Local Coverage Determination (LCD): Cardiac Rhythm Device Evaluation (L34833)

Contractor Information

Contractor Name
Novitas Solutions, Inc.

LCD Information

Document Information

LCD ID
L34833

Original ICD-9 LCD ID
L30529

LCD Title
Cardiac Rhythm Device Evaluation

AMA CPT / ADA CDT / AHA NUBC

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For services performed on or after 10/01/2015

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N/A

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N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A
CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for cardiac rhythm device evaluation services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for cardiac rhythm device evaluation services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies regarding cardiac rhythm device evaluation services are found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:


Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
• Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Coverage Guidance

**Coverage Indications, Limitations, and/or Medical Necessity**

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Electronic analysis to monitor the patient’s pacemaker and/or cardioverter-defibrillator is medically necessary on a regular basis to evaluate the device. Pre and postoperative evaluation of the cardiac rhythm device in patients with implanted ICDs or who are pacer dependent may be necessary because electromagnetic interference can alter the function of these devices, especially ICDs, in unpredictable ways. They may need to be re-programmed before and after a surgical procedure.

The frequency of follow-up for monitoring purposes is determined by the patient’s attending physician who takes into account the condition and circumstances of the individual patient. If the monitoring is done by some entity other than the patient’s physician, such as a commercial monitoring service or hospital outpatient department, the physician’s prescription for monitoring is required and must be renewed at least annually to assure that the frequency of monitoring is proper for the patient. When services are performed by entities other than the attending physician, such as monitoring services and pacemaker clinics, it is expected that the information obtained from these monitoring activities be communicated to the attending physician for use in the management of the patient’s condition. This information must be documented in the patient’s medical record.

Appropriate frequency of monitoring of cardiac rhythm devices should be determined by the physician based upon multiple factors. Payment for services provided at a frequency that exceeds the national frequency guidelines listed in this LCD may be made by Medicare upon medical review if medical reasonableness and necessity for the services are documented.

**Transtelephonic Monitoring of Cardiac Pacemakers (93293)**

Telephone monitoring of cardiac pacemakers is effective for identifying early signs of possible pacemaker failure, thereby reducing the likelihood of sudden pacemaker failures that require emergency replacement. Systems that monitor the pacemaker rate in both the free-running mode and/or the magnetized mode are effective at detecting subclinical pacemaker failure due to battery depletion. More sophisticated systems have the additional capability of detecting internal...
electronic problems within the pulse generator itself and other potential problems. In the case of dual chamber pacemakers in particular, such monitoring may detect failure of synchronization of the atria and ventricles and the need for adjustment and device reprogramming. For Medicare payment to be made, transtelephonic monitoring services must consist of the following elements:

- A minimum 30-second readable strip of the pacemaker in the free-running mode.
- Unless contraindicated, a minimum 30-second readable strip of the pacemaker in the magnetized mode.
- A minimum 30 seconds of readable (Echocardiogram) ECG strip.

National Medicare Frequency Guidelines for Transtelephonic Monitoring of Cardiac Pacemakers

Frequency guidelines for transtelephonic monitoring are divided into two categories: Guideline I applies to the majority of pacemakers now in use and Guideline II applies to pacemaker systems for which sufficient long-term clinical information exists to assure they meet the standards of the Intersociety Commission for Heart Disease (ICHD) Resources for longevity and end-of-life decay. The two groups of guidelines are further divided into single- and dual-chamber pacemakers. The frequency guidelines identified below represent the maximum frequency of transtelephonic monitoring that is expected to occur under routine follow-up. The frequency with which a patient is monitored may be changed for a number of reasons, such as a change in the patient’s overall condition, a reprogramming of the patient’s pacemaker and the development of better information on the pacemaker’s longevity or failure mode.

Guideline I

Single-Chamber Pacemaker

1st month – every two weeks
2nd through 36th month – every eight weeks
37th month to failure – every four weeks

Dual-Chamber Pacemaker

1st month – every two weeks
2nd through 6th month – every four weeks
7th through 36th month – every eight weeks
37th month to failure – every four weeks

Guideline II
Single-Chamber Pacemaker

1st month – every two weeks

2nd through 48th month – every 12 weeks

49th through 72nd month – every eight weeks

After 72nd month – every four weeks

Dual-Chamber Pacemaker

1st month – every two weeks

2nd through 30th month – every 12 weeks

31st through 48th month – every eight weeks

After 48th month – every four weeks

Pacemaker Clinic Services

Pacemaker monitoring (procedure codes 93279, 93280, 93281, 93288, 93294 and 93724) is covered by pacemaker clinics and may be done in conjunction with transtelephonic monitoring, remote monitoring, or as a separate service. The services rendered by a pacemaker clinic are more extensive than those currently possible by telephone. They include, for example, physical examination of patients and reprogramming of pacemakers.

The frequency of pacemaker clinic services is the decision of the patient’s physician, taking into account the medical condition of the patient. The following monitoring guidelines apply to lithium battery pacemakers (all pacemakers currently have lithium batteries) when transtelephonic monitoring is used:

- Single-chamber pacemakers – twice in the first six months following implant, then once every 12 months, unless intervening potential complications (e.g., otherwise unexplained syncope) should warrant additional, more frequent attention.
- Dual-chamber pacemakers – twice in the first six months, then once every six months.

Consistent with CPT guidelines, when reporting rhythm strip and interrogation device monitoring, CPT codes 93293-93296, the services may be reported only once every 90 days.

For instances where a patient is monitored both during clinic visits and remotely or transtelephonically, the combined frequency of monitoring will be considered in evaluating the reasonableness of the frequency of monitoring services received by the patient.

Note: Payment for dual-chamber pacemakers operating in single-chamber mode should be made
at the same frequency as monitoring of a single-chamber pacemaker.

**Local Medicare Frequency Guidelines for Monitoring of Cardioverter-Defibrillators**

Electronic analysis of a pacing cardioverter-defibrillator (procedure codes 93260, 93261, 93282, 93283, 93284, 93289 and 93295) is performed in an office or outpatient hospital setting. It involves the interrogation and evaluation of the pulse generator status in addition to evaluation of the programmable parameters, analysis of event markers, and device response during periods of rest and activity. The monitoring of these complex devices requires more frequent monitoring than a single- or dual-chamber pacemaker. Therefore, Medicare will allow routine electronic analysis of a pacing cardioverter-defibrillator (single- and dual-chamber) within one month following implantation and then every three months thereafter. More frequent testing may be necessary to evaluate patient symptoms suggestive of pacing cardioverter-defibrillator involvement/origin.

**Wearable Defibrillator System**

Payment for wearable defibrillators is made by Durable Medical Equipment contractors and is subject to the indications and limitations in the DME Local Coverage Determination “Automatic External Defibrillators.”

Use CPT code 93292 when billing Medicare Part B for the analysis of a wearable defibrillator system. Coverage (including frequency) for monitoring the wearable system is identical to that of implantable defibrillator devices.

Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT)* codes.

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
  - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
Furnished in a setting appropriate to the patient's medical needs and condition.

- Ordered and furnished by qualified personnel.
- One that meets, but does not exceed, the patient's medical needs.
- At least as beneficial as an existing and available medically appropriate alternative.

**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

- 011x Hospital Inpatient (Including Medicare Part A)
- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 071x Clinic - Rural Health
- 073x Clinic - Freestanding
- 083x Ambulatory Surgery Center
- 085x Critical Access Hospital

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

**Note:** The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to
refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Claims Processing Manual, for further guidance.

048X Cardiology - General Classification
073X EKG/ECG (Electrocardiogram) - General Classification
0920 Other Diagnostic Services - General Classification
0981 Professional Fees - Emergency Room Services

CPT/HCPCS Codes

**Group 1 Paragraph: Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

**Group 1 Codes:**

93260 Prgrmg dev eval impltbl sys
93261 Interrogate subq defib
93279 Pm device progr eval snegl
93280 Pm device progr eval dual
93281 Pm device progr eval multi
93282 Prgrmg eval implantable dfb
93283 Prgrmg eval implantable dfb
93284 Prgrmg eval implantable dfb
93286 Peri-px pacemaker device evl
93287 Peri-px device eval & prgr
93288 Pm device eval in person
93289 Interrog device eval heart
93292 Wcd device interrogate
93293 Pm phone r-strip device eval
93294 Pm device interrogate remote
93295 Dev interrog remote 1/2/mlt
93296 Pm/icd remote tech serv
93297 Analyze pacemaker system

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** It is the provider’s responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.
Medicare is establishing the following limited coverage for CPT/HCPCS codes 93279, 93280, 93281, 93286, 93288, 93293, 93294, 93296 and 93724:

Covered for:

**Group 1 Codes:**
Show entries for Group 1 ICD-10 Codes that Support Medical Necessity:

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I44.1</td>
<td>Atrioventricular block, second degree</td>
</tr>
<tr>
<td>I44.2</td>
<td>Atrioventricular block, complete</td>
</tr>
<tr>
<td>I44.4</td>
<td>Left anterior fascicular block</td>
</tr>
<tr>
<td>I44.5</td>
<td>Left posterior fascicular block</td>
</tr>
<tr>
<td>I44.60</td>
<td>Unspecified fascicular block</td>
</tr>
<tr>
<td>I44.69</td>
<td>Other fascicular block</td>
</tr>
<tr>
<td>I44.7</td>
<td>Left bundle-branch block, unspecified</td>
</tr>
<tr>
<td>I45.0</td>
<td>Right fascicular block</td>
</tr>
<tr>
<td>I45.10</td>
<td>Unspecified right bundle-branch block</td>
</tr>
<tr>
<td>I45.19</td>
<td>Other right bundle-branch block</td>
</tr>
<tr>
<td>I45.2</td>
<td>Bifascicular block</td>
</tr>
<tr>
<td>I45.3</td>
<td>Trifascicular block</td>
</tr>
<tr>
<td>I45.6</td>
<td>Pre-excitation syndrome</td>
</tr>
<tr>
<td>I45.9</td>
<td>Conduction disorder, unspecified</td>
</tr>
<tr>
<td>I46.2</td>
<td>Cardiac arrest due to underlying cardiac condition</td>
</tr>
<tr>
<td>I46.8</td>
<td>Cardiac arrest due to other underlying condition</td>
</tr>
<tr>
<td>I46.9</td>
<td>Cardiac arrest, cause unspecified</td>
</tr>
<tr>
<td>I47.0</td>
<td>Re-entry ventricular arrhythmia</td>
</tr>
<tr>
<td>I47.1</td>
<td>Supraventricular tachycardia</td>
</tr>
<tr>
<td>I47.2</td>
<td>Ventricular tachycardia</td>
</tr>
<tr>
<td>I47.9</td>
<td>Paroxysmal tachycardia, unspecified</td>
</tr>
<tr>
<td>I48.0</td>
<td>Paroxysmal atrial fibrillation</td>
</tr>
<tr>
<td>I48.1</td>
<td>Persistent atrial fibrillation</td>
</tr>
<tr>
<td>I48.2</td>
<td>Chronic atrial fibrillation</td>
</tr>
<tr>
<td>I48.3</td>
<td>Typical atrial flutter</td>
</tr>
<tr>
<td>I48.4</td>
<td>Atypical atrial flutter</td>
</tr>
<tr>
<td>I48.91</td>
<td>Unspecified atrial fibrillation</td>
</tr>
<tr>
<td>I48.92</td>
<td>Unspecified atrial flutter</td>
</tr>
<tr>
<td>I49.01</td>
<td>Ventricular fibrillation</td>
</tr>
<tr>
<td>I49.02</td>
<td>Ventricular flutter</td>
</tr>
<tr>
<td>I49.2</td>
<td>Junctional premature depolarization</td>
</tr>
<tr>
<td>I49.5</td>
<td>Sick sinus syndrome</td>
</tr>
</tbody>
</table>
I49.8 Other specified cardiac arrhythmias
I50.1 Left ventricular failure
I50.20 Unspecified systolic (congestive) heart failure
I50.21 Acute systolic (congestive) heart failure
I50.22 Chronic systolic (congestive) heart failure
I50.23 Acute on chronic systolic (congestive) heart failure
I50.41 Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9 Heart failure, unspecified
R00.1 Bradycardia, unspecified
R00.2 Palpitations
R55 Syncope and collapse
T82.110A Breakdown (mechanical) of cardiac electrode, initial encounter
T82.111A Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter
T82.118A Breakdown (mechanical) of other cardiac electronic device, initial encounter
T82.119A Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter
T82.120A Displacement of cardiac electrode, initial encounter
T82.121A Displacement of cardiac pulse generator (battery), initial encounter
T82.128A Displacement of other cardiac electronic device, initial encounter
T82.129A Displacement of unspecified cardiac electronic device, initial encounter
T82.190A Other mechanical complication of cardiac electrode, initial encounter
T82.191A Other mechanical complication of cardiac pulse generator (battery), initial encounter
T82.198A Other mechanical complication of other cardiac electronic device, initial encounter
T82.199A Other mechanical complication of unspecified cardiac device, initial encounter
T82.221A Breakdown (mechanical) of biological heart valve graft, initial encounter
T82.222A Displacement of biological heart valve graft, initial encounter
T82.223A Leakage of biological heart valve graft, initial encounter
T82.228A Other mechanical complication of biological heart valve graft, initial encounter
T82.512A Breakdown (mechanical) of artificial heart, initial encounter
T82.514A Breakdown (mechanical) of infusion catheter, initial encounter
T82.518A Breakdown (mechanical) of other cardiac and vascular devices and implants, initial encounter
T82.522A Displacement of artificial heart, initial encounter
T82.524A Displacement of infusion catheter, initial encounter
T82.528A Displacement of other cardiac and vascular devices and implants, initial encounter
T82.529A Displacement of unspecified cardiac and vascular devices and implants, initial encounter
T82.532A Leakage of artificial heart, initial encounter
T82.534A Leakage of infusion catheter, initial encounter
T82.538A Leakage of other cardiac and vascular devices and implants, initial encounter
T82.592A Other mechanical complication of artificial heart, initial encounter
T82.594A Other mechanical complication of infusion catheter, initial encounter
T82.598A Other mechanical complication of other cardiac and vascular devices and implants, initial encounter
T82.817A Embolism of cardiac prosthetic devices, implants and grafts, initial encounter
T82.827A Fibrosis of cardiac prosthetic devices, implants and grafts, initial encounter
T82.837A Hemorrhage of cardiac prosthetic devices, implants and grafts, initial encounter
T82.847A Pain from cardiac prosthetic devices, implants and grafts, initial encounter
T82.857A Stenosis of cardiac prosthetic devices, implants and grafts, initial encounter
T82.867A Thrombosis of cardiac prosthetic devices, implants and grafts, initial encounter
T82.897A Other specified complication of cardiac prosthetic devices, implants and grafts, initial encounter
T82.9XXA Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter

Z45.010 Encounter for checking and testing of cardiac pacemaker pulse generator [battery]
Z45.018 Encounter for adjustment and management of other part of cardiac pacemaker
Z45.09 Encounter for adjustment and management of other cardiac device
Z86.74 Personal history of sudden cardiac arrest
Z95.0 Presence of cardiac pacemaker
Z95.818 Presence of other cardiac implants and grafts
Z95.9 Presence of cardiac and vascular implant and graft, unspecified

Showing 1 to 89 of 89 entries in Group 1

**Group 2 Paragraph:** Medicare is establishing the following additional limited coverage for CPT/HCPCS codes: 93260, 93261, 93282, 93283, 93284, 93287, 93289, 93292, 93295 and 93296. All diagnoses listed under Pacemakers may apply to these codes, as well.

**Group 2 Codes:**
Show entries for Group 2 ICD-10 Codes that Support Medical Necessity:

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I21.01</td>
<td>ST elevation (STEMI) myocardial infarction involving left main coronary artery</td>
</tr>
<tr>
<td>I21.02</td>
<td>ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery</td>
</tr>
<tr>
<td>I21.09</td>
<td>ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall</td>
</tr>
<tr>
<td>I21.11</td>
<td>ST elevation (STEMI) myocardial infarction involving right coronary artery</td>
</tr>
<tr>
<td>I21.19</td>
<td>ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall</td>
</tr>
</tbody>
</table>
I21.21 ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29 ST elevation (STEMI) myocardial infarction involving other sites
I21.3 ST elevation (STEMI) myocardial infarction of unspecified site
I21.4 Non-ST elevation (NSTEMI) myocardial infarction
I22.0 Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1 Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2 Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8 Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9 Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.2 Old myocardial infarction
I25.5 Ischemic cardiomyopathy
I25.6 silent myocardial ischemia
I25.810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.89 Other forms of chronic ischemic heart disease
I25.9 Chronic ischemic heart disease, unspecified
I45.81 Long QT syndrome
R93.1 Abnormal findings on diagnostic imaging of heart and coronary circulation
R93.8 Abnormal findings on diagnostic imaging of other specified body structures
T82.110A Breakdown (mechanical) of cardiac electrode, initial encounter
T82.111A Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter
T82.118A Breakdown (mechanical) of other cardiac electronic device, initial encounter
T82.119A Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter
T82.120A Displacement of cardiac electrode, initial encounter
T82.121A Displacement of cardiac pulse generator (battery), initial encounter
T82.128A Displacement of other cardiac electronic device, initial encounter
T82.190A Other mechanical complication of cardiac electrode, initial encounter
T82.191A Other mechanical complication of cardiac pulse generator (battery), initial encounter
T82.198A Other mechanical complication of other cardiac electronic device, initial encounter
T82.199A Other mechanical complication of unspecified cardiac device, initial encounter
Z45.02 Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z95.810* Presence of automatic (implantable) cardiac defibrillator
Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation: *Report this ICD-10-CM code only when the service is a scheduled monitoring of the device.

Showing 1 to 40 of 40 entries in Group 2

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** All those not listed under the “ICD-10 Codes that Support Medical Necessity” section of this policy.

**Group 1 Codes:** N/A

Additional ICD-10 Information

N/A

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**General Information**

Associated Information

**Documentation Requirements**

1. All documentation must be maintained in the patient’s medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the legible signature of the physician or non-physician practitioner responsible for and providing the care of the patient.
3. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.

**Utilization Guidelines**

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.
Notice: This LCD imposes utilization guideline limitations. Despite Medicare's allowing up to these maximums, each patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical record. Medicare expects that patients will not routinely require the maximum allowable number of services.

Sources of Information and Basis for Decision

Contractor is not responsible for the continued viability of websites listed.

Other Contractor(s)' Policies

Contractor Medical Directors

Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/2015</td>
<td>R5</td>
<td>LCD revised and published on 3/26/2015 to correct typographical errors.</td>
<td>• Typographical Error</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R4</td>
<td>LCD revised to provide clarification regarding the frequency for reporting CPT codes 93293-93296.</td>
<td>• Other (Clarification )</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R3</td>
<td>LCD revised and published 01/23/2015 to correct the publication date of the annual CPT/HCPCS code updates incorrectly listed as 01/22/2015 in revision history below. The code updates remain as listed in the revision history below.</td>
<td>• Revisions Due To CPT/HCPCS Code Changes • Typographical Error</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R2</td>
<td>LCD revised and published on 01/22/2015 to reflect the annual CPT/HCPCS code updates. CPT codes 93260 and 93261 have been added as covered services when used with diagnosis in group 2. For the following CPT/HCPCS codes either the short description and/or the long description was changed: 93282; 93283; 93284; 93287;</td>
<td>• Revisions Due To CPT/HCPCS Code Changes</td>
</tr>
</tbody>
</table>
93289; 93295 and 93296. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document. CPT/HCPCS codes changed to short descriptors.

LCD revised on 10-09-2014 and posted on 12-04-2014 to create uniform LCD with other MAC jurisdiction.

- Creation of Uniform LCDs With Other MAC Jurisdiction

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**Associated Documents**

Attachments
N/A

Related Local Coverage Documents
N/A

Related National Coverage Documents
N/A

Public Version(s)
Updated on 03/20/2015 with effective dates 10/01/2015 - N/A
Updated on 03/06/2015 with effective dates 10/01/2015 - N/A
Updated on 01/16/2015 with effective dates 10/01/2015 - N/A
Updated on 01/12/2015 with effective dates 10/01/2015 - N/A
Updated on 11/24/2014 with effective dates 10/01/2015 - N/A

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**Keywords**

N/A

Read the **LCD Disclaimer**