Review Tonic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
neview ropic	neview Type	Trovider Type	negions and states	Date Approved	Approvar status	MS-DRG Coding requires that diagnostic and procedural	Arrected codes	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0001 - Inpatient Hospital MS-DRG Coding Validation	Complex	Inpatient Hospital	3 - all applicable states	1/23/2017	Approved	information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim,	All MS-DRGs (001-999)	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as Secondary Payer	"paid claim date" which is more than 3 years prior to the ADR letter date.
0001 - Inpatient Hospital MS-DRG Coding Validation	Complex	Inpatient Hospital	4 - all applicable states	1/23/2017	Approved	MS-DRG Coding requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim,	All MS-DRGs (001-999)	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	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0002 - Cataract Removal: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (OP), Ambulatory Surgery Center (ASC)	3 - all applicable states	2/12/2017	Approved	Documentation will be reviewed to determine if Cataract Surgery meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically	66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66987, 66988, Palmetto and WPS only-	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	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date
0002 - Cataract Removal: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (OP), Ambulatory Surgery Center (ASC)	4 - all applicable states	2/12/2017	Approved	Documentation will be reviewed to determine if Cataract Surgery meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically	66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66987, 66988, Palmetto and WPS only- 66989, 66991	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      Secial Security Act (SSA), Title XVIII, Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date
0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements	Complex	Inpatient Hospital- acute care, Outpatient Hospital, Professional Services (Physician/Non- Physician Practitioner).	3 - all applicable states	1/23/2017	Approved	Documentation will be reviewed to determine if sacral nerve stimulation for urinary or fecal incontinence meets Medicare coverage criteria, and/or is medically reasonable and necessary.	64561, 64581, 64590	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.      Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements	Complex	Inpatient Hospital- acute care, Outpatient Hospital, Professional Services (Physician/Non- Physician Practitioner).	4 - all applicable states	1/23/2017	Approved	Documentation will be reviewed to determine if sacral nerve stimulation for urinary or fecal incontinence meets Medicare coverage criteria, and/or is medically reasonable and acceptant	64561, 64581, 64590	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      Social Security Act (SSA), Title XVIII, Mealth Incurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0008 - Bariatric Surgery: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Inpatient Hospital	3 - all applicable states	1/23/2017	Approved	The surgical management for the treatment of morbid obesity is considered reasonable and necessary for Medicare beneficiaries who have a BMI ≥ 35, have at leas one compositifity related to obesity and have been	43770, 43644, 43645, 43845, 43846, 43847, 43775	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 3 Social Security Act (SSA). Title XVIII. Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0008 - Bariatric Surgery: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Inpatient Hospital	4 - all applicable states	1/23/2017	Approved	The surgical management for the treatment of morbid obesity is considered reasonable and necessary for Medicare beneficiaries who have a BMI ≥ 35, have at leas	43770, 43644, 43645, 43845, 43846, 43847, 43775	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      Social Security Act (SSA), Title XVIIII, Month Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0010 - Cardiac Positron Emission Tomography Scans: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 - Florida, PR and VI ONLY	1/24/2017	Approved	Documentation will be reviewed to determine if Cardiac PET Scans meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically reasonable and necessary	78459, 78491, 78492 A9526, A9555, A9552, A9597, A9598	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 1. Social Security Act (SSA). Title XVIII- Health Insurance for the 1. Social Security Act (SSA). Title XVIII- Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date
0011 - Inappropriate Billing of Home Visit Professional Service Evaluation and Management Codes During Inpatient	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	1/29/2017	Approved	Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not be used for billing services provided in settings other than in the private residence of a honeficiary	99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350	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     Social Security Act (SSA). Title XVIII- Health Insurance for the	Claims that have a "claim paid date" which is less than 3 years prior to the informational letter date.
0011 - Inappropriate Billing of Home Visit Professional Service Evaluation and Management Codes During Inpatient	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	1/29/2017	Approved	Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not be used for billing services provided in settings other than in the private residence of a beneficiary.	99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350	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      Social Security Act (SSA), Title XVIII, Mealth Incurance for the	Claims that have a "claim paid date" which is less than 3 years prior to the informational letter date.
0012 - Blood Glucose Monitors with Integrated Voice Synthesizer: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	5/8/2017	Approved	Documentation will be reviewed to determine if a blood glucose monitor with integrated voice synthesizer meets Medicare coverage criteria, meets applicable coding quidelines, and/or is medically reasonable and processor.	HCPCS code E2100- Blood glucose monitor with integrated voice synthesizer	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1834(a)(7)(f)(i) till and (iii), Replacement of the Aged and Disabled, \$1834(a)(7)(f)(iii) and (iii), Replacement of the Aged and Disabled, \$1834(a)(7)(f)(iii) and (iii), Replacement of the Aged and Disabled, \$1834(a)(7)(f)(iii) and (iiii).	Exclude from review claims having a "paid claim date" prior to May 12, 2023.
0013 - Ankle-Foot Orthoses / Knee-Ankle-Foot Orthoses: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	7/5/2017	Approved	This review will determine if the Ankle-Foot or Knee- Ankle-Foot Orthosis is reasonable and necessary for the patient's condition based on the documentation in the modical record.	L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1933, L1940, L1945, L1950, L1951, L1952,	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(T)(C)(I), III) and (III), Papil Secured to	Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded.
0014 - Glucose Monitor Supplies Billed With Same Dates of Service as Glucose Monitor: Unbundling	Automated	DME Physician/ DME Supplier	5 - All DME MACs	2/1/2017	Approved	When a glucose monitor (HCPCS codes E0607, E2100, E2101, or E2104) is provided, the glucose monitor supplies (HCPCS codes A4233, A4234, A4235, and A4236) as included in the allegance for the glucose monitor and the code of the glucose for the glucose monitor and the code of the glucose for the glucose monitor and the glucose for the	Target codes: A4233, A4234, A4235, A4236; Reference codes: E0607, E2100, E2101, E2104	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1834(a)(TICVI) (ii) and (iii). Benjacement or	Dates of Service on or after May 12, 2023.
0016 - Continuous Passive Motion Billed without Total Knee Replacement or Total Knee Revision	Automated	DME Physician/ DME Supplier	5 - All DME MACs	2/1/2017	Approved	Continuous Passive Motion (CPM) devices (HCPCS E0935) are only covered when billed for use in the patient's home (Place of Service 12) and with the RR (rental) modifier. Coverage is limited to per more than these	Target code: HCPCS E0935 Reference code(s): CPT 27447, 27486, 27487	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(T)(C)(I), III) and (III), Papil Secured to	Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the
0018 - Spring-Powered Devices: Excessive Units	Automated	DME Physician/ DME Supplier	5 - All DME MACs	2/1/2017	Approved	More than one spring powered device (code A4258) per 6 months is not reasonable and necessary.	A4258	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1834(a)(XVIII) (iii) and title Paylocoments.	Claims that have a "paid claim date" which is less than 3 years prior to the Informational Letter date (automated
0019 - Durable Medical Equipment Billed while Inpatient: Unbundling	Automated	DME Physician/ DME Supplier	5 - All DME MACs	2/1/2017	Approved	A supplier (includes physician furnishing DME) may deliver a DMEPOS item to a patient in a hospital or nursing facility for the purpose of fitting or training the patient in the property and the time.	E0100 -E8002; K0001 -K0899; L0112 - L4631; V2020 -V2786; A4206 -A9999; B4034 -B9999; and J and Q codes	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, 51834(1)(VI)(I) iii) and Iiii. Penjacement of the Aged and Disabled, 51834(1)(VI)(I) iii) and Iiii. Penjacement of the Aged and Disabled, 51834(1)(VI)(I) iii).	Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the
0020 - Patient Lifts: Medical Necessity and Documentation Requirements	Complex	DME Physician/DME Supplier	5 - All DME MACs	5/9/2017	Approved	Patient lifts must meet basic coverage criteria whether at initial rental or at any point during a rental period, as outlined in Local Coverage Determination for Patient Lifts. Medical documentation will be obtained to determine.	E0630, E0635, E0636, E0639, E0640, E103	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1824(a)(TVCVI), III) and IIII. Benlacement of the Aged and Disabled, \$1824(a)(TVCVI), III) and IIII. Benlacement of the Aged and Disabled, \$1824(a)(TVCVII), III) and IIII. Benlacement of the Aged and Disabled, \$1824(a)(TVCVII), III) and IIIII.	Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
nenew ropic	neview Type	Trovide: Type	negions and states	Bate ripproved	Approvar status	This review will determine if tracheotomy suction pumps	Autorica codes	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0021 - Tracheostomy Suction Pumps and Suction Catheters: Medical Necessity and Documentation Requirements	Complex	DME Physician/DME Supplier	5 - All DME MACs	2/1/2017	Approved	and suction catheters are reasonable and necessary for the patient's condition based on the documentation in	A4605, A4624, A4628, E0600	Aged and Disabled, §1833(e) - Payment of Benefits  2. Social Security Act (SSA), Title XVIII- Health Insurance for the	"paid claim date" prior to May 12, 2023.
0022 - Inpatient Psychiatric Admission Billed without Source of Admission Equal to "D"	Automated	Inpatient Hospital, Inpatient Psychiatric Facility	3 - all applicable states	2/27/2017	Approved	Under the Medicare PPS for inpatient psychiatric facilities (IPF), CMS makes an additional payment to an IPF or a distinct part unit (DPU) for the first day of a beneficiary's	Claims without Source of Admission Code D	Social Security Act, 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 Review Results Letter date.
0022 - Inpatient Psychiatric Admission Billed without Source of Admission Equal to "D"	Automated	Inpatient Hospital, Inpatient Psychiatric Facility	4 - all applicable states	2/27/2017	Approved	Under the Medicare PPS for inpatient psychiatric facilities (IPF), CMS makes an additional payment to an IPF or a distinct part unit (IPPU) for the first day of a beneficiary's	Claims without Source of Admission Code D	2 Social Security Act. Title YVIII. Health Insurance for the Aged 1. Social Security Act, 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 Review Results Letter date.
0023 - High Frequency Chest Wall Oscillation Devices: Medical Necessity and Documentation Requirements	Complex	DME by Supplier/DME by Physician	5 - All DME MACs	2/1/2017	Approved	This review will determine if a High Frequency Chest Wall Oscillation Device is reasonable and necessary for the patient's condition based on the documentation in the medical record.	E0483	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1834(a)/17/LC(i), iii) and (iii). Benlar ement of Aged and Disabled, \$1834(a)/17/LC(ii), iii) and (iii). Benlar ement of	Dates of Service on or after May 12, 2023
0024 - Spinal Orthoses: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	8/2/2017	Approved	This review will determine if the documentation meets Medicare's coverage and reasonable and necessary requirements for spinal orthoses.	L0452, L0480, L0482, L0484, L0486, L0629, L0632, L0634, L0636, L0638, A9270, L0456, L0457, L0625, L0627, L0637, L0642, L0648, L0650, L0631.	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1324(a)/27(C(i), III) and (III), Replacement of	Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded.
0026 - Nebulized Drugs: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	4/11/2017	Approved	This review will determine if the submitted documentation supports Medicare's coverage criteria and reasonable and necessary requirements for nebulized	J2545, J7605, J7606, J7608, J7611, J7612, J7613, J7614, J7620, J7626, J7631, J7639, J7644, J7669, J7677, J7682, J7686, Q0474, K0730, E0574, Q0513, Q0514	1.Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits - Social Security Act (SSA), Title XVIII- Health Insurance for the Aged, and Disabled, \$1834(5)(XIII). (III) and (IIII). Bookspeeded to 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates of Service prior to May 12, 2023.
0028 - Annual Wellness Visits: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	4/26/2017	Approved	Claims for HCPCS code G0438 billed more than once in a lifetime will be denied. HCPCS code G0438 (Annual wellness visit; includes a personalized prevention plan of sentics (PDS). Initial visit) is a "one time" allowed.	G0438	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	Exclude from the automated review claims having a paid claim date more than 3 years prior to the Review
0028 - Annual Wellness Visits: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	4/26/2017	Approved	Claims for HCPCS code G0438 billed more than once in a lifetime will be denied. HCPCS code G0438 (Annual wellness visit; includes a personalized prevention plan of conico (DDS). initial wight is a "one time" allowed.	G0438	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. Boolal Security Act (SSA), Title XVIII, Modify Insurance for the	Exclude from the automated review claims having a paid claim date more than 3 years prior to the Review
0030 - Osteogenesis Stimulators: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	2/1/2017	Approved	This review will determine if an Osteogenesis Stimulator is reasonable and necessary for the patient's condition based on the documentation in the medical record.	E0747, E0748, E0760	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, 51833(e) - Payment of Benefits</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, 51834(a)(7)(C)(ii) and (iii), Benlarement of</li> </ol>	Claims that have a "claim paid date" which is less than 3 years prior to the ADR Letter date.
0037 - Hospital Services: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/23/2017	Approved	Both Initial Hospital Care codes (CPT codes 99221–99223) and Subsequent Hospital Care codes (CPT Codes 99231 99233) are "per diem" services and may be reported only once not day by the came objection of the came	99221-99223	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833[e]- Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1853[a](JA)(A). Evaluation from	Exclude claims having a paid claim date which is more than 3 years prior to the Informational letter date.
0037 - Hospital Services: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/23/2017	Approved	Both Initial Hospital Care codes (CPT codes 99221–99223) and Subsequent Hospital Care codes (CPT Codes 99231 99233) are "per diem" services and may be reported only once ner day by the same physician(s) of the same	99221-99223	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled Section 1857(a)(1)(A). Evaluations from	Exclude claims having a paid claim date which is more than 3 years prior to the Informational letter date.
0038 - Visits to Patients in Swing Beds: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/23/2017	Approved	If the inpatient care is being billed by the hospital as inpatient hospital care, the hospital care codes apply. If the inpatient care is being billed by the hospital as a usual of science and the pursue for facility care, they have used for facility care. They have used to be a pursue for facility care.	99221-99223, 99231-99233, 99238-99239	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      Social Security Act (SSA), Title XVIII, Health Insurance for the	Exclude from review claims having a paid claim date which is more than 3 years prior to the Review Results Letter
0038 - Visits to Patients in Swing Beds: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/23/2017	Approved	If the inpatient care is being billed by the hospital as inpatient hospital care, the hospital care codes apply. If the inpatient care is being billed by the hospital as	99221-99223, 99231-99233, 99238-99239	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  Social Security Act (SCA), Title XVIII, Health Insurance for the	Exclude from review claims having a paid claim date which is more than 3 years prior to the Review Results Letter
0039 - Ophthalmology Codes for New Patient: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/23/2017	Approved	Providers are only allowed to bill the CPT codes for New Patient visits if the patient has not received any face-to- face service from the physician or physician group practice llimited to physicians of the same specialty.)	92002, 92004	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 Social Security Act (SSA). Title XVIII- Health Insurance for the	Algorithm excludes from this automated review, claims having a paid claim date which is more than 3
0039 - Ophthalmology Codes for New Patient: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/23/2017	Approved	Providers are only allowed to bill the CPT codes for New Patient visits if the patient has not received any face-to- face service from the physician or physician group	92002, 92004	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	Algorithm excludes from this automated review, claims having a paid claim date which is more than 3
0042 - Evaluation and Management Services for Office or Other Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/23/2017	Approved	Office or other outpatient visits for evaluation and management services cannot be billed for patients while they are admitted to a hospital setting. Billing these services incorrectly will result in an overnamment and the	99202-99215	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	Claims that have a "claim paid date" less than 6 months prior to the Review Results Letter date (automated
0042 - Evaluation and Management Services for Office or Other Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/23/2017	Approved	Office or other outpatient visits for evaluation and management services cannot be billed for patients while they are admitted to a hospital setting. Billing these context incorrects will secure to a programment and the	99202-99215	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	Claims that have a "claim paid date" less than 6 months prior to the Review Results Letter date (automated
0043 - New Patient Visits: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/23/2017	Approved	A new patient is one who has not received any professional services, [e.g., E/M service or other face-to-face service (e.g., surgical procedure)] from the physician conduction aroun practice (same physician specialty).	92002, 92004, 99202, 99203, 99204, 99205, 99341, 99342, 99344, 99345	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  Social Security Act (SSA) Title XVIII, Health Insurance for the	Claims that have a "claim paid date" which is less than 6 months prior to the Review Results Letter.
0043 - New Patient Visits: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/23/2017	Approved	A new patient is one who has not received any professional services, [e.g., E/M service or other face-to-face service (e.g., surgical procedure)] from the physician complete the procedure of th	92002, 92004, 99202, 99203, 99204, 99205, 99341, 99342, 99344, 99345	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 Secial Security Act (SSA), Title XVIII. Health Insurance for the	Claims that have a "claim paid date" which is less than 6 months prior to the Review Results Letter.

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
·				· ·		Overpayments associated to DMEPOS suppliers billing	A4639, A7025, E0117, E0140, E0144,	Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from this automated review
0046-Durable Medical Equipment Rentals- Multiple Billing within the Same	Automated	DME Physician/ DME Supplier	5 - All DME MACs	8/26/2025	Approved	multiple rentals for the same equipment within the same	E0149, E0165, E0170, E0171, E0181,	Aged and Disabled, §1833(e) - Payment of Benefits	claims having a paid claim date which
Month				5, 22, 2323		month (27 days) will be recovered.	E0182, E0186, E0187, E0193, E0194,	2. Social Security Act (SSA), Title XVIII- Health Insurance for the	is more than 3 years prior to the
						Algorithm identifies all paid Ambulance Claims billed with	E0196. E0197. E0198. E0202. E0235.	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a claim paid date
		Ambulance Providers and				one of the following HCPCS codes: A0425, A0426, A0427,	A0425, A0426, A0427, A0428, A0429,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling	Automated	Suppliers	3 - all applicable states	8/8/2017	Approved	A0428, A0429, A0432, A0433, A0434 with modifier NN on	A0432, A0433, A0434	Coverage and Medicare as a Secondary Paver	Review Results Letter date.
						the same line for SNE claims. Under the prospective		2 Social Security Act (SSA) Title YVIII- Health Insurance for the	
		Ambulana Burddan and				Algorithm identifies all paid Ambulance Claims billed with	A0425, A0426, A0427, A0428, A0429,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a claim paid date
0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling	Automated	Ambulance Providers and	4 - all applicable states	8/8/2017	Approved	one of the following HCPCS codes: A0425, A0426, A0427,	A0432. A0433. A0434	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
		Suppliers				A0428, A0429, A0432, A0433, A0434 with modifier NN on	A0432, A0433, A0434	Coverage and Medicare as a Secondary Payer	Review Results Letter date.
		Professional Services				CPT has designated certain codes as "add-on		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims that have a "claim paid
0050 - Add-on Codes Paid without Primary Code and/or Denied Primary Code	Automated	(Physician/Non-Physician	3 - all applicable states	1/22/2021	Approved	procedures". These services are always done in	Add-on Codes: https://www.cms.gov/ncci-	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
,,,,,,		Practitioners); Outpatient		-,,		conjunction with another procedure and are only payable	medicare/medicare-ncci-add-code-edits	Coverage and Medicare as a Secondary Payer	to the Informational Letter date
		Professional Services				CPT has designated certain codes as "add-on		2. Social Security Act (SSA). Title YV/III- Health Insurance for the 1. Social Security Act (SSA), Title XVIII- Health Insurance for the	(automated review) Exclude claims that have a "claim paid
	l	(Physician/Non-Physician		4 /00 /0004		procedures". These services are always done in	Add-on Codes: https://www.cms.gov/ncci-	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
0050 - Add-on Codes Paid without Primary Code and/or Denied Primary Code	Automated	Practitioners); Outpatient	4 - all applicable states	1/22/2021	Approved	conjunction with another procedure and are only payable	medicare/medicare-ncci-add-code-edits	Coverage and Medicare as a Secondary Payer	to the Informational Letter date
		Hospital				whon an appropriate primary corpice is also hilled. Add		2 Social Security Act (SSA) Title VVIII Health Incurance for the	(automated review)
						Ambulance services during an Inpatient stay are included	A0425, A0426, A0427, A0428, A0429,	Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0054 - Ambulance Billed during Inpatient: Unbundling	Automated	Ambulance Providers	3 - all applicable states	6/20/2017	Approved	in the facility's PPS payment and are not separately	A0432, A0433, A0434	Aged and Disabled, Section 1833(e)- Payment of Benefits	which is less than 3 years prior to the
						payable under Part B, excluding the date of admission,	A0432, A0433, A0434	2. Social Security Act (SSA), Title XVIII- Health Insurance for the	Review Results Letter date.
						Ambulance services during an Inpatient stay are included		Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0054 - Ambulance Billed during Inpatient: Unbundling	Automated	Ambulance Providers	4 - all applicable states	6/20/2017	Approved	in the facility's PPS payment and are not separately	A0425, A0426, A0427, A0428, A0429,	Aged and Disabled, Section 1833(e)- Payment of Benefits	which is less than 3 years prior to the
7 Ambalance Sinea daring inpatient. Orbanianing	riacomatea	7 ambalance i Toviders	· un applicable states	0/20/201/	присте	payable under Part B, excluding the date of admission,	A0432, A0433, A0434	2. Social Security Act (SSA), Title XVIII- Health Insurance for the	Review Results Letter date.
						Claims with CPT inpatient hospital care evaluation and		Aged and Disabled Section 1862/a)/1)/(A)- Exclusions from 1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0056 - Evaluation and Management Services in Skilled Nursing Facilities: Incorrect		Professional Services				management (E/M) codes billed for services rendered to		Aged and Disabled. Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Coding	Automated	(Physician/Non-Physician	3 - all applicable states	8/7/2017	Approved	a patient residing in a skilled nursing facility (SNF), with	99223, 99232, 99233	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Practitioner)				no innations hospital facility claim for the same date of		2 Social Socurity Act (SSA) Title W/III Health Incurance for the	rovious
		Professional Services				Claims with CPT inpatient hospital care evaluation and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0056 - Evaluation and Management Services in Skilled Nursing Facilities: Incorrect Coding	Automated	(Physician/Non-Physician	4 - all applicable states	8/7/2017	Approved	management (E/M) codes billed for services rendered to	99223, 99232, 99233	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Coding		Practitioner)				a patient residing in a skilled nursing facility (SNF), with		Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Outpatient Hospital, Skilled				When reporting service units for untimed codes	92507, 92508, 92521, 92522, 92523,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from this automated review,
0060 - Untimed Therapy: Excessive Units	Automated	Nursing Facility (SNF),	3 - all applicable states	9/8/2017	Approved	(excluding Modifiers -KX, and -59) where the procedure is	92524, 92526, 92597, 92609, 97012,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	claims having a paid claim date which
		Outpatient Rehabilitation Facility		-, -,		not defined by a specific timeframe, the provider may not	97016, 97018, 97022, 97024, 97028,	Coverage and Medicare as a Secondary Payer	is more than 3 years prior to the
		(ORF), Comprehensive Outpatient Hospital, Skilled				When reporting service units for untimed codes	97161, 97162, 97163, 97164, 97165, 92507, 92508, 92521, 92522, 92523,	1.Social Security Act (SSA), Title XVIII. Health Insurance for the	Exclude from this automated review,
		Nursing Facility (SNF),		- 1- 1			92524, 92526, 92597, 92609, 97012,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	claims having a paid claim date which
0060 - Untimed Therapy: Excessive Units	Automated	Outpatient Rehabilitation Facility	4 - all applicable states	9/8/2017	Approved	not defined by a specific timeframe, the provider may not	97016, 97018, 97022, 97024, 97028,	Coverage and Medicare as a Secondary Payer	is more than 3 years prior to the
		(ORF). Comprehensive				evceed (1) in the units hilled column ner date of service	97161, 97162, 97163, 97164, 97165,	2 Rocial Security Act (SSA) Title XVIII. Health Insurance for the	Review Results Letter date
		Professional Services				The Nursing Facility Services codes represent a "per day"	99304, 99305, 99306, 99307, 99308,	1.Social Security Act, Title XVIII- Health Insurance for the Aged	Exclude claims having a paid claim
0061 - Nursing Facility Services: Excessive Units	Automated	(Physician/Non-Physician	3 - all applicable states	9/8/2017	Approved	service. As such, these codes may only be reported once	99309, 99310	and Disabled, Section 1833(e)- Payment of Benefits	date which is more than 3 years prior
		Practitioner)				per day, per Beneficiary, Provider and date of service.	33303, 33310	2.Social Security Act, Title XVIII- Health Insurance for the Aged	to the Informational letter date.
		Professional Services				The Nursing Facility Services codes represent a "per day"		1.Social Security Act, Title XVIII- Health Insurance for the Aged	Exclude claims having a paid claim
0061 - Nursing Facility Services: Excessive Units	Automated	(Physician/Non-Physician	4 - all applicable states	9/8/2017	Approved	service. As such, these codes may only be reported once	99304, 99305, 99306, 99307, 99308,	and Disabled, Section 1833(e)- Payment of Benefits	date which is more than 3 years prior
		Practitioner)				per day, per Beneficiary, Provider and date of service.	99309, 99310	2.Social Security Act, Title XVIII- Health Insurance for the Aged	to the Informational letter date.
						Carriers may not pay for the technical component (TC) of	All CPT/HCPCS codes with TC/PC Indicator	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims that have a claim paid
0062 - Radiology: Technical Component during Inpatient Stay	Automated	Radiologists/Part B providers	3 - all applicable states	9/8/2017	Approved	radiology services furnished to patients during inpatient	1 and/or 3; Type of Service Indicator code	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date which is more than 3 years prior
10002 Nationogy, recinition component during impatient stay	Automateu	performing radiology services	o an applicable states	3/0/201/	Approved	stay. Query identifies TC portion of radiology paid to	4 and/or 6; CPT/HCPCS modifier TC	Coverage and Medicare as a Secondary Payer	to the review results letter date.
						entities other than the innationt facility. Findings are	(technical component) CPT/HCPCS All CPT/HCPCS codes with TC/PC Indicator	2 Recial Security Act (SSA). Title VVIII. Health Insurance for the	Freshinds also show have a slet
		Radiologists/Part B providers				Carriers may not pay for the technical component (TC) of	1 and/or 3; Type of Service Indicator code	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims that have a claim paid
0062 - Radiology: Technical Component during Inpatient Stay	Automated	performing radiology services	4 - all applicable states	9/8/2017	Approved	radiology services furnished to patients during inpatient stay. Query identifies TC portion of radiology paid to	4 and/or 6; CPT/HCPCS modifier TC	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	date which is more than 3 years prior to the review results letter date.
						ontitios other than the innationt facility. Findings are	(technical component) CPT/HCPCS	2 Social Socurity Act (SSA) Title VVIII Health Incurance for the	
		Inpatient Hospital; Outpatient				Duplicate claims or line date of service items will be		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0064 - Facility Duplicate Claims	Automated	Hospital; Skilled Nursing Facility	3 - all applicable states	9/8/2017	Approved	denied.	All CPT and All HCPCS	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
		(SNF)						Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA). Title XVIII. Health Insurance for the	years prior to the Review Results Letter
		Inpatient Hospital: Outpatient				Duplicate claims or line date of service items will be		1.Social Security Act (SSA). Title XVIII- Health Insurance for the	Exclude from review claims having a
0064 - Facility Duplicate Claims	Automated	Hospital; Skilled Nursing Facility	4 - all applicable states	9/8/2017	Approved	denied.	All CPT and All HCPCS	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
	, acomated	(SNF)	. Sir applicable states	3,0,2017	. грр. очец		2. 7 0.10 7 110. 03	Coverage and Medicare as a Secondary Payer	years prior to the Review Results Letter
		, ,				Continuous positive airway pressure machines (CPAPs)		2. Social Security Act (SSA). Title XVIII. Health Insurance for the	Exclude from this automated review,
0065 - Continuous Positive Airway Pressure Machine without an Obstructive						billed without the diagnosis of obstructive sleep apnea		1.8ocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits	claims having a paid claim date which
Sleep Apnea Diagnosis	Automated	DME Physician/ DME Supplier	5 - All DME MACs	9/7/2017	Approved	(OSA) will be denied.	E0601	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	is more than 3 years prior to the
· · -						,		Aged and Disabled 61834(a)(7)(C)(i) (ii) and (iii). Replacement of	Informational letter date
						This review will determine if a Positive Airway Pressure	E0601 - Continuous positive airway	Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates
0066-Positive Airway Pressure Devices for Treatment of Obstructive Sleep Apnea:	Complex	DME Physician/ DME Supplier	5 - All DME MACs	8/26/2025	Approved	Device is reasonable and necessary for the patient's	pressure (CPAP) device	Aged and Disabled, §1833(e) - Payment of Benefits	of Service prior to May 12, 2023
Medical Necessity and Documentation Requirements						condition based on the documentation in the medical	E0470 - Respiratory assist device, bi-level	Social Security Act (SSA), Title XVIII- Health Insurance for the	
						rocord	pressure capability, without backup rate	Agod and Disabled &1924/a\/7\/C\/i\ /ii\ and /iii\ Ponlacement of	

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
	//-		.0			Inpatient hospital services furnished to a patient of an		1. Title XVIII of the Social Security Act (SSA), Section	Exclude from review claims having a
0067 - Inpatient Psychiatric Facility Services: Medical Necessity and	C	Inpatient Hospital (IP); Inpatient	2 - II II b	0/0/2017	A	inpatient psychiatric facility will be reviewed to determine	N/A	1814(a)(2)(A) and (4)- Conditions of and Limitations on Payment	"paid claim date" which is more than 3
Documentation Requirements	Complex	Psychiatric Facility (IPF)	3 - all applicable states	9/8/2017	Approved	that services were medically reasonable and necessary.	N/A	for Services	years prior to the Review Results letter
						Convices found to be not medically reasonable and		2 Social Security Act (SSA) Title VVIII Health Incurance for the	data
						Inpatient hospital services furnished to a patient of an		1. Title XVIII of the Social Security Act (SSA), Section	Exclude from review claims having a
0067 - Inpatient Psychiatric Facility Services: Medical Necessity and	Complex	Inpatient Hospital (IP); Inpatient	4 - all applicable states	9/8/2017	Approved	inpatient psychiatric facility will be reviewed to determine	N/A	1814(a)(2)(A) and (4)- Conditions of and Limitations on Payment	"paid claim date" which is more than 3
Documentation Requirements		Psychiatric Facility (IPF)		0,0,000		that services were medically reasonable and necessary.	1,7,1	for Services	years prior to the Review Results letter
						Services found to be not medically reasonable and	Primary Codes: F0470: F0471 Category 2	2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	date
0069 - Respiratory Assist Devices: Medical Necessity and Documentation						Documentation will be reviewed to determine if Respiratory Assist Devices meet coverage criteria and/or	Codes: E0561; E0562; Category 3 Codes:	Aged and Disabled, §1833(e) - Payment of Benefits	Dates of Service on or after May 12, 2023
Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	12/12/2017	Approved	.,,	A7027, A7028, A7029, A7030, A7031,		2023
nequiencies						are medically reasonable and necessary.	A7032, A7033, A7034: Category 4 Codes:	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	
						Outpatient services for the same beneficiary, same or		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate	Automated	Outpatient Hospital; Inpatient	3 - all applicable states	10/5/2017	Approved	different service provider, where the date(s) of service on	Eligible codes with TOB 11x, 12x and 13x	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	is more than 3 years prior to the
Payments	Automateu	Hospital Part B	5 - all applicable states	10/5/2017	Арргочеи	the outpatient claim falls within an inpatient admission or	Eligible codes with TOB 11x, 12x and 15x	Coverage and Medicare as a Secondary Payer	review results letter date will be
						overlan the admission date of the innatient claim are		2 Rocial Security Act (SSA) Title XVIII. Health Insurance for the	evcluded
						Outpatient services for the same beneficiary, same or		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate	Automated	Outpatient Hospital; Inpatient	4 - all applicable states	10/5/2017	Approved	different service provider, where the date(s) of service on	Eligible codes with TOB 11x, 12x and 13x	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	is more than 3 years prior to the
Payments		Hospital Part B				the outpatient claim falls within an inpatient admission or		Coverage and Medicare as a Secondary Payer	review results letter date will be
						Medicare only pays for services that are reasonable and		Social Socurity Act (SSA). Title XVIII. Health Insurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the	Excluded from review claims having a
0073 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation						necessary for the setting billed. The inpatient		Aged and Disabled, Section 1815(a)- Payment to Providers of	"paid claim date" which is more than 3
Requirements	Complex	Inpatient Rehabilitation Facility	3 - all applicable states	10/4/2018	Approved	rehabilitation facility (IRF) benefit is designed to provide	N/A	Services	years prior to the ADR letter date.
						intensive rehabilitation therapy in a resource intensive		2 Social Socurity Act (SSA) Title VVIII Health Incurance for the	years prior to the Abiliteter date.
						Medicare only pays for services that are reasonable and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0073 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation	Complex	Inpatient Rehabilitation Facility	4 - all applicable states	10/4/2018	Approved	necessary for the setting billed. The inpatient	N/A	Aged and Disabled, Section 1815(a)- Payment to Providers of	"paid claim date" which is more than 3
Requirements	Complex	impatient iteriabilitation racinty	4 all applicable states	10/4/2010	Арргочси	rehabilitation facility (IRF) benefit is designed to provide	1975	Services	years prior to the ADR letter date.
		Outpatient Hospital:				intensive rehabilitation therapy in a resource intensive	C0432 10470 10400 10303 10324 10356	2 Rocial Security Act (SSA). Title XVIII. Health Insurance for the	
						Claims billed with excessive or insufficient units will be	C9132, J0178, J0180, J0202, J0221, J0256,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0074 - Drugs and Biologicals in Single-Dose Vials: Incorrect Units Billed	Complex	Professional Services	3 - all applicable states	12/21/2017	Approved	reviewed to determine the actual amount administered	J0475, J0485, J0490, J0583, J0585, J0588,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
		(Physician/Non-Physician				and the correct number of billable/payable units.	J0775, J0881, J0894, J0897, J1299, J1300,	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
		Practitioner) Outpatient Hospital:				Claims billed with excessive or insufficient units will be	J1439, J1459, J1557, J1561, J1566, J1568, C9132, J0178, J0180, J0202, J0221, J0256,	Social Security Act (SSA). Title XVIII. Health Insurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
		Professional Services				reviewed to determine the actual amount administered	J0475, J0485, J0490, J0583, J0585, J0588,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
0074 - Drugs and Biologicals in Single-Dose Vials: Incorrect Units Billed	Complex	(Physician/Non-Physician	4 - all applicable states	12/21/2017	Approved	and the correct number of billable/payable units.	J0775, J0881, J0894, J0897, J1299, J1300,	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
		Practitioner)				and the correct number of billable, payable units.	J1439, J1459, J1557, J1561, J1566, J1568.	2 Social Security Act (SSA) Title XVIII. Health Insurance for the	years prior to the ADN letter date.
						This review will determine whether the Home Health		1.Social Security Act (SSA), Title XVIII - Health Insurance for the	Exclude from review claims having a
0075 - Home Health: Medical Necessity and Documentation Requirements	Complex	Home Health Agencies (HHA)	5 - All HHH MACs	12/12/2017	Approved	services are reasonable and necessary, and meet	Revenue Codes: 0023X, 042X, 043X, 044X,	Aged and Disabled, Sections 1814(a)(2)(C) - Conditions of and	"paid claim date" prior to May 12,
5075 Home Health. Wedical Necessity and Bocamentation Requirements	Complex	Home realth Agencies (HHA)	5 All HITTWIACS	12/12/2017	Арргочси	Medicare coverage criteria and documentation	055X,023X 056X, 057X	Limitations on payment for services	2023
						roquiroments		2 Social Socurity Act (SSA) Title VVIII - Health Incurance for the	
COTT. Assess No. 10 March 1971 and Comment of Florida NATION Services		Part B Professional Services				Claims for HCPCS Code G0439 will be recovered as		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0077 - Annual Wellness Visit Billed Sooner than Eleven Whole Months Following the Initial Preventive Physical Examination	Automated	(Physician/Non-Physician	3 - all applicable states	1/9/2018	Approved	overpayment as it is not payable if an Initial Preventive	G0439, G0402	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	is more than 3 years prior to the
the initial Preventive Physical Examination		Practitioner)				Physical Examination (IPPE) or an Annual Wellness Visit		Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA) Title XVIII- Health Insurance for the	Review Results letter date will be
						Claims for HCPCS Code G0439 will be recovered as		1.Social Security Act (SSA). Title XVIII. Health Insurance for the	Claims having a "claim paid date" that
0077 - Annual Wellness Visit Billed Sooner than Eleven Whole Months Following		Part B Professional Services		4 /0 /0040		overpayment as it is not payable if an Initial Preventive		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	is more than 3 years prior to the
the Initial Preventive Physical Examination	Automated	(Physician/Non-Physician	4 - all applicable states	1/9/2018	Approved	Physical Examination (IPPE) or an Annual Wellness Visit	G0439, G0402	Coverage and Medicare as a Secondary Payer	Review Results letter date will be
, , , , , , , , , , , , , , , , , , ,		Practitioner)				(ANNA) has been paid within the past eleven (11) whole		2 Social Socurity Act (SSA). Title VVIII. Health Incurance for the	excluded
						Documentation will be reviewed to determine if Cardiac		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0078 - Cardiac Pacemakers: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital, Ambulatory	3 - all applicable states	8/26/2025	Approved	Pacemakers meet Medicare coverage criteria, meet	33206, 33207, 33208	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
,		Surgical Center (ASC)		3, 23, 2323		applicable coding guidelines, and/or are medically		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
		<del> </del>				reaconable and necessary		2 Social Socurity Act (SSA) Title WIII Health Incurance for the	Fredricks from an investment by
		Outpatient Hospital, Ambulatory				Documentation will be reviewed to determine if Cardiac		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0078 - Cardiac Pacemakers: Medical Necessity and Documentation Requirements	Complex	Surgical Center (ASC)	4 - all applicable states	8/26/2025	Approved	Pacemakers meet Medicare coverage criteria, meet	33206, 33207, 33208	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
		Surgical Center (ASC)				applicable coding guidelines, and/or are medically		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						Documentation will be reviewed to determine if	E0465 - Home ventilator, any type, used	Social Security Act (SSA), Title XVIII- Health Insurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates
0070 Ventileters Medical Negosity and Description	Correlan	DMAE Dhysisian / DMAE Cornell	E All DME MAC-	0/26/2025	Annonio	Ventilators meet coverage criteria and/or are medically	with invasive interface, (e.g.,	Aged and Disabled, §1833(e) - Payment of Benefits	of Service prior to May 12, 2023
0079-Ventilators: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	8/26/2025	Approved	reasonable and necessary.	tracheostomy tube)	2. Social Security Act (SSA), Title XVIII- Health Insurance for the	
						·	E0466 - Home ventilator, any type, used	Agod and Disabled &1824/a\/7\/C\/i\ /ii\ and /iii\ Ponlacoment of	
						This review will determine if a Group II Pressure Reducing		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0080 - Group 2 Support Surfaces: Medical Necessity and Documentation	Complex	DME Physician/DME Supplier	5 - All DME MACs	2/13/2018	Approved	Support Surface is reasonable and necessary for the	HCPCS codes: E0277, E0371, E0372, E0373	Aged and Disabled, §1833(e) - Payment of Benefits	is more than 3 years prior to the ADR
Requirements						patient's condition based on the documentation in the		2.Social Security Act (SSA), Title XVIII- Health Insurance for the	date will be excluded
						This review will determine if Negative Pressure Wound	E2402 - Negative pressure wound therapy	Aged and Disabled, \$1834(a)(7)(C)(i), (ii) and (iii). Replacement of 1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0081 - Negative Pressure Wound Therapy: Medical Necessity and Documentation	İ	1				Therapy is reasonable and Necessary for the patient's	electrical pump, stationary or portable	Aged and Disabled, §1833(e) - Payment of Benefits	which is more than 3 years prior to the
Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	2/26/2018	Approved	condition based on the documentation in the medical	A6550 - Wound care set, for negative	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	ADR letter date will be excluded.
	İ					record	pressure wound therapy electrical pump.	Agod and Disabled \$1934(a)(7)(C)(i) (ii) and (iii) Panlassment of	ADA TELLET GALE WIII DE EXCIUGEG.
						Laboratory services are covered under Part A, excluding	1	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Select claims that have a "claim paid
0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling	Automated	Laboratory/Ambulance,	3 - all applicable states	3/13/2018	Approved	anatomic pathology services and certain clinical	80047-87912	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is less than 3 years prior
0003 - Laboratory Services Rendered During an Inpatient Stay: Unbundling	Automated	Outpatient Hospital	5 - all applicable states	3/13/2018	Approved	pathology services. If billed separately, these are	00047-07312	Coverage and Medicare as a Secondary Payer	to the Review Results Letter date.
						considered unbundled services		2 Rocial Security Act (SSA) Title VVIII. Health Insurance for the	
		Laborator (Amil.)				Laboratory services are covered under Part A, excluding		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Select claims that have a "claim paid
0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling	Automated	Laboratory/Ambulance,	4 - all applicable states	3/13/2018	Approved	anatomic pathology services and certain clinical	80047-87912	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is less than 3 years prior
	l	Outpatient Hospital				pathology services. If billed separately, these are		Coverage and Medicare as a Secondary Payer	to the Review Results Letter date.
ļ	1	L		l .		considered unbundled consises	1	2 Focial Security Act (SSA). Title VV/III. Health Incurance for the	<u> </u>

See Controller Absorption (Association (See Controller) (		Review Type Pro	rovider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
Authorized Section (1985)   Authorized Section (1985)									1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Microsoft Systems of Trial Systems (1965) Systems (				3 - all applicable states	3/14/2018	Approved	and/or discharge management) rendered on the same		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Autorested  Autore	patient Admission: Unbundling		, ,		-, - ,		date as a hospital inpatient admission by the same	99222, 99223, 99224, 99225, 99226	Coverage and Medicare as a Secondary Payer	years prior to the Review Results Letter
Addressed (See See See See See See See See See Se							Hospital outpations observation care (initial subsequent		1 Social Socurity Act (SSA) Title W/III. Health Insurance for the	Exclude from review claims having a
Inspirated Authorized (Muschanding Muschanding Muschan	J86 - Observation Evaluation & Management (E&M) Services Billed Same Day as				- 1 1			99217, 99218, 99219, 99220, 99221,		"paid claim date" which is more than 3
Machinis and a second and approved for first Stage feed Blosses subject to Fart 8 Considerated Bling, Unstanding Outside Stage Feed Blosses subject to Fart 8 Considerated Bling, Unstanding Outside Stage Feed Blosses subject to Fart 8 Outside Stag				4 - all applicable states	3/14/2018	Approved				years prior to the Review Results Letter
0007 - Laboratory Service for find-50 gets from National Pages and Nat		Pra	ractitioner)				nhysician is not senarately navable. Medicare navment		2 Capial Convrity Act (CCA) Title VVIII Health Incurance for the	date and dates of service on and after
Semicolated Billing Unbaueding  Automated  A		Pro	rofessional Services						* * *	Claims having a "claim paid date" that
Professional Services  Approved  Professional Services  Approved  Approved  Professional Services  Approved  Professional Services  Approved  Professional Services  Professional Servi		Automated (Ph	Physician/Non-Physician	3 - all applicable states	3/14/2018	Approved	· ·	Labs subject to ESRD Consolidated Billing f		is more than 3 years prior to the
Part - Laboratory Services for Ded Stage Renal Disease Subject to Part B Automated Projection Proje	isolidated billing. Oribuilding	Pra	ractitioner)				payment. Certain laboratory services and limited drugs			Informational letter date will be
Automated  Approach Special Distance Distance		Dro	rofossional Sonicos				The ESRD PPS includes consolidated billing for limited			Claims having a "claim paid date" that
Predictionery   Predictioner				A - all annlicable states	3/14/2018	Approved	Part B services included in the ESRD facility bundled	Labs subject to ESRD Consolidated Billing f		is more than 3 years prior to the
Actomated Antibulary Surgery Center (ASC)  Antibulary Surgery Cent	nsolidated Billing: Unbundling			4 dii applicable states	3/14/2010	Арргочеи	payment. Certain laboratory services and limited drugs	cass subject to Esnis consonauted simily	Coverage and Medicare as a Secondary Payer	Informational letter date will be
Automated Automated Automated Automated Services Silled Without an Approved Surgical Procedure On the same decide on in biosyly for the Correct of Surgical Procedure on the same decide on in biosyly for the Correct of Surgical Procedure on the same decide on in biosyly for the Correct of Surgical Procedure on the same decide on in biosyly for the Correct of Surgical Procedure on the same decide on in biosyly for the Correct of Surgical Procedure on the same decide on in biosyly for the Correct of Surgical Procedure on the same decide on in biosyly for the Correct of Surgical Procedure on the same decide on in biosyly for the Correct of Surgical Procedure on the same decide on in biosyly for the choice on approved Ambidiatory Surgeal Center (ASC) and applicable states of Surgical Procedure on the same decide on in biosyly for the same decide on the facilities PS progress and the same decided on the facilities PS progress and the facilities PS progr			,							excluded Claims having a "claim paid date" that
Some in the control of the control o									And and Disabled Continue 40C3/-V/AVA). Fundaminant from	is more than 3 years prior to the
Automated  Automated	88 - Ancillary Services Billed Without an Approved Surgical Procedure	Automated Am	mbulatory Surgery Center (ASC)	3 - all applicable states	3/14/2018	Approved		All ancillary services- https://www.cms.go		Review Results Letter date will be
Automated Anobustory Surgery Center (ASC) 4. all applicable states 3/14/7018 Approved  Automated							same date of service and same provider		, ,	oveluded
Automated  Automated  Professional Sevices (Physician/Non-Physician Pactetioner)  Automated  Professional Sevices (Physician/Non-Physician Pactetioner)  Automated  Automated  Automated  Professional Sevices (Physician/Non-Physician Pactetioner)  Automated  Automated  Professional Sevices (Physician/Non-Physician Pactetioner)  Automated  Au										Claims having a "claim paid date" that
Automated (Physician/Non-Physician Professional Services) Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Physician/Non-Physician Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Physician/Non-Physician Professional Services of Physician/Non-Physician Professional Services Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Published Professional Services of Physician/Non-Physician Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Published Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Published Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Published Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Published Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Published Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Published Professional Services of Clinical Social Worker during Impatient: Unbundling Automated Published Professional Services of Clinical Social Workers (CSV) rendered during Inspired and or not supparately spayable under Part B.  Automated Published Professional Services of Professional Services of Clinical Social Workers (CSV) rendered during Inspiration of Component for Impatient or Outpatient Automated Published Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Physician Professional Services of Phys	188 - Ancillary Services Billed Without an Approved Surgical Procedure	Automated Am	mbulatory Surgery Center (ASC)	4 - all applicable states	3/14/2018	Approved		All ancillary services- https://www.cms.go		is more than 3 years prior to the
## Professional Services   Pro							surgical procedure on the same claim or in history for the			Review Results Letter date will be
Automated  Automated	1	Dra	rofossional Consisos				Services of Clinical Social Workers (CSW) rendered during			Claims having a "claim paid date" that
payment and are not separately payable under Part 8.  Coverage and Medicare as a Secondary Payer  Automated  A	199 Clinical Social Worker during Innationt: Unbundling			2 all applicable states	2/14/2019	Approved		00785 00800		is more than 3 years prior to the
Professional Services  Automated Physician/Non-Physician Professional Services  (Physician/Non-Physician Professional Services Physician/Non-Physician Professional Services  (Physician/Non-Physician Professional Services Physician/Non-Physician Professional Services  (Physician/Non-Physician Professional Services Phy	85 - Chinical Social Worker during Impatient. Oribunding		, ,	5 - all applicable states	3/14/2016	Approved	payment and are not separately payable under Part B.	30763 - 30833	Coverage and Medicare as a Secondary Payer	Informational Letter date will be
Automated  Automated		110	accidoner)				CSW providers are expected to seek reimbursement from		2 Social Security Act (SSA) Title YVIII- Health Insurance for the	evcluded
Approved payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payable under Part B.  Approved provided payment and are not separately payment.  Approved provided to pathesis and inpute not outpatient and payments payment.  Approved provided to pathesis and inpute not outpatient and payments. Professional Services of unsupport and payments. Professional Services of unsupport and payments.  Approved provided payments are not separately payment.  Approved provided payments. Prof										Claims having a "claim paid date" that
Professional Services  D090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling  Automated Physician/Non-Physician Professional Services  Professional Services  Automated Physician/Non-Physician Professional Services  D091 - Duplicate Payments: Professional Services  Automated Physician/Non-Physician Practitioner)  Part B Professional Services  Automated Physician/Non-Physician Practitioner)  Automated Physician/Non-Physician Practitioner)  Part B Professional Services  Automated Physician/Non-Physician Practitionery  Part B Professional Services  Part B Professional Services  Physician/Non-Physician Practitionery  Part B Professional Services	.89 - Clinical Social Worker during Inpatient: Unbundling			4 - all applicable states	3/14/2018	Approved		90785 - 90899		Informational Letter date will be
Automated Hospitals: Unbunding Professional Services  Automated (Physician/Non-Physician Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbunding Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Services Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Services Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Services Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Services Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Services Partitioner): Laboratory (Pathology Technical Component for Inpatient or Outpatient Hospitals: Services Partitioner): Partitioner Partitioner Partitioner Partitioner Partitioner Partitioner Partitioner Partitioner Partitioner Partitioner Partitioner Partitioner Partitioner Partitio			,				CSW providers are expected to seek reimbursement from		2 Social Socurity Act (SSA). Title XVIII. Health Insurance for the	eveluded
Hospitals: Unbundling  Automated							The technical component (TC) of lab/pathology services		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from this automated review,
Hospitals: Unbundling				3 - all applicable states	4/4/2018	Approved	furnished to patients in an inpatient or outpatient			claims having a paid claim date which
Professional Services   Automated   Professional Services   Automated   Professional Services   Automated   Professional Services   Automated   Professional Services   Automated   Professional Services   Automated   Professional Services   Automated   Professional Services   Automated   Part B Professional Services   Part B	spitals: Unbundling	Pra		, ,	, ,		hospital setting are not separately payable.	TC/PC Indicator 1 or 3	Coverage and Medicare as a Secondary Payer	is more than 3 years prior to the
Automated Payments: Professional Services (Physician/Non-Physician Part B Professional Services (Physi		Pro	rofessional Services				The technical component (TC) of lab/nathology services		1 Rocial Security Act (SSA) Title XVIII- Health Insurance for the	Exclude from this automated review.
Hospitals: Unbundling  Automated  Approved  Ap	90 - Laboratory/Pathology Technical Component for Inpatient or Outpatient	(Ph	Physician/Non-Physician	A all and last to state	4/4/2010	A		All Lab/Pathology CPT/HCPCS codes with		claims having a paid claim date which
Independent Diagnostic Testine  Part B Professional Services  Automated  O91- Duplicate Payments: Professional Services  O92- Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  O02- Percutaneous Implantation of Neurostimulator Requirements  O02- Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  O02- Percutaneous Implantation of Neurostimulator Electrode Array: Medical Non-Physician  O02- Percutaneous Implantation of Neurostimulator Electrode Array: Medical Non-Physician  O02- Percutaneous Implantation of Neurostimulator Electrode Array: Medical Non-Physician  O02- Percutaneous Implantation of Neurostimulator Electrode Array: Medical Non-Physician  O02- Percutaneous Implantation of Neurostimulator Electrode Array: Medical Non-Physician  O02- Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O03- Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O03- Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O04- Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O05- Percutaneous Implantation of Neurostimulator Electro	ospitals: Unbundling	Pra	ractitioner); Laboratory;	4 - all applicable states	4/4/2018	Approved	· · · · · · · · · · · · · · · · · · ·	TC/PC Indicator 1 or 3		is more than 3 years prior to the
O91- Duplicate Payments: Professional Services  Automated  (Physician/Non-Physician Practitioner)  O92- Percutaneous Implantation of Neurostimulator Electrode Array: Medical Non-Physician Non-Physician  O93- Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O94- Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O95- Percutaneous Implantation of Neurostimulator Influence Array: Medical  O95- Percutaneous I		Ind	dependent Diagnostic Testing						2 Facial Security Act (SSA). Title VVIII. Health Incurance for the	Informational lotter date
Automated Professional Services  Operation of Neurostimulator Electrode Array: Medical  Necessity and Documentation Requirements  Automated Professional Services  Approved Service Act (SCA) Ital VIIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer  Automated Professional Services  Approved Service Act (SCA) Ital VIIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer  Automated Professional Services  Approved Professional Services  Approved Service Act (National Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer  All CPT, HCPCS Code, and service Act (Insurance for the Aged Advanced From Coverage and Medicare as a Secondary Pa		Par	art B Professional Services							Claims that have a "claim paid date"
Part B Professional Services  O091- Duplicate Payments: Professional Services  O091- Duplicate Payments: Professional Services  O092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  Necessity and Documentation Requirements  O092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O093 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O094 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O095 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O095 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O096 - Percutaneous Implantation of Neurostimulator of Neurostimulator Electrode Array: Medical  O097 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical  O098 - Percutaneous Implantation of Neurostimulator of Neurostimulator of Neurostimulator of Neurostimulator of Neurostimulator of Neurostimulator of Neurostimulator of Neurostimulator Neurostimula	91- Duplicate Payments: Professional Services			3 - all applicable states	5/8/2018	Approved		All CPT, HCPCS Codes		which is less than 3 years prior to the
Part 8 Professional Services  Automated (Physician/Non-Physician Practitioner)  Duplicate Payments: Professional Services (Physician/Non-Physician Practitioner)  Automated (Physician/Non-Physician Practitioner)  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, and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer (ASC); Professional Services  Surgery Center (ASC); Professional Services  Overage and Disabled, Section 1862(a)(1)(A)- Exclusions from Every which is less than 3 Review Results Lett Contains the same provider, and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer (ASC); Professional Services  Overage and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer (ASC); Professional Services  Overage and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer (ASC); Professional Services (ASC); Professional S		Pra	ractitioner)							Review Results Letter date (automated
O931- Duplicate Payments: Professional Services  Automated  (Physician/Non-Physician Practitioner)  O92 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  O92 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  O932 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  O934 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  O935 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  O936 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity Act (SSA), Title XVIII. Health Insurance for the Object the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Necessity Act (SSA), Title XVIII. Health Insurance for the Output Neces		Par	art B Professional Services							Claims that have a "claim paid date"
Practitioner)  Practitioner  And Medicare as a Secondary Payer  Approved  The review shall identify claims billed incorrectly as  Practitioner  Practitioner  Approved  Practitioner  Dutylatient Hospital, Mabalth Journages for the Anad  Calims having a "pa  Claims having a "pa  Approved  Practitioner  The review shall identify claims billed incorrectly as  Processional Services  (Physician/Non-Physician  Complex  Practitioner  Dutylatient Hospital, Mable Locurages for the Anad  Claims having a "pa  Claims having a "pa  Claims having a "pa  Approved  Approv	91- Duplicate Payments: Professional Services			4 - all applicable states	5/8/2018	Approved	than one claim number for the same Beneficiary,	All CPT. HCPCS Codes	and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage	which is less than 3 years prior to the
Ong 2 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  Surgery Center (ASC); Professional Services  3 - all applicable states  5/8/2018  Approved  Appr	, ,			,,	.,,,		CPT/HCPCS code, and service date by the same provider,	,	and Medicare as a Secondary Payer	Review Results Letter date (automated
Ong 2 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements  Surgery Center (ASC); Professional Services  3 - all applicable states  5/8/2018  Approved  Appr		Ou	utpatient Hospital: Ambulatory				The review shall identify claims hilled incorrectly as		1 Social Security Act. Title VVIII. Health Incurance for the Acad.	Claims having a "paid claim date"
Necessity and Documentation Requirements  Professional Services  Professional Services  Professional Services  ADR letter date  Coverage and Medicare as a Secondary Payer  (Physician/Non-Physician  Outpatient Hospital, Ambulatory  Outpatient Hospital, Ambulatory  Outpatient Hospital, Ambulatory  Surgery Center (ASC);  4 - all applicable states  5/8/2018  Approved  ADR letter date  Coverage and Medicare as a Secondary Payer  (Physician/Non-Physician  Outpatient Hospital, Act (SSA), Title Value Health Insurance for the  Claims having a "pa  Which is less than 3	92 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical	Sur			E (0 (00+0					which is less than 3 years prior to the
Outpatient Hospital; Ambulatory The review shall identify claims billed incorrectly as Outpatient Hospital; Ambulatory The review shall identify claims billed incorrectly as Outpatient Hospital; Ambulatory The review shall identify claims billed incorrectly as Outpatient Hospital; Ambulatory Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved Percutaneous implantation of neurostimulator electrode Array: Medical Complex Surgery Center (ASC); 4 -				3 - all applicable states	5/8/2018	Approved		64553, 64555, L8679		
0092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Complex Surgery Center (ASC); 4 - all applicable states 5/8/2018 Approved percutaneous implantation of neurostimulator electrode (64553, 64555, 18679 Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Which is less than 3		(Ph	Physician/Non-Physician				transcutaneous placement of a device		2 Social Security Act (SSA) Title VVIII Health Incurance for the	
Complex   4-all applicable states   5/8/2018   Approved   1-3-1-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	NO. Descritanceus Implantation of Neurostimulator Flactrode Array Madical								, , , , , , , , , , , , , , , , , , , ,	Claims having a "paid claim date"
				4 - all applicable states	5/8/2018	Approved		64553, 64555, L8679		which is less than 3 years prior to the
Necessity and Documentation Requirements Professional Services arrays when the medical record demonstrates the Coverage and Medicare as a Secondary Payer (Physician Non-Physician Services) (Physician Services) (Physician Non-Physician Services) (Physician Non-Physician Services) (Physician Non-Physician Services) (Physician Non-Physician Services) (Physician Servi	cessity and bocumentation requirements	(Ph					arrays when the medical record demonstrates the		Coverage and Medicare as a Secondary Payer	ADR letter date
		Ou	utnationt Hospital ASC (TOR				The implantable automatic defibrillator is an electronic		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
132 and 1321, 33217, 33224, 33225, 33230, Aged and Disabled, Section 1833(e)- Payment of Benefits "paid claim date" w				3 - all applicable states	5/14/2018	Approved	device designed to detect and treat life-threatening		Aged and Disabled, Section 1833(e)- Payment of Benefits	"paid claim date" which is more than 3
Necessity and Documentation Requirements   Lachyarrhythmias. The device consists of a pulse   33231, 33240, 33249   2.Social Security Act (SSA), Title XVIII- Health Insurance for the   years prior to the A	cessity and Documentation Requirements				-, - ,		tachyarrhythmias. The device consists of a pulse	33231, 33240, 33249		years prior to the ADR letter date.
apporator and alectroduc for concine and defibrillating  And and hisabled Cortine 1867/alultilAL Evaluations from							The implantable automatic defibrillator is an electronic			Exclude from review claims having a
0093 - Implantable Automatic Defibrillators, Outpatient Procedure: Medical	193 - Implantable Automatic Defibrillators- Outpatient Procedure: Medical				E 14 4 15			33216, 33217, 33224, 33225, 33230.		"paid claim date" which is more than 3
Complex 13X and 83X), ASC (ASC facilities 14 - all applicable states   5/14/2018   Approved   States   5/14/2018   Approved	·			4 - ail applicable states	5/14/2018	Approved				years prior to the ADR letter date.
agenerator and electrodes for sensing and defibrillating  Aged and Disabled Section 1862(a)(1)(A). Exclusions from		= S	service type + )				generator and electrodes for sensing and defibrillating		Aged and Disabled Section 1862/a)/11/A). Exclusions from	
0004 Group 2 Process Politicing Support Surface: Medical Mesoscity and	104 Group 2 Proceura Poducing Support Surfaces Madical Massacity and								* * *	Exclude from review claims having a
Complex   DME Physician/DME Supplier   5 - All DME MACS   5/11/2018   Approved   1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Complex DN	ME Physician/DME Supplier	5 - All DME MACs	5/11/2018	Approved		E0194		"claim paid date" which is more than 3
Documentation Requirements  treatment of Stage III and Stage IV ulcers when the  2.Social Security Not (SSA), Title Green with the action of the III and III a	contention requirements						reatment or stage III and Stage IV ulcers when the		Z.Bocial Security Act (SSA), Title XVIII- Health Insurance for the	years prior to the Review Results Letter
		Но	ospital Inpatient (Part B) – 12X,				Facet joint are joints in the spine that aid stability and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims that have a "claim paid
				3 - all applicable states	2/1/2023	Approved		64490-64495		date" which is more than 3 years prior
Requirements Surgery (ASC) – 83X or POS 24 are a type of interventional pain management technique Coverage and Medicare as a Secondary Payer to the ADR letter day	quirements	Sur		applicable states	2, 2, 2023	, pp.04cu	are a type of interventional pain management technique		Coverage and Medicare as a Secondary Payer	to the ADR letter date (complex
with TOS F   weed to dispose or treat back pain letra-particular blocks   2 Spoid Sequity Act (SSA) Title XVIII, Health Insurance for the Facet loint are initing in the Spine that all distallity and   1 Spoid Sequity Act (SSA) Title XVIII, Health Insurance for the Facet loint are initing in the Spine that all distallity and   1 Spoid Sequity Act (SSA) Title XVIII, Health Insurance for the Facet loint are initing in the Spine that all distallity and   1 Spoid Sequity Act (SSA) Title XVIII, Health Insurance for the Facet loint are initing in the Spine that all distallity and   1 Spoid Sequity Act (SSA) Title XVIII, Health Insurance for the Facet loint are initing in the Spine that all distallity and   1 Spoid Sequity Act (SSA) Title XVIII, Health Insurance for the Facet loint are initing in the Spine that all distallity and   1 Spoid Sequity Act (SSA) Title XVIII, Health Insurance for the Facet loint are initing in the Spine that all distallity and   1 Spoid Sequity Act (SSA) Title XVIII, Health Insurance for the Facet loint are initing in the Spine that all distallity and   1 Sp							used to diagnose or treat back pain. Intraarticular blocks		2 Social Security Act (SSA) Title YVIII. Health Insurance for the	Frequency states that have a "el-tra raid
0005 - Facet loint Interventions: Medical Negocity and Documentation	195 - Facet Joint Interventions: Medical Necessity and Documentation	Ou							* * *	Exclude claims that have a "claim paid date" which is more than 3 years prior
Complex   4 - all applicable states   2/1/2023   Approved   5 - 4490 - 54495	· · · · · · · · · · · · · · · · · · ·			4 - all applicable states	2/1/2023	Approved		64490-64495		to the ADR letter date (complex
with TOS F    Wind to dispend out to a back page   Letrontique   Coverage and wind calculate as a security of the fitted out of the dispending the letter for the calculate and the calculate as a security of the calcul							used to diagnose or treat back pain Intragricular blocks		2 Social Socurity Act (SSA). Title VVIII. Health Incurance for the	rovious)

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
review Topic	Neview Type	Part B Professional Services	ricgions and states	Date Approved	Approvar status	Certain CPT codes for Part B Professional services for the	36000, 36410, 36415, 36591, 36600,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a claim paid date
0098 - Critical Care Professional Services: Unbundling	Automated	(Physician/non physician	3 - all applicable states	6/18/2018	Approved	same Beneficiary, same Date of Service, and Same	43752, 43753, 71045, 71046, 92953,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
observation care in orestation services. On banding	natomatea	practitioner)	5 dii applicable states	0/10/2010	прриотеа	Provider will be recovered as overpayments as they are	93561, 93562, 93598, 94002, 94003,	Coverage and Medicare as a Secondary Payer	review results letter date (automated
						Certain CPT codes for Part B Professional services for the	94004, 94660, 94662, 94760, 94761, 36000, 36410, 36415, 36591, 36600,	1.Social Security Act (SSA). Title XVIII. Health Insurance for the	Claims that have a claim paid date
0000 Critical Core Backers of Comitons Harbourdline	A	Part B Professional Services	A all and lands a state	6/40/2040	A	same Beneficiary, same Date of Service, and Same	43752, 43753, 71045, 71046, 92953,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
0098 - Critical Care Professional Services: Unbundling	Automated	(Physician/non physician practitioner)	4 - all applicable states	6/18/2018	Approved	Provider will be recovered as overpayments as they are	93561, 93562, 93598, 94002, 94003,	Coverage and Medicare as a Secondary Payer	review results letter date (automated
		practitioner)				not navable when performed on the same day a physician	94004. 94660. 94662. 94760. 94761.	2 Rocial Security Act (SSA) Title YVIII- Health Insurance for the	review)
						Payment for the Skilled Nursing Facility (SNF) services, listed in the SNF Consolidated Billing Table, Major	CPT/HCPCS codes listed in the SNF	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude claims having a "claim paid date" which is more than 3 years prior
0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Automated	Outpatient Facility	3 - all applicable states	6/25/2018	Approved	Category I.F and V.A., provided to beneficiaries by the	Consolidated Billing Table, Major	Coverage and Medicare as a Secondary Payer	to the informational letter (automated
						outpationt facility in a Modicaro covored Part A SNE ctay	Category I.F and V.A.	2 Social Socurity Act (SSA) Title VI/III. Health Incurance for the	rouioud
						Payment for the Skilled Nursing Facility (SNF) services,	CPT/HCPCS codes listed in the SNF	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "claim paid
0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Automated	Outpatient Facility	4 - all applicable states	6/25/2018	Approved	listed in the SNF Consolidated Billing Table, Major Category I.F and V.A., provided to beneficiaries by the	Consolidated Billing Table, Major	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	date" which is more than 3 years prior to the informational letter (automated
						outpatient facility in a Medicare covered Part A SNE stay	Category I.F and V.A.	1.Social Security Act (SSA), Title XVIII. Health Insurance for the	review)
						CMS has designated certain codes as "add-on			Claims that have a "claim paid date"
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	procedures". These services are always done in	17311-17315, 81265, 81415, 81425, 8153	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	which is less than 3 years prior to the
Chilical Laboratory						conjunction with another procedure and are only payable		2 Social Security Act (SSA) Title XVIII- Health Insurance for the	Informational Letter date.
						CMS has designated certain codes as "add-on	17311-17315, 81265, 81415, 81425,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0100 - Add-On Code Paid without Primary Code and/or Denied Primary Code:	Automated	Laboratory	4 - all applicable states	6/20/2018	Approved	procedures". These services are always done in	81535, 82951, 86825, 87186, 87188,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Clinical Laboratory		· ·	.,			conjunction with another procedure and are only payable	87502, 87903, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164-	Coverage and Medicare as a Secondary Payer	Informational Letter date.
						APC coding requires that procedural information, as	86146, 66130, 66132, 66133, 66164-	1.Social Security Act (SSA). Title XVIII. Health Insurance for the	Exclude from review claims having a
0101 - Ambulatory Payment Classification Coding Validation	Complex	Outpatient Hospital (Part B)	3 - all applicable states	7/26/2018	Approved	coded and reported by the hospital on its claim, match	Claims with status indicators (SI) = J1, S, or	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
7 Ambalatory rayment elassification country variation	Complex	outputterit riospital (rait s)	5 dii applicable states	7,20,2010	прриотеа	both the attending physician description and the	Claims with states maleutors (si, 12, 5, 6)	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						APC coding requires that procedural information, as		2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0101 Ambulator Payment Classification Coding Validation	Compley	Outpotiont Hospital (Part P)	4 all applicable states	7/26/2018	Approved	coded and reported by the hospital on its claim, match	Claims with status indicators (SI) = J1, S, or	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
0101 - Ambulatory Payment Classification Coding Validation	Complex	Outpatient Hospital (Part B)	4 - all applicable states	7/26/2018	Approved	both the attending physician description and the	Claims with status indicators (Si) = J1, 3, or	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						information contained in the honoficiary's medical record		2 Social Socurity Act (SSA) Title VVIII Health Incurance for the	
						Documentation will be reviewed to determine if Home Oxygen meets coverage criteria and is medically		Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits	Claims having a "claim paid date" which is more than 3 years prior to the
0102-Home Use of Oxygen: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	8/27/2025	Approved	reasonable and necessary.	E1390, E0431	Social Security Act (SSA), Title XVIII- Health Insurance for the	ADR date.
						,		Aged and Disabled 61834/a)/5) - Payment for ovugen and ovugen	
						Documentation will be reviewed to determine if	Primary codes- A4311, A4312, A4314, A4315, A4338, A4341, A4342, A4344,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0103 - Urological Supplies: Medical Necessity and Documentation Requirements	Complex	DME Physician/DME Supplier	5 - All DME MACs	8/1/2018	Approved	Urological Supplies meet coverage criteria and/or are medically reasonable and necessary.	A4351, A4352, A4353, A4354, A4357,	Aged and Disabled, §1833(e) - Payment of Benefits  2. Social Security Act (SSA), Title XVIII- Health Insurance for the	which is more than 3 years prior to the ADR date will be excluded.
						medically reasonable and necessary.	A4358, A5102, A5112	Agod and Disabled, \$1924(a)(7)(C)(i), (ii) and (iii). Poplacement of	ADR date will be excluded.
0404 Add as Cada Bald with sub Brissens Cada and Jan Bankad Brissens Cada						CMS has designated certain codes as "add-on		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0104 - Add-on Code Paid without Primary Code and/or Denied Primary Code – Ambulatory Surgical Center	Automated	Ambulatory Surgery Center (ASC)	3 - all applicable states	7/24/2018	Approved	procedures". These services are always done in	Add-on Codes: https://www.cms.gov/ncci-	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Ambulatory Surgical Center						conjunction with another procedure and are only payable		Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA) Title XVIII. Health Insurance for the	Review Results Letter date (automated
						CMS has designated certain codes as "add-on		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0104 - Add-on Code Paid without Primary Code and/or Denied Primary Code –	Automated	Ambulatory Surgery Center (ASC)	4 - all applicable states	7/24/2018	Approved	procedures". These services are always done in	Add-on Codes: https://www.cms.gov/ncci-	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Ambulatory Surgical Center						conjunction with another procedure and are only payable		Coverage and Medicare as a Secondary Payer	Review Results Letter date (automated
						Claims for Custom-Fabricated Knee Orthoses that do not	Primary Codes- L1844, L1846	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0107 - Custom-Fabricated Knee Orthoses: Medical Necessity and Documentation	Complex	DME Physician/ DME Supplier	5 - All DME MACs	10/1/2018	Approved	meet indications of coverage and/or medical necessity	Secondary Codes- L2385, L2390, L2395,	Aged and Disabled, §1833(e) - Payment of Benefits	which is less than 3 years prior to the
Requirements	, .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	outlined in the references listed above will be denied.	L2397, L2405, L2415, L2492, L2755,	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	review results letter date.
		Desferal and Condes				Under the Medicare Physician Fee schedule (MPFS), some	L2785, L2795, L2800	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician	3 - all applicable states	9/11/2018	Approved	procedures have separate rates for physicians' services	All CPT/HCPCs codes with site-of-service d	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	is more than 6 months prior to the
		Practitioner)		-,,		when provided in facility and non-facility settings. The		Coverage and Medicare as a Secondary Payer	Review Results Letter date will be
		- 4				Under the Medicare Physician Fee schedule (MPFS), some		Social Security Act (SSA). Title XVIII- Health Insurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0400 Feellite va New Feellite Deleghouses and Inspector Ceelling	Automated	Professional Services (Physician/Non-Physician	A all and lands a state	0/44/2040	Approved	procedures have separate rates for physicians' services	All CPT/HCPCS codes with site-of-service d	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	is more than 6 months prior to the
0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding	Automateu	Practitioner)	4 - all applicable states	9/11/2018	Approved	when provided in facility and non-facility settings. The	All Cr 1/Ticres codes with site-of-service d	Coverage and Medicare as a Secondary Payer	Review Results Letter date will be
		,				when a Part B CPT/HCPCS code listed on File 2		2 Social Socurity Act (SSA) Title VVIII Health Incurance for the	oveluded
0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use of Modifier 26,		Professional Services				(Professional Components of Services to be Submitted		Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Include Claims that have a "claim paid date" which is less than 3 years prior
Professional Component	Automated	(Physician/Non-Physician	3 - all applicable states	9/20/2018	Approved	with a 26 Modifier) is billed during a paid inpatient Part A	CPT/HCPCS codes listed on the CMS File 2	Coverage and Medicare as a Secondary Payer	to the Informational Letter date.
		Practitioner)				SNE stay without modifier 26, the Part R claim will be		2 Rocial Security Act (SSA) Title VVIII. Health Insurance for the	
0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use of Modifier 26,		Professional Services				When a Part B CPT/HCPCS code listed on File 2		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Include Claims that have a "claim paid date" which is less than 3 years prior
Professional Component	Automated	(Physician/Non-Physician	4 - all applicable states	9/20/2018	Approved	(Professional Components of Services to be Submitted with a 26 Modifier) is billed during a paid inpatient Part A	CPT/HCPCS codes listed on the CMS File 2	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	to the Informational Letter date.
		Practitioner)				SNE ctay without modifier 26, the Part P claim will be		2 Social Socurity Act (SSA) Title VVIII Health Incurance for the	to the informational sector date.
0111 Transthavasia Februardiagraphy: 14-41-111-111-1-11-1-11-1-11-1-11-1-11		Inpatient Hospital (Medicare				Documentation will be reviewed to determine if		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "paid claim date"
0111 - Transthoracic Echocardiography: Medical Necessity and Documentation Requirements	Complex	Part B only) (TOB 12X), Outpatient Hospital (TOB 13X),	3 - all applicable states	9/28/2018	Approved	transthoracic echocardiography meets Medicare coverage	93303, 93306, 93307, C8921, C8923	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
negariemento		Skilled Nursing Facility -				criteria, meets applicable coding guidelines, and/or is		Coverage and Medicare as a Secondary Payer	ADR letter date.
		Inpatient Hospital (Medicare				Documentation will be reviewed to determine if		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "paid claim date"
0111 - Transthoracic Echocardiography: Medical Necessity and Documentation	Complex	Part B only) (TOB 12X),	4 - all applicable states	9/28/2018	Approved	transthoracic echocardiography meets Medicare coverage	93303, 93306, 93307, C8921, C8923	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements	1	Outpatient Hospital (TOB 13X),				criteria, meets applicable coding guidelines, and/or is		Coverage and Medicare as a Secondary Payer	ADR letter date.
-		· ····································				ALL THE TANK THE ROPPETTY	•		

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
						A Monthly Capitation Payment (MCP) is a payment made		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0112 - Monthly Capitation Payment for End-Stage Renal Disease: 4 or More Visits	Automated	Professional Services	3 - all applicable states	8/28/2025	Approved	to physicians for most dialysis-related physician services	90957, 90958, 90959, 90960, 90961, 9096	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
per Month				3, 23, 2323		furnished to Medicare End Stage Renal Disease (ESRD)	, , , , , , , , , , , , , , , , , , , ,	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
						A Monthly Capitation Payment (MCP) is a payment made		1.Social Security Act (SSA), Title XVIII. Health Insurance for the	Claims that have a "claim paid date"
0112 - Monthly Capitation Payment for End-Stage Renal Disease: 4 or More Visits				- / /		to physicians for most dialysis-related physician services		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
per Month	Automated	Professional Services	4 - all applicable states	8/28/2025	Approved	furnished to Medicare End Stage Renal Disease (ESRD)	90957, 90958, 90959, 90960, 90961, 9096	Coverage and Medicare as a Secondary Paver	Informational Letter date (automated
						nationts on a monthly basis. The same monthly amount is		2 Rocial Security Act (SSA). Title VVIII. Health Insurance for the	roviow)
						All DME billed after the admit date of a patient to Hospice		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0114 - Durable Medical Equipment Billed during Hospice Period: Unbundling	Automated	DME Physician/ DME Supplier	5 - All DME MACs	10/15/2018	Approved	services and before the discharge date of a patient from	https://www.cms.gov/Medicare/Medicar e-Fee-for-Service-	Aged and Disabled, §1833(e) - Payment of Benefits	which is less than 3 years prior to the
						Hospice services or any claims billed after the admit date	Payment/DMFPOSFeeSched/DMFPOS-Fee	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	Review Results letter date.
		Professional Claims				Home Visits for professional services should not overlap	90901, 90912, 90913, 92507, 92508,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0115 - Professional Claims with Place of Service Home Overlapping Inpatient	Automated	(Physician/Non-Physician	3 - all applicable states	10/17/2018	Approved	an active Inpatient Stay. Professional claims billed with a	92521, 92522, 92523, 92524, 92526,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Hospital Stay: Services Billed Not Rendered	Automateu	Practitioner)	5 all applicable states	10/17/2010	Арргочеи	home-related place of service that overlaps an inpatient	92601, 92602, 92603, 92604, 92605,	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		,				Home Visits for professional services should not overlap	92606, 92607, 92608, 92609, 92610, 90901, 90912, 90913, 92507, 92508,	2 Social Security Act (SSA). Title XVIII. Health Insurance for the 1.5ocial Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0115 - Professional Claims with Place of Service Home Overlapping Inpatient		Professional Claims				an active Inpatient Stay. Professional claims billed with a	92521, 92522, 92523, 92524, 92526,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Hospital Stay: Services Billed Not Rendered	Automated	(Physician/Non-Physician	4 - all applicable states	10/17/2018	Approved	home-related place of service that overlaps an inpatient	92601, 92602, 92603, 92604, 92605,	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Practitioner)				hospital stay will be denied	92606, 92607, 92608, 92609, 92610.	2 Social Socurity Act (SSA) Title VVIII Health Incurance for the	ravious)
		Professional Services				HCPCS Codes with a PC/TC Indicator of "1" and billed with		Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0116 - Modifiers TC and 26: Incorrect Coding	Automated	(Physician/Non-Physician	3 - all applicable states	8/27/2025	Approved	either 26 or TC in any modifier field should be paid at	HCPCS Codes with a PC/TC Indicator of "1"	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
		Practitioner)				either the technical component or the professional		Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Professional Services				HCPCS Codes with a PC/TC Indicator of "1" and billed with		Social Security Act (SSA), Title XVIII. Health Incurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0116 - Modifiers TC and 26: Incorrect Coding	Automated	(Physician/Non-Physician	4 - all applicable states	8/27/2025	Approved	either 26 or TC in any modifier field should be paid at	HCPCS Codes with a PC/TC Indicator of "1"	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
orro modificial to and 20. moorroot coding	riacomacca	Practitioner)	T dirappiicable states	0/2//2023	прриотеа	either the technical component or the professional	There is codes with a refree maleator or 1	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		,				Component rate based on the modifier hilled Epidural injections are generally performed to treat pain		2. Social Security Act (SSA). Title XVIII- Health Insurance for the 1.5ocial Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "claim paid
0119- Epidural Steroid Injection: Medical Necessity and Documentation		Professional services, Outpatient				arising from spinal nerve roots. These procedures may be		Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from	date" which is more than 3 years prior
Requirements	Complex	Hospital	3 - all applicable states	9/12/2024	Approved	performed via three distinct techniques, each of which	62321, 62323, 64479, 64480, 64483, 6448	Coverage and Medicare as a Secondary Payer	to the Additional Documentation
, '						involves introducing a poodle into the enidural chase by a		2 Social Security Act (SSA) Title VVIII. Health Incurance for the	Poguest Letter date, and the following
						Epidural injections are generally performed to treat pain		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "claim paid
0119- Epidural Steroid Injection: Medical Necessity and Documentation Requirements	Complex	Professional services, Outpatient Hospital	4 - all applicable states	9/12/2024	Approved	arising from spinal nerve roots. These procedures may be	62321, 62323, 64479, 64480, 64483, 6448	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
Requirements		nospitai				performed via three distinct techniques, each of which		Coverage and Medicare as a Secondary Payer	to the Additional Documentation
		Professional Services				Based on CPT Code descriptions, CPT Code 17000 may		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0121 - Destruction of Premalignant Lesions: Excessive Units	Automated	(Physician/non-physician	3 - all applicable states	8/28/2025	Approved	only be billed once per date of service; CPT Code 17003	17000, 17003, 17004	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
5222 Sest decisi of Fremanghant Sessons. Excessive onits	riacomacca	practitioner)	5 dii applicable states	0/20/2023	прриотеа	may only be billed thirteen times per date of service, and		Coverage and Medicare as a Secondary Payer	informational Letter date (automated
		, ,				CPT Code 17004 may only be hilled once per date of		2 Social Security Act (SSA) Title VIIII Health Incurance for the	Claire that have a "alaire said data"
		Professional Services				Based on CPT Code descriptions, CPT Code 17000 may only be billed once per date of service; CPT Code 17003		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Claims that have a "claim paid date" which is less than 3 years prior to the
0121 - Destruction of Premalignant Lesions: Excessive Units	Automated	(Physician/non-physician	4 - all applicable states	8/28/2025	Approved	may only be billed thirteen times per date of service, and	17000, 17003, 17004	Coverage and Medicare as a Secondary Payer	informational Letter date (automated
		practitioner)				CPT Code 17004 may only be hilled once per date of		2 Social Security Act (SSA). Title VVIII. Health Insurance for the	review)
		Professional Services				When billed on the same date of service as an inpatient		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0123 - Technical Component of Diagnostic Procedures During Inpatient:	Automated	(Physician/Non-Physician	3 - all applicable states	12/11/2018	Approved	hospital claim, the Technical Component (TC) of	CPT Code Range 10000-99999 (Excluding 0	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Unbundling		Practitioner); Independent Diagnostic Testing Facility (IDTF)				diagnostics is not payable to the Part B provider. The		Coverage and Medicare as a Secondary Payer	informational results letter date
		Professional Services				When billed on the same date of service as an inpatient		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0123 - Technical Component of Diagnostic Procedures During Inpatient:	Automated	(Physician/Non-Physician	4 - all applicable states	12/11/2018	Approved	hospital claim, the Technical Component (TC) of	CPT Code Range 10000-99999 (Excluding 0	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Unbundling	Automateu	Practitioner); Independent	4 all applicable states	12/11/2010	Арргочеи	diagnostics is not payable to the Part B provider. The	er i code nange 10000 33333 (Excidaning	Coverage and Medicare as a Secondary Payer	informational results letter date
		Professional Services (Physical				HCPCS/CPT Codes with a PC/TC Indicator "7" in the		1. Social Security Act (SSA), Title XVIII. Health Insurance for the	Claims having a "claim paid date"
		Therapist, Occupational				Medicare Physician Fee Schedule Data Base. Payment	L	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
0124 - Part B Therapies during Inpatient: Unbundling	Automated	Therapist, Speech Language	3 - all applicable states	11/30/2018	Approved	may not be made if the service is provided to a hospital	HCPCS/CPT Codes with a PC/TC Indicator of	Coverage and Medicare as a Secondary Paver	informational letter date (automated
		Therapist in Private Practice)				innationt by a physical therapist, occupational therapist		2 Social Security Act (SSA). Title XVIII- Health Insurance for the	review)
		Professional Services (Physical				HCPCS/CPT Codes with a PC/TC Indicator "7" in the		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0124 - Part B Therapies during Inpatient: Unbundling	Automated	Therapist, Occupational Therapist, Speech Language	4 - all applicable states	11/30/2018	Approved	Medicare Physician Fee Schedule Data Base. Payment	HCPCS/CPT Codes with a PC/TC Indicator	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
		Therapist in Private Practice)				may not be made if the service is provided to a hospital		Coverage and Medicare as a Secondary Payer	informational letter date (automated
		Outpatient Facility; Ambulatory				Surgical endoscopy includes diagnostic endoscopy. A		1.Social Security Act (SSA), Title XVIII. Health Insurance for the	Exclude from review claims having a
0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day	Automated	Surgery Center (ASC);	3 - all applicable states	11/14/2018	Approved	diagnostic endoscopy HCPCS/CPT code shall not be	45378, 45330	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
and surgicular surgicu		Professional Services		,, 2010		reported with a surgical endoscopy code. If multiple	1	Coverage and Medicare as a Secondary Payer	years prior to the date of the Review
		(Physician/Non-Physician Outpatient Facility; Ambulatory				Surgical endoscopy includes diagnostic endoscopy. A		2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
		Surgery Center (ASC);		44/44/2040		diagnostic endoscopy HCPCS/CPT code shall not be		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day	Automated	Professional Services	4 - all applicable states	11/14/2018	Approved	reported with a surgical endoscopy code. If multiple	45378, 45330	Coverage and Medicare as a Secondary Payer	years prior to the date of the Review
		(Physician/Non-Physician				andaccanic convicas are performed, the most		2 Social Socurity Act (SSA) Title VV/III Health Incurance for the	Poculte Lottor
						Claims for more than one spinal orthosis (identical HCPCS		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "paid claim date"
0128 - Spinal Orthoses within the Reasonable Useful Lifetime: Excessive Units	Automated	DME Physician/ DME Supplier	5 - All DME MACs	1/1/2019	Approved	code) for the same beneficiary within the reasonable	L0450, L0452, L0454, L0455, L0456, L0457	Aged and Disabled, §1833(e) - Payment of Benefits	which is less than 3 years prior to the
						useful lifetime will be denied.	1	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	Informational Letter date (automated
						For purposes of coverage under Medicare, Hyperbaric		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and	Complex	Outpatient Hospital TOB: 13X	3 - all applicable states	1/30/2019	Approved	Oxygen Therapy (HBOT) is a modality in which the entire	G0277	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Documentation Requirements	Complex	Oscpatient Hospital TOB. 13A	o an applicable states	1/30/2013	Арргочец	body is exposed to oxygen under increased atmospheric	552.7	Coverage and Medicare as a Secondary Payer	years prior to ADR letter date
						proceure. The nationt is entirely enclosed in a proceure		2 Facial Security Act (SSA) Title V/III. Health Incurance for the	

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, and the second	.0			For purposes of coverage under Medicare, Hyperbaric		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and	Complex	Outpatient Hospital TOB: 13X	4 - all applicable states	1/30/2019	Approved	Oxygen Therapy (HBOT) is a modality in which the entire	G0277	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Documentation Requirements	Complex	Outpatient Hospital TOB. 13X	4 - all applicable states	1/30/2019	Approved	body is exposed to oxygen under increased atmospheric	00277	Coverage and Medicare as a Secondary Payer	years prior to ADR letter date
		Ambulatory Surgical Center;				proceure. The nationt is entirely analoged in a proceure		2 Social Security Act (SSA) Title VIIII Health Incurance for the	
		Professional Services				Panniculectomy billed for cosmetic purposes will not be		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Claims that have a "claim paid date" which is less than 3 years prior to the
0130 - Panniculectomy: Medical Necessity and Documentation Requirements	Complex	(Physician/Non-Physician	3 - all applicable states	2/13/2019	Approved	deemed medically necessary. In addition, panniculectomy billed at the same time as an open abdominal surgery, or	15830, 15847	Coverage and Medicare as a Secondary Payer	ADR letter date.
		Practitioner)				if is incidental to another procedure, is not separately		2 Social Security Act (SSA). Title XVIII- Health Insurance for the	ADR letter date.
		Ambulatory Surgical Center;				Panniculectomy billed for cosmetic purposes will not be		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0130 - Panniculectomy: Medical Necessity and Documentation Requirements	Complex	Professional Services	4 - all applicable states	2/13/2019	Approved	deemed medically necessary. In addition, panniculectomy	15830, 15847	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
	·	(Physician/Non-Physician				billed at the same time as an open abdominal surgery, or		Coverage and Medicare as a Secondary Payer	ADR letter date.
		Practitioner)				This review will determine if the pneumatic compression		1.Social Security Act (SSA), Title XVIII. Health Insurance for the	Exclude from review claims having a
0131 - Pneumatic Compression Device: Medical Necessity and Documentation				4/0/0040		device is reasonable and necessary for the patient's	FOCEO FOCEA FOCES FOCES FOCES FOCES		"paid claim date" which is more than 3
Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	1/8/2019	Approved	condition based on the documentation in the medical	E0650, E0651, E0652, E0655, E0660, E066	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	years prior to the ADR letter date.
						record		Ared and Disabled 81834(a)(7)(C)(i) (ii) and (iii). Replacement of	
0132 - Evaluation and Management Same Day as Admission to a Nursing Facility:		Physician/ Non-Physician				CMS will not pay for an emergency department visit or an		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from this automated review,
Unbundling	Automated	Practitioner	3 - all applicable states	8/28/2025	Approved	office visit E&M service on the same day as a	CPT 99201 -99215, 99281 – 99285 (Please	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	claims having a paid claim date which
Cribananing		Tacticonci				comprehensive nursing facility assessment when both the		Coverage and Medicare as a Secondary Payer	is more than 3 years prior to the
						CMS will not pay for an emergency department visit or an		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from this automated review,
0132 - Evaluation and Management Same Day as Admission to a Nursing Facility:	Automated	Physician/ Non-Physician	4 - all applicable states	8/28/2025	Approved	office visit E&M service on the same day as a	CPT 99201 -99215, 99281 – 99285 (Please	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	claims having a paid claim date which
Unbundling	riatomatea	Practitioner	T dii applicable states	0,20,2023	прриотеа	comprehensive nursing facility assessment when both the	(	Coverage and Medicare as a Secondary Payer	is more than 3 years prior to the
		Outpatient Hospital, Ambulatory				Documentation will be reviewed to determine whether		1.Social Security Act (SSA). Title XVIII. Health Incurance for the	Exclude claims having a "paid claim
0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation		Surgery Center, and Professional				Cryosurgery of the Prostate Gland services met Medicare		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
Requirements	Complex	Services (Physician/Non-	3 - all applicable states	2/5/2019	Approved	coverage criteria and were reasonable and necessary.	55873	Coverage and Medicare as a Secondary Payer	to the ADR letter date.
		Physician Practitioner)				coverage criteria and were reasonable and necessary.		2 Social Security Act (SSA). Title XVIII- Health Insurance for the	to the ADN letter date.
		Outpatient Hospital, Ambulatory				Documentation will be reviewed to determine whether		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "paid claim
0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation	Complex	Surgery Center, and Professional	4 - all applicable states	2/5/2019	Approved	Cryosurgery of the Prostate Gland services met Medicare	55873	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
Requirements		Services (Physician/Non-		, , , , ,		coverage criteria and were reasonable and necessary.		Coverage and Medicare as a Secondary Payer	to the ADR letter date.
		Physician Practitioner)				Cardiac rehabilitation (CR) is a physician or non-physician		1.Social Security Act (SSA), Title XVIII. Health Insurance for the	Exclude from review claims having a
0135 - Cardiac Rehabilitation: Medical Necessity and Documentation						practitioner-supervised program that furnishes physician		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Requirements	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	3/7/2019	Approved	prescribed exercise; cardiac risk factor modification,	93797, 93798, G0422, G0423	Coverage and Medicare as a Secondary Paver	years prior to the ADR letter date.
· ·						including education, counseling, and hehavioral		2 Rocial Security Act (SSA) Title VVIII. Health Insurance for the	
						Cardiac rehabilitation (CR) is a physician or non-physician		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0135 - Cardiac Rehabilitation: Medical Necessity and Documentation	Complex	Outpatient Hospital (TOB 13X)	4 - all applicable states	3/7/2019	Approved	practitioner-supervised program that furnishes physician	93797, 93798, G0422, G0423	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Requirements						prescribed exercise; cardiac risk factor modification,		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
						Radiographs of the chest are common tests performed in		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates
0136 - Radiologic Examination of the Chest: Medical Necessity and	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	4/15/2019	Approved	many outpatient offices (radiology and many others),	71045, 71046, 71047, 71048	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	of Service prior to May 12, 2023
Documentation Requirements	Complex	Outpatient Hospital (108 13A)	5 - all applicable states	4/13/2019	Approved	clinics, outpatient hospital departments, inpatient	71043, 71040, 71047, 71040	Coverage and Medicare as a Secondary Payer	
						hospital enisodes skilled nursing facilities homes and		2 Social Security Act (SSA) Title VVIII. Health Insurance for the	Fundade from an investment the Dates
0136 - Radiologic Examination of the Chest: Medical Necessity and						Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others).		Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims with Dates of Service prior to May 12, 2023
Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	4 - all applicable states	4/15/2019	Approved	clinics, outpatient hospital departments, inpatient	71045, 71046, 71047, 71048	Coverage and Medicare as a Secondary Paver	of Service prior to May 12, 2023
						hospital opisodos, skilled pursing facilities, homes, and		2 Social Socurity Act (SSA). Title VVIII. Health Incurance for the	
		Professional Services				Physical therapy, Occupational therapy, and/or Speech-		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "claim paid
0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Automated	(Physician/Non-Physician	3 - all applicable states	2/20/2019	Approved	Language pathology services, regardless of whether they	Therapy CPT/HCPCS codes Included in File	Aged and Disabled, Section 1833(e)- Payment of Benefits	date" which is more than 3 years prior
		Practitioner); Physical Therapist;				are furnished by (or under the supervision of) a physician		2.Social Security Act (SSA), Title XVIII- Health Insurance for the	to the informational letter date
		Occupational Therapist: Speech- Professional Services				Physical therapy, Occupational therapy, and/or Speech-		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "claim paid
0139 Chilled Nursing Facility Consolidated Billing for Theory I.	Automata	(Physician/Non-Physician	4 all applicable states	2/20/2010	Annonia	Language pathology services, regardless of whether they	Thorony CDT/UCDCC de- le-de-de-de-	Aged and Disabled, Section 1833(e)- Payment of Benefits	date" which is more than 3 years prior
0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Automated	Practitioner); Physical Therapist;	4 - all applicable states	2/20/2019	Approved	are furnished by (or under the supervision of) a physician	Therapy CPT/HCPCS codes Included in File	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	to the informational letter date
		Occupational Therapist: Speech-				or other health care professional, are hundled into the		Aged and Disabled Section 1862(a)(1)(A), Exclusions from	(automated review)
0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and Documentation		Outpatient Hospital (OPH); Ambulatory Surgery Center				Vertebroplasty and kyphoplasty will be reviewed for		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "paid claim date"
Requirements	Complex	(ASC); Professional Services	3 - all applicable states	2/20/2019	Approved	medical necessity whether billed as an initial procedure, a	22510, 22511, 22512, 22513, 22514, 2251	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
nequi circii 3		[Physician/Non-Physician				repeat procedure (beyond once in a lifetime) or if		Coverage and Medicare as a Secondary Payer	ADR letter date
		Outpatient Hospital (OPH);				Vertebroplasty and kyphoplasty will be reviewed for		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "paid claim date"
0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and Documentation	Complex	Ambulatory Surgery Center	4 - all applicable states	2/20/2019	Approved	medical necessity whether billed as an initial procedure, a	22510, 22511, 22512, 22513, 22514, 2251	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements	complex	(ASC); Professional Services	. a. applicable states	2/20/2013	Арргочец	repeat procedure (beyond once in a lifetime) or if	,,,,,,,,,,,	Coverage and Medicare as a Secondary Payer	ADR letter date
		[Physician/Non-Physician				nerformed at more than one vertebral level Services that		2 Social Security Act (SSA) Title VVIII. Health Insurance for the	Evaluate from southern deliver with 5
0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation						Pulmonary rehabilitation (PR) is a physician or nonphysician practitioner-supervised program for COPD		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims with Dates of Service prior to May 12, 2023
Requirements	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	3/27/2019	Approved	and certain other chronic respiratory diseases designed to	94625, 94626	Coverage and Medicare as a Secondary Paver	of Scrvice prior to May 12, 2023
						antimize physical and social performance and autonomy		2 Social Socurity Act (SSA). Title XVIII. Health Incurance for the	
						Pulmonary rehabilitation (PR) is a physician or		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates
0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation	Complex	Outpatient Hospital (TOB 13X)	4 - all applicable states	3/27/2019	Approved	nonphysician practitioner-supervised program for COPD	94625, 94626	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	of Service prior to May 12, 2023
Requirements		,		, , ,		and certain other chronic respiratory diseases designed to		Coverage and Medicare as a Secondary Payer	
						This review will determine if the documentation		2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" less
0141 - Therapeutic Shoes for Persons with Diabetes: Medical Necessity and				4/2/2242		submitted for review meets Medicare's coverage		Aged and Disabled, §1833(e) - Payment of Benefits	than 3 years prior to the ADR date will
Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	4/2/2019	Approved	requirements for Diabetic Shoes.	A5500, A5501	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	be included.
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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
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 (Ambulatory Surgery Center) are included under the SNF Consolidated Billing Provisions. Certain services are not people because they are included in SNF Consolidated.	Annual SNF Consolidated Billing Part A MA	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Managed and Disabled, Section 1862(a)(11)). Explaining from	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated
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 (Ambulatory Surgery Center) are included under the SNF Consolidated Billing Provisions. Certain services are not payable because they are included in SNF Consolidated.	Annual SNF Consolidated Billing Part A MA	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1867(a)(1)(A), Exclusions from	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated
0143 - Vitamin D Assay Testing: Medical Necessity and Documentation Requirements	Complex	Laboratory Services	4 - all applicable states	8/28/2025	Approved	Vitamin D lab assay is only reimbursable under Medicare when it meets the indications under the applicable LCDs and not as a routine screening according to 42 CFR 410.32(a). Claim lines that do not meet the coverage	82306, 82652	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	Exclude claims paid more than 3 years prior to the ADR date.
0144 - Prefabricated Knee Orthoses: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	4/1/2019	Approved	The medical record will be reviewed to determine if the prefabricated knee orthoses meet the indications of coverage and/or medical necessity requirements.	Primary Codes: L1810, L1812, L1820, L1821, L1830, L1831, L1832, L1833, L1836, L1843, L1845, L1850, L1851, L1852 Secondary Codes: L2385, L2395, L2397.	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits	Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded.
0145 - Endovenous Radiofrequency Ablation and Endovenous Laser Treatment for Lower Extremity Varicose Veins: Medical Necessity and Documentation Requirements	Complex	Ambulatory Surgical Center (ASC), Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	4/2/2019	Approved	Documentation will be reviewed to determine if claims for Endovenous Radiofrequency Ablation (ERFA) and Endovenous Laser Treatment (EVLT) for Lower Extremity	36475, 36476, 36478, 36479, 76937	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 "paid claim date" which is more than 3 years prior to the ADR letter date
0145 - Endovenous Radiofrequency Ablation and Endovenous Laser Treatment for Lower Extremity Varicose Veins: Medical Necessity and Documentation Requirements	Complex	Ambulatory Surgical Center (ASC), Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	4/2/2019	Approved	Documentation will be reviewed to determine if claims for Endovenous Radiofrequency Ablation (ERFA) and Endovenous Laser Treatment (EVLT) for Lower Extremity	36475, 36476, 36478, 36479, 76937	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  Secial Security Act (SSA), Title XVIII - Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date
0146 - Computed Tomography Scans: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital	3 - all applicable states	3/27/2019	Approved	When a more extensive CT Scan is performed on the same site as a less extensive CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan.	70450, 70460, 70470, 70480, 70481, 7048	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 "paid claim date" which is less than 3 years prior to the Review Results Letter Date (automated
0146 - Computed Tomography Scans: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital	4 - all applicable states	3/27/2019	Approved	When a more extensive CT Scan is performed on the same site as a less extensive CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan.	70450, 70460, 70470, 70480, 70481, 7048	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      Social Security Act (SSA), Title XVIIII: Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer      The Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Aged Security Act (SSA), Title XVIIII Light Insurance for the Aged Aged Security Act (SSA).	Claims that have a "paid claim date" which is less than 3 years prior to the Review Results Letter Date (automated
0147 - Magnetic Resonance Imaging Procedures: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital	3 - all applicable states	3/29/2019	Approved	When a more extensive Magnetic Resonance Imaging (MRI) Procedure is performed on the same site as a less extensive MRI procedure, the less extensive MRI	70540, 70542, 70543, 70544, 70545, 7054	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	Claims that have a "claim paid date" which is less than three years prior to the Review Results Letter date
0147 - Magnetic Resonance Imaging Procedures: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital	4 - all applicable states	3/29/2019	Approved	When a more extensive Magnetic Resonance Imaging (MRI) Procedure is performed on the same site as a less extensive MRI procedure, the less extensive MRI	70540, 70542, 70543, 70544, 70545, 7054	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      Secial Security Act (CSA), Title XVIII, Health Insurance for the	Claims that have a "claim paid date" which is less than three years prior to the Review Results Letter date
0148 - Same Knee Orthoses within Reasonable Useful Lifetime: Excessive Units	Automated	DME Physician/ DME Supplier	5 - All DME MACs	4/2/2019	Approved	Claims for knee orthoses with dates of service within the reasonable useful lifetime from the date of service of a previously-paid identical knee orthosis (identical HCPCS coda) for the same handficiary for the same anatomical	L1810, L1812, L1820, L1830, L1831, L1832	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1834(a)(7)(C)(i)	Claims that have a "paid claim date" which is less than 3 years prior to the Review Results Letter date (automated
0149 - Subsequent Hospital Visit and Discharge Day Management on the Same Day: Unbundling	Automated	Professional Services	3 - all applicable states	4/22/2019	Approved	CMS does not reimburse a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same provider. CPT codes 99231	99231 – 99233	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      Social Security Act (SSA), Title XVIII, Health Insurance for the	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated
0149 - Subsequent Hospital Visit and Discharge Day Management on the Same Day: Unbundling	Automated	Professional Services	4 - all applicable states	4/22/2019	Approved	CMS does not reimburse a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same provider. CPT codes 99231	99231 – 99233	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      Secial Security Act (SCA), Title XVIII, Health Insurance for the	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated
0150 - Mohs Micrographic Surgery: Incorrect Coding and Incorrect Units Billed	Complex	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	4/30/2019	Approved	Mohs Micrographic Surgery is a two-step process in which: 1) The tumor is removed in stages, followed by immediate histologic evaluation of the margins of the concinent of the distribution of the margins of the margi	17311, 17312, 17313, 17314	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      Social Security Act (SSA), Title XVIIII, Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0150 - Mohs Micrographic Surgery: Incorrect Coding and Incorrect Units Billed	Complex	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	4/30/2019	Approved	Mohs Micrographic Surgery is a two-step process in which: 1) The tumor is removed in stages, followed by immediate histologic evaluation of the margins of the specimen(s): and 2) Additional excision and evaluation is	17311, 17312, 17313, 17314	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 Page.     Social Security Act (SSA), Title XVIII, Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0151 - 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 condens affection MRSS	CMS Medicare Physician Fee Schedule stat	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 Secial Security Act (SSA). Title XVIII. Health Insurance for the	Exclude claims that have a "paid claim date" which is more than 3 years prior to the ADR letter date.
0151 - 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	CMS Medicare Physician Fee Schedule stat	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 - Regist Security Act (SSA). Title XVIII. Health Insurance for the	Exclude claims that have a "paid claim date" which is more than 3 years prior to the ADR letter date.
0152 - Blood Glucose Test or Reagent Strips: Medical Necessity and Documentation Requirements	Complex	DME Physician/ DME Supplier	5 - All DME MACs	4/2/2019	Approved	The quantity of glucose test strips (A4253) that are covered depends upon the usual medical needs of the diabetic patient. Documentation will be reviewed to determine if the utilization guidalines for blood glucose.	A4253	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, 51833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, 51834(a)(XI/CVI).	Claims that have a 'claim paid date' which is less than 3 years prior to the Additional Documentation Request.
0153 - 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 procedural information, as coded and reported by the ASC on its claim, match both the physician description and the information contained in the beneficiary's	Claims with payment indicator A2; G2; J8;	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	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
						Ambulatory Surgical Center (ASC) coding requires that		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0153 - Ambulatory Surgical Center Coding Validation	Complex	Ambulatory Surgical Center (ASC)	4 - all applicable states	5/28/2019	Approved	procedural information, as coded and reported by the ASC on its claim, match both the physician description	Claims with payment indicator A2; G2; J8;	Aged and Disabled, Section 1862(a)(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.
0154 - 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	5/22/2019	Approved	Medical documentation for ambulance services will be reviewed to determine the Medicare defined conditions have been met for payment.	A0426, A0428, A0425	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 "paid claim date" which is more than 3 years prior to the ADR letter date as
0154 - 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.	4 - all applicable states	5/22/2019	Approved	Medical documentation for ambulance services will be reviewed to determine the Medicare defined conditions have been met for payment.	A0426, A0428, A0425	Accided Activity Act (SSA), Title XVIIII 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 ADR letter date as
0155 - 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 orthoses with dates of service within the reasonable useful lifetime from the date of service of a previously paid identical upper limb orthosis (identical IMCCS code) for the same hearficiary, for the	L3650, L3660, L3670, L3671, L3674, L3675	Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, \$1833(e) - Title XVIII - Health Insurance for the Aged and Disabled, \$1834(a)/21/CVIII (ii) and (iii). Replacement of Aged and Disabled, \$1834(a)/21/CVIII (ii) and (iii). Replacement of	Claims that have a "paid claim date" which is less than 3 years prior to the Review Results Letter date (automated
0157 - Discontinued Procedure Prior to the Administration of Anesthesia: Documentation Requirements	Complex	Hospital Outpatient (TOB 13X); Ambulatory Surgery Center (Place of Service 24 with Type of Service "F")	3 - all applicable states	6/28/2019	Approved	Modifiers provide a way for hospitals to report and be paid for expenses incurred in preparing a patient for surgery and scheduling a room for performing the	Paid HCPCS with one of the following ICD-	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	Exclude from review claims having a "claim paid date" which is more than 3 years prior to the ADR date
0157 - Discontinued Procedure Prior to the Administration of Anesthesia: Documentation Requirements	Complex	Hospital Outpatient (TOB 13X); Ambulatory Surgery Center (Place of Service 24 with Type of Service "F")	4 - all applicable states	6/28/2019	Approved	Modifiers provide a way for hospitals to report and be paid for expenses incurred in preparing a patient for surgery and scheduling a room for performing the procedure, where the confers is subgroundly.	Paid HCPCS with one of the following ICD-	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 Page.	Exclude from review claims having a "claim paid date" which is more than 3 years prior to the ADR date
0158 - Outpatient Therapy Services During Home Health: Unbundling	Automated	Hospital Outpatient (Type of Bill (TOB) 13x), Skilled Nursing Facility (SNF) Outpatient (TOB 23x), Outpatient Rehabilitation	3 - all applicable states	7/15/2019	Approved	On claims submitted by providers using the institutional claim format, CWF enforces consolidated billing for outpatient therapies by recognizing as therapies all sensions billed under revenue codes 0422, 0433, 0444	CPT/HCPCS codes billed with Revenue cod	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 Social Security Act (SSA) Title XVIII- Health Insurance for the	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date .
0158 - Outpatient Therapy Services During Home Health: Unbundling	Automated	Hospital Outpatient (Type of Bill (TOB) 13x), Skilled Nursing Facility (SNF) Outpatient (TOB 23x), Outpatient Rehabilitation	4 - all applicable states	7/15/2019	Approved	On claims submitted by providers using the institutional claim format, CWF enforces consolidated billing for outpatient therapies by recognizing as therapies all content billed under suppose codes 0432, 0432, 0444	CPT/HCPCS codes billed with Revenue cod	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	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date .
0160 - Intravenous Immune Globulin for the Treatment of Autoimmune Blistering Diseases: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Ambulatory Surgical Center (ASC); Professional Services (Physician/Non-Physician	3 - all applicable states	8/20/2019	Approved	Medical documentation will be reviewed to determine if the use of intravenous immune globulin for the treatment of Autoimmune Blistering Diseases (AMBDs) meets Medicase coverage critaria and is reasonable and	J1459, J1552(Novitas Only), J1556, J1557,	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	Exclude claims having a "paid claim date" which is more than 3 years prior to the Review Results letter date.
0160 - Intravenous Immune Globulin for the Treatment of Autoimmune Blistering Diseases: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Ambulatory Surgical Center (ASC); Professional Services (Physician/Non-Physician	4 - all applicable states	8/20/2019	Approved	Medical documentation will be reviewed to determine if the use of intravenous immune globulin for the treatment of Autoimmune Blistering Diseases (AMBDs) meets Medicare coverage citizata and is consensable and	J1459, J1552(Novitas Only), J1556, J1557,	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	Exclude claims having a "paid claim date" which is more than 3 years prior to the Review Results letter date.
0161 - Therapeutic, Prophylactic, and Diagnostic Infusions: Incorrect Coding and Documentation Requirements	Complex	Outpatient Hospital	3 - all applicable states	11/18/2019	Approved	Documentation will be reviewed to determine if correct billing, coding, and documentation guidelines for Therapeutic, Prophylactic, and Diagnostic Infusions were met	96365, 96366	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	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0161 - Therapeutic, Prophylactic, and Diagnostic Infusions: Incorrect Coding and Documentation Requirements	Complex	Outpatient Hospital	4 - all applicable states	11/18/2019	Approved	Documentation will be reviewed to determine if correct billing, coding, and documentation guidelines for Therapeutic, Prophylactic, and Diagnostic Infusions were	96365, 96366	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	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0162 - Computerized Tomography Coronary Angiography: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital	3 - all applicable states	8/28/2025	Approved	Documentation will be reviewed to determine if Computed Tomography (CT) Coronary Angiography meets Medicare coverage criteria, meets applicable coding widelings, and (or is modically coronable and processor).	CPT 75574 (computed tomographic angiog	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	Exclude claims that have a 'claim paid date' which is more than 3 years prior to the Additional Documentation
0162 - Computerized Tomography Coronary Angiography: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital	4 - all applicable states	8/28/2025	Approved	Documentation will be reviewed to determine if Computed Tomography (CT) Coronary Angiography meets Medicare coverage criteria, meets applicable coding muidelings, and/or is medically reasonable and pecessary.	CPT 75574 (computed tomographic angiog	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	Exclude claims that have a 'claim paid date' which is more than 3 years prior to the Additional Documentation
0164 - Bilateral Indicator '3': Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	9/24/2019	Approved	A Bilateral Indicator of "3" indicates the usual payment adjustment for bilateral procedures does not apply. If the procedure is reported with either a modifier 50 or modifier 8T and 17 and 47 in the unit; field.	Bilateral Indicator '3' codes	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	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter.
0164 - Bilateral Indicator '3': Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	9/24/2019	Approved	A Bilateral Indicator of "3" indicates the usual payment adjustment for bilateral procedures does not apply. If the procedure is reported with either a modifier 50 or modifier; 8T and 1T and 4"2" in the units field.	Bilateral Indicator '3' codes	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	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter.
0165 - Positron Emission Tomography for Dementia and Neurodegenerative Diseases: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	9/25/2019	Approved	Under specific requirements, Medicare covers FDG (fluorodeoxyglucose) Positron Emission Tomography (PET) scans for the differential diagnosis of fronto-	78608, A9552	1.8ocial 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 ADR letter date.
0165 - Positron Emission Tomography for Dementia and Neurodegenerative Diseases: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	9/25/2019	Approved	Under specific requirements, Medicare covers FDG (fluorodeoxyglucose) Positron Emission Tomography (PET) scans for the differential diagnosis of fronto- temporal demontia (ETD) and Altheimer's disease (AD)	78608, A9552	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	Claims that have a "claim paid date" which is less than 3 years prior to the ADR letter date.
0167 - Ankle-Foot Orthoses and Knee-Ankle-Foot Orthoses within the Reasonable Useful Lifetime: Excessive Units	Automated	DME Physician/ DME Supplier	5 - All DME MACs	9/10/2019	Approved	Claims for Ankle-Foot Orthoses or Knee-Ankle-Foot Orthoses with dates of service within the reasonable useful lifetime from the date of service of a previously paid identical Apkle Foot Orthogo or Knoe Ankle Foot	L1900, L1902, L1904, L1906, L1907, L1910	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, 51833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, 51824(4)(7)(CVII), (ii) and (iii). Replacement of	Claims that have a "paid claim date" which is less than 3 years prior to the Review Results Letter.

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the came date of contine for the came actions but he    Special County to the CAST THE VAIL World Heart page for the   COLUMNO with a Multiple Decodure of the Cast page 1   Special County to the CAST THE VAIL World Heart page for the Cast page 1   Special County to the CAST THE VAIL World Heart page for the Cast page 1   Special County to the CAST THE VAIL World Heart page 1   Special County to the CAST THE VAIL World Heart page 1   Special County to the CAST THE VAIL World Heart page 1   Special County to the CAST THE VAIL World Heart page 1   Special County to the CAST THE VAIL World Heart page 1   Special County to the CAST THE VAIL WORLD HEART PAGE 1   Special Count	ave a "claim paid date"
Professional Services   Professional Component Diagnostic Cardiovascular Services   Automated   Professional Component Diagnostic Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional Cardiovascular Services   Professional	than 3 years prior to the
To be a subject of the subject of th	Letter date (automated
the same date of sequire for the same nation; but the 2 Social Security Art (SSA). Title YVIII. Health Insurance for the review)	·
	review claims having a
Complex	late" which is more than 6
Requirements provider specialty code 59 ground ambulance vehicle. SCT is necessary when a coverage and Medicare as a Secondary Payer months prior to	to the ADR letter date
	review claims having a
	late" which is more than 6
Requirements ground ambulance vehicle. SCT is necessary when a Coverage and Medicare as a Secondary Payer months prior to	to the ADR letter date
Inpatient Hospital, Outpatient     Documentation will be reviewed to determine if total hip   CPT Codes-27130, 27132, 27134, 27137,     Social Security Act (SSA), Title YVIII. Health Insurance for the	c. non ictici date
0184 - Total Hin Arthroniasty: Medical Necessity and Documentation   Hospital Ambulatory Surgical   Lace the Documentation   Hospital Ambulatory Surgical   Lace the Documentation   Hospital Ambulatory Surgical   Lace the Documentation   Lace the	
Complex 3 - all applicable states 8/3/2020 Approved Approved Approved	ave a "claim paid date"
PCS Codes (FCSO, ONLY) - OSP9017. 3 Social Sequence Act (SSA). Title Vivil Modify Incurance for the dataset of conjugation.	ave a "claim paid date" than 3 years prior to the
	ave a "claim paid date" than 3 years prior to the ste, and WPS claims with
	ave a "claim paid date" than 3 years prior to the ite, and WPS claims with ice on or after ave a "claim paid date"
Requirements Center, Professional Services Noridian, WPS) Coverage and Medicare as a Secondary Payer ADR letter date,	than 3 years prior to the tte, and WPS claims with the and WPS claims with the and the architecture ave a "claim paid date" than 3 years prior to the
Processing   Pro	ave a "claim paid date" than 3 years prior to the ite, and WPS claims with ice on or after ave a "claim paid date"
0185 - Total Knee Arthroplasty, Medical Necessity and Documentation Hospital Ambulatory Surgical	ave a "claim paid date" than 3 years prior to the tete, and WPS claims with ten on or after ave a "claim paid date" than 3 years prior to the tet, and WPS claims with
Requirements Center, Professional Services Center, Professional Services requirements. OSPDOIZ, OSRC069, OSRC06A, OSRC06Z, Coverage and Medicare as a Secondary Payer ADR letter date,	than 3 years prior to the tte, and WPS claims with the and WPS claims with the and the architecture ave a "claim paid date" than 3 years prior to the
OSRCO77_OSRCO19_OSRCO10_2_Social_Soci	ave a "claim paid date" than 3 years prior to the ste, and WPS claims with ico on or after than 3 years prior to the te, and WPS claims with ico on or after ave a "claim paid date"

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
		Inpatient Hospital, Outpatient			7,5	Documentation will be reviewed to determine if total	CPT Codes- 27445, 27447, 27486, 27487	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0185 - Total Knee Arthroplasty: Medical Necessity and Documentation	Complex	Hospital, Ambulatory Surgical	4 - all applicable states	8/3/2020	Approved	knee arthroplasty meets Medicare coverage	PCS Codes (FCSO ONLY) - 0SPC0JZ,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements	Complex	Center, Professional Services	. In applicable states	3, 3, 2020	пррточен	requirements.	OSPDOJZ, OSRCO69, OSRCO6A, OSRCO6Z,	Coverage and Medicare as a Secondary Payer	ADR letter date, and WPS (J5 and J8)
		(Physician/Non-physician				This review will determine if a duplex scan of the	OSRCO7Z, OSRCOEZ, OSRCOJ9, OSRCOJA. 93880- Duplex scan of extracranial	2. Social Socurity Act (SSA). Title XVIII. Health Incurance for the	Review claims having a "paid claim
0186 - Duplex Scans of Extracranial Arteries: Medical Necessity and						extracranial arteries was reasonable and necessary for	arteries; complete bilateral study	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is less than 3 years prior
Documentation Requirements	Complex	Outpatient	3 - all applicable states	8/3/2020	Approved	the patient's condition based on the documentation in	93882- Duplex scan of extracranial	Coverage and Medicare as a Secondary Payer	to the Review Results letter date
4						the medical record. Claims that do not meet the	arteries: unilateral or limited study	2 Social Security Act (SSA) Title YV/III. Health Insurance for the	
				1		This review will determine if a duplex scan of the	93880- Duplex scan of extracranial	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Review claims having a "paid claim
0186 - Duplex Scans of Extracranial Arteries: Medical Necessity and	Complex	Outpatient	4 - all applicable states	8/3/2020	Approved	extracranial arteries was reasonable and necessary for	arteries; complete bilateral study	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is less than 3 years prior
Documentation Requirements	· .			1	1	the patient's condition based on the documentation in	93882- Duplex scan of extracranial	Coverage and Medicare as a Secondary Payer	to the Review Results letter date
						Medical documentation will be reviewed to determine if	arreries: unliateral or limited study	1.SSA, Title XVIII- Health Insurance for the Aged and Disabled,	Exclude claims having a "paid claim
0407. Name Conduction Studies Supplied Haits	Committee	Outrotion tile mitel	2 -11 11 1	0/25/2020	A	the use of nerve conduction studies meets Medicare	95905, 95907, 95908, 95909, 95910, 9591	Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as	date" which is more than 3 years prior
0187 - Nerve Conduction Studies: Excessive Units	Complex	Outpatient Hospital	3 - all applicable states	9/25/2020	Approved	coverage criteria and is reasonable and necessary.	33303, 33307, 33308, 33303, 35310, 9591	a Secondary Payer	to the ADR letter date.
								2 SSA. Title YVIII. Health Insurance for the Aged and Disabled	
				1	1	Medical documentation will be reviewed to determine if		1.SSA, Title XVIII- Health Insurance for the Aged and Disabled,	Exclude claims having a "paid claim
0187 - Nerve Conduction Studies: Excessive Units	Complex	Outpatient Hospital	4 - all applicable states	9/25/2020	Approved	the use of nerve conduction studies meets Medicare	95905, 95907, 95908, 95909, 95910, 9591	Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as	
				1	1	coverage criteria and is reasonable and necessary.	1	a Secondary Payer	to the ADR letter date.
						Documentation will be reviewed to determine if a		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with a DOS
0189 - Continuous Glucose Monitor: Medical Necessity and Documentation	Complex	DME Physician/ DME Supplier	5 - All DME MACs	9/8/2020	Approved	therapeutic continuous glucose monitor meets coverage	E2103, A4239	Aged and Disabled, §1833(e) - Payment of Benefits	prior to November 12, 2023.
Requirements	Complex	Since Anysician of Divice Supplier	5 7.11 DIVIE IVIACS	3/0/2020	Арргочец	criteria and/or is medically reasonable and necessary.	22203, 117233	2. Social Security Act (SSA), Title XVIII- Health Insurance for the	, , , , , , , , , , , , , , , , , , , ,
						Documentation will be reviewed to determine if the		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0190 - Skilled Nursing Facility with Patient-Driven Payment Model: Medical	Complex	Skilled Nursing Facility (SNF)	3 - all applicable states	7/20/2022	Approved	Skilled Nursing Facility stay meets Medicare coverage	N/A	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is more than 3 years prior to the
Necessity and Documentation Requirements	Complex	with TOB 21X	o - all applicable states	//20/2022	Approved	criteria, meets applicable coding guidelines, and/or is	170	Coverage and Medicare as a Secondary Payer	ADR date will be excluded.
						Documentation will be reviewed to determine if the		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0190 - Skilled Nursing Facility with Patient-Driven Payment Model: Medical	Complex	Skilled Nursing Facility (SNF)	4 all applicable states	7/20/2022	Approved	Skilled Nursing Facility stay meets Medicare coverage	N/A	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is more than 3 years prior to the
Necessity and Documentation Requirements	Complex	with TOB 21X	4 - all applicable states	7/20/2022	Approved	criteria, meets applicable coding guidelines, and/or is	N/A	Coverage and Medicare as a Secondary Payer	ADR date will be excluded.
						11 7 7			
0404 Deliverence Medical Necesity and Designated Co.	6	0	2 - 11 11 11 1- 1	0/24/2020	A	Polysomnography (PSG) refers to the continuous and simultaneous monitoring and recording of various	95808, 95810, 95811	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Exclude from review claims having a "paid claim date" which is more than 3
0191 - Polysomnography: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital	3 - all applicable states	9/24/2020	Approved	physiological and pathophysiological parameters of sleep	33000, 33010, 33011	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	years prior to the ADR Letter date.
					<u> </u>			, , ,	ļ' '
OdO4 Delucerone has Madical Mass. 11	6 1	Outrotion tilensii	A all and lead to the	0/24/2222		Polysomnography (PSG) refers to the continuous and	05909 05910 05914	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3
0191 - Polysomnography: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital	4 - all applicable states	9/24/2020	Approved	simultaneous monitoring and recording of various	95808, 95810, 95811	Aged and Disabled, Section 1833(e)- Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the	vears prior to the ADR Letter date.
						physiological and pathophysiological parameters of sleep			,,
0192 - Ventricular Assist Device: Medical Necessity and Documentation	l	l		1	1	A ventricular assist device (VAD) is surgically attached to	l	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates
Requirements	Complex	Inpatient Hospital	3 - all applicable states	9/25/2020	Approved	one or both intact ventricles and is used to assist or	UZHAOQZ, OZHAORJ, OZHAORS, OZHAORZ, O	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	of Service prior to May 12, 2023
				1	<u> </u>	augment the ability of a damaged or weakened native		Coverage and Medicare as a Secondary Payer	
0192 - Ventricular Assist Device: Medical Necessity and Documentation						A ventricular assist device (VAD) is surgically attached to		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates
Requirements	Complex	Inpatient Hospital	4 - all applicable states	9/25/2020	Approved	one or both intact ventricles and is used to assist or	02HA0QZ, 02HA0RJ, 02HA0RS, 02HA0RZ, 0	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	of Service prior to May 12, 2023
						augment the ability of a damaged or weakened native		Coverage and Medicare as a Secondary Payer	
0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical				1	1	The implantable automatic defibrillator is an electronic		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Necessity and Documentation Requirements	Complex	Inpatient Hospital (TOB 11X)	3 - all applicable states	10/23/2020	Approved	device designed to detect and treat life-threatening	0JH608Z, 0JH609Z, 0JH638Z, 0JH639Z, 0JH	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
						tachyarrhythmias. The device consists of a pulse		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical						The implantable automatic defibrillator is an electronic		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Necessity and Documentation Requirements	Complex	Inpatient Hospital (TOB 11X)	4 - all applicable states	10/23/2020	Approved	device designed to detect and treat life-threatening	0JH608Z, 0JH609Z, 0JH638Z, 0JH639Z, 0JH		"paid claim date" which is more than 3
		Chienasians Hacottai				tachyarrhythmias. The device consists of a pulse		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
0196 - Deep Brain Stimulation - Outpatient Procedure: Medical Necessity and		Professional Services		1	1	Deep brain stimulation (DBS) is an established treatment		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Documentation Requirements	Complex	(Physician/Non-Physician	3 - all applicable states	11/18/2020	Approved	for people with movement disorders, such as essential	61885, 61886, 95970, 95971, 95984	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
		Dractitioner)			1	tremor, Parkinson's disease and dystonia. DBS involves		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and		Professional Services				Deep brain stimulation (DBS) is an established treatment		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Documentation Requirements	Complex	(Physician/Non-Physician	4 - all applicable states	11/18/2020	Approved	for people with movement disorders, such as essential	61885, 61886, 95970, 95971, 95984	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
		Dractitioner)				tremor, Parkinson's disease and dystonia. DBS involves		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
0197-Immunosuppressive Drugs: Medical Necessity and Documentation	I			1	· ——	This review will determine if the submitted		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
	Complex	DME Physician/DME Supplier	5 - All DME MACs	8/28/2025	Approved	documentation supports Medicare's coverage criteria and	J7507	Aged and Disabled, §1833(e) - Payment of Benefits	is more than 3 years prior to the ADR
Requirements	<u> </u>			1	<u> </u>	reasonable and necessary requirements.	<u> </u>	2. Social Security Act (SSA), Title XVIII- Health Insurance for the	date will be excluded
OACO Deep Broke Chievelating Installed Broadens Admilial **						Deep brain stimulation (DBS) is an established treatment		Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity and	Complex	Inpatient Hospital	3 - all applicable states	11/18/2020	Approved	for people with movement disorders, such as essential	00H00MZ, 0H80XZZ, 0HSSXZZ	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Documentation Requirements						tremor, Parkinson's disease and dystonia. DBS involves		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						Deep brain stimulation (DBS) is an established treatment		1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity and	Complex	Inpatient Hospital	4 - all applicable states	11/18/2020	Approved	for people with movement disorders, such as essential	00H00MZ, 0H80XZZ, 0HSSXZZ	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Documentation Requirements				1		tremor, Parkinson's disease and dystonia. DBS involves	1	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						This complex review will be examining rotatory wing		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0200 - Air Ambulance: Medical Necessity and Documentation Requirements	Complex	Ambulance Providers	3 - all applicable states	2/4/2021	Approved	(helicopter) aircraft claims or fixed wing (airplane) claims	A0430, A0431, A0435, A0436	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
,	· · · · · · · · · · · · · · · · · · ·			, ,	,,,,,,,	to determine if air ambulance transport was reasonable	, , , , , , , , , , , , , , , , , , , ,	Coverage and Medicare as a Secondary Payer	ADR Letter date
						This complex review will be examining rotatory wing		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0200 - Air Ambulance: Medical Necessity and Documentation Requirements	Complex	Ambulance Providers	4 - all applicable states	2/4/2021	Approved	(helicopter) aircraft claims or fixed wing (airplane) claims	A0430, A0431, A0435, A0436	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
, and a second s				-, ,,		to determine if air ambulance transport was reasonable	1,,,	Coverage and Medicare as a Secondary Payer	ADR Letter date
	L	I		·		· · · · · · · · · · · · · · · · · · ·	1	1 1	l .

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
0201 Hespite Centinuous Home Core Madical Navarity and David						This review will determine if hospice Continuous Home	REV Codes: 0652	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0201 - Hospice Continuous Home Care: Medical Necessity and Documentation Requirements	Complex	Hospice	5 - All HHH MACs	1/5/2021	Approved	Care services were reasonable and necessary to achieve	HCPCS Codes: G0299, G0300, G0156	Aged and Disabled, § 1812(a)(4), (a)(5), and (d)- Scope of	is more than 3 years prior to the ADR
nequi emento						palliation and management of the patient's acute medical		Benefits	date will be excluded.
0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance		Ambulance Providers (specialty		0/4/0		Certain ambulance services are included in SNF	10435 10437 10435 10455 1045	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
Transports: Unbundling	Automated	code 59)	3 - all applicable states	2/4/2021	Approved	consolidated billing and may not be billed as Part B services to the A/B MAC, when the beneficiary is in a Part	AU426, AU427, AU428, AU429, AU434, AU42	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	which is less than 3 years prior to the Review Results Letter (RRL) date
						Certain ambulance services are included in SNF		Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance	Automated	Ambulance Providers (specialty	4 - all applicable states	2/4/2021	Approved	consolidated billing and may not be billed as Part B	A0426, A0427, A0428. A0429. A0434. A04	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Transports: Unbundling		code 59)		, ,	.,	services to the A/B MAC, when the beneficiary is in a Part	, , , , , , , , , , , , , , , , , , , ,	Coverage and Medicare as a Secondary Payer	Review Results Letter (RRL) date
0304 Vagus Nario Stimulation, Madical Negosity and Decumentation		Outpatient Hospital; Ambulatory				Vagus Nerve Stimulation (VNS) is reasonable and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation Requirements	Complex	Surgery Center (ASC), Professional Services	3 - all applicable states	3/11/2021	Approved	necessary for patients with medically refractory partial	64568, 95976, 95977, C1827	Aged and Disabled, Section 1833(e)- Payment of Benefits	is more than 3 years prior to the ADR
		Obtoatien (Nospitar: Amburatory				onset seizures		2.Social Security Act (SSA), Title XVIII- Health Insurance for the	date will be excluded.
0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation	Complex	Surgery Center (ASC),	4 - all applicable states	3/11/2021	Approved	Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with medically refractory partial	64568, 95976, 95977, C1827	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Claims having a "claim paid date" that is more than 3 years prior to the ADR
Requirements	Complex	Professional Services	4 - all applicable states	3/11/2021	Approved	onset seizures	04308, 93976, 93977, C1827	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	date will be excluded.
		/Physician/Non Physician	<del> </del>			Next Generation Sequencing (NGS) as a diagnostic		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "paid claim
0205 - Next Generation Sequencing: Medical Necessity and Documentation Requirements	Complex	Laboratory Services	3 - all applicable states	5/29/2021	Approved	laboratory test is reasonable and necessary and covered	0111U, 0022U, 0037U	Aged and Disabled, Section 1833(e)- Payment of Benefits	date" which is more than 3 years prior
nequirements						nationally, when performed in a Clinical Laboratory		2.Social Security Act (SSA), Title XVIII- Health Insurance for the	to the ADR letter date.
0205 - Next Generation Sequencing: Medical Necessity and Documentation						Next Generation Sequencing (NGS) as a diagnostic		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "paid claim
Requirements	Complex	Laboratory Services	4 - all applicable states	5/29/2021	Approved	laboratory test is reasonable and necessary and covered nationally, when performed in a Clinical Laboratory	0111U, 0022U, 0037U	Aged and Disabled, Section 1833(e)- Payment of Benefits  2. Social Security Act (SSA), Title XVIII- Health Insurance for the	date" which is more than 3 years prior to the ADR letter date.
		Outpotiont Hoor't-1 Pf'				Fluorodeoxyglucose (FDG) Positron Emission Tomography		Social Security Act (SSA), Title XVIII - Health Insurance for the  1.Social Security Act (SSA), Title XVIII - Health Insurance for the	Claims that have a "claim paid date"
0206 - Positron Emission Tomography for Initial Treatment Strategy in Oncologic	Complex	Outpatient Hospital, Professional Services (Physician/Non-	3 - all applicable states	5/29/2021	Approved	(PET) is covered only in clinical situations in which PET	78608, 78811, 78812, 78813, 78814, 7881	Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from	which is less than 3 years prior to the
Conditions: Medical Necessity and Documentation Requirements	complex	Physician Practitioner)	o - an applicable states	2/23/2021	whhtonea	results may assist in avoiding an invasive diagnostic	, , , , , , , , , , , , , , , , , , , ,	Coverage and Medicare as a Secondary Payer	ADR letter date
020C Parities Federal Temperature for height Temperature Ch		Outpatient Hospital, Professional				Fluorodeoxyglucose (FDG) Positron Emission Tomography		1.Social Security Act (SSA), Title XVIII - Health Insurance for the	Claims that have a "claim paid date"
0206 - Positron Emission Tomography for Initial Treatment Strategy in Oncologic Conditions: Medical Necessity and Documentation Requirements	Complex	Services (Physician/Non-	4 - all applicable states	5/29/2021	Approved	(PET) is covered only in clinical situations in which PET	78608, 78811, 78812, 78813, 78814, 7881	Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from	which is less than 3 years prior to the
Conditions. Medical Necessity and Documentation Requirements		Physician Practitioner)				results may assist in avoiding an invasive diagnostic		Coverage and Medicare as a Secondary Payer	ADR letter date
0207 - Spinal Cord Stimulation: Medical Necessity and Documentation	C '	Outpatient hospital, Ambulatory	2 - 11 - 11 - 11 - 11 - 11	0/20/2225	A	Dorsal Column (Spinal cord) stimulation involves surgical	62605	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Include claims that have a "claim paid
Requirements	Complex	Surgical Center, and Professional Services	3 - all applicable states	8/28/2025	Approved	implantation of neurostimulator electrodes within the dura mater (endodural) or percutaneous insertion of	63685	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	date" which is less than 3 years prior to the ADR letter date.
		Outpatient hospital, Ambulatory				Dorsal Column (Spinal cord) stimulation involves surgical		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Include claims that have a "claim paid
0207 - Spinal Cord Stimulation: Medical Necessity and Documentation	Complex	Surgical Center, and Professional	4 - all applicable states	8/28/2025	Approved	implantation of neurostimulator electrodes within the	63685	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is less than 3 years prior
Requirements		Services				dura mater (endodural) or percutaneous insertion of		Coverage and Medicare as a Secondary Payer	to the ADR letter date.
0208 - Enteral Nutrition Therapy with Dates of Service on/after September 5						Enteral nutrition is considered reasonable and necessary		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
2021: Medical Necessity and Documentation Requirements	Complex	DME Physician/DME Supplier	5 - All DME MACs	12/7/2021	Approved	for a patient with a functioning gastrointestinal tract who,	B4034, B4035, B4036, B4081, B4082, B408		which is less than 3 years prior to the
,						due to pathology to, or non-function of, the structures		2.Social Security Act (SSA), Title XVIII- Health Insurance for the	ADR letter date (complex review) and
0209 - Parenteral Nutrition Therapy with Dates of Service on/after September 5,	Complex	DME Physician/DME Supplier	5 - All DME MACs	12/7/2021	Approved	This review will determine if Parenteral Nutrition is reasonable and necessary for the patient's condition	RA16A RA168 RA172 RA176 RA170 DA10	1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits	Claims that have a "claim paid date" which is less than 3 years prior to the
2021: Medical Necessity and Documentation Requirements	complex	Divic Friysician, Divic Supplier	J All DIVIE IVIACS	12///2021	мрргочец	based on the documentation in the medical record.	5.10., 54100, 54172, 54170, 54170, 5416	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	ADR letter date (complex review), and
		Outpatient Hospital; Ambulatory				Hypoglossal nerve stimulation (HNS) is reasonable and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "paid claim date"
0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements	Complex	Surgical Center; Professional Services (Physician/Non-	3 - all applicable states	6/29/2022	Approved	necessary for the treatment of moderate to severe	64582	Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage	which is less than 3 years prior to the
recessity and bocumentation requirements		Physician Practitioners)		1		obstructive sleep apnea (OSA) when coverage criteria are		and Medicare as a Secondary Payer	ADR letter date.
0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical		Surgical Center; Professional		- 1 1		Hypoglossal nerve stimulation (HNS) is reasonable and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "paid claim date"
Necessity and Documentation Requirements	Complex	Services (Physician/Non-	4 - all applicable states	6/29/2022	Approved	necessary for the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are	64582	Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	which is less than 3 years prior to the ADR letter date.
		Physician Practitioners)				This review will determine if Hospice General Inpatient	REV Code: 0656 – General Inpatient Care	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0212 - Hospice General Inpatient Care: Medical Necessity and Documentation	Complex	Hospice	5 - All HHH MACs	4/1/2023	Approved	Care (GIP) was reasonable and necessary to achieve pain	nev code. 0030 – General impatient care	Aged and Disabled, §§1812(a)(4), (a)(5), and (d)- Scope of	is more than 3 years prior to the ADR
Requirements				, ,		control or acute or chronic symptom management which		Benefits	date will be excluded.
0214 - Transurethral Waterjet Ablation of the Prostate for Benign Prostatic		Outpatient Hospital, Ambulatory Surgery Center (ASC), and				Documentation will be reviewed to determine whether		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS): Medical Necessity	Complex	Professional Services	3 - all applicable states	4/26/2023	Approved	Transurethral waterjet ablation services met Medicare	Primary Code: 0421T / Secondary Code: C2	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
and Documentation Requirements		Outpatient Hospital, Ambulatory				coverage criteria and were reasonable and necessary.		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
0214 - Transurethral Waterjet Ablation of the Prostate for Benign Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS): Medical Necessity	Compley	Surgery Center (ASC), and	4 all applicable states	4/26/2022	Approved	Documentation will be reviewed to determine whether Transurethral wateriet ablation services met Medicare	Primary Code: 0421T / Secondary Code: Co	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims having a "paid claim date" which is more than 3
and Documentation Requirements	Complex	Professional Services	4 - all applicable states	4/26/2023	Approved	coverage criteria and were reasonable and necessary.	Timery Code: 04211 / Secondary Code: C2	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
·		/Dhusisian/Non Dhusisian				Claims for canes, crutches, and/or walkers billed within		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Algorithm excludes claims that have a
0215 - Canes, Crutches, and Walkers within the Reasonable Useful Lifetime:	Automated	DME Physician/DME Supplier	5 - All DME MACs	4/6/2023	Approved	the five-year reasonable useful lifetime of a previously	E0100, E0105, E0110, E0111, E0112, E0113	Aged and Disabled, §1833(e) - Payment of Benefits	"claim paid date" which is more than 3
Excessive Units						reimbursed item billed with an identical HCPCS for the		2. Social Security Act (SSA), Title XVIII- Health Insurance for the	years prior to the Review Results
0216 - Wearable Automatic External Defibrillators: Medical Necessity and						This review will determine if a Wearable Automatic		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Documentation Requirements	Complex	DME Physician/DME Supplier	5 - All DME MACs	6/6/2023	Approved	External Defibrillator is reasonable and necessary for the	K0606, K0607, K0608, K0609	Aged and Disabled, §1833(e)- Payment of Benefits	"claim paid date" which is more than 3
						patient's condition based on the documentation in the		2.Social Security Act (SSA), Title XVIII- Health Insurance for the	years prior to the ADR letter date.
0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion:	Complex	Physician/Non-physician	3 - all applicable states	6/6/2023	Approved	Documentation will be reviewed to determine if CPT code 15734 warranted separate reimbursement given that a	Target: CPT 15734 Reference: CPT 19340, 19342, 19357.	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims having a "paid claim date" which is more than 3
Unbundling	complex	Practitioner (NPP)	5 an applicable states	0/0/2023	мрргочец	flap is considered inclusive to breast reconstruction	19361, 19364, 19367, 19368, 19369	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
						Documentation will be reviewed to determine if CPT code		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion:	Complex	Physician/Non-physician	4 - all applicable states	6/6/2023	Approved	15734 warranted separate reimbursement given that a	Reference: CPT 19340, 19342, 19357,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Unbundling		Practitioner (NPP)	<u> </u>			flap is considered inclusive to breast reconstruction	19361, 19364, 19367, 19368, 19369	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
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.	non-routine supply clost, non-routine supply codes found https://www.cms.gov/Medicare/Medicar	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits     Social Security Act (SSA), Title XVIII- Health Insurance for the	Algorithm excludes claims that have a "claim paid date" which is more than 3 years prior to the Review Results Letter
0219 - Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac Joint: Medical Necessity and Documentation Requirements	Complex	Surgery Center (ASC), and Professional Services	3 - all applicable states	6/6/2023	Approved	Documentation will be reviewed to determine whether minimally invasive surgical fusion of the sacroiliac joint met Medicare coverage criteria and was reasonable and	27279	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	Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date. JJ and JM are limited
0219 - Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac Joint: Medical Necessity and Documentation Requirements	Complex	Obspicion (Nos Physician Outpatient Hospital, Ambulatory Surgery Center (ASC), and Professional Services	4 - all applicable states	6/6/2023	Approved	Documentation will be reviewed to determine whether minimally invasive surgical fusion of the sacroiliac joint met Medicare coverage criteria and was reasonable and	27279	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	Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date. JJ and JM are limited
0220 - Hip Orthoses within the Reasonable Useful Lifetime: Excessive Units	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 Hip Orthoses, for the same anatomical site, will be	L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1653, L1660, L1680, L1681, L1685, L1686, L1690, , L1700,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that is more than 3 years prior to the Review Results Letter date will be
0221- 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	•B652- Continuous Home Care	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §§1812(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.
0222- Non-Physician Billed Without Correct Assistant at 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 throug	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	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date.
0222- Non-Physician Billed Without Correct Assistant at 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 throug	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	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date.
0223 - Drugs 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	J0702, J9034, J9036, J9056, J9058, J9059,	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	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date (automated
0223 - Drugs 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	J0702, J9034, J9036, J9056, J9058, J9059,	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	Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date (automated
0224 - Transitional Care Management: Unbundling	Automated	Professional Services (Physician/non-physician practitioner)	3 - all applicable states	1/14/2025	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	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 Review Results Letter date (automated
0224 - Transitional Care Management: Unbundling	Automated	Professional Services (Physician/non-physician practitioner)	4 - all applicable states	1/14/2025	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	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 Review Results 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	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 Review Results Letter date (automated
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	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 Review Results Letter date (automated