

	MEDICARE NON COVERED SERVICES - 4/30/09 Update
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	See the following LCDs: L27449 - ID, L24471 & 27449, L23680 - OR, L24473 & 27445, L24274 - UT, L24471 & L27447, L23680 - WA; Other LCDs as identified
	These codes will not be preauthorized and claims will be denied as non covered
	Also note: Medicare does not accept "S" HCPCS codes
0017T	<u>DSTRJ MACULAR DRUSEN PC</u>
0019T	<u>ESWT INVG MUSCSKEL SYS NOS LW NRG</u>
0026T	<u>LIPOPROTEIN DIR MEAS IDL REMNANT LIPOPROTEINS</u>
0027T	<u>NDSC LSS EDRL ADS W/MCHNL/SLN NJX W/RAD EDRLG</u>
0029T	<u>TX INCONT PLSD MAG NEUROMODULATION PR D</u>
0030T	<u>ANTIPROTHROMBIN ANTB EA IG CLASS</u>
0031T	<u>ANTIPROTHROMBIN ANTB EA IG CLASS</u>
0032T	<u>SPECULOSCOPY W/DIRED SAMPLING</u>
0041T	<u>URNLS NFCT AGT DETCJ SEMI-QUAN ALYS VLTL COMPND</u>
0043T	<u>CARBON MONOXIDE EXP GAS ALYS</u>
0046T	<u>CATH LVG MAM DUX COLLJ CYTOL SPEC EA BRST 1 DUX</u>
0047T	<u>CATH LVG MAM DUX COLLJ CYTOL SPEC EA BRST EA DUX</u>
0049T	<u>PROLONGED EXTRACORPOREAL PERCUTANEOUS TRANSEPTAL vad</u>
0054T	<u>COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE FOR FLUROSCOPIC</u>
0055T	<u>COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHO PROCEDURE FOR CT/MRI</u>
0058T	<u>CRYOPRSRV REPRDVE TISS OVARIAN</u>
0059T	<u>CRYOPRSRV OOCYTE</u>
0060T	<u>ELEC IMPD SCAN BRST BI</u>
0061T	<u>DSTRJ/RDCTJ MAL BRST TUM THERMOTH MICRWV</u>
0062T	<u>PERCUTANEOUS INTRADISCAL ANNULOPLASTY (SEE L23836 - OR/WA)</u>
0063T	<u>PERCUTANEOUS INTRADISCAL ANNULOPLASTY (SEE L23836 - OR/WA)</u>
0068T	<u>ACOUS HRT SOUND REC&CPTR ALYS W/I&R</u>
0069T	<u>ACOUS HRT SOUND REC&CPTR ALYS ACOUS HRT SOUND</u>
0070T	<u>ACOUS HRT SOUND REC&CPTR ALYS I&R ONLY</u>
0071T	<u>FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCL MR GUIDANCE</u>
0072T	<u>FOCUSED ULTRASOUND ABLATION OF UTERINE LIOMYOMATA INCL MR GUIDANCE</u>
0077T	<u>IMPLTJ/SECURE CERE THERMAL PRFJ PRB TWIST DRILL</u>
0084T	<u>INSJ TEMP PROSTATIC URTL STENT</u>
0085T	<u>BRTH TST HRT TRNSPL REJEC (see NCD 260.10)</u>
0086T	<u>L VENTR FILL PRESS CPTRIZED CALBRJ ARTL WAVFRM</u>
0087T	<u>SPRM EVAL HYALURONAN BNDNG ASSAY</u>
0089T	<u>PRM EVAL HYALURONAN BNDNG ASSAY</u>
0090T	<u>Total disc arthroplasty (cervical), artificial disc, anterior</u>
0092T	<u>TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH</u>
0098T	<u>REVISION INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY</u>
0100T	<u>PLMT SCJNCL RTA PROSTH&PLS&IMPLTJ INTRA-OC RTA</u>
0101T	<u>ESWT INVG MUSCSKEL SYS NOS HI NRG</u>
0102T	<u>ESWT HI NRG PHYS ANES LAT HUMRL EPICONDYLE</u>
0103T	<u>HOLOTRANSCOBALAMIN QUAN</u>
0104T	<u>INERT GAS RBRTHING CAR OUTPUT MEAS REST</u>
0105T	<u>INERT GAS RBRTHING CAR OUTPUT MEAS XERS</u>
0108T	<u>QUANTITATIVE SENSORY TESTING</u>
0111T	<u>LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBS</u>

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0123T	<u>FSTLJ SCL GLC THRU CILIARY BDY</u>
0124T	<u>CJNCL INC W/PST JUXTASCLL PLMT RX AGT</u>
0126T	<u>COMMON CRTD IMT RISK FACTOR ASSMT</u>
0130T	<u>1-PT CHRNC CARE DRUGS INVSTGJ</u>
0140T	<u>EXHALED BRTH CONDENSATE PH</u>
0155T	<u>LAPS IMPLTJ/ RPLCMT GASTRIC ELTRD < CURVATURE</u>
0156T	<u>LAPS REVJ/RMVL GASTRIC ELTRD < CURVATURE</u>
0157T	<u>LAPT IMPLTJ/ RPLCMT GASTRIC ELTRD < CURVATURE</u>
0158T	<u>LAPT REVJ/RMVL GASTRIC ELTRD < CURVATURE</u>
0159T	<u>CPTR AID DETCJ BREAST MRI</u>
0160T	<u>TRANSCRANIAL MAG STIMJ TX PLANNING</u>
0161T	<u>TRANSCRANIAL MAG STIMJ TX DLVR & MGMT</u>
0163T	<u>Total disc arthroplasty (lumbar), artificial disc, anterior</u>
0165T	<u>REVISION INCL REPLACEMENT OF TOTAL DISC ARTHROPLASTY</u>
0166T	<u>TRANSMYOCARDIAL CLOSURE V-SEPTL DFCT W/O BYPASS</u>
0167T	<u>TRANSMYOCARDIAL CLOSURE V-SEPTL DFCT W/BYPASS</u>
0168T	<u>RHINOPHOTOTHERAPY APPLICATION LIGHT BILATERAL</u>
0169T	<u>STEREOTACTIC PLACEMENT CATHETER BRAIN</u>
0170T	<u>REPAIR ANORECTAL FISTULA W/PLUG</u>
0173T	<u>MONITOR INTRAOCULAR PRESS DURING VITRECTOMY</u>
0174T	<u>CAD CHEST RADIOGRAPH W PRIMARY INTERPJ</u>
0175T	<u>CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPJ</u>
0176T	<u>AQUEOUS CANAL TRLUML DILAT W/O STENT RETENTION</u>
0177T	<u>AQUEOUS CANAL TRLUML DILAT W STENT RETENTION</u>
0185T	<u>MULTIVARIATE ANALYSIS OF PATIENT SPECIFIC FINDING (DO NOT REPORT 0185T WITH 99090)</u>
0186T	<u>SUPRACHOROIDAL DELIVERY OF PHARMACOLOGIC AGENT</u>
0190T	<u>PLACEMENT OF INTRAOCULAR RADIATION SOURCE APPLICATOR</u>
0191T	<u>INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE</u>
0193T	<u>TRANSURETHRAL, RADIOFREQUENCY MICRO-REMODELING FEMALE BLADDER NECK</u>
0194T	<u>PROCALCITONIN (PCT)</u>
0195T	<u>ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE INCL IMAGING</u>
0196T	<u>aARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE INCL IMAGING, ADDL SPACE</u>
0197T	<u>INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET /PATIENT MOTION DURING DELIVERY OF RADIATION THERAPY (3D POSITIONAL TRACKING, GATING, SURFACE TRACKING)</u>
0198T	<u>MEASUREMENT OF OCULAR BLOOD FLOW</u>
01990	<u>PHYSIOLOGICAL SUPPORT FOR HARVESTING ORGANS</u>
11920	<u>Tattoo Removal</u>
11921	<u>Tattoo Removal</u>
11922	<u>Tattoo Removal</u>
11975	<u>INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES</u>
11977	<u>REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES</u>
11980	<u>SUBCUTANEOUS HORMONE PELLETT</u>
15775	<u>PUNCH GRAFT FOR HAIR TRNSPLANT</u>
15776	<u>PUNCH GRAFT FOR HAIR TRNSPLANT</u>
15820	<u>BLEPHAROPLASTY, LOWER EYELID</u>
15821	<u>BLEPHAROPLASTY, LOWER EYELID WITH EXTENSIVE HERNIATED FAT PAD</u>
15824	<u>RHYTIDECTOMY, FOREHEAD</u>

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15825	REPAIR, NECK
15826	REPAIR, FROWN LINES
15828	REPAIR, CHEEK, CHIN, NECK
15829	REPAIR SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP
15876	SUCTION ASSISTED LIPECTOMY, HEAD & NECK
15877	SUCTION ASSISTED LIPECTOMY, TRUNK
15878	SUCTION ASSISTED LIPECTOMY, UPPER EXTREMITY
15879	SUCTION ASSISTED LIPECTOMY, LOWER EXTREMITY
17380	ELECTROLYSIS
19105	Ablation, Cryosurgical of fibroadenoma (See L23676 - WA, L24570 - UT)
20930	Allograft for spine surgery
20936	Autograft for spine surgery
21089	SPLIT MOUTH GUARD OR NIGHT GUARD OR FOR THERABITE APPLIANCE
22526	Percutaneous Interdiscal Annuloplasty, Electothermal
22527	Percutaneous Interdiscal Annuloplasty, Electothermal - addl levels
22856	Total disc arthroplasty (artificial disc, anterior approach)
22857	Total disc arthroplasty (artificial disc), anterior, lumbar
22861	Revision including replacement of total disc arthroplasty (artificial disc)
27412	<u>AUTOL CHONDROCYTE IMPLTJ KNEE</u>
27415	<u>OSTCHNDRL ALGRFT KNEE OPN</u>
27416	<u>OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY</u>
28446	<u>OPEN OSTEOCHONDRAL AUTOGRAFT TALUS</u>
29866	<u>ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST</u>
29867	<u>Arthroscopy knee, surgical; osteochondral allograft</u>
29868	<u>ARTHROSCOPY KNEE Surgical; meniscal transplantation</u>
32491	<u>REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY</u>
34806	<u>TCAT PLACEMENT PHYSIOLOGIC SENSOR ANEURYSMAL SAC</u>
35475	<u>TRANSLUMINAL BALLOON ANGIOPLASTY, BRACHIOCEPHALIC TRUNK OR BRANCHES</u>
37216	Transcatheter placement of intravascular stents without distal embolic protection
50592	Ablation, Cryotherapy - Renal Tumor(s) (See L23676 - WA, L24570 - UT)
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS CRYOTHERAPY
55970	INTERSEX SURGERY
55980	INTRASEX SURGERY
56805	CLITOROPLASTY
57335	VAGINOPLASTY
58321	ARTIFICIAL INSEMINATION, CERVICAL
58322	ARTIFICIAL INSEMINATION, UTERINE
58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION,
58670	LAP, SURGICAL; WITH FULGURATION OF OVIDUCTS
58671	LAP, SURGICAL; WITH OCCLUSION OF OVIDUCTS
58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL
58974	EMBRYO TRENFER
58976	GAMETE, ZYGOTE, EMBRYO INTRAFALLOPIAN TRANSFER
59012	CORDOCENTESIS (INTRAUTERINE)
65760	KERATOMILEUSIS - EPIKERATOPLASTY
65765	KERATOPHAKIA
65767	EPIKERATOPLASTY
65771	RADIAL KERATOTOMY
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIC

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73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY
76140	CONSULTATION ON X-RAY EXAM
76390	MAGNETIC RESONANCE SPECTROSCOPY (MRS) See NCD 220.2.1
77605	HYPERTHERMIA, EXTERNALLY GENERATED
77620	HYPERTHERMIA, PROBES
78351	BONE DENSITY STUDY; DUAL PHOTON ABSORPTIOMETRY
78608	BRAIN IMAGING PET; METABOLIC EVAL
78609	BRAIN PET; Profusion Evaluation
82172	APOLIPOPROTEIN EACH
89240	UNLISTED MISC PATHOLOGY TEST
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK TRAINING
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK TRAINING
91132	<u>EGG DX TC</u>
91133	<u>EGG DX TC PROVOCATIVE TSTG</u>
92310	<u>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF FITTING CONTACT LENS</u>
92314	<u>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF FITTING CONTACT LENS</u>
92531	Spontaneous nystigmus - bundled, not separately covered
92532	Positional nystigmus - bundled, not separately covered
92533	Caloric vestibular test - bundled, not separately covered
92534	Optokenitic nystigmus test - bundled, not separately covered
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY
92582	CONDITIONING PLAY
92583	SELECT PICTURE AUDIOMETRY
92970	CARDIOASSIST METHOD OF CIRCULATORY ASSIST, INTERNAL
92971	CARDIOASSIST METHOD OF CIRCULATORY ASSIST, EXTERNAL
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY
92998	ARTERY BALLOON ANGIOPLASTY
93720	PLETHYSMOGRAPHY, TOTAL BODY
93721	PLETHYSMOGRAPHY, TRACING ONLY
93722	PLETHYSMOGRAPHY, INTERPRETATION
93740	TEMPERATURE GRADIENT STUDIES
93760	THERMOGRAM; CEPHALIC
93762	THERMOGRAM; PERIPHERAL
93982	<u>IMPLANT WIRELESS PRESS SENSOR STUDY ANEURYSM SAC</u>
94014	<u>PATIENT INITIATED SPIROMETRIC RECORDING</u>
94015	<u>PATIENT INITIATED SPIROMETRIC RECORDING</u>
94016	<u>PATIENT INITIATED SPIROMETRIC RECORDING</u>
95806	<u>SLEEP STUDY, UNATTENDED</u>
95831	<u>MUSCLE TESTING, MANUAL</u>
95832	<u>MUSCLE TESTING, MANUAL</u>
95833	<u>MUSCLE TESTING, MANUAL</u>
95851	<u>ROM MEASUREMENTS</u>
95852	<u>ROM MEASUREMENTS</u>
95904	Nerve conduction sensory study - non covered for billing with sNCT test only (see Article for Perception Sensory Threshold/Nerve Conduction Threshold Test - Non-coverage (A31695) - http://www.wpsmedicare.com/part_b/policy/neuro005_billing.pdf)
95980	<u>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIM PULSE GENERATOR SYSTEM</u>
96902	<u>MICROSCOPIC EXAM OF HAIR</u>

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97014	<u>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; E STIM UNATTENDED</u>
97545	<u>WORK HARDENING/CONDITIONING</u>
97546	<u>WORK HARDENING/CONDITIONING</u>
98943	<u>CHIROPRACTIC MANIPULATIVE TREATMENT; EXTRASPINAL</u>
99172	<u>VISUAL FUNCTION SCREENING</u>
99173	<u>SCREENING TEST OF VISUAL ACUITY</u>
99174	<u>OCULAR PHOTOSCREENING INTERPRETATION BILATERAL</u>
99185	<u>HYPOTHERMIA; REGIONAL</u>
99186	<u>HYPOTHERMIA; TOTAL BODY</u>
99360	<u>PHYSICIAN STANDBY</u>
99391	<u>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVAL/MGMT</u>
99392	<u>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVAL/MGMT</u>
99393	<u>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVAL/MGMT</u>
99394	<u>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVAL/MGMT</u>
99395	<u>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVAL/MGMT</u>
99396	<u>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVAL/MGMT</u>
99397	<u>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVAL/MGMT</u>
99444	<u>PHYSICIAN ONLINE EVALUATION & MANAGEMENT SERVICE</u>
99605	<u>MEDICATION THERAPY 1ST 15 MIN NEW PATIENT</u>
99606	<u>MEDICATION THERAPY F2F 1ST 15 MIN ESTABLISHED PT</u>
99607	<u>MEDICATION THERAPY F2F EA ADDITIONAL 15 MIN</u>
A9274	<u>EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM</u>
A9275	<u>HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS</u>
A9276	<u>SENSOR, SUBCU, DISPOSABLE FOR CONTINUOUS GLUCOSE MONITORING</u>
A9277	<u>TRANSMITTER, FOR CONTINUOUS GLUCOSE MONITORING</u>
A9278	<u>RECEIVER FOR CONTINUOUS GLUCOSE MONITORING</u>
A9279	<u>MONITORING FEATURE</u>
D9248	<u>NON IV CONSCIOUS SEDATION</u>
E1399	<u>UNLISTED CODE USED FOR POST OP COLD COMPRESSION DEVICE</u>
E0740	<u>INCONTINENCE TREATMENT SYSTEM, ESTIM (SEE NCD 230.160)</u>
G0122	<u>COLORECTAL CANCER SCREENING; BARIUM ENEMA</u>
G0219	<u>PET IMAGING WHOLE BODY; MELANOMA FOR NON COVERED INDICATIONS</u>
G9016	<u>SMOKING CESSATION COUNSELING, INDIVIDUAL</u>
J2010	<u>INJECTION, LINCOMYCIN HCL, UP TO 300 MG</u>
J7330	<u>AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT</u>
M0075	<u>CELLULAR THERAPY</u>
M0076	<u>PROLOTHERAPY</u>
M0100	<u>INTRAGASTRIC HYPOTHERMIA</u>
M0300	<u>IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)</u>
M0301	<u>FABRIC WRAPPING OF ABDOMINAL ANEURYSM</u>
S CODES	ALL TEMPORARY S CODES ARE NON COVERED BY MEDICARE
V5008	<u>HEARING TESTING</u>
V5010	<u>ASSESSMENT FOR HEARING AID</u>