes included in File 1000	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims having a "claim paid date" which is more than 3 years prior to the date of the informational letter date (automated)
0139 - Vortecology or Kipology: Medical Necessity and Documentation Requirements	Complex	Occupational Therapist (OT); Physical Therapist (PT); Speech Therapist (ST); and Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	2/20/2019	Approved	Vortecology and Kipology will be reviewed for medical necessity whether billed as an initial procedure, a repeat procedure (once in a 90 day period), or a maintenance procedure. Vortecology and Kipology are not covered by Medicare when performed for cosmetic reasons.	22510, 22511, 22512, 22513, 22514, 22515	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" which is less than 3 years prior to the date of the informational letter date (automated)

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Justification	Affected Codes	Additional Information	Date of Service
0139- Venebtoplasty or Kyphoplasty; Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (GPH); Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician)	4- all applicable states	2/20/2019	Approved	Venotomoplasty and kyphoplasty will be reviewed for medical necessity whether billed as an initial procedure, or repeat procedure (beyond once in a lifetime) or if performed at more than one vertebral level. Services that are performed at more than one vertebral level. Services that are performed at more than one vertebral level. Services that are performed at more than one vertebral level.	22510, 22511, 22512, 22513, 22514, 22515	1. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Date of service a "paid claim date" which is less than 3 years prior to the ADR letter date
0140- Pulmonary Rehabilitation; Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	3- all applicable states	3/27/2019	Approved	Pulmonary rehabilitation (PR) is a physician or nonphysician practitioner-supervised program for COPD and certain other chronic respiratory diseases designed to improve functional status and quality of life. Services are not reimbursable under Medicare as a secondary payer.	94025, 94026	1. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims with Dates of Service prior to May 12, 2023
0140- Pulmonary Rehabilitation; Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	4- all applicable states	3/27/2019	Approved	Pulmonary rehabilitation (PR) is a physician or nonphysician practitioner-supervised program for COPD and certain other chronic respiratory diseases designed to improve functional status and quality of life. Services are not reimbursable under Medicare as a secondary payer.	94025, 94026	1. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims with Dates of Service prior to May 12, 2023
0141- Therapeutic Shoes for Persons with Diabetes; Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5- All DME MACs	4/2/2019	Approved	This review will determine if the documentation submitted for review meets Medicare's coverage requirements for Diabetic Shoes.	AS500, AS501	1. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims having a "claim paid date" less than 3 years prior to the ADR date will be included.
0142- Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing Facility Stay; Unbundling	Automated	Ambulatory Surgical Center (ASC); Skilled Nursing Facility (SNF)	3- all applicable states	4/2/2019	Approved	Services provided by a freestanding non-hospital ASC (ASC), Skilled Nursing Facility (SNF), or a freestanding non-hospital ASC (ASC) are not reimbursable under Medicare as a secondary payer.	Annual SNF Consolidated Billing Part A MAC	1. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" less than 3 years prior to the ADR date will be included.
0142- Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing Facility Stay; Unbundling	Automated	Ambulatory Surgical Center (ASC); Skilled Nursing Facility (SNF)	4- all applicable states	4/2/2019	Approved	Services provided by a freestanding non-hospital ASC (ASC), Skilled Nursing Facility (SNF), or a freestanding non-hospital ASC (ASC) are not reimbursable under Medicare as a secondary payer.	Annual SNF Consolidated Billing Part A MAC	1. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" less than 3 years prior to the ADR date will be included.
0143- Vitamin D Assay Testing; Medical Necessity and Documentation Requirements	Complex	Laboratory Services	4- all applicable states	4/15/2019	Approved	When it meets the indications under the applicable CDR and not as a routine screening according to 42 CFR 440.32(a), claim lines that do not meet the coverage and reimbursement requirements will be reviewed for medical necessity requirements.	82306, 82652	1. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. Local Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims paid after more than 3 years prior to the ADR date.
0144- Prediabetic Knee Orthoses; Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5- All DME MACs	4/7/2019	Approved	Documentation will be reviewed to determine if claims for Endovascular Radiofrequency Ablation (ERFA) and Endovascular Laser Treatment (ELT) for Lower Extremity Arterial Disease (LEAD) are reimbursable under Medicare as a secondary payer.	Primary Codes: L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1836, L1843, L1845, L1850, L1851, L1852, L1853, L1854, L1855, L1856, L1857, L1858, L1859, L1860, L1861, L1862, L1863, L1864, L1865, L1866, L1867, L1868, L1869, L1870, L1871, L1872, L1873, L1874, L1875, L1876, L1877, L1878, L1879, L1880, L1881, L1882, L1883, L1884, L1885, L1886, L1887, L1888, L1889, L1890, L1891, L1892, L1893, L1894, L1895, L1896, L1897, L1898, L1899, L1900, L1901, L1902, L1903, L1904, L1905, L1906, L1907, L1908, L1909, L1910, L1911, L1912, L1913, L1914, L1915, L1916, L1917, L1918, L1919, L1920, L1921, L1922, L1923, L1924, L1925, L1926, L1927, L1928, L1929, L1930, L1931, L1932, L1933, L1934, L1935, L1936, L1937, L1938, L1939, L1940, L1941, L1942, L1943, L1944, L1945, L1946, L1947, L1948, L1949, L1950, L1951, L1952, L1953, L1954, L1955, L1956, L1957, L1958, L1959, L1960, L1961, L1962, L1963, L1964, L1965, L1966, L1967, L1968, L1969, L1970, L1971, L1972, L1973, L1974, L1975, L1976, L1977, L1978, L1979, L1980, L1981, L1982, L1983, L1984, L1985, L1986, L1987, L1988, L1989, L1990, L1991, L1992, L1993, L1994, L1995, L1996, L1997, L1998, L1999, L2000, L2001, L2002, L2003, L2004, L2005, L2006, L2007, L2008, L2009, L2010, L2011, L2012, L2013, L2014, L2015, L2016, L2017, L2018, L2019, L2020, L2021, L2022, L2023, L2024, L2025, L2026, L2027, L2028, L2029, L2030, L2031, L2032, L2033, L2034, L2035, L2036, L2037, L2038, L2039, L2040, L2041, L2042, L2043, L2044, L2045, L2046, L2047, L2048, L2049, L2050, L2051, L2052, L2053, L2054, L2055, L2056, L2057, L2058, L2059, L2060, L2061, L2062, L2063, L2064, L2065, L2066, L2067, L2068, L2069, L2070, L2071, L2072, L2073, L2074, L2075, L2076, L2077, L2078, L2079, L2080, L2081, L2082, L2083, L2084, L2085, L2086, L2087, L2088, L2089, L2090, L2091, L2092, L2093, L2094, L2095, L2096, L2097, L2098, L2099, L2100, L2101, L2102, L2103, L2104, L2105, L2106, L2107, L2108, L2109, L2110, L2111		

Review Topic	Review Type	Provider Type	Region and States	Date Approved	Approval Status	Description	Effective Codes	Additional Information	Date of Service
010131 - Physician/Non-Physician Practitioner Coding Validation	Complex	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	4/24/2019	Approved	The Medicare Physician Fee Schedule (MPFS) is the primary method of payment for enrolled health care professionals. Documentation will be reviewed to determine if professional services that affect the MPFS are appropriately coded.	CMS Medicare Physician Fee Schedule staff	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims that have a "paid claim date" which is more than 3 years prior to the ADR letter date.
010131 - Physician/Non-Physician Practitioner Coding Validation	Complex	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	4/24/2019	Approved	The Medicare Physician Fee Schedule (MPFS) is the primary method of payment for enrolled health care professionals. Documentation will be reviewed to determine if professional services that affect the MPFS are appropriately coded.	CMS Medicare Physician Fee Schedule staff	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude claims that have a "paid claim date" which is more than 3 years prior to the ADR letter date.
010132 - Blood Glucose Test or Reagent Strips: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	4/27/2019	Approved	The quantity of glucose test strips (A2325) that are covered depends upon the usual medical needs of the diabetic patient. Documentation will be reviewed to determine if the quantity of glucose test strips is appropriate for the patient's medical needs.	A2323	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the ADR letter date.
010133 - Ambulatory Surgical Center Coding Validation	Complex	Ambulatory Surgical Center (ASC)	3 - all applicable states	5/28/2019	Approved	Ambulatory Surgical Center (ASC) coding requires that the procedure information, as coded and reported by the ASC on its claim, match both the physician description and the procedure code.	Claims with payment indicator A2; G2; I8;	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	"paid claim date" which is more than 3 years prior to the ADR letter date.
010133 - Ambulatory Surgical Center Coding Validation	Complex	Ambulatory Surgical Center (ASC)	4 - all applicable states	5/28/2019	Approved	Ambulatory Surgical Center (ASC) coding requires that the procedure information, as coded and reported by the ASC on its claim, match both the physician description and the procedure code.	Claims with payment indicator A2; G2; I8;	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
010134 - Non-Emergency Ambulance Services - Advanced Life Support and Basic Life Support: Medical Necessity and Documentation Requirements	Complex	Ambulance Providers, Carrier claims with provider specialty code 59.	3 - all applicable states	5/27/2019	Approved	Medical documentation for ambulance services will be reviewed to determine the Medicare defined conditions have been met for payment.	A0426, A0428, A0425	1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
010135 - Upper Limb Orthotics within the Reasonable Useful Lifetime: Excessive Units	Automated	DME Physician/ DME Supplier	5 - All DME MACs	5/7/2019	Approved	Claims for upper limb orthotics with dates of service within the reasonable useful lifetime from the date of the service of a previously paid identical upper limb orthotic device will be reviewed to determine if the device is a new device.	L3650, L3660, L3670, L3671, L3674, L3675, L3676, L3677, L3678, L3679, L3680, L3681, L3682, L3683, L3684, L3685, L3686, L3687, L3688, L3689, L3690, L3691, L3692, L3693, L3694, L3695, L3696, L3697, L3698, L3699, L3700, L3701, L3702, L3703, L3704, L3705, L3706, L3707, L3708, L3709, L3710, L3711, L3712, L3713, L3714, L3715, L3716, L3717, L3718, L3719, L3720, L3721, L3722, L3723, L3724, L3725, L3726, L3727, L3728, L3729, L3730, L3731, L3732, L3733, L3734, L3735, L3736, L3737, L3738, L3739, L3740, L3741, L3742, L3743, L3744, L3745, L3746, L3747, L3748, L3749, L3750, L3751, L3752, L3753, L3754, L3755, L3756, L3757, L3758, L3759, L3760, L3761, L3762, L3763, L3764, L3765, L3766, L3767, L3768, L3769, L3770, L3771, L3772, L3773, L3774, L3775, L3776, L3777, L3778, L3779, L3780, L3781, L3782, L3783, L3784, L3785, L3786, L3787, L3788, L3789, L3790, L3791, L3792, L3793, L3794, L3795, L3796, L3797, L3798, L3799, L3800, L3801, L3802, L3803, L3804, L3805, L3806, L3807, L3808, L3809, L3810, L3811, L3812, 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Review Type	Review Topic	Regime and States	Date Approved	Approval Status	Documentation	Medical Codes	Additional Information	Claim of Service
Complex	Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Center, Professional Services (Physician/Non-Physician)	4 - all applicable states	8/3/2020	Approved	Documentation will be reviewed to determine if total knee arthroplasty meets Medicare coverage requirements.	GPT Codes: 27465, 27467, 27486, 27487 PCS Codes (FCSO ONLY): OSF002, OSF069, OSF06A, OSF082, OSF077, OSF082, OSF099, OSF09A, OSF09B, OSF09C, OSF09D, OSF09E, OSF09F, OSF09G, OSF09H, OSF09I, OSF09J, OSF09K, OSF09L, OSF09M, OSF09N, OSF09O, OSF09P, OSF09Q, OSF09R, OSF09S, OSF09T, OSF09U, OSF09V, OSF09W, OSF09X, OSF09Y, OSF09Z, OSF09AA, OSF09AB, OSF09AC, OSF09AD, OSF09AE, OSF09AF, OSF09AG, OSF09AH, OSF09AI, OSF09AJ, OSF09AK, OSF09AL, OSF09AM, OSF09AN, OSF09AO, OSF09AP, OSF09AQ, OSF09AR, OSF09AS, OSF09AT, OSF09AU, OSF09AV, OSF09AW, OSF09AX, OSF09AY, OSF09AZ, OSF09BA, OSF09BB, OSF09BC, OSF09BD, OSF09BE, OSF09BF, OSF09BG, OSF09BH, OSF09BI, OSF09BJ, OSF09BK, OSF09BL, OSF09BM, OSF09BN, OSF09BO, OSF09BP, OSF09BQ, OSF09BR, OSF09BS, OSF09BT, OSF09BU, OSF09BV, OSF09BW, OSF09BX, OSF09BY, OSF09BZ, OSF09CA, OSF09CB, OSF09CC, OSF09CD, OSF09CE, OSF09CF, OSF09CG, OSF09CH, OSF09CI, OSF09CJ, OSF09CK, OSF09CL, OSF09CM, OSF09CN, OSF09CO, OSF09CP, OSF09CQ, OSF09CR, OSF09CS, OSF09CT, OSF09CU, OSF09CV, OSF09CW, OSF09CX, OSF09CY, OSF09CZ, OSF09DA, OSF09DB, OSF09DC, OSF09DD, OSF09DE, OSF09DF, OSF09DG, OSF09DH, OSF09DI, OSF09DJ, OSF09DK, OSF09DL, OSF09DM, OSF09DN, OSF09DO, OSF09DP, OSF09DQ, OSF09DR, OSF09DS, OSF09DT, OSF09DU, OSF09DV, OSF09DW, OSF09DX, OSF09DY, OSF09DZ, OSF09EA, OSF09EB, OSF09EC, OSF09ED, OSF09EE, OSF09EF, OSF09EG, OSF09EH, OSF09EI, OSF09EJ, OSF09EK, OSF09EL, OSF09EM, OSF09EN, OSF09EO, OSF09EP, OSF09EQ, OSF09ER, OSF09ES, OSF09ET, OSF09EU, OSF09EV, OSF09EW, OSF09EX, OSF09EY, OSF09EZ, OSF09FA, OSF09FB, OSF09FC, OSF09FD, OSF09FE, OSF09FF, OSF09FG, OSF09FH, OSF09FI, OSF09FJ, OSF09FK, OSF09FL, OSF09FM, OSF09FN, OSF09FO, OSF09FP, OSF09FQ, OSF09FR, OSF09FS, OSF09FT, OSF09FU, OSF09FV, OSF09FW, OSF09FX, OSF09FY, OSF09FZ, OSF09GA, OSF09GB, OSF09GC, OSF09GD, OSF09GE, OSF09GF, OSF09GG, OSF09GH, OSF09GI, OSF09GJ, OSF09GK, OSF09GL, OSF09GM, OSF09GN, OSF09GO, OSF09GP, OSF09GQ, OSF09GR, OSF09GS, OSF09GT, OSF09GU, OSF09GV, OSF09GW, OSF09GX, OSF09GY, OSF09GZ, OSF09HA, OSF09HB, OSF09HC, OSF09HD, OSF09HE, OSF09HF, OSF09HG, OSF09HI, OSF09HJ, OSF09HK, OSF09HL, OSF09HM, OSF09HN, OSF09HO, OSF09HP, OSF09HQ, OSF09HR, OSF09HS, OSF09HT, OSF09HU, OSF09HV, OSF09HW, OSF09HX, OSF09HY, OSF09HZ, OSF09IA, OSF09IB, OSF09IC, OSF09ID, OSF09IE, OSF09IF, OSF09IG, OSF09IH, OSF09II, OSF09IJ, OSF09IK, OSF09IL, OSF09IM, OSF09IN, OSF09IO, OSF09IP, OSF09IQ, OSF09IR, OSF09IS, OSF09IT, OSF09IU, OSF09IV, OSF09IW, OSF09IX, OSF09IY, OSF09IZ, OSF09JA, OSF09JB, OSF09JC, OSF09JD, OSF09JE, OSF09JF, OSF09JG, OSF09JH, OSF09JI, OSF09JJ, OSF09JK, OSF09JL, OSF09JM, OSF09JN, OSF09JO, OSF09JP, OSF09JQ, OSF09JR, OSF09JS, OSF09JT, OSF09JU, OSF09JV, OSF09JW, OSF09JX, OSF09JY, OSF09JZ, OSF09KA, OSF09KB, OSF09KC, OSF09KD, OSF09KE, OSF09KF, OSF09KG, OSF09KH, OSF09KI, OSF09KJ, OSF09KK, OSF09KL, OSF09KM, OSF09KN, OSF09KO, OSF09KP, OSF09KQ, OSF09KR, OSF09KS, OSF09KT, OSF09KU, OSF09KV, OSF09KW, OSF09KX, OSF09KY, OSF09KZ, OSF09LA, OSF09LB, OSF09LC, OSF09LD, OSF09LE, OSF09LF, OSF09LG, OSF09LH, OSF09LI, OSF09LJ, OSF09LK, OSF09LL, OSF09LM, OSF09LN, OSF09LO, OSF09LP, OSF09LQ, OSF09LR, OSF09LS, OSF09LT, OSF09LU, OSF09LV, OSF09LW, OSF09LX, OSF09LY, OSF09LZ, OSF09MA, OSF09MB, OSF09MC, OSF09MD, OSF09ME, OSF09MF, OSF09MG, OSF09MH, OSF09MI, OSF09MJ, OSF09MK, OSF09ML, OSF09MN, OSF09MO, OSF09MP, OSF09MQ, OSF09MR, OSF09MS, OSF09MT, OSF09MU, OSF09MV, OSF09MW, OSF09MX, OSF09MY, OSF09MZ, OSF09NA, OSF09NB, OSF09NC, OSF09ND, OSF09NE, OSF09NF, OSF09NG, OSF09NH, OSF09NI, OSF09NJ, OSF09NK, OSF09NL, OSF09NM, OSF09NN, OSF09NO, OSF09NP, OSF09NQ, OSF09NR, OSF09NS, OSF09NT, OSF09NU, OSF09NV, OSF09NW, OSF09NX, OSF09NY, OSF09NZ, OSF09OA, OSF09OB, OSF09OC, OSF09OD, OSF09OE, OSF09OF, OSF09OG, OSF09OH, OSF09OI, OSF09OJ, OSF09OK, OSF09OL, OSF09OM, OSF09ON, OSF09OO, OSF09OP, OSF09OQ, OSF09OR, OSF09OS, OSF09OT, OSF09OU, OSF09OV, OSF09OW, OSF09OX, OSF09OY, OSF09OZ, OSF09PA, OSF09PB, OSF09PC, OSF09PD, OSF09PE, OSF09PF, OSF09PG, OSF09PH, OSF09PI, OSF09PJ, OSF09PK, OSF09PL, OSF09PM, OSF09PN, OSF09PO, OSF09PP, OSF09PQ, OSF09PR, OSF09PS, OSF09PT, OSF09PU, OSF09PV, OSF09PW, OSF09PX, OSF09PY, OSF09PZ, OSF09QA, OSF09QB, OSF09QC, OSF09QD, OSF09QE, OSF09QF, OSF09QG, OSF09QH, OSF09QI, OSF09QJ, OSF09QK, OSF09QL, OSF09QM, OSF09QN, OSF09QO, OSF09QP, OSF09QQ, OSF09QR, OSF09QS, OSF09QT, OSF09QU, OSF09QV, OSF09QW, OSF09QX, OSF09QY, OSF09QZ, OSF09RA, OSF09RB, OSF09RC, OSF09RD, OSF09RE, OSF09RF, OSF09RG, OSF09RH, OSF09RI, OSF09RJ, OSF09RK, OSF09RL, OSF09RM, OSF09RN, OSF09RO, OSF09RP, OSF09RQ, OSF09RR, OSF09RS, OSF09RT, OSF09RU, OSF09RV, OSF09RW, OSF09RX, OSF09RY, OSF09RZ, OSF09SA, OSF09SB, OSF09SC, OSF09SD, OSF09SE, OSF09SF, OSF09SG, OSF09SH, OSF09SI, OSF09SJ, OSF09SK, OSF09SL, OSF09SM, OSF09SN, OSF09SO, OSF09SP, OSF09SQ, OSF09SR, OSF09SS, OSF09ST, OSF09SU, OSF09SV, OSF09SW, OSF09SX, OSF09SY, OSF09SZ, OSF09TA, OSF09TB, OSF09TC, OSF09TD, OSF09TE, OSF09TF, OSF09TG, OSF09TH, OSF09TI, OSF09TJ, OSF09TK, OSF09TL, OSF09TM, OSF09TN, OSF09TO, OSF09TP, OSF09TQ, OSF09TR, OSF09TS, OSF09TT, OSF09TU, OSF09TV, OSF09TW, OSF09TX, OSF09TY, OSF09TZ, OSF09UA, OSF09UB, OSF09UC, OSF09UD, OSF09UE, OSF09UF, OSF09UG, OSF09UH, OSF09UI, OSF09UJ, OSF09UK, OSF09UL, OSF09UM, OSF09UN, OSF09UO, OSF09UP, OSF09UQ, OSF09UR, OSF09US, OSF09UT, OSF09UU, OSF09UV, OSF09UW, OSF09UX, OSF09UY, OSF09UZ, OSF09VA, OSF09VB, OSF09VC, OSF09VD, OSF09VE, OSF09VF, OSF09VG, OSF09VH, OSF09VI, OSF09VJ, OSF09VK, OSF09VL, OSF09VM, OSF09VN, OSF09VO, OSF09VP, OSF09VQ, OSF09VR, OSF09VS, OSF09VT, OSF09VU, OSF09VV, OSF09VW, OSF09VX, OSF09VY, OSF09VZ, OSF09WA, OSF09WB, OSF09WC, OSF09WD, OSF09WE, OSF09WF, OSF09WG, OSF09WH, OSF09WI, OSF09WJ, OSF09WK, OSF09WL, OSF09WM, OSF09WN, OSF09WO, OSF09WP, OSF09WQ, OSF09WR, OSF09WS, OSF09WT, OSF09WU, OSF09WV, OSF09WW, OSF09WX, OSF09WY, OSF09WZ, OSF09XA, OSF09XB, OSF09XC, OSF09XD, OSF09XE, OSF09XF, OSF09XG, OSF09XH, OSF09XI, OSF09XJ, OSF09XK, OSF09XL, OSF09XM, OSF09XN, OSF09XO, OSF09XP, OSF09XQ, OSF09XR, OSF09XS, OSF09XT, OSF09XU, OSF09XV, OSF09XW, OSF09XX, OSF09XY, OSF09XZ, OSF09YA, OSF09YB, OSF09YC, OSF09YD, OSF09YE, OSF09YF, OSF09YG, OSF09YH, OSF09YI, OSF09YJ, OSF09YK, OSF09YL, OSF09YM, OSF09YN, OSF09YO, OSF09YP, OSF09YQ, OSF09YR, OSF09YS, OSF09YT, OSF09YU, OSF09YV, OSF09YW, OSF09YX, OSF09YY, OSF09YZ, OSF09ZA, OSF09ZB, OSF09ZC, OSF09ZD, OSF09ZE, OSF09ZF, OSF09ZG, OSF09ZH, OSF09ZI, OSF09ZJ, OSF09ZK, OSF09ZL, OSF09ZM, OSF09ZN, OSF09ZO, OSF09ZP, OSF09ZQ, OSF09ZR, OSF09ZS, OSF09ZT, OSF09ZU, OSF09ZV, OSF09ZW, OSF09ZX, OSF09ZY, OSF09ZZ	Claims that have a "claim paid date" which is less than 3 years prior to the ADR letter date.	
		Complex	Outpatient Hospital	3 - all applicable states	9/25/2020	Approved	Documentation will be reviewed to determine if the use of nerve conduction studies meet coverage criteria and/or are medically reasonable and necessary.	95905, 95907, 95908, 95909, 95910, 95911
Complex	Outpatient Hospital	4 - all applicable states	9/25/2020	Approved	Documentation will be reviewed to determine if the use of nerve conduction studies meet coverage criteria and/or are medically reasonable and necessary.	95905, 95907, 95908, 95909, 95910, 95911	1.SSA, Title XVIII: Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer. 2.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
Complex	DME Physician/ DME Supplier	5 - All DME MACs	9/8/2020	Approved	Documentation will be reviewed to determine if a therapeutic continuous glucose monitor meets coverage criteria and/or is medically reasonable and necessary.	C2103, A4239	1.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 18183(a): Payment of Benefits 2.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 18183(a): Payment of Benefits	Exclude from review claims with a DOS prior to November 12, 2023.
Complex	Skilled Nursing Facility (SNF) with TOB 21X	3 - all applicable states	7/20/2022	Approved	Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is reasonable and necessary.	N/A	1.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer. 2.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer.	Claims having a "claim paid date" which is more than 3 years prior to the ADR letter date will be excluded.
Complex	Skilled Nursing Facility (SNF) with TOB 21X	4 - all applicable states	7/20/2022	Approved	Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is reasonable and necessary.	N/A	1.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer. 2.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer.	Claims having a "claim paid date" which is more than 3 years prior to the ADR letter date will be excluded.
Complex	Outpatient Hospital	3 - all applicable states	9/24/2020	Approved	This review will determine if polysomnography is reasonable and necessary for the patient's condition based on the documentation in the medical record.	95908, 95910, 95911	1.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1833(a): Payment of Benefits 2.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1833(a): Payment of Benefits	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
Complex	Outpatient Hospital	4 - all applicable states	9/24/2020	Approved	This review will determine if polysomnography is reasonable and necessary for the patient's condition based on the documentation in the medical record.	95908, 95910, 95911	1.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1833(a): Payment of Benefits 2.Social Security Act (SSA), Title XVIII: Health Insurance for the Aged and Disabled, Section 1833(a): Payment of Benefits	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
Complex	Inpatient Hospital	3 - all applicable states	9/25/2020	Approved	A ventricular assist device (VAD) is surgically attached to one or both intact ventricles and is used to assist or augment the ability of a damaged or weakened native ventricle.	Q214A002, Q214A091, Q214A095, Q214A09Z, Q214A		

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Effect Codes	Additional Services
0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance Transports: Unbundling	Automated	Ambulance Providers (specialty code 59)	4 - all applicable states	2/4/2021	Approved	Certain ambulance services are included in SNF consolidated billing and may not be billed as Part B services to the AB MAC, when the beneficiary is in a Part B facility.	A0235, A0427, A0428, A0239, A0334, A0432	Claims that have a "claim paid date" that is less than 3 years prior to the informational letter date (automated)
0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation Requirements	Complex	Surgeon (ASCO), Professional Services	3 - all applicable states	3/11/2021	Approved	Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with medically refractory partial onset seizures.	6A568, 95976, 95977, C1827	Claims having a "claim paid date" that is more than 3 years prior to the ADR letter date will be excluded.
0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation Requirements	Complex	Surgeon (ASCO), Professional Services	4 - all applicable states	3/11/2021	Approved	Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with medically refractory partial onset seizures.	6A568, 95976, 95977, C1827	Claims having a "claim paid date" that is more than 3 years prior to the ADR letter date will be excluded.
0205 - Next Generation Sequencing: Medical Necessity and Documentation Requirements	Complex	Laboratory Services	3 - all applicable states	5/29/2021	Approved	Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and covered nationally, when performed in a Clinical Laboratory.	01111U, 00221U, 00370U	Exclude claims having a "paid claim date" which is less than 3 years prior to the ADR letter date.
0205 - Next Generation Sequencing: Medical Necessity and Documentation Requirements	Complex	Laboratory Services	4 - all applicable states	5/29/2021	Approved	Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and covered nationally, when performed in a Clinical Laboratory.	01111U, 00221U, 00370U	Exclude claims having a "paid claim date" which is less than 3 years prior to the ADR letter date.
0206 - Proton Emission Tomography for Initial Treatment Strategy in Oncologic Conditions: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital, Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	5/29/2021	Approved	Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) is covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic procedure.	78638, 78811, 78812, 78813, 78814, 78815	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits
0206 - Proton Emission Tomography for Initial Treatment Strategy in Oncologic Conditions: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital, Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	5/29/2021	Approved	Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) is covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic procedure.	78638, 78811, 78812, 78813, 78814, 78815	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits
0208 - Enteral Nutrition Therapy with Dates of Service on/after September 5 2021: Medical Necessity and Documentation Requirements	Complex	DME Physician/DME Supplier	5 - All DME MACs	12/7/2021	Approved	Enteral nutrition is considered reasonable and necessary for a patient with a functioning gastrointestinal tract, who, due to pathology to, or non-function of, the structures responsible for food intake, is unable to consume sufficient calories to maintain weight and nutritional status.	78638, 78811, 78812, 78813, 78814, 78815	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer
0209 - Parenteral Nutrition Therapy with Dates of Service on/after September 5, 2021: Medical Necessity and Documentation Requirements	Complex	DME Physician/DME Supplier	5 - All DME MACs	12/7/2021	Approved	Parenteral nutrition is considered reasonable and necessary for a patient with a functioning gastrointestinal tract, who, due to pathology to, or non-function of, the structures responsible for food intake, is unable to consume sufficient calories to maintain weight and nutritional status.	84034, 84035, 84036, 84081, 84082, 84083	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits
0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements	Complex	Surgeon (ASCO), Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	6/29/2022	Approved	Hypoglossal nerve stimulation (HNS) is reasonable and necessary for the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are met.	84164, 84168, 84172, 84173, 84178, 84181	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits
0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements	Complex	Surgeon (ASCO), Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	6/29/2022	Approved	Hypoglossal nerve stimulation (HNS) is reasonable and necessary for the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are met.	6A582	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits
0212 - Hospice General Inpatient Care: Medical Necessity and Documentation Requirements	Complex	Hospice	5 - All HHI MACs	4/1/2023	Approved	This review will determine if Hospice General Inpatient Care (GIP) was reasonable and necessary to achieve pain control or acute or chronic symptom management which requires a level of care that is not available in the patient's home.	REI Code: 0636 - General Inpatient Care	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer
0214 - Transurethral Waterjet Ablation of the Prostate for Benign Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS): Medical Necessity and Documentation Requirements	Complex	Surgeon (ASCO), Professional Services	3 - all applicable states	4/26/2023	Approved	Documentation will be reviewed to determine whether Transurethral waterjet ablation services met Medicare coverage criteria and were reasonable and necessary.	Primary Code: 0421T / Secondary Code: C3	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer
0214 - Transurethral Waterjet Ablation of the Prostate for Benign Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS): Medical Necessity and Documentation Requirements	Complex	Surgeon (ASCO), Professional Services	4 - all applicable states	4/26/2023	Approved	Documentation will be reviewed to determine whether Transurethral waterjet ablation services met Medicare coverage criteria and were reasonable and necessary.	Primary Code: 0421T / Secondary Code: C3	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer
0215 - Cane, Crutches, and Walkers within the Reasonable Useful Lifetime: Excessive Units	Automated	DME Physician/DME Supplier	5 - All DME MACs	4/6/2023	Approved	Claims for canes, crutches, and/or walkers billed within the five-year reasonable useful lifetime of a previously reimbursed item billed with an identical HCPCS for the same patient will be reviewed to determine if a Reasonable Alternative External Refill or a Reasonable and Necessary for the patient's condition based on the documentation in the patient's medical record.	E0100, E0105, E0110, E0111, E0112, E0113	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits
0216 - Wearable Automatic External Defibrillators: Medical Necessity and Documentation Requirements	Complex	DME Physician/DME Supplier	5 - All DME MACs	6/6/2023	Approved	Documentation will be reviewed to determine if CPT code 15734 warranted separate reimbursement given that a flap is considered inclusive to breast reconstruction.	Target: CPT 15734 Reference: CPT 19357, 19361, 19364, 19365, 19368, 19369, 19340 and 19342	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer
0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion: Unbundling	Complex	Physician/Non-Physician Practitioner (NPP)	3 - all applicable states	6/6/2023	Approved	Documentation will be reviewed to determine if CPT code 15734 warranted separate reimbursement given that a flap is considered inclusive to breast reconstruction.	Target: CPT 15734 Reference: CPT 19357, 19361, 19364, 19365, 19368, 19369, 19340 and 19342	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer
0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion: Unbundling	Complex	Physician/Non-Physician Practitioner (NPP)	4 - all applicable states	6/6/2023	Approved	Documentation will be reviewed to determine if CPT code 15734 warranted separate reimbursement given that a flap is considered inclusive to breast reconstruction.	Target: CPT 15734 Reference: CPT 19357, 19361, 19364, 19365, 19368, 19369, 19340 and 19342	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(d)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer
0218 - Medical Supplies Billed from Consolidated Billing List During a Home Health Episode: Unbundling	Automated	DME Physician/DME Supplier	5 - All DME MACs	6/6/2023	Approved	All Medical Supplies included in the Consolidated Billing List and billed during admission of a patient to Home Health services are inclusive to Home Health services.	Consolidated Billing Master Supply List, In	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits
0219 - Minimally-Invasive Surgical (MIS) Fusion of the Sacrocaudal Joint: Medical Necessity and Documentation Requirements	Complex	Surgeon (ASCO), Professional Services	3 - all applicable states	6/6/2023	Approved	Documentation will be reviewed to determine whether minimally invasive surgical fusion of the sacrocaudal joint met Medicare coverage criteria and was reasonable and necessary.	22729	Claims having a "paid claim date" which is less than 3 years prior to the informational letter date will be excluded.
0220 - Hip Orthoses within the Reasonable Useful Lifetime: Excessive	Automated	DME Physician/DME Supplier	5 - All DME MACs	9/15/2023	Approved	Claims for Hip Orthoses with dates of service within the reasonable useful lifetime of a previously paid identical HCPCS for the same anatomical site, will be reviewed to determine if a Reasonable Alternative External Refill or a Reasonable and Necessary for the patient's condition based on the documentation in the patient's medical record.	L1000, L1007, L1020, L1027, L1082, L1083, L1084, L1085, L1086, L1090, L1030, L1040, L1080, L1081, L1086, L1090, L1100, L1120, L1730, L1731, L1732, L1733, L1734, L1735, L1736, L1737, L1738, L1739, L1740, L1741, L1742, L1743, L1744, L1745, L1746, L1747, L1748, L1749, L1750, L1751, L1752, L1753, L1754, L1755, L1756, L1757, L1758, L1759, L1760, L1761, L1762, L1763, L1764, L1765, L1766, L1767, L1768, L1769, L1770, L1771, L1772, L1773, L1774, L1775, L1776, L1777, L1778, L1779, L1780, L1781, L1782, L1783, L1784, L1785, L1786, L1787, L1788, L1789, L1790, L1791, L1792, L1793, L1794, L1795, L1796, L1797, L1798, L1799, L1800, L1801, L1802, L1803, L1804, L1805, L1806, L1807, L1808, L1809, L1810, L1811, L1812, L1813, L1814, L1815, L1816, L1817, L1818, L1819, L1820, L1821, L1822, L1823, L1824, L1825, L1826, L1827, L1828, L1829, L1830, L1831, L1832, L1833, L1834, L1835, L1836, L1837, L1838, L1839, L1840, L1841, L1842, L1843, L1844, L1845, L1846, L1847, L1848, L1849, L1850, L1851, L1852, L1853, L1854, 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L1998, L1999, L2000, L2001, L2002, L2003, L2004, L2005, L2006, L2007, L2008, L2009, L2010, L2011, L2012, L2013, L2014, L2015, L2016, L2017, L2018, L2019, L2020, L2021, L2022, L2023, L2024, L2025, L2026, L2027, L2028, L2029, L2030, L2031, L2032, L2033, L2034, L2035, L2036, L2037, L2038, L2039, L2040, L2041, L2042, L2043, L2044, L2045, L2046, L2047, L2048, L2049, L2050, L2051, L2052, L2053, L2054, L2055, L2056, L2057, L2058, L2059, L2060, L2061, L2062, L2063, L2064, L2065, L2066, L2067, L2068, L2069, L2070, L2071, L2072, L2073, L2074, L2075, L2076, L2077, L2078, L2079, L2080, L2081, L2082, L2083, L2084, L2085, L2086, L2087, L2088, L2089, L2090, L2091, L2092, L2093, L2094, L2095, L2096, L2097, L2098, L2099, L2100, L2101, L2102, L2103, L2104, L2105, L2106, L2107, L2108, L2109, L2110, L2111, L2112, L2113, L2114, L2115, L2116, L2117, L2118, L2119, L2120, L2121, L2122, L2123, L2124, L2125, L2126, L2127, L2128, L2129, L2130, L2131, L2132, L2133, L2134, L2135, L2136, L2137, L2138, L2139, L2140, L2141, L2142, L2143, L2144, L2145, L2146, L2147, L2148, L2149, L2150, L2151, L2152, L2153, L2154, L2155, L2156, L2157, L2158, L2159, L2160, L2161, L2162, L2163, L2164, L2165, L2166, L2167, L2168, L2169, L2170, L2171, L2172, L2173, L2174, L2175, L2176, L2177, L2178, L2179, L2180, L2181, L2182, L2183, L2184, L2185, L2186, L2187, L2188, L2189, L2190, L2191, L2192, L2193, L2194, L2195, L2196, L2197, L2198, L2199, L2200, L2201, L2202, L2203, L2204, L2205, L2206, L2207, L2208, L2209, L2210, L2211, L2212, L2213, L2214, L2215, L2216, L2217, L2218, L2219, L2220, L2221, L2222, L2223, L2224, L2225, L2226, L2227, L2228, L2229, L2230, L2231, L2232, L2233, L2234, L2235, L2236, L2237, L2238, L2239, L2240, L2241, L2242, L2243, L2244, L2245, L2246, L2247, L2248, L2249, L2250, L2251, L2252, L2253, L2254, L2255, L2256, L2257, L2258, L2259, L2260, L2261, L2262, L2263, L2264, L2265, L2266, L2267, L2268, L2269, L2270, L2271, L2272, L2273, L2274, L2275, L2276, L2277, L2278, L2279, L2280, L2281, L2282, L2283, 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Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
0223 - Hospice Care: Extended Length of Stay: Medical Necessity and Documentation Requirements	Complex	Hospice	5 - All HHH MACs	10/5/2023	Approved	This review will determine if Billed Hospice Care with Extended Lengths of Stay was reasonable and necessary. Claims that do not meet the indications of coverage	HCPCS: Routine Home Care 99531, 99532, 99533, 99534, 99535, 99536, 99537, 99538, 99539, 99540, 99541, 99542, 99543, 99544, 99545, 99546, 99547, 99548, 99549, 99550, 99551, 99552, 99553, 99554, 99555, 99556, 99557, 99558, 99559, 99560, 99561, 99562, 99563, 99564, 99565, 99566, 99567, 99568, 99569, 99570, 99571, 99572, 99573, 99574, 99575, 99576, 99577, 99578, 99579, 99580, 99581, 99582, 99583, 99584, 99585, 99586, 99587, 99588, 99589, 99590, 99591, 99592, 99593, 99594, 99595, 99596, 99597, 99598, 99599, 99600, 99601, 99602, 99603, 99604, 99605, 99606, 99607, 99608, 99609, 99610, 99611, 99612, 99613, 99614, 99615, 99616, 99617, 99618, 99619, 99620, 99621, 99622, 99623, 99624, 99625, 99626, 99627, 99628, 99629, 99630, 99631, 99632, 99633, 99634, 99635, 99636, 99637, 99638, 99639, 99640, 99641, 99642, 99643, 99644, 99645, 99646, 99647, 99648, 99649, 99650, 99651, 99652, 99653, 99654, 99655, 99656, 99657, 99658, 99659, 99660, 99661, 99662, 99663, 99664, 99665, 99666, 99667, 99668, 99669, 99670, 99671, 99672, 99673, 99674, 99675, 99676, 99677, 99678, 99679, 99680, 99681, 99682, 99683, 99684, 99685, 99686, 99687, 99688, 99689, 99690, 99691, 99692, 99693, 99694, 99695, 99696, 99697, 99698, 99699, 99700, 99701, 99702, 99703, 99704, 99705, 99706, 99707, 99708, 99709, 99710, 99711, 99712, 99713, 99714, 99715, 99716, 99717, 99718, 99719, 99720, 99721, 99722, 99723, 99724, 99725, 99726, 99727, 99728, 99729, 99730, 99731, 99732, 99733, 99734, 99735, 99736, 99737, 99738, 99739, 99740, 99741, 99742, 99743, 99744, 99745, 99746, 99747, 99748, 99749, 99750, 99751, 99752, 99753, 99754, 99755, 99756, 99757, 99758, 99759, 99760, 99761, 99762, 99763, 99764, 99765, 99766, 99767, 99768, 99769, 99770, 99771, 99772, 99773, 99774, 99775, 99776, 99777, 99778, 99779, 99780, 99781, 99782, 99783, 99784, 99785, 99786, 99787, 99788, 99789, 99790, 99791, 99792, 99793, 99794, 99795, 99796, 99797, 99798, 99799, 99800, 99801, 99802, 99803, 99804, 99805, 99806, 99807, 99808, 99809, 99810, 99811, 99812, 99813, 99814, 99815, 99816, 99817, 99818, 99819, 99820, 99821, 99822, 99823, 99824, 99825, 99826, 99827, 99828, 99829, 99830, 99831, 99832, 99833, 99834, 99835, 99836, 99837, 99838, 99839, 99840, 99841, 99842, 99843, 99844, 99845, 99846, 99847, 99848, 99849, 99850, 99851, 99852, 99853, 99854, 99855, 99856, 99857, 99858, 99859, 99860, 99861, 99862, 99863, 99864, 99865, 99866, 99867, 99868, 99869, 99870, 99871, 99872, 99873, 99874, 99875, 99876, 99877, 99878, 99879, 99880, 99881, 99882, 99883, 99884, 99885, 99886, 99887, 99888, 99889, 99890, 99891, 99892, 99893, 99894, 99895, 99896, 99897, 99898, 99899, 99900, 99901, 99902, 99903, 99904, 99905, 99906, 99907, 99908, 99909, 99910, 99911, 99912, 99913, 99914, 99915, 99916, 99917, 99918, 99919, 99920, 99921, 99922, 99923, 99924, 99925, 99926, 99927, 99928, 99929, 99930, 99931, 99932, 99933, 99934, 99935, 99936, 99937, 99938, 99939, 99940, 99941, 99942, 99943, 99944, 99945, 99946, 99947, 99948, 99949, 99950, 99951, 99952, 99953, 99954, 99955, 99956, 99957, 99958, 99959, 99960, 99961, 99962, 99963, 99964, 99965, 99966, 99967, 99968, 99969, 99970, 99971, 99972, 99973, 99974, 99975, 99976, 99977, 99978, 99979, 99980, 99981, 99982, 99983, 99984, 99985, 99986, 99987, 99988, 99989, 99990, 99991, 99992, 99993, 99994, 99995, 99996, 99997, 99998, 99999, 100000	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §9812(a)(4), (a)(5), and (d)- Scope of Benefits.	Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded.
0223 - Non-Physician Billed Without: Correct Assistant a Surgery Modifier; Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	6/24/2024	Approved	Assistant at surgery services by non-physician providers (PA, NP, or CNS) are reimbursed at 85 percent of 16 percent (i.e., 13.6 percent) of the Medicare Physician Fee	Include only CPT code range 10021 through	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated)
0223 - Non-Physician Billed Without: Correct Assistant a Surgery Modifier; Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	6/24/2024	Approved	Assistant at surgery services by non-physician providers (PA, NP, or CNS) are reimbursed at 85 percent of 16 percent (i.e., 13.6 percent) of the Medicare Physician Fee	Include only CPT code range 10021 through	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated)
0223 - Drug and Biologicals in Multi-Dose Vials: Billed with JW Modifier	Automated	Outpatient Hospital, Professional Services	3 - all applicable states	11/4/2024	Approved	The JW modifier is a Healthcare Common Procedure Coding System (HCPCS) Level II modifier required to be reported on a claim to report the amount of drug that is		1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated)
0223 - Drug and Biologicals in Multi-Dose Vials: Billed with JW Modifier	Automated	Outpatient Hospital, Professional Services	4 - all applicable states	11/4/2024	Approved	The JW modifier is a Healthcare Common Procedure Coding System (HCPCS) Level II modifier required to be reported on a claim to report the amount of drug that is		1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated)
0224 - Transitional Care Management: Unbundling	Automated	Professional Services (Physician/non-physician practitioner)	3 - all applicable states	1/4/2025	Approved	A physician or other qualified health care professional who reports Transitional Care Management CPT code 99495 or 99496 may not report telephone service (CPT	99441, 99442, 99443	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated)
0224 - Transitional Care Management: Unbundling	Automated	Professional Services (Physician/non-physician practitioner)	4 - all applicable states	1/4/2025	Approved	A physician or other qualified health care professional who reports Transitional Care Management CPT code 99495 or 99496 may not report telephone service (CPT	99441, 99442, 99443	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated)
0225 - Transitional Care Management: Excessive Units	Automated	Professional Services (Physician/non-physician practitioner)	3 - all applicable states	1/13/2025	Approved	Medicare may cover transitional care services during the 30-day period that begins when a physician discharges a Medicare patient from a healthcare facility and continues	99495, 99496	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the date of the
0225 - Transitional Care Management: Excessive Units	Automated	Professional Services (Physician/non-physician practitioner)	4 - all applicable states	1/13/2025	Approved	Medicare may cover transitional care services during the 30-day period that begins when a physician discharges a Medicare patient from a healthcare facility and continues	99495, 99496	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the date of the