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# CMS Manual System

## Pub. 100-03 Medicare National Coverage Determinations

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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Transmittal 2

Date: OCTOBER 17, 2003

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CHANGE REQUEST 2958

**I. SUMMARY OF CHANGES:** NCD, Chapter 1, Section 20.9, Artificial Hearts and Related Devices, is being revised to reflect an expansion in Medicare coverage (old CIM 65-15). For services performed on or after October 1, 2003, Ventricular Assist Devices (VADs) are covered when used as destination therapy if they have received approval from the Food and Drug Administration (FDA) for that purpose, the VAD is used according to FDA-approved labeling instructions, the patient meets specified criteria, and the procedure is performed in specified facilities (see 20.9.A.3). All other indications for the use of VADs remain the same (see 20.9.A.1-2 & B).

**NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2003**

**\*IMPLEMENTATION DATE: October 1, 2003**

*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.*

### **II. CHANGES IN MANUAL INSTRUCTIONS: (R = REVISED, N = NEW, D = DELETED)**

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
R	1/Table of Contents/Coverage Determinations
N	1/20.9/Artificial Hearts and Related Devices

### **III. FUNDING: \*Medicare contractors only:**

**These instructions should be implemented within your current operating budget.**

### **IV. ATTACHMENTS:**

	<b>Business Requirements</b>
<b>X</b>	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>

# Medicare National Coverage Determinations Manual

## Chapter 1 - Coverage Determinations

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### Table of Contents

Foreword - Purpose for National Coverage Determinations Manual

A - Purpose

B - Organization

C - CMS Coverage Web site

10 - Anesthesia and Pain Management - Not Yet Available

10.1 - Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery - Not Yet Available

10.2 - Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain - Not Yet Available

10.3 - Inpatient Hospital Pain Rehabilitation Programs - Not Yet Available

10.4 - Outpatient Hospital Pain Rehabilitation Programs - Not Yet Available

10.5 - Autogenous Epidural Blood Graft - Not Yet Available

10.6 - Anesthesia in Cardiac Pacemaker Surgery - Not Yet Available

20 - Cardiovascular System - Not Yet Available

20.1 - Vertebral Artery Surgery - Not Yet Available

20.2 - Extracranial - Intracranial (EC-IC) Arterial Bypass Surgery - Not Yet Available

20.3 - Thoracic Duct Drainage (TDD) in Renal Transplants - Not Yet Available

20.4 - Implantable Automatic Defibrillators - Not Yet Available

20.5 - Extracorporeal Immunoabsorption (ECI) Using Protein A Columns - Not Yet Available

20.6 - Transmyocardial Revascularization (TMR) - Not Yet Available

20.7 - Percutaneous Transluminal Angioplasty (PTA) - Not Yet Available

20.8 - Cardiac Pacemakers - Not Yet Available

20.8.1 - Cardiac Pacemaker Evaluation Services - Not Yet Available

20.8.1.1 - Transtelephonic Monitoring of Cardiac Pacemakers - Not Yet Available

20.8.2 - Self-Contained Pacemaker Monitors - Not Yet Available

20.8.3 - Anesthesia in Cardiac Pacemaker Surgery - Not Yet Available

*20.9 - Artificial Hearts and Related Devices*

- 20.10 - Cardiac Rehabilitation Programs - Not Yet Available
- 20.11 - Intraoperative Ventricular Mapping - Not Yet Available
- 20.12 - Diagnostic Endocardial Electrical Stimulation (Pacing) - Not Yet Available
- 20.13 - HIS Bundle Study - Not Yet Available
- 20.14 - Plethysmography - Not Yet Available
- 20.15 - Electrocardiographic Services - Not Yet Available
- 20.16 - Cardiac Output Monitoring by Electrical Bioimpedance - Not Yet Available
- 20.17 - Noninvasive Tests of Carotid Function - Not Yet Available
- 20.18 - Carotid Body Resection/Carotid Body Denervation - Not Yet Available
- 20.19 - Ambulatory Blood Pressure Monitoring - Not Yet Available
- 20.20 - External Counterpulsation (ECP) for Severe Angina - Not Yet Available
- 20.21 - Chelation Therapy for Treatment of Atherosclerosis - Not Yet Available
- 20.22 - Ethylenediamine-Tetra-Acetic (EDTA) Chelation Therapy for Treatment of Atherosclerosis - Not Yet Available
- 20.23 - Fabric Wrapping of Abdominal Aneurysms - Not Yet Available
- 20.24 - Displacement Cardiography - Not Yet Available
- 20.25 - Cardiac Catheterization Performed in Other Than a Hospital Setting - Not Yet Available
- 20.26 - Partial Ventriculectomy - Not Yet Available
- 20.27 - Cardiointegram (CIG) as an Alternative to Stress Test or Thallium Stress Test - Not Yet Available
- 20.28 – Therapeutic Embolization - Not Yet Available
- 20.29 – Hyperbaric Oxygen Therapy - Not Yet Available
- 30 - Complementary and Alternative Medicine - Not Yet Available
  - 30.1 - Biofeedback Therapy - Not Yet Available
    - 30.1.1 - Biofeedback Therapy for the Treatment of Urinary Incontinence - Not Yet Available
  - 30.2 - Thermogenic Therapy - Not Yet Available
  - 30.3 - Acupuncture - Not Yet Available
  - 30.4 - Electrosleep Therapy - Not Yet Available
  - 30.5 - Transcendental Meditation - Not Yet Available

- 30.6 - Intravenous Histamine Therapy - Not Yet Available
- 30.7 - Laetrile and Related Substances - Not Yet Available
- 30.8 - Cellular Therapy - Not Yet Available
- 30.9 - Transillumination Light Scanning, or Diaphanography - Not Yet Available
- 40 - Endocrine System and Metabolism - Not Yet Available
  - 40.1 - Diabetes Outpatient Self-Management Training - Not Yet Available
  - 40.2 - Home Blood Glucose Monitors - Not Yet Available
  - 40.3 - Closed-Loop Blood Glucose Control Device (CBGCD) - Not Yet Available
  - 40.4 - Insulin Syringe - Not Yet Available
  - 40.5 - Treatment of Obesity - Not Yet Available
- 50 - Ear, Nose, and Throat (ENT)
  - 50.1 - Speech Generating Devices
  - 50.2 - Electronic Speech Aids
  - 50.3 - Cochlear Implantation
    - A - General
    - B - Adults
    - C - Children
  - 50.4 - Tracheostomy Speaking Valve
  - 50.5 - Oxygen Treatment of Inner Ear/Carbon Therapy
    - Not Covered
  - 50.6 - Tinnitus Masking
  - 50.7 - Cochleostomy With Neurovascular Transplant for Meniere's Disease
    - Not Covered
  - 50.8 - Ultrasonic Surgery
- 60 - Emergency Medicine
- 70 - Evaluation and Management of Patients - Office/hospital/home
  - 70.1 - Consultations With a Beneficiary's Family and Associates
  - 70.2 - Consultation Services Rendered by a Podiatrist in a Skilled Nursing Facility
    - 70.2.1 - Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy With Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy)
  - 70.3 - Physician's Office Within an Institution - Coverage of Services and Supplies Incident to a Physician's Services

70.4 - Pronouncement of Death

70.5 - Hospital and Skilled Nursing Facility Admission Diagnostic Procedures

80 - Eye

80.1 - Hydrophilic Contact Lens for Corneal Bandage

80.2 - Photodynamic Therapy

Ocular photodynamic therapy (OPT)

80.3 - Photosensitive Drugs

80.4 - Hydrophilic Contact Lenses

80.5 - Scleral Shell

80.6 - Intraocular Photography

80.7 - Refractive Keratoplasty

Not Covered

80.7.1 - Keratoplasty

80.8 - Endothelial Cell Photography

80.9 - Computer Enhanced Perimetry

80.10 - Phaco-Emulsification Procedure - Cataract Extraction

80.11 - Vitrectomy

80.12 - Intraocular Lenses (IOLs)

90 - Genetics - Not Yet Available

100 - Gastrointestinal System

100.1 - Gastric Bypass Surgery for Obesity

100.2 - Endoscopy

100.3 - 24-Hour Ambulatory Esophageal pH Monitoring

100.4 - Esophageal Manometry

100.5 - Diagnostic Breath Analyses

100.6 - Gastric Freezing

100.7 - Colonic Irrigation

Not Covered

100.8 - Intestinal Bypass Surgery

Not Covered

100.9 - Implantation of Anti-Gastroesophageal Reflux Device

100.10 - Injection Sclerotherapy for Esophageal Variceal Bleeding

100.11 - Gastric Balloon for Treatment of Obesity

Not Covered

100.12 - Gastrophotography

100.13 - Laproscopic Cholecystectomy

110 - Hematology/Immunology/Oncology - Not Yet Available

110.1 - Hyperthermia for Treatment of Cancer - Not Yet Available

110.2 - Certain Drugs Distributed by the National Cancer Institute - Not Yet Available

110.3 - Anti-Inhibitor Coagulant Complex (AICC) - Not Yet Available

110.4 - Extracorporeal Photopheresis - Not Yet Available

110.5 - Granulocyte Transfusions - Not Yet Available

110.6 - Scalp Hypothermia During Chemotherapy to Prevent Hair Loss - Not Yet Available

110.7 - Blood Transfusions - Not Yet Available

110.8 - Blood Platelet Transfusions- Not Yet Available

110.8.1 - Stem Cell Transplantation - Not Yet Available

110.9 - Antigens Prepared for Sublingual Administration - Not Yet Available

110.10 - Intravenous Iron Therapy - Not Yet Available

110.11 - Food Allergy Testing and Treatment - Not Yet Available

110.12 - Challenge Ingestion Food Testing - Not Yet Available

110.13 - Cytotoxic Food Tests - Not Yet Available

110.14 - Apheresis (Therapeutic Pheresis) - Not Yet Available

110.15 - Ultrafiltration, Hemoperfusion and Hemofiltration - Not Yet Available

110.16 - Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation - Not Yet Available

120 - Infectious Diseases

130 - Mental Health - Not Yet Available

130.1 - Inpatient Hospital Stays for the Treatment of Alcoholism - Not Yet Available

130.2 - Outpatient Hospital Services for Treatment of Alcoholism - Not Yet Available

130.3 - Chemical Aversion Therapy for Treatment of Alcoholism - Not Yet Available

130.4 - Electrical Aversion Therapy for Treatment of Alcoholism - Not Yet Available

- 130.5 - Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic - Not Yet Available
- 130.6 - Treatment of Drug Abuse (Chemical Dependency) - Not Yet Available
- 130.7 - Withdrawal Treatments for Narcotic Addictions - Not Yet Available
- 130.8 - Hemodialysis for Treatment of Schizophrenia - Not Yet Available
- 140 - Miscellaneous Surgical Procedures
  - 140.1 - Abortion
  - 140.2 - Breast Reconstruction Following Mastectomy
  - 140.3 - Transsexual Surgery
  - 140.4 - Plastic Surgery to Correct "Moon Face"  
Not Covered
  - 140.5 - Laser Procedures
- 150 - Musculoskeletal System - Not Yet Available
  - 150.1 - Manipulation - Not Yet Available
  - 150.2 - Osteogenic Stimulator - Not Yet Available
  - 150.3 - Bone (Mineral) Density Studies - Not Yet Available
  - 150.4 - Neuromuscular Electrical Stimulator (NMES) in the Treatment of Disuse Atrophy - Not Yet Available
  - 150.5 - Diathermy Treatment - Not Yet Available
  - 150.6 - Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc., of the Foot - Not Yet Available
  - 150.7 - Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections With Sclerosing Agents - Not Yet Available
  - 150.8 - Fluidized Therapy Dry Heat for Certain Musculoskeletal Disorders - Not Yet Available
- 160 - Nervous System - Not Yet Available
  - 160.1 - Induced Lesions of Nerve Tracts - Not Yet Available
  - 160.2 - Treatment of Motor Function Disorders With Electric Nerve Stimulation - Not Yet Available
  - 160.3 - Assessing Patients Suitability for Electrical Nerve Stimulation - Not Yet Available
  - 160.4 - Stereotactic Cingulotomy as a Means of Psychosurgery - Not Yet Available
  - 160.5 - Stereotaxic Depth Electrode Implantation - Not Yet Available
  - 160.6 - Carotid Sinus Nerve Stimulator - Not Yet Available

- 160.7 - Electrical Nerve Stimulators - Not Yet Available
  - 160.7.1 - Assessing Patients Suitability for Electrical Nerve Stimulation Therapy - Not Yet Available
- 160.8 - Electroencephalographic Monitoring During Surgical Procedures Involving the Cerebral Vasculature - Not Yet Available
- 160.9 – Electroencephalographic (EEG) Monitoring During Open-Heart Surgery - Not Yet Available
- 160.10 - Evoked Response Tests - Not Yet Available
- 160.11 - Osteogenic Stimulator - Not Yet Available
- 160.12 - Neuromuscular Electrical Stimulator (NMES) - Not Yet Available
- 160.13 - Supplies Used in the Delivery of Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES) - Not Yet Available
- 160.14 - Invasive Intracranial Pressure Monitoring - Not Yet Available
- 160.15 - Electrotherapy for Treatment of Facial Nerve Palsy (Bell’s Palsy) - Not Yet Available
- 160.16 - Vertebral Axial Decompression (VAX-D) - Not Yet Available
- 160.17 - L-Dopa - Not Yet Available
- 160.18 - Vagus Nerve Stimulation for Treatment of Seizures - Not Yet Available
- 160.19 - Phrenic Nerve Stimulator - Not Yet Available
- 160.20 - Transfer Factor for Treatment of Multiple Sclerosis - Not Yet Available
- 160.21 - Telephone Transmission of EEGs - Not Yet Available
- 160.22 - Ambulatory EEG Monitoring - Not Yet Available
- 160.23 - Current Perception Threshold/Sensory Nerve Conduction Threshold Test (sNCT) - Not Yet Available
- 160.24 – Deep Brain Stimulation for Essential Tremor and Parkinson’s Disease - Not Yet Available
- 160.25 - Multiple Electroconvulsive Therapy (MECT) - Not Yet Available
- 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 Pathology Services for the Treatment of Dysphagia
- 180 - Nutrition
  - 180.1 - Medical Nutrition Therapy
  - 180.2 - Enteral and Parenteral Nutritional Therapy



Covered As Prosthetic Device

Parenteral Nutrition Therapy

Enteral Nutrition Therapy

Nutritional Supplementation

190 - Pathology and Laboratory - Not Yet Available

190.1 - Histocompatibility Testing - Not Yet Available

190.2 - Diagnostic Pap Smears - Not Yet Available

190.3 - Cytogenetic Studies - Not Yet Available

190.4 - Electron Microscope - Not Yet Available

190.5 - Sweat Test - Not Yet Available

190.6 - Hair Analysis - Not Yet Available

190.7 - Human Tumor Stem Cell Drug Sensitivity Assays - Not Yet Available

190.8 - Lymphocyte Mitogen Response Assays - Not Yet Available

190.9 - Serologic Testing for Acquired Immunodeficiency Syndrome (AIDS) -  
Not Yet Available

190.10 - Laboratory Tests - CRD Patients - Not Yet Available

190.11 - Home Prothrombin Time INR Monitoring for Anticoagulation  
Management - Not Yet Available

200 - Pharmacology

210 - Prevention

210.1 - Prostate Cancer Screening Tests

Covered

A - General

B - Screening Digital Rectal Examinations

C - Screening Prostate Specific Antigen Tests

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

220 - Radiology - Not Yet Available

220.1 - Computerized Tomography - Not Yet Available

220.2 - Magnetic Resonance Imaging - Not Yet Available

220.3 - Magnetic Resonance Angiography - Not Yet Available

220.4 - Mammograms - Not Yet Available

220.5 - Ultrasound Diagnostic Procedures - Not Yet Available

- 220.6 - Positron Emission Tomography (PET) Scans - Not Yet Available
- 220.7 - Xenon Scan - Not Yet Available
- 220.8 - Nuclear Radiology Procedure - Not Yet Available
- 220.9 - Digital Subtraction Angiography - Not Yet Available
- 220.10 - Portable Hand-Held X-Ray Instrument - Not Yet Available
- 220.11 - Thermography - Not Yet Available
- 220.12 - Single Photon Emission Computed Tomograph (SPECT) - Not Yet Available
- 220.13 - Percutaneous Image-Guided Breast Biopsy - Not Yet Available
- 230 - Renal and Genitourinary System - ESRD Services - Not Yet Available
  - 230.1 - Treatment of Kidney Stones - Not Yet Available
  - 230.2 - Uroflowmetric Evaluations - Not Yet Available
  - 230.3 - Sterilization - Not Yet Available
  - 230.4 - Diagnosis and Treatment of Impotence - Not Yet Available
  - 230.5 - Gravlee Jet Washer - Not Yet Available
  - 230.6 - Vabra Aspirator - Not Yet Available
  - 230.7 - Water Purification and Softening Systems Used in Conjunction With Home Dialysis - Not Yet Available
  - 230.8 - Non-Implantable Pelvic Flood Electrical Stimulator - Not Yet Available
  - 230.9 - Cryosurgery of Prostate - Not Yet Available
  - 230.10 - Incontinence Control Devices - Not Yet Available
  - 230.11 - Diagnostic Pap Smears - Not Yet Available
  - 230.12 - Dimethyl Sulfoxide (DMSO) - Not Yet Available
  - 230.13 - Peridex CAPD Filter Set - Not Yet Available
  - 230.14 - Ultrafiltration Monitor - Not Yet Available
  - 230.15 - Electrical Continence Aid - Not Yet Available
  - 230.16 - Bladder Stimulators (Pacemakers) - Not Yet Available
  - 230.17 - Urinary Drainage Bags - Not Yet Available
  - 230.18 - Sacral Nerve Stimulation for Urinary Incontinence - Not Yet Available
  - 230.19 - Levocarnitine for Use in the Treatment of Carnitine Deficiency in ESRD Patients - Not Yet Available
- 240 - Respiratory System
  - 240.1 - Lung Volume Reduction Surgery (Reduction Pneumoplasty)

- 240.2 - Home Use of Oxygen
  - A - General
  - B - Medical Documentation
  - C - Laboratory Evidence
  - D - Health Conditions
  - E - Portable Oxygen Systems
  - F - Respiratory Therapists
- 240.3 - Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions
  - Not Covered
- 240.4 - Continuous Positive Airway Pressure (CPAP)
- 240.5 - Intrapulmonary Percussive Ventilator (IPV)
  - Not Covered
- 240.6 - Transvenous (Catheter) Pulmonary Embolectomy
  - Not Covered
- 240.7 - Postural Drainage Procedures and Pulmonary Exercises
- 250 - Skin
  - 250.1 - Treatment of Psoriasis
  - 250.2 - Hemorheograph
  - 250.3 - Intravenous Immune Globulin for the Treatment of Autoimmune Mucutaneous Blistering Diseases
  - 250.4 - Treatment of Actinic Keratosis
- 260 - Transplantation - Solid Organ Transplants - Not Yet Available
  - 260.1 - Adult Liver Transplantation - Not Yet Available
  - 260.2 - Pediatric Liver Transplantation - Not Yet Available
  - 260.3 - Pancreas Transplants - Not Yet Available
  - 260.4 - Reserved
  - 260.5 - Intestinal and Multi-Visceral Transplantation - Not Yet Available
  - 260.6 - Dental Examination Prior to Kidney Transplantation - Not Yet Available
  - 260.7 - Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine) - Not Yet Available
  - 260.8 - Reserved
  - 260.9 - Heart Transplants - Not Yet Available

- 270 - Wound Treatment - Not Yet Available
  - 270.1 - Electrostimulation in the Treatment of Wounds-Not Covered - Not Yet Available
    - 270.1.1 - Electrical Stimulation for the Treatment of Wounds - Not Yet Available
  - 270.2 - Noncontact Normothermic Wound Therapy (NNWT) - Not Yet Available
  - 270.3 - Platelet-Derived Wound Healing Formula - Not Yet Available
  - 270.4 - Treatment of Decubitus Ulcers - Not Yet Available
  - 270.5 - Porcine Skin and Gradient Pressure Dressings - Not Yet Available
- 280 - Medical and Surgical Supplies - Not Yet Available
  - 280.1 - Durable Medical Equipment Reference List - Not Yet Available
  - 280.2 - White Cane for Use by a Blind Person - Not Yet Available
  - 280.3 - Specially Sized Wheelchairs - Not Yet Available
  - 280.4 - Seat Lift - Not Yet Available
  - 280.5 - Safety Roller - Not Yet Available
  - 280.6 - Pneumatic Compression Devices - Not Yet Available
  - 280.7 - Hospital Beds - Not Yet Available
  - 280.8 - Air-Fluidized Bed - Not Yet Available
  - 280.9 - Power Operated Vehicles That May Be Used as Wheelchairs - Not Yet Available
  - 280.10 - Prosthetic Shoe - Not Yet Available
  - 280.11 - Corset Used as Hernia Support - Not Yet Available
  - 280.12 - Sykes Hernia Control - Not Yet Available
  - 280.13 - Transcutaneous Electrical Nerve Stimulators (TENS) - Not Yet Available
  - 280.14 - Infusion Pumps - Not Yet Available
- 290 - Nursing Services - Not Yet Available
  - 290.1 - Home Health Visits to a Blind Diabetic - Not Yet Available
  - 290.2 - Home Health Nurses' Visits to Patients Requiring Heparin Injections - Not Yet Available
- 300 - Diagnostic Tests Not Otherwise Classified - Not Yet Available
  - 300.1 - Obsolete or Unreliable Diagnostic Tests - Not Yet Available
- 310 - Clinical Trials
  - 310.1 - Routine Costs in Clinical Trails

**To download the Filename R2NCD1.pdf associated with this instruction, click [here](#).**

