

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-03 Medicare National Coverage Determinations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11892	Date: March 9, 2023
	Change Request 13105

SUBJECT: Technical Revisions Only to the National Coverage Determination (NCD) Manual

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce technical changes that were made to the National Coverage Determination (NCD) Manual, Publication 100-03, Chapter 1, Parts 1,2,3, and 4.

EFFECTIVE DATE: April 10, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 10, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	TOC/Part 1
R	1/20/20.5/Extracorporeal Immunoabsorption (ECI) Using Protein A Columns
R	1/20/ 20.9/Artificial Hearts And Related Devices
R	1/20/20.10/Cardiac Rehabilitation Programs
R	1/20/20.25/Cardiac Catheterization Performed in Other Than a Hospital Setting
R	1/30/30.4/Electrosleep Therapy
R	1/50/50.6/Tinnitus Masking
R	TOC/Part 2
R	2/100/100.8/Intestinal Bypass Surgery
R	2/100/100.9/Implantation of Anti-Gastroesophageal Reflux Device
R	2/100/100.11/Gastric Balloon for Treatment of Obesity
R	2/100/100.14/Surgery for Diabetes
N	2/110/110.8.1/Stem Cell Transplantation
R	2/110/110.19/Abarelix for the Treatment of Prostate Cancer (Effective March 15, 2005)
R	2/160/160.4/Stereotactic Cingulotomy as a Means of Psychosurgery
R	2/160/160.6/Carotid Sinus Nerve Stimulator
R	2/160/160.9/Electroencephalographic (EEG) Monitoring During Open-Heart Surgery
R	2/160/160.22/Ambulatory EEG Monitoring
R	TOC/Part 3
R	3/180/180.2/Enteral and Parenteral Nutritional Therapy
R	3/190/190.4/Electron Microscope
R	TOC/Part 4
R	4/210/210.4/Smoking and Tobacco-Use Cessation Counseling (Effective March 22, 2005)
R	4/220/220.2.1/Magnetic Resonance Spectroscopy
R	4/220/220.3/ Magnetic Resonance Angiography
R	4/220/220.6/Positron Emission Tomography (PET) Scans (Effective April 6, 2009)
R	4/220/220.6.2/ FDG PET for Lung Cancer
R	4/220/220.6.3/FDG PET for Esophageal Cancer
R	4/220/220.6.4/FDG PET for Colorectal Cancer
R	4/220/220.6.5/FDG PET for Lymphoma

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	4/220/220.6.6/FDG PET for Melanoma
R	4/220.220.6.7/FDG PET for Head and Neck Cancers
R	4/220/220.6.10/FDG PET for Breast Cancer
R	4/220/220.6.11/FDG PET for Thyroid Cancer
R	4/220/220.6.12/FDG PET for Soft Tissue Sarcoma
R	4/220/220.6.14/FDG PET for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung, and Testicular Cancers
R	4/220/220.6.15/FDG PET for All Other Cancer Indications Not Previously Specified
R	4/220/220.6.16/FDG PET for Infection and Inflammation (Effective March 19, 2008)
R	4/220/220.7/Xenon Scan
R	4/220/220.8/Nuclear Radiology Procedure
R	4/230/230.11/Diagnostic Pap Smears
R	4/240/240.2.2/Home Oxygen Use to Treat Cluster Headache (CH) (Effective January 4, 2011)
R	4/240/240.6/Transverse (Catheter) Pulmonary Embolectomy
R	4/280/280.13/Transcutaneous Electrical Nerve Stimulators (TENS)

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-03	Transmittal: 11892	Date: March 9, 2023	Change Request: 13105
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SUBJECT: Technical Revisions Only to the National Coverage Determination (NCD) Manual

EFFECTIVE DATE: April 10, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 10, 2023

I. GENERAL INFORMATION

A. Background: CMS periodically identifies and proposes to retire NCDs that no longer contain clinically pertinent and/or current information or no longer reflect current medical practice. In the absence of NCDs, coverage determinations are made by the Medicare Administrative Contractors (MACs) under section 1862(a)(1)(A) of the Social Security Act. For historical purposes, those actions are then reflected in updates to Publication (Pub) 100-03, the NCD Manual.

B. Policy: For purposes of clarity, consistency, and accuracy, we are making editorial/technical revisions to the NCD Manual, Chapter 1, Parts 1, 2, 3, and 4, related to historical NCD retirements. There is nothing included in this update that revises current policy and that has not already been conveyed to the public via previous CRs.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13105.1	Contractors shall be aware of the technical revisions to the NCD Manual as noted above. No policy is affected by these revisions.	X	X		X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13105.2	CR as Provider Education: Contractors shall post this entire instruction, or a direct link to this instruction, on	X	X		X	

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the entire instruction must be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement it with localized information that would benefit their provider community in billing and administering the Medicare program correctly.					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Lisa Davis, 410-786-4334 or lisa.davis@cms.hhs.gov , Patricia Brocato-Simons, 410-786-0261 or Patricia.BrocatoSimons@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare National Coverage Determinations Manual

Chapter 1, Part 1 (Sections 10 – 80.12) Coverage Determinations

Table of Contents
(Rev. 11892; Issued: 03-09-23)

Transmittals for Chapter 1, Part 1

- 20.5- Extracorporeal Immunoabsorption (ECI) Using Protein A Columns *(RETIRED)*
- 20.9- Artificial Hearts And Related Devices *(RETIRED)*
- 20.10- Cardiac Rehabilitation Programs *(RETIRED)*
- 20.25 - Cardiac Catheterization Performed in Other Than a Hospital Setting *(RETIRED)*
- 30.4- Electrosleep Therapy *(RETIRED)*
- 50.6 -Tinnitus Masking *(RETIRED)*

20.5 - Extracorporeal Immunoabsorption (ECI) Using Protein A Columns (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2021, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for Extracorporeal Immunoabsorption (ECI) Using Protein A Columns. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under 1862(a)(1)(A) of the Social Security Act.

20.9 – Artificial Hearts and Related Devices) (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

This section has been removed from the NCD Manual and incorporated into NCD 20.9.1 effective December 1, 2020.

20.10 - Cardiac Rehabilitation Programs (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

This section of the NCD Manual was repealed February 22, 2010, as a result of section 144 of the Medicare Improvements for Patients and Providers Act. Instead, refer to Pub. 100-04, chapter 32, section 140.

20.25 - Cardiac Catheterization Performed in Other Than a Hospital Setting (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

This section of the NCD Manual was repealed January 12, 2006.

30.4 - Electrosleep Therapy (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2021, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for Electrosleep Therapy. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under 1862(a)(1)(A) of the Social Security Act.

50.6 - Tinnitus Masking (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

This section of the NCD Manual was retired December 18, 2014.

Medicare National Coverage Determinations Manual

Chapter 1, Part 2 (Sections 90 – 160.26)

Coverage Determinations

Table of Contents
(Rev. 11892; Issued:03-09-23)

Transmittals for Chapter 1, Part 2

- 100.1 – Intestinal Bypass Surgery ***(RETIRED)***
- 100.2 - Implantation of Anti-Gastroesophageal Reflux Device ***(RETIRED)***
- 100.3 - Injection Sclerotherapy for Esophageal Variceal Bleeding
- 100.4 – Gastric Balloon for Treatment of Obesity ***(RETIRED)***
- 100.5 - Gastrophotography
- 100.6 - Laproscopic Cholecystectomy
- 100.7 – Surgery for Diabetes ***(RETIRED)***
- 110 - Hematology/Immunology/Oncology
 - 110.1 - Hyperthermia for Treatment of Cancer
 - 110.2 - Certain Drugs Distributed by the National Cancer Institute
 - 110.3 - Anti-Inhibitor Coagulant Complex (AICC)
 - 110.4 - Extracorporeal Photopheresis
 - 110.5 - Granulocyte Transfusions
 - 110.6 - Scalp Hypothermia During Chemotherapy to Prevent Hair Loss
 - 110.7 - Blood Transfusions
 - 110.8 - Blood Platelet Transfusions
 - 110.8.1 - Stem Cell Transplantation (RETIRED)***
 - 110.9 - Antigens Prepared for Sublingual Administration
 - 110.10 - Intravenous Iron Therapy
 - 110.11 - Food Allergy Testing and Treatment
 - 110.12 - Challenge Ingestion Food Testing
 - 110.13 - Cytotoxic Food Tests
 - 110.14 - Apheresis (Therapeutic Pheresis)
 - 110.15 - Ultrafiltration, Hemoperfusion and Hemofiltration

110.16 - Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation

110.17 - Anti-cancer Chemotherapy for Colorectal Cancer (Effective January 28, 2005)

110.18 - Aprepitant for Chemotherapy-Induced Emesis

110.19 – Abarelix for the Treatment of Prostate Cancer (Effective March 15, 2005) (**RETIRED**)

110.20 - Blood Brain Barrier Osmotic Disruption for Treatment of Brain Tumors (Effective March 20, 2007)

110.21 - Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions

110.22 – Autologous Cellular Immunotherapy Treatment (Effective June 30, 2011)

110.23 - Stem Cell Transplantation (Formerly 110.8.1) (Various Effective Dates)

110.24 - Chimeric Antigen Receptor (CAR) T-cell therapy

120 - Infectious Diseases

130 - Mental Health

130.1 - Inpatient Hospital Stays for the Treatment of Alcoholism

130.2 - Outpatient Hospital Services for Treatment of Alcoholism

130.3 - Chemical Aversion Therapy for Treatment of Alcoholism

130.4 - Electrical Aversion Therapy for Treatment of Alcoholism

130.5 - Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic

130.6 - Treatment of Drug Abuse (Chemical Dependency)

130.7 - Withdrawal Treatments for Narcotic Addictions

130.8 - Hemodialysis for Treatment of Schizophrenia

140 - Miscellaneous Surgical Procedures

140.1 - Abortion

140.2 - Breast Reconstruction Following Mastectomy

140.4 - Plastic Surgery to Correct "Moon Face"

140.5 - Laser Procedures

140.6 – Wrong Surgical or Other Invasive Procedure Performed on a Patient (Effective January 15, 2009)

140.7 – Surgical or Other Invasive Procedure Performed on the Wrong Body Part (Effective January 15, 2009)

140.8 – Surgical or Other Invasive Procedure Performed on the Wrong Patient (Effective January 15, 2009)

140.9 - Gender Reassignment Surgery for Gender Dysphoria

150 - Musculoskeletal System

150.1 - Manipulation

150.2 - Osteogenic Stimulator

150.3 - Bone (Mineral) Density Studies (Effective January 1, 2007)

150.5 - Diathermy Treatment

150.6 - Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc., of the Foot

150.7 - Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents

150.8 - Fluidized Therapy Dry Heat for Certain Musculoskeletal Disorders

150.9 - Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (Effective June 11, 2004)

150.10 - Lumbar Artificial Disc Replacement (LADR) (Effective August 14, 2007)

150.11 – Thermal Intradiscal Procedures (Effective September 29, 2008)

150.12 – Collagen Meniscus Implant (Effective May 25, 2010)

150.13 - Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis (LSS) (Various Effective Dates)

150.20 – Reserved for Future Use

160 - Nervous System

160.1 - Induced Lesions of Nerve Tracts

160.2 - Treatment of Motor Function Disorders with Electric Nerve Stimulation

160.4 - Stereotactic Cingulotomy as a Means of Psychosurgery (**RETIRED**)

160.5 - Stereotaxic Depth Electrode Implantation

160.6 - Carotid Sinus Nerve Stimulator (**RETIRED**)

160.7 - Electrical Nerve Stimulators

160.7.1 - Assessing Patients Suitability for Electrical Nerve Stimulation Therapy

160.8 - Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature

160.9 – Electroencephalographic (EEG) Monitoring During Open-Heart Surgery (**RETIRED**)

160.10 - Evoked Response Tests

160.12 - Neuromuscular Electrical Stimulator (NMES)

160.13 - Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES)

160.14 - Invasive Intracranial Pressure Monitoring

160.15 - Electrotherapy for Treatment of Facial Nerve Palsy (Bell's Palsy)

160.16 - Vertebral Axial Decompression (VAX-D)

160.17 - L-Dopa

160.18 - Vagus Nerve Stimulation (VNS)

160.19 - Phrenic Nerve Stimulator

160.20 - Transfer Factor for Treatment of Multiple Sclerosis

160.21 - Telephone Transmission of EEGs

160.22 - Ambulatory EEG Monitoring (**RETIRED**)

160.23 - Sensory Nerve Conduction Threshold Tests (sNCTs)

160.24 – Deep Brain Stimulation for Essential Tremor and Parkinson's Disease

160.25 - Multiple Electroconvulsive Therapy (MECT)

160.26 - Cavernous Nerves Electrical Stimulation With Penile Plethysmography (Effective August 24, 2006)

160.27 – Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP)

100.8 - Intestinal Bypass Surgery (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 100.8 has been removed from the NCD Manual and incorporated into NCD 100.1 *effective September 24, 2013.*

100.9 - Implantation of Anti-Gastroesophageal Reflux Device (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2021, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for FDG PET for Implantation of Gastrointestinal Reflux Devices. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under 1862(a)(1)(A) of the Social Security Act.

100.11 – Gastric Balloon for Treatment of Obesity (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 100.11 has been removed from the NCD Manual and incorporated into NCD 100.1 *effective September 24, 2013.*

100.14 – Surgery for Diabetes (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 100.14 has been removed from the NCD Manual and incorporated into NCD 100.1 *effective September 24, 2013.*

110.8.1 –Stem Cell Transplantation (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 27, 2016 NCD 110.8.1 is retired and incorporated into NCD 110.23.

110.19 - Abarelix for the Treatment of Prostate Cancer (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2021, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for Abarelix for the Treatment of Prostate Cancer. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under 1862(a)(1)(A) of the Social Security Act.

160.4 – Stereotactic Cingulotomy as a Means of Psychosurgery (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective December 18, 2014, NCD 160.4 is *retired.*

160.6 – Carotid Sinus Nerve Stimulator (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective December 18, 2014, NCD 160.6 is *retired.*

160.9 – Electroencephalographic (EEG) Monitoring During Open-Heart Surgery (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective December 18, 2014, NCD 160.9 is *retired*.

160.22 – Ambulatory EEG Monitoring (*RETIRED*)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2023, NCD 160.22 is retired.

Medicare National Coverage Determinations Manual

Chapter 1, Part 3 (Sections 170 – 190.34) Coverage Determinations

Table of Contents

(Rev. 11892; Issued:03-09-23)

[Transmittals for Chapter 1, Part 3](#)

170 - Nonphysician Practitioner Services (PT/OT/SLP/Audiologists/CRNA)

170.1 – Institutional and Home Care Patient Education Programs

170.2 – Melodic Intonation Therapy

170.3 – Speech-Language Pathology Services for the Treatment of Dysphagia

180 – Nutrition

180.1 – Medical Nutrition Therapy (**MNT**)

180.2 – Enteral and Parenteral Nutritional Therapy (**RETIRED**)

190 – Pathology and Laboratory

190.1 – Histocompatibility Testing

190.2 – Diagnostic Pap Smears

190.3 – Cytogenetic Studies

190.4 – Electron Microscope (**RETIRED**)

180.2 - Enteral and Parenteral Nutritional Therapy (*RETIRED*)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2022, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for Enteral and Parenteral Nutritional Therapy. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under 1862(a)(1)(A) of the Social Security Act.

190.4 – Electron Microscope (*RETIRED*)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective December 18, 2014, NCD 190.4 is *retired*.

Medicare National Coverage Determinations Manual

Chapter 1, Part 4 (Sections 200 – 310.1) Coverage Determinations

Table of Contents

(Rev. 11892; Issued: 03-09-23)

Transmittals for Chapter 1, Part 4

200 - Pharmacology

200.1 - Nesiritide for Treatment of Heart Failure Patients (Effective March 2, 2006)

200.2 - Nebulized Beta Adrenergic Agonist Therapy for Lung Diseases - (Effective September 10, 2007)

210 - Prevention

210.1 - Prostate Cancer Screening Tests

210.2 - Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer

210.2.1 Screening for Cervical Cancer with Human Papillomavirus (HPV) Testing (Effective July 9, 2015)

210.3 – Colorectal Cancer Screening Tests

210.4 – Smoking and Tobacco-Use Cessation Counseling (Effective March 22, 2005) **(RETIRED)**

210.4.1 – Counseling to Prevent Tobacco Use (Effective August 25, 2010)

210.5 - Diabetes Screening Tests (Effective January 1, 2005)

210.6 - Screening for Hepatitis B Virus (HBV) Infection

210.7 – Screening for Human Immunodeficiency Virus (HIV)

210.8 – Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (Effective October 14, 2011)

210.9 – Screening for Depression in Adults (Effective October 14, 2011)

210.10 - Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs

210.11 - Intensive Behavioral Therapy for Cardiovascular Disease

210.12 – Intensive Behavioral Therapy for Obesity

210.13 - Screening for Hepatitis C Virus (HCV) in Adults

210.14 – Lung Cancer Screening with Low Dose Computed Tomography (LDCT)

220 - Radiology

- 220.1 - Computed Tomography (CT)
- 220.2 - Magnetic Resonance Imaging (MRI) (Various Effective Dates Below)
 - 220.2.1 - Magnetic Resonance Spectroscopy (**RETIRED**)
- 220.3 - Magnetic Resonance Angiography (**RETIRED**)
- 220.4 - Mammograms
- 220.5 - Ultrasound Diagnostic Procedures (Effective May 22, 2007)
- 220.6 – Positron Emission Tomography (PET) Scans (Effective April 6, 2009) (**RETIRED**)
 - 220.6.1 – PET for Perfusion of the Heart (Various Effective Dates)
 - 220.6.2 – FDG PET for Lung Cancer (**RETIRED**)
 - 220.6.3 – FDG PET for Esophageal Cancer (**RETIRED**)
 - 220.6.4 – FDG PET for Colorectal Cancer (**RETIRED**)
 - 220.6.5 – FDG PET for Lymphoma (**RETIRED**)
 - 220.6.6 – FDG PET for Melanoma (**RETIRED**)
 - 220.6.7 – FDG PET for Head and Neck Cancers (**RETIRED**)
 - 220.6.8 – FDG PET for Myocardial Viability
 - 220.6.9 – FDG PET for Refractory Seizures
 - 220.6.10 – FDG PET for Breast Cancer (**RETIRED**)
 - 220.6.11 – FDG PET for Thyroid Cancer (**RETIRED**)
 - 220.6.12 – FDG PET for Soft Tissue Sarcoma (**RETIRED**)
 - 220.6.13 – FDG Positron Emission Tomography (PET) for Dementia and Neurodegenerative Diseases (Effective September 15, 2004)
 - 220.6.14 – FDG PET for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung, and Testicular Cancers (**RETIRED**)
 - 220.6.15 – FDG PET for All Other Cancer Indications Not Previously Specified (**RETIRED**)
 - 220.6.16 - FDG PET for Infection and Inflammation (Effective March 19, 2008) (**RETIRED**)
 - 220.6.17 - Positron Emission Tomography (PET) (FDG) for Oncologic Conditions - (Effective June 11, 2013)
 - 220.6.19 - Positron Emission Tomography NaF-18 (NaF-18 PET) to Identify Bone Metastasis of Cancer (Effective February 26, 2010)
 - 220.6.20 -Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease
- 220.7 - Xenon Scan (**RETIRED**)
- 220.8 - Nuclear Radiology Procedure (**RETIRED**)
- 220.9 - Digital Subtraction Angiography (DSA)
- 220.10 - Portable Hand-Held X-Ray Instrument
- 220.11 - Thermography
- 220.12 - Single Photon Emission Computed Tomograph (SPECT)
- 220.13 - Percutaneous Image-Guided Breast Biopsy

230 - Renal and Genitourinary System - ESRD Services

230.1 - Treatment of Kidney Stones

230.2 - Uroflowmetric Evaluations

230.3 - Sterilization

230.4 - Diagnosis and Treatment of Impotence

230.5 - Gravlee Jet Washer

230.6 - Vabra Aspirator

230.7 - Water Purification and Softening Systems Used in Conjunction With Home Dialysis

230.8 - Non-Implantable Pelvic Floor Electrical Stimulator

230.9 - Cryosurgery of Prostate

230.10 - Incontinence Control Devices

230.11 - Diagnostic Pap Smears **(RETIRED)**

230.12 - Dimethyl Sulfoxide (DMSO)

230.13 - Peridex CAPD Filter Set

230.14 - Ultrafiltration Monitor

230.15 - Electrical Continence Aid

230.16 - Bladder Stimulators (Pacemakers)

230.17 - Urinary Drainage Bags

230.18 - Sacral Nerve Stimulation for Urinary Incontinence

230.19 - Levocarnitine for Use in the Treatment of Carnitine Deficiency in ESRD Patients

240 - Respiratory System

240.1 - Lung Volume Reduction Surgery (Reduction Pneumoplasty) (Various Effective Dates Below)

240.2 - Home Use of Oxygen

240.2.1 - Home Use of Oxygen in Approved Clinical Trials (Effective March 20, 2006)

240.2.2 - Home Oxygen Use to Treat Cluster Headache (CH) (Effective January 4, 2011) **(RETIRED)**

240.3 - Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions

240.4 - Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (Effective March 13, 2008)

240.4.1 - Sleep Testing for Obstructive Sleep Apnea (OSA) (Effective March 3, 2009)

240.5 - Intrapulmonary Percussive Ventilator (IPV)

240.6 - Transvenous (Catheter) Pulmonary Embolectomy **(RETIRED)**

240.7 - Postural Drainage Procedures and Pulmonary Exercises

240.8 - Pulmonary Rehabilitation Services

250 - Skin

250.1 - Treatment of Psoriasis

250.2 - Hemorheograph

250.3 - Intravenous Immune Globulin for the Treatment of Autoimmune Mucocutaneous Blistering Diseases

250.4 - Treatment of Actinic Keratosis

250.5 - Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS)

260 - Transplantation - Solid Organ Transplants

260.1 - Adult Liver Transplantation

260.2 - Pediatric Liver Transplantation

260.3 - Pancreas Transplants (Effective April 26, 2006)

260.3.1 – Islet Cell Transplantation in the Context of a Clinical Trial

260.4 - Reserved

260.5 - Intestinal and Multi-Visceral Transplantation (Effective May 11, 2006)

260.6 - Dental Examination Prior to Kidney Transplantation

260.7 - Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine)

260.8 - Reserved

260.9 - Heart Transplants

260.10 - Heartsbreath Test for Heart Transplant Rejection (Effective December 8, 2008)

270 - Wound Treatment

270.1 - Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds – (Effective July 1, 2004)

270.2 - Noncontact Normothermic Wound Therapy (NNWT)

270.3 - Blood-Derived Products for Chronic Non-Healing Wounds – (Various Effective Dates Below)

270.4 - Treatment of Decubitus Ulcers

270.5 - Porcine Skin and Gradient Pressure Dressings

270.6 - Infrared Therapy Devices (Effective October 24, 2006)

280 - Medical and Surgical Supplies

280.1 - Durable Medical Equipment Reference List (Effective May 5, 2005)

280.2 - White Cane for Use by a Blind Person

280.3 - Mobility Assistive Equipment (MAE) (Effective May 5, 2005)

280.4 - Seat Lift

280.6 - Pneumatic Compression Devices

280.7 - Hospital Beds

280.8 - Air-Fluidized Bed

280.10 - Prosthetic Shoe

- 280.11 - Corset Used as Hernia Support
- 280.12 - Sykes Hernia Control
- 280.13 - Transcutaneous Electrical Nerve Stimulators (TENS) (*RETIRED*)
- 280.14 – Infusion Pumps
- 280.15 - INDEPENDENCE iBOT 4000 Mobility System (Effective July 27, 2006)
- 290 - Nursing Services
 - 290.1 - Home Health Visits to a Blind Diabetic
 - 290.2 - Home Health Nurses' Visits to Patients Requiring Heparin Injections
- 300 - Diagnostic Tests Not Otherwise Classified
 - 300.1 - Obsolete or Unreliable Diagnostic Tests
- 310 - Clinical Trials
 - 310.1 - Routine Costs in Clinical Trials (Effective July 9, 2007)

210.4- Smoking and Tobacco-Use Cessation Counseling (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective September 30, 2015 this section is deleted and the remaining NCD entitled Counseling to Prevent Tobacco Use (210.4.1) remains effective.

220.2.1- Magnetic Resonance Spectroscopy (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2021, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for Magnetic Resonance Spectroscopy. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under section 1862(a)(1)(A) of the Social Security Act.

220.3- Magnetic Resonance Angiography (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.3 has been removed from the NCD Manual and *merged* with section 220.2 *effective June 3, 2010*.

220.6- Positron Emission Tomography (PET) Scans (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2022, the Centers for Medicare & Medicaid Services removed the umbrella national coverage determination (NCD) for Positron Emission Tomography (PET) Scans. In the absence of an NCD, coverage determinations for all oncologic and non-oncologic uses of PET that are not included in another NCD under section 220.6 will be made by the Medicare Administrative Contractors under section 1862(a)(1)(A) of the Social Security Act. All PET indications currently covered or non-covered under NCDs under section 220.6 remain unchanged and MACs shall not alter coverage for indications covered under NCDs.

220.6.2- FDG PET for Lung Cancer (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.2 has been removed from the NCD Manual and replaced with section 220.6.17 *effective April 3, 2009*.

220.6.3- FDG PET for Esophageal Cancer (RETIRED)

(Rev.11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.3 has been removed from the NCD Manual and replaced with section 220.6.17 *effective April 3, 2009*.

220.6.4- FDG PET for Colorectal Cancer (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.4 has been removed from the NCD Manual and replaced with section 220.6.17 *effective April 3, 2009*.

220.6.5- FDG PET for Lymphoma (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.5 has been removed from the NCD Manual and replaced with section 220.6.17 effective April 3, 2009.

220.6.6- FDG PET for Melanoma (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.6 has been removed from the NCD Manual and replaced with section 220.6.17 effective April 3, 2009.

220.6.7- FDG PET for Head and Neck Cancers (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.7 has been removed from the NCD Manual and replaced with section 220.6.17 effective April 3, 2009.

220.6.10- FDG PET for Breast Cancer (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.10 has been removed from the NCD Manual and replaced with section 220.6.17 effective April 3, 2009.

220.6.11- FDG PET for Thyroid Cancer (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.11 has been removed from the NCD Manual and replaced with section 220.6.17 effective April 3, 2009.

220.6.12- FDG PET for Soft Tissue Sarcoma (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.12 has been removed from the NCD Manual and replaced with section 220.6.17 effective April 3, 2009.

220.6.14- FDG PET for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung, and Testicular Cancers (RETIRED)

(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.14 has been removed from the NCD Manual and replaced with section 220.6.17 effective April 3, 2009.

220.6.15- FDG PET for All Other Cancer Indications Not Previously Specified (RETIRED)

(Rev.11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 220.6.15 has been removed from the NCD Manual and replaced with section

220.6.17 *effective April 3, 2009.*

220.6.16- FDG PET for Infection and Inflammation (RETIRED)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective January 1, 2021, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for FDG PET for Inflammation and Infection. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under section 1862(a)(1)(A) of the Social Security Act.

220.7- Xenon Scan (RETIRED)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective December 18, 2014, NCD 220.7 is *retired*.

220.8- Nuclear Radiology Procedure (RETIRED)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective December 18, 2014, NCD 220.8 is *retired*.

230.11- Diagnostic Pap Smears (RETIRED)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

The guide in §190.2 applies.

240.2.2- Home Oxygen Use to Treat Cluster Headache (CH) (RETIRED)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective September 27, 2021, the Centers for Medicare & Medicaid Services removed the national coverage determination (NCD) for home oxygen use to treat cluster headaches. In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under section 1862(a)(1)(A) of the Social Security Act, as allowed and described in Chapter 1, Section 240.2 (Home Use of Oxygen), Subsection D, of Publication 100-03 of the NCD Manual.

240.6- Transverse (Catheter) Pulmonary Embolectomy (RETIRED)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Effective *October 28, 2021*, the Centers for Medicare & Medicaid Services removed the national coverage determination (NCD) for Transvenous (Catheter) Pulmonary Embolectomy (TPE). In the absence of an NCD, coverage determinations will be made by the Medicare Administrative Contractors under section 1862(a)(1)(A) of the Social Security Act.

280.13- Transcutaneous Electrical Nerve Stimulators (TENS) (RETIRED)
(Rev. 11892; Issued: 03-09-23; Effective: 04-10-23; Implementation:04-10-23)

Please note section 280.13 has been removed from the NCD Manual and incorporated into NCD 160.27 *effective June 8, 2012.*