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2026 Esophagogastroduodenoscopy (EGD)

Specialty Services

ENDO-EGD-HH

Last Review Date: 12/02/2025
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Guideline Initiated: 01/01/2021

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Esophagogastroduodenoscopy (EGD)

Esophagogastroduodenoscopy (EGD) Related National Coverage Determination (NCD)/Local Coverage Determination (LCD)

Please refer to https://www.cms.gov/medicare-coverage-database/search.aspx if applicable to the individual's health plan membership.

Type/ID Number	Title
NCD 100.2	Endoscopy
LCD 33583	Diagnostic and Therapeutic Esophagogastroduodenoscopy
LCD 34434	Upper Gastrointestinal Endoscopy and Visualization
LCD 35350	Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)

Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider's independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient's individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician's independent medical judgment.

Esophagogastroduodenoscopy (EGD) Guideline

An esophagogastroduodenoscopy (EGD) is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Anemia and **ANY** of the following:
    a. Iron deficiency anemia, unexplained and **ALL** of the following:
        i. After non-diagnostic colonoscopy
        ii. Hemoglobin less than 13 g/dL in men or less than 12 g/dL in women
        iii. Serum ferritin less than 45 ng/mL
    b. Pernicious anemia and **ANY** of the following:
        i. Initial evaluation
        ii. Upper gastrointestinal (GI) signs/symptoms (eg, abdominal discomfort, bloating, nausea) are new.

References: [4] [10]

2. Barrett's esophagus and **ANY** of the following:
    a. Re-evaluation for **ANY** of the following:
        i. Dysplasia is high grade and **NO** EGD in the past 3 months.
        ii. Dysplasia is low grade (LGD) and **ANY** of the following:
            A. **NO** EGD in the last 6 months after confirmed LGD diagnosis.
            B. EGD done in the past 6 months after LGD confirmation shows **NO** dysplasia, EGD every 12 months from date of negative 6 month EGD.
        iii. **NO** dysplasia and **NO** EGD in the past 3 years
    b. Screening and **ALL** of the following:
        i. Gastroesophageal reflux disease (GERD) symptoms for 5 or more years.
        ii. Last EGD was 3 or more years ago and **ANY THREE** of the following:
            A. Age is 50 years or older.
            B. Caucasian race
            C. Family history of Barrett's esophagus or esophageal adenocarcinoma
            D. Smoking history or current use
            E. Waist circumferences is greater than or equal to 102 cm **OR** waist/hip ratio is more than 0.9.

    References: [20] [17] [19] [13]
3. Cancer evaluation of **ANY** of the following:
    a. Esophageal, gastric or upper intestinal tract cancer is suspected or known (eg, antral carcinoid malignancy, gastrointestinal stromal tumor [GIST]).
    b. Palliative therapy of a stenosing neoplasm
    c. Secondary malignancy (unrelated to esophagus, stomach or upper intestinal tract) evaluation (eg, mucosa-associated lymphoid tissue [MALT] lymphoma)

    References: [8] [7] [13]
4. Celiac disease and **ANY** of the following:
    a. Celiac disease is known and **ANY** of the following:
        i. Asymptomatic, to assess healing and **ALL** of the following:

A. 2 years or more of documented gluten-free diet

B. Non-diagnostic serologic testing

ii. Signs/symptoms (eg, bloating, diarrhea, pain) and **ALL** of the following:

A. 1 year or more of documented gluten-free diet

B. Non-diagnostic serologic testing

b. Celiac disease is suspected and **ANY** of the following:

i. Positive Immunoglobulin A (IgA) or Immunoglobulin G (IgG) serologic testing

ii. Symptomatic (eg, bloating, stomach pain), regardless of serologic testing and **ANY** of the following:

A. Autoimmune disorder

B. Diarrhea with findings of malabsorption (eg, loss of 5% or more of weight, unexplained nutritional deficiencies)

C. First degree relative (child, parent, sibling) with celiac disease

D. Type 1 diabetes

References: [15]

5. Crohn's disease and **EITHER** of the following:

a. Crohn's disease is known and signs/symptoms (eg, heartburn, nausea, pain in upper abdomen) are new or persistent (more than 4 weeks).

b. Crohn's disease is suspected and **ALL** of the following:

i. After non-diagnostic colonoscopy

ii. Signs/symptoms of upper GI involvement (eg, heartburn, nausea, pain in upper abdomen)

References: [9]

6. Eosinophilic esophagitis and **ANY** of the following:

a. Evaluation of alarm features (eg, GI bleeding, odynophagia, persistent or progressive dysphagia)

b. Re-evaluation to change therapy or perform dilation after an 8 week course of **ANY** of the following:

i. Elimination diet

ii. Proton pump inhibitor (PPI)

iii. Topical or systemic corticosteroids

References: [12]

7. Gastroesophageal reflux disease (GERD) history and **ALL** of the following:
   a. Current proton pump inhibitor (PPI) treatment (eg, Nexium, Prevacid, Prilosec, Protonix)
   b. GERD is symptomatic (eg, acid reflux, heart burn) for 2 or more months.
   c. Prior EGD status history with **ANY** of the following:
      i. **NO** prior EGD
      ii. 12 months ago or more

   References: [21] [13]

8. GERD, initial evaluation when GERD is symptomatic (eg, acid reflux, heartburn) for 2 or more months and **ANY** of the following:
   a. H2 blocker (eg, Pepcid, Tagamet, Zantac) treatment for 2 or more months
   b. Proton pump inhibitors (PPI) (eg, Nexium, Prevacid, Prilosec, Protonix) for 2 or more months

   References: [21] [13]

9. Gastrointestinal (GI) structural disease, swallowing or congenital dysfunction evaluation
   References: [5] [13]

10. Genetic syndrome and **ANY** of the following:
    a. Li-Fraumeni Syndrome (LFS) and **ANY** of the following:
       i. Screening at age 25 (or 5 years before first known familial colon cancer diagnosis)
       ii. Surveillance every 2 years
       iii. Upper GI signs/symptoms (eg, abdominal pain, heartburn, nausea) are new.
    b. Lynch syndrome and **ANY** of the following:
       i. Screening, beginning age 30, with follow-up every 3 years and **ANY** of the following:
          A. EPCAM, MLH1, MSH2, or PMS2 mutations
          B. First degree relative (child, parent, sibling) with history of upper GI cancer

ii. Upper GI signs/symptoms are new.

c. Peutz-Jeghers syndrome and **ANY** of the following:

i. Initial screening

ii. Surveillance every 2 years

iii. Upper GI signs/symptoms are new.

References: [18]

11. Hiatal hernia is suspected or surveillance of a known hernia
References: [13]

12. Liver disease is decompensated or there is alcohol abuse history **AND** last EGD was 12 months ago or more.
References: [6] [13]

13. Peri-procedurally for **ANY** of the following:

a. Feeding tube guided placement when unguided placement was unsuccessful **OR** removal of feeding tube

b. Intraoperative evaluation of anatomic reconstructions typical of modern foregut surgery (eg, evaluation of anastomotic leak and patency, fundoplication formation, pouch configuration during bariatric surgery)

c. Post adenomatous polyp removal/resection follow-up

d. Post polyp removal, for annual follow-up evaluation

e. Pre-operative evaluation for **ANY** of the following:

i. Anti-reflux surgery

ii. Bariatric surgery

iii. Organ transplant surgery

References: [5] [3] [21] [11] [13]

14. Polyps are esophageal/gastric and **ANY** of the following:

a. Familial adenomatous polyposis (FAP) and **ANY** of the following:

i. Positive family history, but has **NOT** been diagnosed with the condition

ii. Screening and **ANY** of the following:

A. Age 20 years or more **AND** asymptomatic

B. Symptomatic (eg, abdominal pain, rectal bleeding, weight loss. cramping and/or change in bowel habits)

iii. Spigelman stage 0 or 1 **AND** last EGD was 5 years ago or more

iv. Spigelman stage II **AND** last EGD was 3 years ago or more

v. Spigelman stage III **AND** last EGD was 6 months ago or more

b. Hereditary non-polyposis colorectal cancer (HNPCC) by family history

References: [11] [22] [13]

15. Symptomatic (eg, dysphagia, gastrointestinal bleeding, nausea, weight loss)
References: [16] [5] [13]

16. Ulceration (eg, duodenal, gastric) evaluation or surveillance
References: [16] [13]

17. Varices, esophageal or gastric evaluation when **ANY** of the following:

a. Post esophageal varices eradication for surveillance **AND** last EGD was 6 months ago or more

b. Varices are known **AND** EGD is planned for esophageal varices eradication.

c. Varices are small **OR** high risk stigmata is present (cherry red spots, red wale markings) **AND** the last EGD was 12 months ago or more.

d. Varices are suspected, **NO** prior history of varices **AND** last EGD was 24 months ago or more.

References: [14] [13]

18. Vascular lesion of the GI tract (dieulafoy lesion, gastric antral vascular ectasia (GAVE), hemangioma, telangiectasias)
References: [13]

Esophagogastroduodenoscopy (EGD) Procedure Codes

Table 1. Esophagogastroduodenoscopy (EGD) Associated Procedure Codes

CODE	DESCRIPTION
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple

CODE	DESCRIPTION
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis

Esophagogastroduodenoscopy (EGD) Summary of Changes

Esophagogastroduodenoscopy (EGD) guideline from 2025 to 2026 had the following changes:

Table 1. 2026 Esophagogastroduodenoscopy (EGD) Summary of Changes

Date	Type of Change	Summary
12/02/2025	Annual Review	• Added the following indications per current research: ▪ Celiac disease, known and suspected ▪ Crohn's disease ▪ Eosinophilic esophagitis ▪ Iron deficiency anemia ▪ Li-Fraumeni syndrome ▪ Lynch syndrome ▪ Pernicious anemia ▪ Peutz-Jeghers syndrome • Citations updated per the evidence.

Esophagogastroduodenoscopy (EGD) Definitions

Adenomatous polyp (also called an adenoma) is a type of polyp that forms in the lining of the colon or rectum. It's a noncancerous (benign) growth, but it has the potential to become cancerous over time. Adenomas are typically found during routine colonoscopies.
Anastomosis is a surgical procedure that joins two body structures together. It can also refer to a natural connection between two passageways in the body, such as blood vessels or the gastrointestinal tract.

Anti-reflux surgery, also known as Nissen fundoplication, is a surgical procedure to treat gastroesophageal reflux disease (GERD). It strengthens the valve between the esophagus and stomach, preventing stomach acid and food from flowing back up into the esophagus. This is achieved by wrapping the upper part of the stomach around the lower end of the esophagus, effectively reinforcing the lower esophageal sphincter (LES).

Bariatric surgery, also known as weight loss surgery or metabolic surgery, is a surgical procedure used to treat obesity and related health conditions. It aims to help individuals lose weight and improve their health by altering the digestive system, often restricting food intake or reducing nutrient absorption.

Barrett's esophagus is a metaplastic change of the esophageal epithelium from normal stratified squamous to columnar with goblet cells, resulting from chronic inflammation and repair. The presence of metaplastic epithelium increases risk for esophageal dysplasia and cancer.

Dieulafoy lesion is an enlarged submucosal artery, most commonly found in the stomach, that can cause recurrent and often massive bleeding. These lesions are typically not associated with any other ulcer or abnormality in the surrounding mucosa.

Duodenal ulcer is a sore in the lining of the duodenum, the first part of the small intestine. Duodenal ulcers are a type of peptic ulcer, which can also occur in the stomach.

Dysphagia is defined as difficulty or inability to swallow. It involves an impairment in the normal process of moving food or liquid from the mouth through the throat (pharynx) and into the esophagus. Dysphagia can affect individuals of all ages and can be caused by a variety of factors, including neurological disorders, structural abnormalities, and muscle weakness. It can range in severity from mild discomfort to an inability to swallow anything at all.

Dysplasia refers to abnormal development or growth of cells, tissues, or organs, resulting in a change in their structure or function. It's essentially a precancerous condition where cells exhibit abnormal features under a microscope, but they haven't become cancerous.

Eosinophilic esophagitis (EoE) is a chronic allergic inflammatory disease of the esophagus where a type of white blood cell called an eosinophil builds up, causing difficulty swallowing and chest pain. It is an immune-mediated condition triggered by food and/or environmental allergens, and symptoms can vary by age, including problems with feeding in infants and food impaction in adults.

EPCAM mutation is a change in the EpCAM gene that can lead to two main conditions: Lynch syndrome, which increases the risk for certain cancers like colorectal and uterine cancer, or congenital tufting enteropathy (CTE), a severe infant diarrheal disorder. The cancer-related mutations often involve a deletion that silences the nearby MSH2 gene, a key player in DNA repair, leading to a condition known as Lynch syndrome.

Erosive esophagitis (also called reflux esophagitis) is an inflammation of the esophageal lining from refluxed stomach acid. Mild erosive esophagitis is classified as Los Angeles grade A/B, while severe erosive esophagitis is classified as Los Angeles grade C/D. *See "Los Angeles Classification" definition for more information*.

Esophageal adenocarcinoma (EAC) is a type of esophageal cancer that originates in the gland cells lining the esophagus, which produce mucus. It's the most common form of esophageal cancer in the United States, often occurring in the lower part of the esophagus

Esophageal varices are abnormal, enlarged veins in the lower part of the esophagus. Esophageal varices develop when normal blood flow to the liver is obstructed by liver cirrhosis or a clot. Seeking a way around the blockages, blood flows into smaller blood vessels that are not designed to carry large volumes of blood. The vessels may leak blood or even rupture, causing life-threatening bleeding.

Esophagogastroduodenoscopy (EGD) is a minimally invasive procedure that allows a doctor to examine the upper part of the gastrointestinal (GI) tract. It's also known as an upper endoscopy.

Familial adenomatous polyposis (FAP) is an inherited condition that significantly increases the risk of colon and rectal cancer. It's characterized by the development of numerous adenomatous polyps (abnormal growths) in the colon and rectum. FAP is caused by a mutation in the APC gene, a tumor suppressor gene, leading to uncontrolled polyp growth.

Feeding tube, also known as an enteral feeding tube, is a medical device used to provide nutrition to individuals who cannot safely eat or drink by mouth. It's a flexible tube that is inserted into the gastrointestinal tract, allowing liquid food and other substances to be administered directly into the stomach or small intestine.

Fundoplication formation is a surgical procedure used to treat gastroesophageal reflux disease (GERD). It involves creating a new barrier or strengthening the existing one between the esophagus and the stomach. The most common technique, the Nissen fundoplication, involves wrapping the top part of the stomach (the fundus) completely around the lower end of the esophagus and stitching it in place. This creates a new valve that prevents stomach acid from flowing back up into the esophagus.

Gastric antral vascular ectasia (GAVE) also known as "watermelon stomach," is a condition where the blood vessels in the stomach lining become dilated and fragile, leading to bleeding. This dilated vessels cause chronic gastrointestinal bleeding and iron deficiency anemia.

Gastric ulcer, also known as a stomach ulcer, is a break in the lining of the stomach. It's a type of peptic ulcer, which are sores in the stomach or duodenum (the first part of the small intestine). These ulcers are often caused by Helicobacter pylori infection or long-term use of NSAIDs (non-steroidal anti-inflammatory drugs).

Gastroesophageal reflux disease (GERD) is a motility disorder characterized by the reflux of gastric contents into the esophagus or oral cavity, leading to symptoms such as heartburn and epigastric pain, and potentially causing complications like erosive esophagitis, esophageal strictures, Barrett esophagus, and adenocarcinoma.

Gastrointestinal (GI) Bleed is bleeding from the GI tract. Symptoms include emesis of blood or coffee ground-like material, melena (bloody/black stools), hematochezia (rectal bleeding).

GI structural disease refers to any structural defect of the upper GI tract such as an ulcers, growths or strictures. These conditions may present with symptoms such as dysphagia, hemoptysis, anemia, weight loss and/or persistent vomiting.

Hemangioma is a benign (non-cancerous) tumor composed of blood vessels. They can be found on the skin, in the tissue below the skin, or in internal organs. Infantile hemangiomas are the most common type in children, often appearing as bright red or bluish lesions. They typically grow rapidly in the first year of life and then gradually shrink or involute.

Hereditary non-polyposis colorectal cancer (HNPCC), also known as Lynch syndrome, is an inherited disorder that significantly increases the risk of developing colon and other cancers. It's caused by mutations in genes that repair DNA, leading to an increased chance of cancerous cells developing.

High grade dysplasia (HGD) refers to a precancerous condition where cells have undergone significant, abnormal changes, increasing the risk of developing cancer. Unlike true cancer, HGD cells have not yet invaded surrounding tissues or spread to other parts of the body.

High-risk stigmata (HRS) in the context of upper gastrointestinal bleeding, are endoscopic findings associated with a higher risk of rebleeding. They indicate a greater likelihood of the bleeding source being unstable and potentially needing further intervention.

Intraoperative means occurring during surgery. The intraoperative period is the time from when a patient enters the operating room until they leave.

Li fraumeni syndrome (LFS) is an inherited disorder that significantly increases the risk of developing various cancers, often at a young age. It is caused by a mutation in the TP53 gene, which is responsible for preventing tumors.

Los Angeles Classification is grading system (A to D) for severity of reflux esophagitis based on the extent of mucosal breaks.

Table 1. Los Angeles Classification System

GRADE	DESCRIPTION
A	One or more mucosal breaks, no longer than 5mm, that does not extend between the tops of two mucosal folds.
B	One or more mucosal breaks more than 5mm in length, but still not continuous between the tops of two mucosal folds.
C	Mucosal breaks that are continuous between the tops of two or more mucosal folds, but which involve less than 75% of the esophageal circumference.
D	Mucosal breaks, which involve at least 75% of the esophageal circumference.

Low-grade dysplasia (LGD) refers to a precancerous condition where cells exhibit mild abnormalities, meaning they are slightly altered from normal cells but don't resemble cancer cells. These changes are typically mild enough that the cells still somewhat resemble normal cells under a microscope, hence the term "low-grade".

Lynch syndrome also known as hereditary nonpolyposis colorectal cancer (HNPCC), is an inherited condition that significantly increases the risk of developing various cancers, primarily

colorectal and endometrial cancers, but also cancers of the stomach, small intestine, pancreas, ovaries, and more. It's caused by mutations in genes responsible for DNA mismatch repair, leading to genetic instability and increased cancer risk.

Malabsorption is a disorder that interferes with absorption of nutrients which may involve damage to the intestinal mucosa such as Celiac disease, gastric atrophy, pernicious anemia (Vitamin B12 deficiency). Pernicious anemia is defined as anemia due to vitamin B12 deficiency which can be caused by atrophic gastritis or an autoimmune attack on intrinsic factor.

MLH1 mutation is a change in the MLH1 gene that is responsible for producing a protein crucial for DNA repair. When this gene is mutated, unrepaired errors in DNA can accumulate, potentially leading to cell abnormalities and cancer, and is associated with an inherited condition called Lynch syndrome.

MSH2 mutation is a change in the MSH2 gene, which is a DNA repair gene that helps prevent cancer. When this gene is mutated, it may lead to unrepaired DNA errors, increasing the risk of developing cancers like colorectal, uterine, and others associated with Lynch syndrome. These mutations can be inherited from a parent or occur spontaneously.

Neoplasm is an abnormal mass of tissue that forms when cells grow and divide more than they should or do not die when they should. Neoplasms may be benign (not cancer) or malignant (cancer).

Odynophagia is known as painful swallowing. The pain can be a burning or squeezing sensation that occurs when food or drink is swallowed and can be a symptom of an underlying issue like infection, inflammation, or injury.

Periprocedural is a medical term that means occurring before, during, or after a medical procedure. "Perioperative" is another term that refers to the time around surgery.

Pernicious anemia is a specific type of vitamin B12 deficiency anemia caused by the body's inability to absorb vitamin B12 due to a lack of intrinsic factor. This protein, produced in the stomach, is essential for B12 absorption in the small intestine. A deficiency in intrinsic factor, often due to an autoimmune attack on stomach cells, leads to inadequate red blood cell production, resulting in various symptoms.

Peutz Jeghers syndrome (PJS) is a rare, genetic disorder characterized by the development of hamartomatous polyps in the gastrointestinal tract and the appearance of dark-colored spots on the skin and mucous membranes, particularly around the mouth. These polyps are benign growths, but individuals with PJS have a significantly higher risk of developing certain cancers, including those of the stomach, intestines, pancreas, and breast.

PMS2 mutation is a change in the PMS2 gene that prevents it from working correctly, leading to an increased risk of developing certain cancers. The PMS2 gene normally functions as a DNA repair gene, part of the mismatch repair system, which fixes errors during DNA replication. An inherited PMS2 mutation is associated with Lynch syndrome, a hereditary condition that raises the lifetime risk for cancers of the colon, uterus, and other organs.

Polyps are mucosal or submucosal abnormal tissue growths.

Preoperative means before an operation, or relating to the time before an operation. It can also refer to patients who have not yet had surgery.

Spigelman stage is a classification system for the severity of duodenal adenomatosis in patients with familial adenomatous polyposis (FAP). The stages are 0 to IV, and the score ranges from 0 to 12 points.

Stage I (1-4 points) indicates mild disease.

Stage III-IV (7-12 points) implies severe duodenal polyposis.

Spigelman stage IV duodenal polyposis is the greatest known risk factor for duodenal cancer in FAP.

Telangiectasia refers to a condition characterized by abnormally dilated and visible capillaries, small blood vessels, near the skin's surface. They can appear as red, blue, or purple lines or spots, often referred to as spider veins. These vessels may be visible on the face, legs, chest, and other areas. While often benign, telangiectasias can be associated with certain diseases or conditions.

Esophagogastroduodenoscopy (EGD) Reference section

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Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

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National and Local Coverage Determination (NCD and LCD)

NOTICE
To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to https://www.cms.gov/medicare-coverage-database/search.aspx.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.
CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.
In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.

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