Cotiviti Approved Topics List as of November 23, 2026

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0001 - Inpatient Hospital MS-DRG Coding Validation | Complex | Inpatient Hospital | 3 - 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, matches both the attending physician description and the | 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<br>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. |
| 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, matches both the attending physician description and the | 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<br>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. |
| 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 reasonable and necessary. | 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66987, 66988, Palmetto and WPS only- 66989, 66991 | 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<br>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 |
| 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 reasonable and necessary. | 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66987, 66988, Palmetto and WPS only- 66989, 66991 | 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<br>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 |
| 0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements | Complex | Inpatient hospital-acute care; outpatient hospital; professional services; Ambulatory Surgical Center (ASC) | 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 | 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<br>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. |
| 0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements | Complex | Inpatient hospital-acute care; outpatient hospital; professional services; Ambulatory Surgical Center (ASC) | 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 necessary. | 64561, 64581, 64590 | 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<br>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. |
| 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 least one co-morbidity 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<br>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. |
| 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 least one co-morbidity 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<br>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. |
| 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<br>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<br>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 |
| 0010 - Cardiac Positron Emission Tomography Scans: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner) | 4 - DE, MD, NJ, PA, Washington D.C | 5/28/2026 | 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<br>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<br>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 |
| 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 beneficiary. | CPT Codes 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350 | 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<br>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 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. | CPT Codes 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350 | 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<br>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 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 guidelines, and/or is medically reasonable and necessary. | HCPCS code E2100- Blood glucose monitor with integrated voice synthesizer | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | 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 medical record. | L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1933, L1940, L1945, L1950, L1951, L1952, L1960, L1970, L1971, L1980, L1990, | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | 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) are included in the allowance for the glucose monitor and | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | 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 no more than three | Target code: HCPCS E0935<br>Reference code(s): CPT 27447, 27486, 27487 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the Review Results Letter date. |
| 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 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims that have a "paid claim date" which is less than 3 years prior to the Informational Letter date (automated review) |
| 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 proper use of the item. This may be done | E0100 -E8002; K0001 -K0899; L0112 - L4631; V2020 -V2786; A4206 -A9999; B4034 -B9999; and J and Q codes | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Exclude from this automated review claims having a paid claim date which is more than 3 years prior to the Review Results Letter date (automated |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 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 reviewed to determine | E0630, E0635, E0636, E0639, E0640, E1035 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims having a "claim paid date" that is more than 3 years prior to the Review Results letter date will be excluded. |
| 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 | This review will determine if tracheotomy suction pumps and suction catheters are reasonable and necessary for the patient's condition based on the documentation in the medical record. | A4605, A4624, A4628, E0600 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Exclude from review claims having a "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 (IPFs), CMS does not make the emergency department adjustment when a beneficiary is discharged from an acute care hospital or CAH and admitted to the same | Claims without Source of Admission Code D | 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<br>2.Social Security Act, Title XVIII- Health Insurance for the Aged | 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 (IPFs), CMS does not make the emergency department adjustment when a beneficiary is discharged from an acute care hospital or CAH and admitted to the same | Claims without Source of Admission Code D | 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<br>2.Social Security Act, Title XVIII- Health Insurance for the Aged | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) 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 drugs. | J2545, J7605, J7606, J7608, J7611, J7612, J7613, J7614, J7620, J7626, J7631, J7639, J7644, J7669, J7677, J7682, J7686, Q4704, K0730, E0574, Q0513, Q0514, | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | 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 service (PPS), initial visit) 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<br>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 Results Letter. |
| 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 service (PPS), initial visit) 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<br>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 Results Letter. |
| 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 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | 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 (CPT codes 99221 - 99223) and Subsequent Hospital Care codes (CPT codes 99231 – 99233) are "per diem" services and may be reported only once per day by the same physician or physicians of the | 99221-99223 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from | Exclude claims having a paid claim date which is more than 3 years prior to the Review Results 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 (CPT codes 99221 - 99223) and Subsequent Hospital Care codes (CPT codes 99231 – 99233) are "per diem" services and may be reported only once per day by the same physician or physicians of the | 99221-99223 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from | Exclude claims having a paid claim date which is more than 3 years prior to the Review Results 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 billed by the hospital as inpatient hospital care, the hospital care codes apply. If the inpatient care is billed by the hospital as nursing facility care, then the nursing facility codes apply. Hospital care | 99221-99223, 99231-99233, 99238-99239 | 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<br>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 Review Results Letter (RRL) date. |
| 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 billed by the hospital as inpatient hospital care, the hospital care codes apply. If the inpatient care is billed by the hospital as nursing facility care, then the nursing facility codes apply. Hospital care | 99221-99223, 99231-99233, 99238-99239 | 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<br>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 Review Results Letter (RRL) date. |
| 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 (limited to physicians of the same specialty) | 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<br>2.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 years prior to the Review Results Letter |
| 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 practice (limited to physicians of the same specialty) | 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<br>2.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 years prior to the Review Results Letter |
| 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 overpayment 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a paid claim date which is more than 6 months prior to the Review Results Letter date (automated review) |
| 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 services incorrectly will result in an overpayment 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a paid claim date which is more than 6 months prior to the Review Results Letter date (automated review) |
| 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 or physician group 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<br>2.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. |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 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 or physician group 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<br>2. 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. |
| 0046-Durable Medical Equipment Rentals- Multiple Billing within the Same Month | Automated | DME Physician/ DME Supplier | 5 - All DME MACs | 8/26/2025 | Approved | Overpayments associated to DMEPOS suppliers billing multiple rentals for the same equipment within the same month (27 days) will be recovered. | A4639, A7025, E0117, E0140, E0144, E0149, E0165, E0170, E0171, E0181, E0182, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0202, E0235, | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Exclude from this automated review claims having a paid claim date which is more than 3 years prior to the Informational Letter date |
| 0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling | Automated | Ambulance Providers and Suppliers | 3 - all applicable states | 8/8/2017 | Approved | Algorithm identifies all paid Ambulance Claims billed with one of the following HCPCS codes: A0425, A0426, A0427, A0428, A0429, A0432, A0433, A0434 with modifier NN on the same line, for SNF claims. Under the prospective | A0425, A0426, A0427, A0428, A0429, A0432, A0433, A0434 | 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<br>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 Review Results Letter date |
| 0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling | Automated | Ambulance Providers and Suppliers | 4 - all applicable states | 8/8/2017 | Approved | Algorithm identifies all paid Ambulance Claims billed with one of the following HCPCS codes: A0425, A0426, A0427, A0428, A0429, A0432, A0433, A0434 with modifier NN on the same line, for SNF claims. Under the prospective | A0425, A0426, A0427, A0428, A0429, A0432, A0433, A0434 | 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<br>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 Review Results Letter date |
| 0050 - Add-on Codes Paid without Primary Code and/or Denied Primary Code | Automated | Professional Services (Physician/Non-Physician Practitioners); Outpatient Hospital | 3 - all applicable states | 1/22/2021 | Approved | CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed. Add- | Add-on Codes: https://www.cms.gov/ncci-medicare/medicare-ncci-add-code-edits | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a "claim paid date" which is more than 3 years prior to the Review Results Letter date (automated review) |
| 0050 - Add-on Codes Paid without Primary Code and/or Denied Primary Code | Automated | Professional Services (Physician/Non-Physician Practitioners); Outpatient Hospital | 4 - all applicable states | 1/22/2021 | Approved | CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed. Add- | Add-on Codes: https://www.cms.gov/ncci-medicare/medicare-ncci-add-code-edits | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a "claim paid date" which is more than 3 years prior to the Review Results Letter date (automated review) |
| 0054 - Ambulance Billed during Inpatient: Unbundling | Automated | Ambulance Providers | 3 - all applicable states | 6/20/2017 | Approved | Ambulance services during an Inpatient stay are included in the facility's PPS payment and are not separately payable under Part B, excluding the date of admission, date of discharge and any leave of absence days | A0425, A0426, A0427, A0428, A0429, A0432, A0433, A0434 | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.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 Review Results Letter date. |
| 0054 - Ambulance Billed during Inpatient: Unbundling | Automated | Ambulance Providers | 4 - all applicable states | 6/20/2017 | Approved | Ambulance services during an Inpatient stay are included in the facility's PPS payment and are not separately payable under Part B, excluding the date of admission, date of discharge and any leave of absence days | A0425, A0426, A0427, A0428, A0429, A0432, A0433, A0434 | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.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 Review Results Letter date. |
| 0056 - Evaluation and Management Services in Skilled Nursing Facilities: Incorrect Coding | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 8/7/2017 | Approved | Claims with CPT inpatient hospital care evaluation and management (E/M) codes billed for services rendered to a patient residing in a skilled nursing facility (SNF), with no inpatient hospital facility claim for the same date of | 99223, 99232, 99233 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer<br>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 Informational Letter date (automated review) |
| 0056 - Evaluation and Management Services in Skilled Nursing Facilities: Incorrect Coding | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 8/7/2017 | Approved | Claims with CPT inpatient hospital care evaluation and management (E/M) codes billed for services rendered to a patient residing in a skilled nursing facility (SNF), with no inpatient hospital facility claim for the same date of | 99223, 99232, 99233 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer<br>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 Informational Letter date (automated review) |
| 0060 - Untimed Therapy: Excessive Units | Automated | Outpatient Hospital, Skilled Nursing Facility (SNF), Outpatient Rehabilitation Facility (ORF), Comprehensive | 3 - all applicable states | 9/8/2017 | Approved | When reporting service units for untimed codes (excluding Modifiers -KX, and -59) where the procedure is not defined by a specific timeframe, the provider may not exceed (1) in the units billed column per date of service | 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92597, 92609,92611, 92612, 92614, 92616, 97012, 97016, 97018, 97022, 97024, 97028, 97150 | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the Review Results Letter date |
| 0060 - Untimed Therapy: Excessive Units | Automated | Outpatient Hospital, Skilled Nursing Facility (SNF), Outpatient Rehabilitation Facility (ORF), Comprehensive | 4 - all applicable states | 9/8/2017 | Approved | When reporting service units for untimed codes (excluding Modifiers -KX, and -59) where the procedure is not defined by a specific timeframe, the provider may not exceed (1) in the units billed column per date of service | 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92597, 92609,92611, 92612, 92614, 92616, 97012, 97016, 97018, 97022, 97024, 97028, 97150 | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the Review Results Letter date |
| 0061 - Nursing Facility Services: Excessive Units | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 9/8/2017 | Approved | The Nursing Facility Services codes represent a "per day" service. As such, these codes may only be reported once per day, per Beneficiary, Provider and date of service. Relevant CPT codes billed more than once per day will | 99304, 99305, 99306, 99307, 99308, 99309, 99310 | 1.Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage | Exclude claims having a paid claim date which is more than 3 years prior to the Informational letter date. |
| 0061 - Nursing Facility Services: Excessive Units | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 9/8/2017 | Approved | The Nursing Facility Services codes represent a "per day" service. As such, these codes may only be reported once per day, per Beneficiary, Provider and date of service. Relevant CPT codes billed more than once per day will | 99304, 99305, 99306, 99307, 99308, 99309, 99310 | 1.Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage | Exclude claims having a paid claim date which is more than 3 years prior to the Informational letter date. |
| 0062 - Radiology: Technical Component during Inpatient Stay | Automated | Radiologists/Part B providers performing radiology services | 3 - all applicable states | 9/8/2017 | Approved | Carriers may not pay for the technical component (TC) of radiology services furnished to patients during inpatient stay. Query identifies TC portion of radiology paid to entities other than the inpatient facility. Findings are | All CPT/HCPCS codes with TC/PC Indicator 1 and/or 3; Type of Service Indicator code 4 and/or 6; CPT/HCPCS modifier TC (technical component) CPT/HCPCS | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a claim paid date which is more than 3 years prior to the review results letter date. |
| 0062 - Radiology: Technical Component during Inpatient Stay | Automated | Radiologists/Part B providers performing radiology services | 4 - all applicable states | 9/8/2017 | Approved | Carriers may not pay for the technical component (TC) of radiology services furnished to patients during inpatient stay. Query identifies TC portion of radiology paid to entities other than the inpatient facility. Findings are | All CPT/HCPCS codes with TC/PC Indicator 1 and/or 3; Type of Service Indicator code 4 and/or 6; CPT/HCPCS modifier TC (technical component) CPT/HCPCS | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a claim paid date which is more than 3 years prior to the review results letter date. |
| 0064 - Facility Duplicate Claims | Automated | Inpatient Hospital; Outpatient Hospital; Skilled Nursing Facility (SNF) | 3 - all applicable states | 9/8/2017 | Approved | Duplicate claims or line date of service items will be denied. | All CPT and All HCPCS | 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<br>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 Review Results Letter date |
| 0064 - Facility Duplicate Claims | Automated | Inpatient Hospital; Outpatient Hospital; Skilled Nursing Facility (SNF) | 4 - all applicable states | 9/8/2017 | Approved | Duplicate claims or line date of service items will be denied. | All CPT and All HCPCS | 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<br>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 Review Results Letter date |
| 0065 - Continuous Positive Airway Pressure Machine without an Obstructive Sleep Apnea Diagnosis | Automated | DME Physician/ DME Supplier | 5 - All DME MACs | 9/7/2017 | Approved | Continuous positive airway pressure machines (CPAPs) billed without the diagnosis of obstructive sleep apnea (OSA) will be denied. | E0601 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the Informational Letter date |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0066-Positive Airway Pressure Devices for Treatment of Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 8/26/2025 | Approved | This review will determine if a Positive Airway Pressure Device is reasonable and necessary for the patient's condition based on the documentation in the medical record. | E0601 - Continuous positive airway pressure (CPAP) device<br>E0470 - Respiratory assist device, bi-level pressure capability, without backup rate | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Exclude from review claims with Dates of Service prior to May 12, 2023 |
| 0067 - Inpatient Psychiatric Facility Services: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital (IP); Inpatient Psychiatric Facility (IPF) | 3 - all applicable states | 9/8/2017 | Approved | Inpatient hospital services furnished to a patient of an inpatient psychiatric facility will be reviewed to determine that services were medically reasonable and necessary. Services found to be not medically reasonable and | N/A | 1. Title XVIII of the Social Security Act (SSA), Section 1814(a)(2)(A) and (4)- Conditions of and Limitations on Payment for Services<br>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 Review Results letter date |
| 0067 - Inpatient Psychiatric Facility Services: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital (IP); Inpatient Psychiatric Facility (IPF) | 4 - all applicable states | 9/8/2017 | Approved | Inpatient hospital services furnished to a patient of an inpatient psychiatric facility will be reviewed to determine that services were medically reasonable and necessary. Services found to be not medically reasonable and | N/A | 1. Title XVIII of the Social Security Act (SSA), Section 1814(a)(2)(A) and (4)- Conditions of and Limitations on Payment for Services<br>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 Review Results letter date |
| 0069 - Respiratory Assist Devices: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 12/12/2017 | Approved | Documentation will be reviewed to determine if Respiratory Assist Devices meet coverage criteria and/or are medically reasonable and necessary. | Primary Codes: E0470; E0471 Category 2 Codes: E0561; E0562; Category 3 Codes: A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034; Category 4 Codes: | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Dates of Service on or after May 12, 2023 |
| 0070 - Critical Care Billed on the Same Day as Emergency Room Services: Unbundling | Automated | Professional Services | 3 - all applicable states | 10/4/2017 | Approved | Hospital emergency department services are not payable for the same calendar date as critical care services when billed for the same beneficiary, on the same date of service and by the same service provider (based on Tax ID | 99281, 99282, 99283, 99284, 99285 | 1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer<br>2. SSA, Title XVIII- Health Insurance for the Aged and Disabled | |
| 0070 - Critical Care Billed on the Same Day as Emergency Room Services: Unbundling | Automated | Professional Services | 4 - all applicable states | 10/4/2017 | Approved | Hospital emergency department services are not payable for the same calendar date as critical care services when billed for the same beneficiary, on the same date of service and by the same service provider (based on Tax ID | 99281, 99282, 99283, 99284, 99285 | 1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer<br>2. SSA, Title XVIII- Health Insurance for the Aged and Disabled | |
| 0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments | Automated | Outpatient Hospital; Inpatient Hospital Part B | 3 - all applicable states | 10/5/2017 | Approved | Outpatient services for the same beneficiary, same or different service provider, where the date(s) of service on the outpatient claim falls within an inpatient admission or overlap the admission date of the inpatient claim are | Eligible codes with TOB 11x, 12x and 13x | 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<br>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 excluded |
| 0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments | Automated | Outpatient Hospital; Inpatient Hospital Part B | 4 - all applicable states | 10/5/2017 | Approved | Outpatient services for the same beneficiary, same or different service provider, where the date(s) of service on the outpatient claim falls within an inpatient admission or overlap the admission date of the inpatient claim are | Eligible codes with TOB 11x, 12x and 13x | 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<br>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 excluded |
| 0073 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation Requirements | Complex | Inpatient Rehabilitation Facility | 3 - all applicable states | 10/4/2018 | Approved | Medicare only pays for services that are reasonable and necessary for the setting billed. The inpatient rehabilitation facility (IRF) benefit is designed to provide intensive rehabilitation therapy in a resource intensive | N/A | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services<br>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. Exclude all claims from Alabama |
| 0073 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation Requirements | Complex | Inpatient Rehabilitation Facility | 4 - all applicable states | 10/4/2018 | Approved | Medicare only pays for services that are reasonable and necessary for the setting billed. The inpatient rehabilitation facility (IRF) benefit is designed to provide intensive rehabilitation therapy in a resource intensive | N/A | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services<br>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. Exclude all claims from Alabama |
| 0074 - Drugs and Biologicals in Single-Dose Vials: Incorrect Units Billed | Complex | Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 12/21/2017 | Approved | Claims billed with excessive or insufficient units will be reviewed to determine the actual amount administered and the correct number of billable/payable units. | J0178, J0180, J0202, J0221, J0256, J0475, J0485, J0490, J0583, J0585, J0588, J0775, J0881, J0894, J0897, J1299, J1300, J1439, J1459, J1557, J1561, J1566, J1568, J1569 | 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<br>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. |
| 0074 - Drugs and Biologicals in Single-Dose Vials: Incorrect Units Billed | Complex | Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 12/21/2017 | Approved | Claims billed with excessive or insufficient units will be reviewed to determine the actual amount administered and the correct number of billable/payable units. | J0178, J0180, J0202, J0221, J0256, J0475, J0485, J0490, J0583, J0585, J0588, J0775, J0881, J0894, J0897, J1299, J1300, J1439, J1459, J1557, J1561, J1566, J1568, J1569 | 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<br>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. |
| 0075 - Home Health: Medical Necessity and Documentation Requirements | Complex | Home Health Agencies (HHA) | 5 - All HHH MACs | 12/12/2017 | Approved | This review will determine whether the Home Health services are reasonable and necessary, and meet Medicare coverage criteria and documentation requirements | Revenue Codes: 0023X, 042X, 043X, 044X, 055X,023X 056X, 057X | 1. Social Security Act (SSA), Title XVIII – Health Insurance for the Aged and Disabled, Sections 1814(a)(2)(C) - Conditions of and Limitations on payment for services<br>2. Social Security Act (SSA), Title XVIII – Health Insurance for the | Exclude from review claims having a "paid claim date" more than 3 years prior to the ADR letter date and a Home Health Care Start Date prior to |
| 0077 - Annual Wellness Visit Billed Sooner than Eleven Whole Months Following the Initial Preventive Physical Examination | Automated | Part B Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 1/9/2018 | Approved | Claims for HCPCS Code G0439 will be recovered as overpayment as it is not payable if an Initial Preventive Physical Examination (IPPE) or an Annual Wellness Visit (AWV) has been paid within the past eleven (11) whole | G0439, G0402 | 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<br>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 excluded |
| 0077 - Annual Wellness Visit Billed Sooner than Eleven Whole Months Following the Initial Preventive Physical Examination | Automated | Part B Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 1/9/2018 | Approved | Claims for HCPCS Code G0439 will be recovered as overpayment as it is not payable if an Initial Preventive Physical Examination (IPPE) or an Annual Wellness Visit (AWV) has been paid within the past eleven (11) whole | G0439, G0402 | 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<br>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 excluded |
| 0078 - Cardiac Pacemakers: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital, Ambulatory Surgical Center (ASC) | 3 - all applicable states | 8/26/2025 | Approved | Documentation will be reviewed to determine if Cardiac Pacemakers meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically reasonable and necessary | 33206, 33207, 33208 | 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<br>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 |
| 0078 - Cardiac Pacemakers: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital, Ambulatory Surgical Center (ASC) | 4 - all applicable states | 8/26/2025 | Approved | Documentation will be reviewed to determine if Cardiac Pacemakers meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically reasonable and necessary | 33206, 33207, 33208 | 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<br>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 |
| 0079-Ventilators: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 8/26/2025 | Approved | Documentation will be reviewed to determine if Ventilators meet coverage criteria and/or are medically reasonable and necessary. | E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)<br>E0466 - Home ventilator, any type, used | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Exclude from review claims with Dates of Service prior to May 12, 2023 |
| 0080 - Group 2 Support Surfaces: Medical Necessity and Documentation Requirements | Complex | DME Physician/DME Supplier | 5 - All DME MACs | 2/13/2018 | Approved | This review will determine if a Group II Pressure Reducing Support Surface is reasonable and necessary for the patient's condition based on the documentation in the medical record. | HCPCS codes: E0277, E0371, E0372, E0373 | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0081 - Negative Pressure Wound Therapy: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 2/26/2018 | Approved | This review will determine if Negative Pressure Wound Therapy is reasonable and Necessary for the patient's condition based on the documentation in the medical record. | E2402 - Negative pressure wound therapy electrical pump, stationary or portable<br>A6550 - Wound care set, for negative pressure wound therapy electrical pump, | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims having a "claim paid date" which is more than 3 years prior to the ADR letter date will be excluded. |
| 0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling | Automated | Laboratory/Ambulance, Outpatient Hospital | 3 - all applicable states | 3/13/2018 | Approved | Laboratory services are covered under Part A, excluding anatomic pathology services and certain clinical pathology services. If billed separately, these are considered unbundled services. | 80047-87912 | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Select claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date. |
| 0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling | Automated | Laboratory/Ambulance, Outpatient Hospital | 4 - all applicable states | 3/13/2018 | Approved | Laboratory services are covered under Part A, excluding anatomic pathology services and certain clinical pathology services. If billed separately, these are considered unbundled services. | 80047-87912 | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Select claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date. |
| 0086 - Observation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 3/14/2018 | Approved | Hospital outpatient observation care (initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the same physician is not separately payable. Medicare payment | 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer<br>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 Review Results Letter date and dates of service on and after |
| 0086 - Observation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 3/14/2018 | Approved | Hospital outpatient observation care (initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the same physician is not separately payable. Medicare payment | 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer<br>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 Review Results Letter date and dates of service on and after |
| 0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 3/14/2018 | Approved | The ESRD PPS includes consolidated billing for limited Part B services included in the ESRD facility bundled payment. Certain laboratory services listed under the "Labs Subject to ESRD Consolidated Billing" in the ESRD | Labs subject to ESRD Consolidated Billing f | 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<br>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 Informational letter date will be excluded. |
| 0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 3/14/2018 | Approved | The ESRD PPS includes consolidated billing for limited Part B services included in the ESRD facility bundled payment. Certain laboratory services listed under the "Labs Subject to ESRD Consolidated Billing" in the ESRD | Labs subject to ESRD Consolidated Billing f | 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<br>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 Informational letter date will be excluded. |
| 0088 - Ancillary Services Billed Without an Approved Surgical Procedure | Automated | Ambulatory Surgery Center (ASC) | 3 - all applicable states | 3/14/2018 | Approved | Covered ancillary items and services are not payable if there is no approved Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the same date of service and same provider. | All ancillary services- https://www.cms.gov | 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<br>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 excluded. |
| 0088 - Ancillary Services Billed Without an Approved Surgical Procedure | Automated | Ambulatory Surgery Center (ASC) | 4 - all applicable states | 3/14/2018 | Approved | Covered ancillary items and services are not payable if there is no approved Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the same date of service and same provider. | All ancillary services- https://www.cms.gov | 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<br>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 excluded. |
| 0089 - Clinical Social Worker during Inpatient: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 3/14/2018 | Approved | Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stays are included in the facilities PPS payment and are not separately payable under Part B. CSW providers are expected to seek reimbursement from | 90785 - 90899 | 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<br>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 Informational Letter date will be excluded. |
| 0089 - Clinical Social Worker during Inpatient: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 3/14/2018 | Approved | Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stays are included in the facilities PPS payment and are not separately payable under Part B. CSW providers are expected to seek reimbursement from | 90785 - 90899 | 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<br>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 Informational Letter date will be excluded. |
| 0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner); Laboratory; Independent Diagnostic Testing | 3 - all applicable states | 4/4/2018 | Approved | The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable. | All Lab/Pathology CPT/HCPCS codes with TC/PC Indicator 1 or 3 | 1.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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the Informational letter date. |
| 0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner); Laboratory; Independent Diagnostic Testing | 4 - all applicable states | 4/4/2018 | Approved | The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable. | All Lab/Pathology CPT/HCPCS codes with TC/PC Indicator 1 or 3 | 1.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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the Informational letter date. |
| 0091- Duplicate Payments: Professional Services | Automated | Part B Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 5/8/2018 | Approved | Duplicate payments are any payments paid across more than one claim number for the same Beneficiary, CPT/HCPCS code, and service date by the same provider, in excess of a code's Medically Unlikely Edit (MUE) | All CPT, HCPCS Codes | 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<br>2.Social Security Act, Title XVIII- Health Insurance for the Aged | Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date (automated review) |
| 0091- Duplicate Payments: Professional Services | Automated | Part B Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 5/8/2018 | Approved | Duplicate payments are any payments paid across more than one claim number for the same Beneficiary, CPT/HCPCS code, and service date by the same provider, in excess of a code's Medically Unlikely Edit (MUE) | All CPT, HCPCS Codes | 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<br>2.Social Security Act, Title XVIII- Health Insurance for the Aged | Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date (automated review) |
| 0092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician | 3 - all applicable states | 5/8/2018 | Approved | The review shall identify claims that were billed incorrectly as percutaneous implantation of neurostimulator electrode arrays when the medical record demonstrates transcutaneous placement of the | 64553, 64555, L8679 | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date |
| 0092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician | 4 - all applicable states | 5/8/2018 | Approved | The review shall identify claims that were billed incorrectly as percutaneous implantation of neurostimulator electrode arrays when the medical record demonstrates transcutaneous placement of the | 64553, 64555, L8679 | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date |
| 0093 - Implantable Automatic Defibrillators- Outpatient Procedure: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital, ASC (TOB 13X and 83X), ASC (ASC facilities = service type 'F') | 3 - all applicable states | 5/14/2018 | Approved | The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating | 33216, 33217, 33224, 33225, 33230, 33231, 33240, 33249, 0571T, 0572T | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.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 years prior to the ADR letter date. |
| 0093 - Implantable Automatic Defibrillators- Outpatient Procedure: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital, ASC (TOB 13X and 83X), ASC (ASC facilities = service type 'F') | 4 - all applicable states | 5/14/2018 | Approved | The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating | 33216, 33217, 33224, 33225, 33230, 33231, 33240, 33249, 0571T, 0572T | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.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 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 |
|---|---|---|---|---|---|---|---|---|---|
| 0094 - Group 3 Pressure-Reducing Support Surfaces: Medical Necessity and Documentation Requirements | Complex | DME Physician/DME Supplier | 5 - All DME MACs | 5/11/2018 | Approved | Group III Pressure-Reducing Support Surfaces, HCPCS Code E0194, Air-Fluidized Bed is covered for the treatment of Stage III and Stage IV ulcers when the patient meets certain coverage criteria. This review will | E0194 | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Exclude from review claims having a "claim paid date" which is more than 3 years prior to the Review Results Letter date |
| 0095 - Facet Joint Interventions: Medical Necessity and Documentation Requirements | Complex | Hospital Inpatient (Part B) 12x<br>Outpatient 13x<br>Rural Health Clinic- 71X<br>Critical Access Hospital- 85X | 3 - all applicable states | 2/1/2023 | Approved | Facet joints are joints in the spine that aid stability and allow the spine to bend and twist. Facet joint injections are a type of interventional pain management technique used to diagnose or treat back pain. Intra-articular blocks | 64490-64495 | 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<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a "claim paid date" which is more than 3 years prior to the ADR letter date (complex review) |
| 0095 - Facet Joint Interventions: Medical Necessity and Documentation Requirements | Complex | Hospital Inpatient (Part B) 12x<br>Outpatient 13x<br>Rural Health Clinic- 71X<br>Critical Access Hospital- 85X | 4 - all applicable states | 2/1/2023 | Approved | Facet joints are joints in the spine that aid stability and allow the spine to bend and twist. Facet joint injections are a type of interventional pain management technique used to diagnose or treat back pain. Intra-articular blocks | 64490-64495 | 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<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a "claim paid date" which is more than 3 years prior to the ADR letter date (complex review) |
| 0098 - Critical Care Professional Services: Unbundling | Automated | Part B Professional Services (Physician/non physician practitioner) | 3 - all applicable states | 6/18/2018 | Approved | Certain CPT codes for Part B Professional services for the same Beneficiary, same Date of Service, and Same Provider will be recovered as overpayments as they are not payable when performed on the same day a physician | 36000, 36410, 36415, 36591, 36600, 43752, 43753, 71045, 71046, 92953, 93598, 94002, 94003, 94004, 94660, 94662, 94760, 94761, 94762 | 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<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the | Excludes claims that have a "claim paid date" which is more than 3 years prior to the Review Results Letter date. |
| 0098 - Critical Care Professional Services: Unbundling | Automated | Part B Professional Services (Physician/non physician practitioner) | 4 - all applicable states | 6/18/2018 | Approved | Certain CPT codes for Part B Professional services for the same Beneficiary, same Date of Service, and Same Provider will be recovered as overpayments as they are not payable when performed on the same day a physician | 36000, 36410, 36415, 36591, 36600, 43752, 43753, 71045, 71046, 92953, 93598, 94002, 94003, 94004, 94660, 94662, 94760, 94761, 94762 | 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<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the | Excludes claims that have a "claim paid date" which is more than 3 years prior to the Review Results Letter date. |
| 0099 - Skilled Nursing Facility Consolidated Billing: Unbundling | Automated | Outpatient Facility | 3 - all applicable states | 6/25/2018 | Approved | Payment for the Skilled Nursing Facility (SNF) services, listed in the SNF Consolidated Billing Table, Major Category I.F and V.A., provided to beneficiaries by the outpatient facility, in a Medicare covered Part A SNF stay | CPT/HCPCS codes listed in the SNF Consolidated Billing Table, Major Category I.F and V.A. | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter (automated review) |
| 0099 - Skilled Nursing Facility Consolidated Billing: Unbundling | Automated | Outpatient Facility | 4 - all applicable states | 6/25/2018 | Approved | Payment for the Skilled Nursing Facility (SNF) services, listed in the SNF Consolidated Billing Table, Major Category I.F and V.A., provided to beneficiaries by the outpatient facility, in a Medicare covered Part A SNF stay | CPT/HCPCS codes listed in the SNF Consolidated Billing Table, Major Category I.F and V.A. | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter (automated review) |
| 0100 - Add-On Code Paid without Primary Code and/or Denied Primary Code: Clinical Laboratory | Automated | Laboratory | 3 - all applicable states | 6/20/2018 | Approved | CMS has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed | 17311-17315, 81265, 81415, 81425, 81535 | 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<br>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 Informational Letter date. |
| 0100 - Add-On Code Paid without Primary Code and/or Denied Primary Code: Clinical Laboratory | Automated | Laboratory | 4 - all applicable states | 6/20/2018 | Approved | CMS has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed | 17311-17315, 81265, 81415, 81425, 81535, 82951, 86825, 87186, 87188, 87502, 87903, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164- | 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<br>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 Informational Letter date. |
| 0101 - Ambulatory Payment Classification Coding Validation | Complex | Outpatient Hospital (Part B) | 3 - all applicable states | 7/26/2018 | Approved | APC coding requires that procedural information, as coded and reported by the hospital on its claim, match both the attending physician description and the information contained in the beneficiary's medical record | Claims with status indicators (SI) = J1, S, or | 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<br>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 |
| 0101 - Ambulatory Payment Classification Coding Validation | Complex | Outpatient Hospital (Part B) | 4 - all applicable states | 7/26/2018 | Approved | APC coding requires that procedural information, as coded and reported by the hospital on its claim, match both the attending physician description and the information contained in the beneficiary's medical record | Claims with status indicators (SI) = J1, S, or | 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<br>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 |
| 0102-Home Use of Oxygen: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 8/27/2025 | Approved | Documentation will be reviewed to determine if Home Oxygen meets coverage criteria and is medically reasonable and necessary. | E1390, E0431 | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(5) - Payment for oxygen and oxygen | Claims having a "claim paid date" which is more than 3 years prior to the ADR date. |
| 0103 - Urological Supplies: Medical Necessity and Documentation Requirements | Complex | DME Physician/DME Supplier | 5 - All DME MACs | 8/1/2018 | Approved | Documentation will be reviewed to determine if Urological Supplies meet coverage criteria and/or are medically reasonable and necessary. | Primary codes- A4311, A4312, A4314, A4315, A4316, A4338, A4341, A4342, A4344, A4351, A4352, A4353, A4354, A4357, A4358, A5102, A5112 | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims having a "claim paid date" which is more than 3 years prior to the ADR date will be excluded. |
| 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 | CMS has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also paid. ASC | Add-on Codes https://www.cms.gov/ncci | 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<br>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 date (automated review) |
| 0104 - Add-on Code Paid without Primary Code and/or Denied Primary Code – Ambulatory Surgical Center | Automated | Ambulatory Surgery Center (ASC) | 4 - all applicable states | 7/24/2018 | Approved | CMS has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also paid. ASC | Add-on Codes https://www.cms.gov/ncci | 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<br>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 date (automated review) |
| 0105 - Physician Services During Hospice Period: Unbundling | Automated | Professional Services (Physician/non physician practitioner) | 3 - all applicable states | 9/2/2026 | Approved | Physician services billed during an active hospice period should be paid by the Hospice provider if services are related to the hospice beneficiary's terminal condition or if a physician is employed or paid under arrangement by | All CPT/HCPCS codes that meet the approv | 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<br>2. SSA, Title XVIII- Health Insurance for the Aged and Disabled | Claims that have a "claim paid date" which is less than 3 years prior to the informational letter date (automated review) |
| 0105 - Physician Services During Hospice Period: Unbundling | Automated | Professional Services (Physician/non physician practitioner) | 4 - all applicable states | 9/2/2026 | Approved | Physician services billed during an active hospice period should be paid by the Hospice provider if services are related to the hospice beneficiary's terminal condition or if a physician is employed or paid under arrangement by | All CPT/HCPCS codes that meet the approv | 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<br>2. SSA, Title XVIII- Health Insurance for the Aged and Disabled | Claims that have a "claim paid date" which is less than 3 years prior to the informational letter date (automated review) |
| 0107 - Custom-Fabricated Knee Orthoses: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 10/1/2018 | Approved | Claims for Custom-Fabricated Knee Orthoses that do not meet indications of coverage and/or medical necessity outlined in the references listed above will be denied. | Primary Codes- L1834, L1840, L1844, L1846, L1860<br>Secondary Codes- L2385, L2390, L2395, L2397, L2405, L2415, L2492, L2755, | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims that have a "claim paid date" which is less than 3 years prior to the review results letter date. |
| 0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 9/11/2018 | Approved | Under the Medicare Physician Fee schedule (MPFS), some procedures have separate rates for physicians' services when provided in facility and non-facility settings. The rate, facility or non-facility, which a physician service is | All CPT/HCPCS codes with site-of-service di | 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<br>2. Social Security Act (SSA), Title XVIII- Health Insurance for the | Claims having a "claim paid date" that is more than 6 months prior to the Review Results Letter date will be excluded |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 9/11/2018 | Approved | Under the Medicare Physician Fee schedule (MPFS), some procedures have separate rates for physicians' services when provided in facility and non-facility settings. The | All CPT/HCPCS codes with site-of-service di | 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 having a "claim paid date" that is more than 6 months prior to the Review Results Letter date will be excluded. |
| 0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use of Modifier 26, Professional Component | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 9/20/2018 | Approved | When a Part B CPT/HCPCS code listed on File 2 (Professional Components of Services to be Submitted with a 26 Modifier) is billed during a paid inpatient Part A SNF stay, without modifier 26, the Part B claim will be | CPT/HCPCS codes listed on the CMS File 2 - | 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 | Include Claims that have a "claim paid date" which is less than 3 years prior to the review results letter date. |
| 0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use of Modifier 26, Professional Component | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 9/20/2018 | Approved | When a Part B CPT/HCPCS code listed on File 2 (Professional Components of Services to be Submitted with a 26 Modifier) is billed during a paid inpatient Part A SNF stay, without modifier 26, the Part B claim will be | CPT/HCPCS codes listed on the CMS File 2 - | 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 | Include Claims that have a "claim paid date" which is less than 3 years prior to the review results letter date. |
| 0111 - Transthoracic Echocardiography: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital (Medicare Part B only) (TOB 12X), Outpatient Hospital (TOB 13X) , Skilled Nursing Facility - | 3 - all applicable states | 9/28/2018 | Approved | Documentation will be reviewed to determine if transthoracic echocardiography meets Medicare coverage criteria, meets applicable coding guidelines, and/or is reasonable and necessary. | 93303, 93306, 93307, C8921, C8923 | 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 "paid claim date" which is less than 3 years prior to the ADR letter date. |
| 0111 - Transthoracic Echocardiography: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital (Medicare Part B only) (TOB 12X), Outpatient Hospital (TOB 13X) , Skilled Nursing Facility - | 4 - all applicable states | 9/28/2018 | Approved | Documentation will be reviewed to determine if transthoracic echocardiography meets Medicare coverage criteria, meets applicable coding guidelines, and/or is reasonable and necessary. | 93303, 93306, 93307, C8921, C8923 | 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 "paid claim date" which is less than 3 years prior to the ADR letter date. |
| 0112 - Monthly Capitation Payment for End-Stage Renal Disease: 4 or More Visits per Month | Automated | Professional Services | 3 - all applicable states | 8/28/2025 | Approved | A Monthly Capitation Payment (MCP) is a payment made to physicians for most dialysis-related physician services furnished to Medicare End Stage Renal Disease (ESRD) patients on a monthly basis. The same monthly amount is | 90957, 90958, 90959, 90960, 90961, 9096 | 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 Informational Letter date (automated review) |
| 0112 - Monthly Capitation Payment for End-Stage Renal Disease: 4 or More Visits per Month | Automated | Professional Services | 4 - all applicable states | 8/28/2025 | Approved | A Monthly Capitation Payment (MCP) is a payment made to physicians for most dialysis-related physician services furnished to Medicare End Stage Renal Disease (ESRD) patients on a monthly basis. The same monthly amount is | 90957, 90958, 90959, 90960, 90961, 9096 | 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 Informational Letter date (automated review) |
| 0114 - Durable Medical Equipment Billed during Hospice Period: Unbundling | Automated | DME Physician/ DME Supplier | 5 - All DME MACs | 10/15/2018 | Approved | All DME billed after the admit date of a patient to Hospice services and before the discharge date of a patient from Hospice services or any claims billed after the admit date | CMS DMEPOS Fee Schedule, https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee- | 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), (ii) and (iii)- Replacement of | Claims that have a "claim paid date" which is less than 3 years prior to the Review Results letter date. |
| 0115 - Professional Claims with Place of Service Home Overlapping Inpatient Hospital Stay: Services Billed Not Rendered | Automated | Professional Claims (Physician/Non-Physician Practitioner) | 3 - all applicable states | 10/17/2018 | Approved | Home Visits for professional services should not overlap an active Inpatient Stay. Professional claims billed with a home-related place of service that overlaps an inpatient | 90901, 90912, 90913, 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92601, 92602, 92603, 92604, 92605, 92606, 92607, 92608, 92609, 92610, | 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. |
| 0115 - Professional Claims with Place of Service Home Overlapping Inpatient Hospital Stay: Services Billed Not Rendered | Automated | Professional Claims (Physician/Non-Physician Practitioner) | 4 - all applicable states | 10/17/2018 | Approved | Home Visits for professional services should not overlap an active Inpatient Stay. Professional claims billed with a home-related place of service that overlaps an inpatient | 90901, 90912, 90913, 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92601, 92602, 92603, 92604, 92605, 92606, 92607, 92608, 92609, 92610, | 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. |
| 0116 - Modifiers TC and 26: Incorrect Coding | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 8/27/2025 | Approved | HCPCS Codes with a PC/TC Indicator of "1" and billed with either 26 or TC in any modifier field should be paid at either the technical component or the professional | HCPCS Codes with a PC/TC Indicator of "1" | 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 Informational Letter date (automated review) |
| 0116 - Modifiers TC and 26: Incorrect Coding | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 8/27/2025 | Approved | HCPCS Codes with a PC/TC Indicator of "1" and billed with either 26 or TC in any modifier field should be paid at either the technical component or the professional | HCPCS Codes with a PC/TC Indicator of "1" | 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 Informational Letter date (automated review) |
| 0119- Epidural Steroid Injection: Medical Necessity and Documentation Requirements | Complex | Professional services, Outpatient Hospital, Ambulatory Surgical Center (ASC) | 3 - all applicable states | 9/12/2024 | Approved | Epidural injections are generally performed to treat pain arising from spinal nerve roots. These procedures may be performed via three distinct techniques, each of which involves introducing a needle into the epidural space by a | 62321, 62323, 64479, 64480, 64483, 6448 | 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 having a "claim paid date" which is more than 3 years prior to the Additional Documentation Request Letter date. |
| 0119- Epidural Steroid Injection: Medical Necessity and Documentation Requirements | Complex | Professional services, Outpatient Hospital, Ambulatory Surgical Center (ASC) | 4 - all applicable states | 9/12/2024 | Approved | Epidural injections are generally performed to treat pain arising from spinal nerve roots. These procedures may be performed via three distinct techniques, each of which involves introducing a needle into the epidural space by a | 62321, 62323, 64479, 64480, 64483, 6448 | 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 having a "claim paid date" which is more than 3 years prior to the Additional Documentation Request Letter date. |
| 0121 - Destruction of Premalignant Lesions: Excessive Units | Automated | Professional Services (Physician/non-physician practitioner) | 3 - all applicable states | 8/28/2025 | Approved | Based on CPT Code descriptions, CPT Code 17000 may only be billed once per date of service; CPT Code 17003 may only be billed thirteen times per date of service, and CPT Code 17004 may only be billed once per date of | 17000, 17003, 17004 | 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 informational Letter date (automated review) |
| 0121 - Destruction of Premalignant Lesions: Excessive Units | Automated | Professional Services (Physician/non-physician practitioner) | 4 - all applicable states | 8/28/2025 | Approved | Based on CPT Code descriptions, CPT Code 17000 may only be billed once per date of service; CPT Code 17003 may only be billed thirteen times per date of service, and CPT Code 17004 may only be billed once per date of | 17000, 17003, 17004 | 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 informational Letter date (automated review) |
| 0123 - Technical Component of Diagnostic Procedures During Inpatient: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner); Independent Diagnostic Testing Facility (IDTF) | 3 - all applicable states | 12/11/2018 | Approved | When billed on the same date of service as an inpatient hospital claim, the Technical Component (TC) of diagnostics is not payable to the Part B provider. The technical component is performed by the facility while a | CPT Code Range 10000-99999 (Excluding C | 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 informational results letter date (automated review) |
| 0123 - Technical Component of Diagnostic Procedures During Inpatient: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner); Independent Diagnostic Testing Facility (IDTF) | 4 - all applicable states | 12/11/2018 | Approved | When billed on the same date of service as an inpatient hospital claim, the Technical Component (TC) of diagnostics is not payable to the Part B provider. The technical component is performed by the facility while a | CPT Code Range 10000-99999 (Excluding C | 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 informational results letter date (automated review) |
| 0124 - Part B Therapies during Inpatient: Unbundling | Automated | Professional Services (Physical Therapist, Occupational Therapist, Speech Language Therapist in Private Practice) | 3 - all applicable states | 11/30/2018 | Approved | HCPCS/CPT Codes with a PC/TC Indicator "7" in the Medicare Physician Fee Schedule Data Base. Payment may not be made if the service is provided to a hospital inpatient by a physical therapist, occupational therapist | HCPCS/CPT Codes with a PC/TC Indicator o | 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 having a "claim paid date" which is less than 3 years prior to the informational letter date (automated review) |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0124 - Part B Therapies during Inpatient: Unbundling | Automated | Professional Services (Physical Therapist, Occupational Therapist, Speech Language Therapist in Private Practice) | 4 - all applicable states | 11/30/2018 | Approved | HCPCS/CPT Codes with a PC/TC Indicator "7" in the Medicare Physician Fee Schedule Data Base. Payment may not be made if the service is provided to a hospital inpatient by a physical therapist, occupational therapist | HCPCS/CPT Codes with a PC/TC Indicator o | 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 having a "claim paid date" which is less than 3 years prior to the informational letter date (automated review) |
| 0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day | Automated | Outpatient Facility; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician | 3 - all applicable states | 11/14/2018 | Approved | Surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple endoscopic services are performed, the most | 45378, 45330 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a "paid claim date" which is more than 3 years prior to the date of the Review Results Letter |
| 0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day | Automated | Outpatient Facility; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician | 4 - all applicable states | 11/14/2018 | Approved | Surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple endoscopic services are performed, the most | 45378, 45330 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a "paid claim date" which is more than 3 years prior to the date of the Review Results Letter |
| 0128 - Spinal Orthoses within the Reasonable Useful Lifetime: Excessive Units | Automated | DME Physician/ DME Supplier | 5 - All DME MACs | 1/1/2019 | Approved | Claims for more than one spinal orthosis (identical HCPCS code) for the same beneficiary within the reasonable useful lifetime will be denied. | L0450, L0452, L0454, L0455, L0456, L0457, | 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), (ii) and (iii)- Replacement of | Claims that have a "paid claim date" which is less than 3 years prior to the review results letter (automated review) |
| 0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital TOB: 13X | 3 - all applicable states | 1/30/2019 | Approved | For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBOT) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. The patient is entirely enclosed in a pressure | G0277 | 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 ADR letter date |
| 0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital TOB: 13X | 4 - all applicable states | 1/30/2019 | Approved | For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBOT) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. The patient is entirely enclosed in a pressure | G0277 | 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 ADR letter date |
| 0130 - Panniculectomy: Medical Necessity and Documentation Requirements | Complex | Ambulatory Surgical Center; Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 2/13/2019 | Approved | Panniculectomy billed for cosmetic purposes will not be deemed medically necessary. In addition, panniculectomy billed at the same time as an open abdominal surgery, or if is incidental to another procedure, is not separately | 15830, 15847 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Include claims that have a "claim paid date" which is less than 3 years prior to the ADR letter date. |
| 0130 - Panniculectomy: Medical Necessity and Documentation Requirements | Complex | Ambulatory Surgical Center; Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 2/13/2019 | Approved | Panniculectomy billed for cosmetic purposes will not be deemed medically necessary. In addition, panniculectomy billed at the same time as an open abdominal surgery, or if is incidental to another procedure, is not separately | 15830, 15847 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Include claims that have a "claim paid date" which is less than 3 years prior to the ADR letter date. |
| 0131 - Pneumatic Compression Device: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 1/8/2019 | Approved | This review will determine if the pneumatic compression device is reasonable and necessary for the patient's condition based on the documentation in the medical record | E0650, E0651, E0652, E0655, E0658 (as of | 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), (ii) and (iii)- Replacement of | Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0132 - Evaluation and Management Same Day as Admission to a Nursing Facility: Unbundling | Automated | Physician/ Non-Physician Practitioner | 3 - all applicable states | 8/28/2025 | Approved | CMS will not pay for an emergency department visit or an office visit E&M service on the same day as a comprehensive nursing facility assessment when both the E&M service and the comprehensive nursing facility | CPT 99201 -99215, 99281 – 99285 (Please | 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 this automated review, claims having a paid claim date which is more than 3 years prior to the informational letter date |
| 0132 - Evaluation and Management Same Day as Admission to a Nursing Facility: Unbundling | Automated | Physician/ Non-Physician Practitioner | 4 - all applicable states | 8/28/2025 | Approved | CMS will not pay for an emergency department visit or an office visit E&M service on the same day as a comprehensive nursing facility assessment when both the E&M service and the comprehensive nursing facility | CPT 99201 -99215, 99281 – 99285 (Please | 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 this automated review, claims having a paid claim date which is more than 3 years prior to the informational letter date |
| 0133 - Positron Emission Tomography Scans Paid without Tracer Codes-Independent Diagnostic Testing Facility: Non-Allowable Service | Automated | IDTF (Independent Diagnostic Testing Facility) | 3 - all applicable states | 12/11/2018 | Approved | All PET Scans require the use of radiopharmaceutical diagnostic imaging agent (tracer). Claims billed without the required Tracer HCPCS codes will be recovered as overpayments | PET SCAN CPT Codes - 78429, 78430, 78431, 78432, 78433, 78434, 78491, 78492, 78459, 78608, 78811, 78812, 78813, 78814, 78815, 78816 | 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 | |
| 0133 - Positron Emission Tomography Scans Paid without Tracer Codes-Independent Diagnostic Testing Facility: Non-Allowable Service | Automated | IDTF (Independent Diagnostic Testing Facility) | 4 - all applicable states | 12/11/2018 | Approved | All PET Scans require the use of radiopharmaceutical diagnostic imaging agent (tracer). Claims billed without the required Tracer HCPCS codes will be recovered as overpayments | PET SCAN CPT Codes - 78429, 78430, 78431, 78432, 78433, 78434, 78491, 78492, 78459, 78608, 78811, 78812, 78813, 78814, 78815, 78816 | 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 | |
| 0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital, Ambulatory Surgery Center, and Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 2/5/2019 | Approved | Documentation will be reviewed to determine whether Cryosurgery of the Prostate Gland services met Medicare coverage criteria and were reasonable and necessary. | 55873 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital, Ambulatory Surgery Center, and Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 2/5/2019 | Approved | Documentation will be reviewed to determine whether Cryosurgery of the Prostate Gland services met Medicare coverage criteria and were reasonable and necessary. | 55873 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0135 - Cardiac Rehabilitation: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (TOB 13X) | 3 - all applicable states | 3/7/2019 | Approved | Cardiac rehabilitation (CR) is a physician or non-physician practitioner-supervised program that furnishes physician prescribed exercise; cardiac risk factor modification, including education, counseling, and behavioral | 93797, 93798, G0422, G0423 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0135 - Cardiac Rehabilitation: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (TOB 13X) | 4 - all applicable states | 3/7/2019 | Approved | Cardiac rehabilitation (CR) is a physician or non-physician practitioner-supervised program that furnishes physician prescribed exercise; cardiac risk factor modification, including education, counseling, and behavioral | 93797, 93798, G0422, G0423 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (TOB 13X) | 3 - all applicable states | 4/15/2019 | Approved | Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital episodes, skilled nursing facilities, homes, and | 71045, 71046, 71047, 71048 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims with Dates of Service prior to May 12, 2023 |
| 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (TOB 13X) | 4 - all applicable states | 4/15/2019 | Approved | Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital episodes, skilled nursing facilities, homes, and | 71045, 71046, 71047, 71048 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims with Dates of Service prior to May 12, 2023 |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Speech- | 3 - all applicable states | 2/20/2019 | Approved | Physical therapy, Occupational therapy, and/or Speech-Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health care professional, are bundled into the | Therapy CPT/HCPCS codes Included in File | 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 Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from | Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review) |
| 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling | Automated | Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Speech- | 4 - all applicable states | 2/20/2019 | Approved | Physical therapy, Occupational therapy, and/or Speech-Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health care professional, are bundled into the | Therapy CPT/HCPCS codes Included in File | 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 Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from | Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review) |
| 0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (OPH); Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician | 3 - all applicable states | 2/20/2019 | Approved | Vertebroplasty and kyphoplasty will be reviewed for medical necessity whether billed as an initial procedure, a repeat procedure or if performed at more than one vertebral level. Services that were not medically | 22510, 22511, 22512, 22513, 22514, 2251 | 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 having a "paid claim date" which is less than 3 years prior to the ADR letter date |
| 0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (OPH); Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician | 4 - all applicable states | 2/20/2019 | Approved | Vertebroplasty and kyphoplasty will be reviewed for medical necessity whether billed as an initial procedure, a repeat procedure or if performed at more than one vertebral level. Services that were not medically | 22510, 22511, 22512, 22513, 22514, 2251 | 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 having a "paid claim date" which is less than 3 years prior to the ADR letter date |
| 0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (TOB 13X) | 3 - all applicable states | 3/27/2019 | Approved | Pulmonary rehabilitation (PR) is a physician or nonphysician practitioner-supervised program for COPD and certain other chronic respiratory diseases designed to optimize physical and social performance and autonomy | 94625, 94626 | 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 with Dates of Service prior to May 12, 2023 |
| 0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (TOB 13X) | 4 - all applicable states | 3/27/2019 | Approved | Pulmonary rehabilitation (PR) is a physician or nonphysician practitioner-supervised program for COPD and certain other chronic respiratory diseases designed to optimize physical and social performance and autonomy | 94625, 94626 | 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 with Dates of Service prior to May 12, 2023 |
| 0141 - Therapeutic Shoes for Persons with Diabetes: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 4/2/2019 | Approved | This review will determine if the documentation submitted for review meets Medicare's coverage requirements for Diabetic Shoes. | A5500, A5501 | 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, §1833(o)- In the case of shoes described in | Claims having a "claim paid date" less than 3 years prior to the ADR date will be included. |
| 0142 - Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing Facility Stay: Unbundling | Automated | Ambulatory Surgical Center (ASC), Skilled Nursing Facility (SNF) | 3 - all applicable states | 4/2/2019 | Approved | Services provided by a freestanding non-hospital ASC (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 | 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 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 Informational Letter date (automated review) |
| 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 | 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 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 Informational Letter date (automated review) |
| 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 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | 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 Varicose Veins meet Medicare coverage criteria, meets | 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 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 |
| 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 Varicose Veins meet Medicare coverage criteria, meets | 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 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 |
| 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 | 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 that have a "paid claim date" which is more than 3 years prior to the Review Results Letter Date (automated review) |
| 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 | 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 that have a "paid claim date" which is more than 3 years prior to the Review Results Letter Date (automated review) |
| 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 procedure is bundled into the more 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 2.Social Security Act (SSA), 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 (automated review) |
| 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 procedure is bundled into the more 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 2.Social Security Act (SSA), 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 (automated review) |
| 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 code) for the same beneficiary, 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), (ii) and (iii)- Replacement of | Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter date (automated review) |
| 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 – 99233 will be considered overpayments and will be | 99231 – 99233 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter (automated review) |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 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 – 99232 will be considered overpayments and will be | 99231 – 99233 | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII- Health Insurance for the | Claims that have a "claim paid date" which is less than 3 years prior to the Review Results Letter (automated review) |
| 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 specimen(s); and 2) Additional excision and evaluation is | 17311, 17312, 17313, 17314 | 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. |
| 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 | 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. |
| 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 services affecting MPFS | 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 2. Social 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 determine if professional services affecting MPFS | CMS Medicare Physician Fee Schedule stat | 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 | 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 guidelines for blood glucose | A4253 | 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), (ii) and (iii)- Replacement of | 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 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. |
| 0153 - Ambulatory Surgical Center Coding Validation | Complex | Ambulatory Surgical Center (ASC) | 4 - all applicable states | 5/28/2019 | Approved | Ambulatory Surgical Center (ASC) coding requires that 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 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. |
| 0154 - Non-Emergency Ambulance Services - Advanced Life Support and Basic Life Support: Medical Necessity and Documentation Requirements | Complex | Ambulance | 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 | 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 Aged and Disabled, Section 1834(l) (10), (16)- Establishment of | Exclude from review claims having a "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 | 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 | 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 Aged and Disabled, Section 1834(l) (10), (16)- Establishment of | Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date |
| 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 HCPCS code) for the same beneficiary, for the | L3650, L3660, L3670, L3671, L3674, L3675, | 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), (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 review) |
| 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 procedure where the service is subsequently | Paid HCPCS with one of the following ICD-1 | 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 "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 service is subsequently | Paid HCPCS with one of the following ICD-1 | 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 "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 services billed under revenue codes 042x, 043x, 044x | CPT/HCPCS codes billed with Revenue code | 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 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 services billed under revenue codes 042x, 043x, 044x | CPT/HCPCS codes billed with Revenue code | 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 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 Medicare coverage criteria and is reasonable and | J1459, J1552(Novitas Only), J1553, J1556, J | 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 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 criteria and is reasonable and | J1459, J1552(Novitas Only), J1553, J1556, J | 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 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 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. |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 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 guidelines, and/or is medically reasonable and necessary | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a 'claim paid date' which is more than 3 years prior to the Additional Documentation Request (complex review) |
| 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 guidelines, and/or is medically reasonable and necessary | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a 'claim paid date' which is more than 3 years prior to the Additional Documentation Request (complex review) |
| 0163 - Ambulance Services Billed During Hospice: Unbundling | Automated | Ambulance Services | 3 - all applicable states | 9/1/2026 | Approved | Ambulance transports of a hospice patient, which are related to the terminal illness and occur after the effective date of election, are the responsibility of the hospice provider. Payment for the ambulance claim will | A0426, A0427, A0428, A0429, A0433, A0434<br>Secondary Code: A0425 | 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<br>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 InformationalReview Results Letter date |
| 0163 - Ambulance Services Billed During Hospice: Unbundling | Automated | Ambulance Services | 4 - all applicable states | 9/1/2026 | Approved | Ambulance transports of a hospice patient, which are related to the terminal illness and occur after the effective date of election, are the responsibility of the hospice provider. Payment for the ambulance claim will | A0426, A0427, A0428, A0429, A0433, A0434<br>Secondary Code: A0425 | 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<br>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 InformationalReview Results Letter date |
| 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 modifiers RT and LT, and a '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<br>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. |
| 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 modifiers RT and LT, and a '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<br>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-temporal dementia (FTD) and Alzheimer'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<br>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. |
| 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 dementia (FTD) and Alzheimer'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<br>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 Ankle-Foot Orthoses or Knee-Ankle-Foot | L1900, L1902, L1904, L1906, L1907, L1910, | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims that have a "paid claim date" which is less than 3 years prior to the Review Results Letter. |
| 0169 - Outpatient Services within 3 Days Prior to and Including the Date of a Hospital Admission: Unbundling | Automated | Outpatient Facility | 3 - all applicable states | 11/27/2019 | Approved | All diagnostic (including clinical diagnostic laboratory tests) services and related non-diagnostic services provided to a beneficiary by the admitting hospital within 3 days (for IRPS Hospitals) prior to or 1 day (NON-IRPS | Diagnostic codes are identified as any CPT/ | 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<br>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 date of the Review Results letter (automated review) |
| 0169 - Outpatient Services within 3 Days Prior to and Including the Date of a Hospital Admission: Unbundling | Automated | Outpatient Facility | 4 - all applicable states | 11/27/2019 | Approved | All diagnostic (including clinical diagnostic laboratory tests) services and related non-diagnostic services provided to a beneficiary by the admitting hospital within 3 days (for IRPS Hospitals) prior to or 1 day (NON-IRPS | Diagnostic codes are identified as any CPT/ | 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<br>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 date of the Review Results letter (automated review) |
| 0170 - Renal and Peripheral Angiography: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (OPH); Ambulatory Surgical Center (ASC); Professional Services (Physician/Non-physician | 3 - all applicable states | 11/19/2019 | Approved | Documentation will be reviewed to determine if diagnostic (aka stand-alone) renal and peripheral angiography procedures meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically | 36245, 36246, 36247, 36248, 36251, 3625 | 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<br>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. |
| 0170 - Renal and Peripheral Angiography: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital (OPH); Ambulatory Surgical Center (ASC); Professional Services (Physician/Non-physician | 4 - all applicable states | 11/19/2019 | Approved | Documentation will be reviewed to determine if diagnostic (aka stand-alone) renal and peripheral angiography procedures meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically | 36245, 36246, 36247, 36248, 36251, 3625 | 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<br>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. |
| 0171 - Erythropoiesis Stimulating Agents for Cancer Patients: Medical Necessity and Documentation Requirements | Complex | Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital (TOB 13X) | 3 - all applicable states | 12/27/2019 | Approved | Erythropoiesis stimulating agents (ESAs) stimulate the bone marrow to make more red blood cells and are United States Food and Drug Administration (FDA) approved for use in reducing the need for blood | J0881, J0885, and Q5106 that were billed v | 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<br>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. |
| 0171 - Erythropoiesis Stimulating Agents for Cancer Patients: Medical Necessity and Documentation Requirements | Complex | Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital (TOB 13X) | 4 - all applicable states | 12/27/2019 | Approved | Erythropoiesis stimulating agents (ESAs) stimulate the bone marrow to make more red blood cells and are United States Food and Drug Administration (FDA) approved for use in reducing the need for blood | J0881, J0885, and Q5106 that were billed v | 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<br>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. |
| 0173 - Surgical Dressings: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 12/3/2019 | Approved | This review will determine if the Surgical Dressing is reasonable and necessary for the patient's condition based on the documentation in the medical record. Claims that do not meet the indications of coverage | A6010, A6011, A6021, A6022, A6023, A602 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded. |
| 0174 - Cervical Orthoses within the Reasonable Useful Lifetime: Excessive Units | Automated | DME Physician/ DME Supplier | 5 - All DME MACs | 12/3/2019 | Approved | Claims for cervical orthoses with dates of service within the reasonable useful lifetime from the date of service of a previously-paid identical cervical orthosis (identical HCPCS code) for the same beneficiary, will be denied as | L0112, L0113, L0120, L0130, L0140, L0150, | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (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. |
| 0176 - Annual Wellness Visits: Incorrect Coding | Complex | Professional Services | 3 - all applicable states | 8/28/2025 | Approved | Claims for HCPCS code G0402- Initial Preventative Physical Examination (IPPE), may not be billed more than 12 months after the effective date of the beneficiary's first part B coverage, or more than once in a lifetime | G0402, G0438, G0439 | 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<br>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. |
| 0176 - Annual Wellness Visits: Incorrect Coding | Complex | Professional Services | 4 - all applicable states | 8/28/2025 | Approved | Claims for HCPCS code G0402- Initial Preventative Physical Examination (IPPE), may not be billed more than 12 months after the effective date of the beneficiary's first part B coverage, or more than once in a lifetime | G0402, G0438, G0439 | 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<br>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. |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0177 - Hospital Beds: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 2/4/2020 | Approved | Hospital Beds must meet basic coverage criteria whether at initial rental or at any point during a rental period, as outlined in Local Coverage Determination for Hospital Beds. Medical documentation will be reviewed to | E0250, E0251, E0260, E0261, E0255, E025 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded. |
| 0178 - Manual Wheelchairs: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 2/4/2020 | Approved | This review will determine whether a Manual Wheelchair is reasonable and necessary for the patient's condition based on the documentation in the medical record. | K0001, K0002, K0003, K0004, K0005, K000 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1834(a)(7)(C)(i), (ii) and (iii)- Replacement of | Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded. |
| 0182 - Reduction of Technical Component, Diagnostic Cardiovascular Services | Automated | Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 8/3/2020 | Approved | CPT/HCPCS codes with a Multiple Procedure Indicator of "6" are subject to a 25% reduction of the Technical Component (TC) when multiple procedures are billed on the same date of service, for the same patient, by the | CPT/HCPCS codes with a multiple procedu | 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<br>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 informational Letter date (automated review) |
| 0182 - Reduction of Technical Component, Diagnostic Cardiovascular Services | Automated | Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 8/3/2020 | Approved | CPT/HCPCS codes with a Multiple Procedure Indicator of "6" are subject to a 25% reduction of the Technical Component (TC) when multiple procedures are billed on the same date of service, for the same patient, by the | CPT/HCPCS codes with a multiple procedu | 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<br>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 informational Letter date (automated review) |
| 0183 - Specialty Care Transport: Medical Necessity and Documentation Requirements | Complex | Ambulance, Carrier claims with provider specialty code 59 | 3 - all applicable states | 8/3/2020 | Approved | Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle. SCT is necessary when a beneficiary's condition requires ongoing care that must | A0434, A0425 | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a "paid claim date" which is more than 6 months prior to the ADR letter date |
| 0183 - Specialty Care Transport: Medical Necessity and Documentation Requirements | Complex | Ambulance, Carrier claims with provider specialty code 59 | 4 - all applicable states | 8/3/2020 | Approved | Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle. SCT is necessary when a beneficiary's condition requires ongoing care that must | A0434, A0425 | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a "paid claim date" which is more than 6 months prior to the ADR letter date |
| 0184 - Total Hip Arthroplasty: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Center, Professional Services (Physician/Non-physician | 3 - all applicable states | 8/3/2020 | Approved | Documentation will be reviewed to determine if total hip arthroplasty meets Medicare coverage requirements. | CPT Codes- 27130, 27132, 27134, 27137, 27138 (FCSO, NGS, Novitas, Palmetto, Noridian, WPS, and CGS)<br>PCS Codes (FCSO ONLY) - 0SP90JZ, | 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<br>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, WPS claims with dates of service on or after 10/13/2024, CGS |
| 0184 - Total Hip Arthroplasty: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Center, Professional Services (Physician/Non-physician | 4 - all applicable states | 8/3/2020 | Approved | Documentation will be reviewed to determine if total hip arthroplasty meets Medicare coverage requirements. | CPT Codes- 27130, 27132, 27134, 27137, 27138 (FCSO, NGS, Novitas, Palmetto, Noridian, WPS, and CGS)<br>PCS Codes (FCSO ONLY) - 0SP90JZ, | 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<br>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, WPS claims with dates of service on or after 10/13/2024, CGS |
| 0185 - Total Knee Arthroplasty: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Center (ASC), Professional Services | 3 - all applicable states | 8/3/2020 | Approved | Documentation will be reviewed to determine if total knee arthroplasty meets Medicare coverage requirements. | CPT Codes- 27445, (for dates of service prior to 01/01/2026), 27446 (CGS only), 27447, 27486, 27487<br>PCS Codes (FCSO ONLY) - 0SPC0JZ, | 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<br>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, and WPS (J5 and J8) claims with DOS on or after |
| 0185 - Total Knee Arthroplasty: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Center (ASC), Professional Services | 4 - all applicable states | 8/3/2020 | Approved | Documentation will be reviewed to determine if total knee arthroplasty meets Medicare coverage requirements. | CPT Codes- 27445, (for dates of service prior to 01/01/2026), 27446 (CGS only), 27447, 27486, 27487<br>PCS Codes (FCSO ONLY) - 0SPC0JZ, | 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<br>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, and WPS (J5 and J8) claims with DOS on or after |
| 0186 - Duplex Scans of Extracranial Arteries: Medical Necessity and Documentation Requirements | Complex | Outpatient | 3 - all applicable states | 8/3/2020 | Approved | This review will determine if a duplex scan of the extracranial arteries was reasonable and necessary for the patient's condition based on the documentation in the medical record. Claims that do not meet the | 93880- Duplex scan of extracranial arteries; complete bilateral study<br>93882- Duplex scan of extracranial arteries; unilateral or limited study | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Review claims having a "paid claim date" which is less than 3 years prior to the Review Results letter date |
| 0186 - Duplex Scans of Extracranial Arteries: Medical Necessity and Documentation Requirements | Complex | Outpatient | 4 - all applicable states | 8/3/2020 | Approved | This review will determine if a duplex scan of the extracranial arteries was reasonable and necessary for the patient's condition based on the documentation in the medical record. Claims that do not meet the | 93880- Duplex scan of extracranial arteries; complete bilateral study<br>93882- Duplex scan of extracranial arteries; unilateral or limited study | 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<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Review claims having a "paid claim date" which is less than 3 years prior to the Review Results letter date |
| 0187 - Nerve Conduction Studies: Excessive Units | Complex | Outpatient Hospital | 3 - all applicable states | 9/25/2020 | Approved | Medical documentation will be reviewed to determine if the use of nerve conduction studies meets Medicare coverage criteria and is reasonable and necessary. | 95905, 95907, 95908, 95909, 95910, 9591 | 1.SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0187 - Nerve Conduction Studies: Excessive Units | Complex | Outpatient Hospital | 4 - all applicable states | 9/25/2020 | Approved | Medical documentation will be reviewed to determine if the use of nerve conduction studies meets Medicare coverage criteria and is reasonable and necessary. | 95905, 95907, 95908, 95909, 95910, 9591 | 1.SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0189 - Continuous Glucose Monitor: Medical Necessity and Documentation Requirements | Complex | DME Physician/ DME Supplier | 5 - All DME MACs | 9/8/2020 | Approved | Documentation will be reviewed to determine if a therapeutic continuous glucose monitor meets coverage criteria and/or is medically reasonable and necessary. | E2103, A4239 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims with a DOS prior to November 12, 2023. |
| 0190 - Skilled Nursing Facility with Patient-Driven Payment Model: Medical Necessity and Documentation Requirements | Complex | Skilled Nursing Facility (SNF) with TOB 21X | 3 - all applicable states | 7/20/2022 | Approved | Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is | N/A | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer | Claims having a "claim paid date" which is more than 3 years prior to the ADR date will be excluded. |
| 0190 - Skilled Nursing Facility with Patient-Driven Payment Model: Medical Necessity and Documentation Requirements | Complex | Skilled Nursing Facility (SNF) with TOB 21X | 4 - all applicable states | 7/20/2022 | Approved | Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is | N/A | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer | Claims having a "claim paid date" which is more than 3 years prior to the ADR date will be excluded. |
| 0191 - Polysomnography: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital | 3 - all applicable states | 9/24/2020 | Approved | Polysomnography (PSG) refers to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep | 95808, 95810, 95811 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>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. |
| 0191 - Polysomnography: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital | 4 - all applicable states | 9/24/2020 | Approved | Polysomnography (PSG) refers to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep | 95808, 95810, 95811 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>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. |
| 0192 - Ventricular Assist Device: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital | 3 - all applicable states | 9/25/2020 | Approved | A ventricular assist device (VAD) is surgically attached to one or both intact ventricles and is used to assist or augment the ability of a damaged or weakened native | 02HA0QZ, 02HA0RJ, 02HA0RS, 02HA0RZ, 0 | 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 with Dates of Service prior to May 12, 2023 |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0192 - Ventricular Assist Device: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital | 4 - all applicable states | 9/25/2020 | Approved | A ventricular assist device (VAD) is surgically attached to one or both intact ventricles and is used to assist or augment the ability of a damaged or weakened native | 02HA0QZ, 02HA0RJ, 02HA0RS, 02HA0RZ, 0 | 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 with Dates of Service prior to May 12, 2023 |
| 0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital (TOB 11X) | 3 - all applicable states | 10/23/2020 | Approved | The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse | 0JH608Z, 0JH638Z, 0JH808Z, 0JH838Z | 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 |
| 0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital (TOB 11X) | 4 - all applicable states | 10/23/2020 | Approved | The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse | 0JH608Z, 0JH638Z, 0JH808Z, 0JH838Z | 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 |
| 0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 11/18/2020 | Approved | Deep brain stimulation (DBS) is an established treatment for people with movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves | 61885, 61886, 95970, 95971, 95984 | 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 |
| 0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 11/18/2020 | Approved | Deep brain stimulation (DBS) is an established treatment for people with movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves | 61885, 61886, 95970, 95971, 95984 | 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 |
| 0197-Immunosuppressive Drugs: Medical Necessity and Documentation Requirements | Complex | DME Physician/DME Supplier | 5 - All DME MACs | 8/28/2025 | Approved | This review will determine if the submitted documentation supports Medicare's coverage criteria and reasonable and necessary requirements. | J7507 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>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 ADR date will be excluded |
| 0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital | 3 - all applicable states | 11/18/2020 | Approved | Deep brain stimulation (DBS) is an established treatment for people with movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves | 00H00MZ, 0H80XZZ, 0HSSXZZ | 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 |
| 0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity and Documentation Requirements | Complex | Inpatient Hospital | 4 - all applicable states | 11/18/2020 | Approved | Deep brain stimulation (DBS) is an established treatment for people with movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves | 00H00MZ, 0H80XZZ, 0HSSXZZ | 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 |
| 0200 - Air Ambulance: Medical Necessity and Documentation Requirements | Complex | Ambulance Providers | 3 - all applicable states | 2/4/2021 | Approved | This complex review will be examining rotatory wing (helicopter) aircraft claims or fixed wing (airplane) claims to determine if air ambulance transport was reasonable | A0430, A0431, A0435, A0436 | 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 "paid claim date" which is more than 3 years prior to the Review Results Letter date. |
| 0200 - Air Ambulance: Medical Necessity and Documentation Requirements | Complex | Ambulance Providers | 4 - all applicable states | 2/4/2021 | Approved | This complex review will be examining rotatory wing (helicopter) aircraft claims or fixed wing (airplane) claims to determine if air ambulance transport was reasonable | A0430, A0431, A0435, A0436 | 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 "paid claim date" which is more than 3 years prior to the Review Results Letter date. |
| 0201 - Hospice Continuous Home Care: Medical Necessity and Documentation Requirements | Complex | Hospice | 5 - All HHH MACs | 1/5/2021 | Approved | This review will determine if hospice Continuous Home Care services were reasonable and necessary to achieve palliation and management of the patient's acute medical | REV Codes: 0652<br>HCPCS Codes: G0299, G0300, G0156 | 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. |
| 0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance Transports: Unbundling | Automated | Ambulance Providers (specialty code 59) | 3 - all applicable states | 2/4/2021 | Approved | Certain ambulance services are included in SNF consolidated billing and may not be billed as Part B services to the A/B MAC, when the beneficiary is in a Part | A0426, A0427, A0428, A0429, A0434, A04 | 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 | Excludes claims that have a "claim paid date" which is more than 3 years prior to the Review Results Letter (RRL) date |
| 0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance Transports: Unbundling | Automated | Ambulance Providers (specialty code 59) | 4 - all applicable states | 2/4/2021 | Approved | Certain ambulance services are included in SNF consolidated billing and may not be billed as Part B services to the A/B MAC, when the beneficiary is in a Part | A0426, A0427, A0428, A0429, A0434, A04 | 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 | Excludes claims that have a "claim paid date" which is more than 3 years prior to the Review Results Letter (RRL) date |
| 0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgery Center (ASC), Professional Services (Physician/Non-Physician | 3 - all applicable states | 3/11/2021 | Approved | Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with medically refractory partial onset seizures | 64568, 95976, 95977, C1827 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>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 ADR date will be excluded. |
| 0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgery Center (ASC), Professional Services (Physician/Non-Physician | 4 - all applicable states | 3/11/2021 | Approved | Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with medically refractory partial onset seizures | 64568, 95976, 95977, C1827 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>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 ADR date will be excluded. |
| 0205 - Next Generation Sequencing: Medical Necessity and Documentation Requirements | Complex | Laboratory Services | 3 - all applicable states | 5/29/2021 | Approved | Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and covered nationally, when performed in a Clinical Laboratory | 0111U, 0022U, 0037U, 0473U, 0523U, 054 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0205 - Next Generation Sequencing: Medical Necessity and Documentation Requirements | Complex | Laboratory Services | 4 - all applicable states | 5/29/2021 | Approved | Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and covered nationally, when performed in a Clinical Laboratory | 0111U, 0022U, 0037U, 0473U, 0523U, 054 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date. |
| 0206 - Positron Emission Tomography for Initial Treatment Strategy in Oncologic Conditions: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital, Professional Services (Physician/Non-Physician Practitioner) | 3 - all applicable states | 5/29/2021 | Approved | Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) is covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic | Target Codes: 78608, 78811, 78812, 78813, 78814, 78815, 78816<br>Secondary Codes: A9552, A9609 | 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 ADR letter date |
| 0206 - Positron Emission Tomography for Initial Treatment Strategy in Oncologic Conditions: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital, Professional Services (Physician/Non-Physician Practitioner) | 4 - all applicable states | 5/29/2021 | Approved | Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) is covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic | Target Codes: 78608, 78811, 78812, 78813, 78814, 78815, 78816<br>Secondary Codes: A9552, A9609 | 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 ADR letter date |
| 0207 - Spinal Cord Stimulation: Medical Necessity and Documentation Requirements | Complex | Outpatient hospital, Ambulatory Surgical Center, and Professional Services | 3 - all applicable states | 8/28/2025 | Approved | Dorsal Column (Spinal cord) stimulation involves surgical implantation of neurostimulator electrodes within the dura mater (endodural) or percutaneous insertion of | 63685 | 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 | Include claims that have a "claim paid date" which is less than 3 years prior to the ADR letter date. |
| 0207 - Spinal Cord Stimulation: Medical Necessity and Documentation Requirements | Complex | Outpatient hospital, Ambulatory Surgical Center, and Professional Services | 4 - all applicable states | 8/28/2025 | Approved | Dorsal Column (Spinal cord) stimulation involves surgical implantation of neurostimulator electrodes within the dura mater (endodural) or percutaneous insertion of | 63685 | 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 | Include claims that have a "claim paid date" which is less than 3 years prior to the ADR letter date. |
| 0208 - Enteral Nutrition Therapy with Dates of Service on/after September 5 2021: Medical Necessity and Documentation Requirements | Complex | DME Physician/DME Supplier | 5 - All DME MACs | 12/7/2021 | Approved | Enteral nutrition is considered reasonable and necessary for a patient with a functioning gastrointestinal tract who, due to pathology to, or non-function of, the structures | B4034, B4035, B4036, B4081, B4082, B408 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>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 (complex review) and |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0209 - Parenteral Nutrition Therapy with Dates of Service on/after September 5, 2021: Medical Necessity and Documentation Requirements | Complex | DME Physician/DME Supplier | 5 - All DME MACs | 12/7/2021 | Approved | This review will determine if Parenteral Nutrition is reasonable and necessary for the patient's condition based on the documentation in the medical record. | B4164, B4168, B4172, B4176, B4178, B418 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>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 (complex review) and |
| 0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgical Center; Professional Services (Physician/Non-Physician Practitioners) | 3 - all applicable states | 6/29/2022 | Approved | Hypoglossal nerve stimulation (HNS) is reasonable and necessary for the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are | CPT 64582, C8007, C8011 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §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. |
| 0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgical Center; Professional Services (Physician/Non-Physician Practitioners) | 4 - all applicable states | 6/29/2022 | Approved | Hypoglossal nerve stimulation (HNS) is reasonable and necessary for the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are | CPT 64582, C8007, C8011 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §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. |
| 0212 - Hospice General Inpatient Care: Medical Necessity and Documentation Requirements | Complex | Hospice | 5 - All HHH MACs | 4/1/2023 | Approved | This review will determine if Hospice General Inpatient Care (GIP) was reasonable and necessary to achieve pain control or acute or chronic symptom management which | REV Code: 0656 – General Inpatient 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. |
| 0214 - Transurethral Waterjet Ablation of the Prostate for Benign Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS): Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician | 3 - all applicable states | 4/26/2023 | Approved | Documentation will be reviewed to determine whether Transurethral waterjet ablation services met Medicare coverage criteria and were reasonable and necessary. | Primary Code: 0421T Secondary Code: C25 | 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 |
| 0214 - Transurethral Waterjet Ablation of the Prostate for Benign Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS): Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician | 4 - all applicable states | 4/26/2023 | Approved | Documentation will be reviewed to determine whether Transurethral waterjet ablation services met Medicare coverage criteria and were reasonable and necessary. | Primary Code: 0421T Secondary Code: C25 | 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 |
| 0215 - Canes, Crutches, and Walkers within the Reasonable Useful Lifetime: Excessive Units | Automated | DME Physician/DME Supplier | 5 - All DME MACs | 4/6/2023 | Approved | Claims for canes, crutches, and/or walkers billed within the five-year reasonable useful lifetime of a previously reimbursed item billed with an identical HCPCS for the | E0100, E0105, E0110, E0111, E0112, E011 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Excludes claims that have a "claim paid date" which is more than 3 years prior to the Review Results Letter |
| 0216 - Wearable Automatic External Defibrillators: Medical Necessity and Documentation Requirements | Complex | DME Physician/DME Supplier | 5 - All DME MACs | 6/6/2023 | Approved | This review will determine if a Wearable Automatic External Defibrillator is reasonable and necessary for the patient's condition based on the documentation in the | K0606, K0607, K0608, K0609 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude from review claims having a "claim paid date" which is more than 3 years prior to the ADR letter date. |
| 0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion: Unbundling | Complex | Physician/Non-physician Practitioner (NPP) | 3 - all applicable states | 6/6/2023 | Approved | Documentation will be reviewed to determine if CPT code 15734 warranted separate reimbursement given that a flap is considered inclusive to breast reconstruction | Target: 15734<br>Reference: 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>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. |
| 0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion: Unbundling | Complex | Physician/Non-physician Practitioner (NPP) | 4 - all applicable states | 6/6/2023 | Approved | Documentation will be reviewed to determine if CPT code 15734 warranted separate reimbursement given that a flap is considered inclusive to breast reconstruction | Target: 15734<br>Reference: 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits<br>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. |
| 0218 - Medical Supplies Billed from Consolidated Billing List During a Home Health Episode: Unbundling | Automated | DME Physician/DME Supplier | 5 - All DME MACs | 6/6/2023 | Approved | All Medical Supplies included in the Consolidated Billing List and billed during admission of a patient to Home Health services are inclusive to Home Health services. | Consolidated Billing Master Supply List, non-routine supply codes found https://www.cms.gov/Medicare/Medicar e-Fee-for-Service | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>2.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 | Outpatient Hospital; Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician | 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 | Exclude from review claims with a "paid claim date" more than 3 years prior to the ADR letter date. |
| 0219 - Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac Joint: Medical Necessity and Documentation Requirements | Complex | Outpatient Hospital; Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician | 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 | Exclude from review claims with a "paid claim date" more than 3 years prior to the ADR letter date. |
| 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, L1710, L1720, L1730, L1755 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits<br>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 | REV Codes<br>•0651- Routine Home Care<br>•0652- Continuous Home Care<br>•0655- Inpatient Respite 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 (automated |
| 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 (automated |
| 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 (Deleted | 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 (Deleted | 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 codes 99495 or 99496 may not report telephone service CPT | 99441, 99442, 99443 | 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) | 4 - all applicable states | 1/14/2025 | Approved | A physician or other qualified health care professional who reports Transitional Care Management CPT codes 99495 or 99496 may not report telephone service CPT | 99441, 99442, 99443 | 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 |
| 0225 - Transitional Care Management: Excessive Units | Automated | Professional Services (Physician/non-physician practitioner) | 3 - all applicable states | 1/13/2025 | Approved | Medicare may cover transitional care services during the 30-day period that begins when a physician discharges a Medicare patient from a healthcare facility and continues | 99495, 99496 | 1.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 |

| Review Topic | Review Type | Provider Type | Regions and States | Date Approved | Approval Status | Description | Affected Codes | Additional Information | Date of Service |
|---|---|---|---|---|---|---|---|---|---|
| 0225 - Transitional Care Management: Excessive Units | Automated | Professional Services (Physician/non-physician practitioner) | 4 - all applicable states | 1/13/2025 | Approved | Medicare may cover transitional care services during the 30-day period that begins when a physician discharges a Medicare patient from a healthcare facility and continues | 99495, 99496 | 1.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 |
| 0226 - External Counterpulsation (ECP) Therapy for Severe Angina: Coverage Determination and Documentation Requirements | Complex | Professional Services | 3 - all applicable states | 2/24/2026 | Approved | Documentation will be reviewed to determine if External Counterpulsation (ECP) Therapy meets Medicare coverage criteria and documentation requirements. | G0166 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, § 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. |
| 0226 - External Counterpulsation (ECP) Therapy for Severe Angina: Coverage Determination and Documentation Requirements | Complex | Professional Services | 4 - all applicable states | 2/24/2026 | Approved | Documentation will be reviewed to determine if External Counterpulsation (ECP) Therapy meets Medicare coverage criteria and documentation requirements. | G0166 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, § 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. |
| 0227 - Wireless Capsule Endoscopy: Medical Necessity and Documentation Review | Complex | Outpatient Hospital (OP), Professional Services | 3 - all applicable states | 2/24/2026 | Approved | Wireless capsule endoscopic (WCE) imaging is intended as an adjunctive tool in the detection of certain gastrointestinal (GI) conditions. This procedure requires | 91110 - Gastrointestinal tract imaging, intra | 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. |
| 0227 - Wireless Capsule Endoscopy: Medical Necessity and Documentation Review | Complex | Outpatient Hospital (OP), Professional Services | 4 - all applicable states | 2/24/2026 | Approved | Wireless capsule endoscopic (WCE) imaging is intended as an adjunctive tool in the detection of certain gastrointestinal (GI) conditions. This procedure requires | 91110 - Gastrointestinal tract imaging, intra | 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. |
| 0228 - Therapy Claims Billed with KX Modifier, Medical Necessity, and Documentation Requirements | Complex | Outpatient, Professional Services | 3 - all applicable states | 3/25/2026 | Approved | Documentation will be reviewed to determine if therapy meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and | Physical Therapy 97012, 97035, 97110, 97112, 97116, 97124, 97140, 97150, 97530, 97535, 97542,97161, 97162, 97163, 97164 | 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 | Exclude from review claims with a "paid claim date" more than 3 years prior to the ADR letter date. |
| 0228 - Therapy Claims Billed with KX Modifier, Medical Necessity, and Documentation Requirements | Complex | Outpatient, Professional Services | 4 - all applicable states | 3/25/2026 | Approved | Documentation will be reviewed to determine if therapy meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and | Physical Therapy 97012, 97035, 97110, 97112, 97116, 97124, 97140, 97150, 97530, 97535, 97542,97161, 97162, 97163, 97164 | 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 | Exclude from review claims with a "paid claim date" more than 3 years prior to the ADR letter date. |
| 0229 - Anesthesia During Spine Pain Management Procedures | Automated | Outpatient Hospital (OP), Professional Services | 3 - all applicable states | 6/26/2026 | Approved | Claims for anesthesia services billed under CPT code 01992 will be denied when reported on the same date of service for the same beneficiary as certain spinal pain | 1992 | 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 Review Results Letter date. |
| 0229 - Anesthesia During Spine Pain Management Procedures | Automated | Outpatient Hospital (OP), Professional Services | 4 - all applicable states | 6/26/2026 | Approved | Claims for anesthesia services billed under CPT code 01992 will be denied when reported on the same date of service for the same beneficiary as certain spinal pain | 1992 | 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 Review Results Letter date. |
| 0231 - Silicone Breast Prostheses within the Reasonable Useful Lifetime: Excessive Units | Automated | DME by Supplier and DME by Physician | 5 - All DME MACs | 11/23/2026 | Approved | Claims for silicone breast prostheses with dates of service within the reasonable useful lifetime from the date of service of a previously paid identical silicone breast | L8030 | 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 that have a "paid claim date" which is less than 3 years prior to the Review Results Letter date. |
| 0232 - Lower Limb Prosthetics: Coverage of Additions Billed with Initial/Preparatory Prosthesis | Automated | DME by Supplier and DME by Physician | 5 - All DME MACs | 11/23/2026 | Approved | When an initial or preparatory lower limb prosthesis is provided, some prosthetic substitution and/or addition codes are excluded and will be denied as not reasonable | L5610, L5620, L5624, L5629, L5631, L5638, | 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 that have a "paid claim date" which is less than 3 years prior to the Review Results Letter date. |