

# Autism Spectrum Disorders Diagnosis and Treatment



INDEPENDENT CARE HEALTH PLAN

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## Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

Hyperbaric Oxygen Therapy, Topical Oxygen Therapy

Physical Therapy and Occupational Therapy

## Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Magnetic Resonance Imaging	<a href="#">220.2</a>		

**Autism Spectrum Disorders Diagnosis and Treatment**

LCD LCA	Magnetic Resonance Angiography (MRA)	<a href="#">L33633</a> <a href="#">A56747</a>				
LCD LCA	Psychiatric Partial Hospitalization Programs	<a href="#">L33626</a> <a href="#">A56850</a>	J6 - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI		
LCD LCA	Psychiatry and Psychology Services	<a href="#">L33632</a> <a href="#">A56937</a>				
LCA	Psychological Services Coverage under the Incident to Provision for Physicians and Non-Physicians Medical Policy Article	<a href="#">A52825</a>			JK - National Government Services, Inc. (Part A/B MAC)	CT, NY, ME, MA, NH, RI, VT
LCD LCA	Speech-Language Pathology	<a href="#">L33580</a> <a href="#">A52866</a>				
LCD LCA	Outpatient Psychiatry and Psychology Services	<a href="#">L34353</a> <a href="#">A57065</a>	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH		
LCD LCA	Psychiatric Partial Hospitalization Programs	<a href="#">L34196</a> <a href="#">A57053</a>				
LCD LCA	Speech-Language Pathology	<a href="#">L34046</a> <a href="#">A57040</a>				
LCD LCA	MRI and CT Scans of the Head and Neck	<a href="#">L35175</a> <a href="#">A57215</a>	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY		
LCD LCA	Magnetic Resonance Angiography	<a href="#">L34865</a> <a href="#">A56805</a>	JH - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS		
LCD	Psychiatric Codes	<a href="#">L35101</a>				
LCD LCA	Speech-Language Pathology (SLP) Services: Communication Disorders	<a href="#">L35070</a> <a href="#">A54111</a>	JL - Novitas Solutions, Inc. (Part A/B MAC)	DE, DC, MD, NJ, PA		
LCD LCA	Magnetic Resonance Angiography (MRA)	<a href="#">L34372</a> <a href="#">A57779</a>	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, US VI		
LCD LCA	Psychiatric Diagnostic Evaluation and Psychotherapy Services	<a href="#">L33252</a> <a href="#">A57520</a> <a href="#">L354520</a>				

LCD LCA	Psychological and Neuropsychological Tests	<a href="#">A57780</a>		
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## Description

Autism spectrum disorders (ASD) are a group of biologically based chronic neurodevelopmental disorders characterized by persistent deficits in social communication/interaction and restricted, repetitive patterns of behavior, interests and activities. The exact cause is unknown, but is believed to have many factors, including a strong genetic component.

Signs and symptoms of ASD generally appear prior to three years of age and include difficulties with language, deficient social skills and restricted or repetitive body movements and behaviors.

There is no cure for ASD. However, there is a consensus that treatment must be individualized depending upon the specific strengths, weaknesses and needs of the child and family. Early diagnosis and early intensive treatment have the potential to affect outcome, particularly with respect to behavior, functional skills and communication. There is increasing evidence that intervention is more effective when initiated as early as possible.

Diagnosis and treatment of ASD may involve a variety of tools. Developmental screening, usually performed during a routine well child exam, identifies atypical (unusual) behaviors such as social, interactive and communicative behaviors that are delayed, abnormal or absent. Once identified, a comprehensive multidisciplinary assessment is recommended in order to make an accurate and appropriate diagnosis.

## Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

### Autism Spectrum Disorders (ASD) Diagnosis and Treatment

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	
70450	Computed tomography, head or brain; without contrast material	
70460	Computed tomography, head or brain; with contrast material(s)	
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
70544	Magnetic resonance angiography, head; without contrast material(s)	
70545	Magnetic resonance angiography, head; with contrast material(s)	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	

70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testin	
76390	Magnetic resonance spectroscopy	
78600	Brain imaging, less than 4 static views;	
78601	Brain imaging, less than 4 static views; with vascular flow	
78605	Brain imaging, minimum 4 static views;	
78606	Brain imaging, minimum 4 static views; with vascular flow	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	
82180	Ascorbic acid (Vitamin C), blood	
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	
82310	Calcium; total	
82607	Cyanocobalamin (Vitamin B-12);	
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	
82725	Fatty acids, nonesterified	
82726	Very long chain fatty acids	
82746	Folic acid; serum	
82747	Folic acid; RBC	
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	
82785	Gammaglobulin (immunoglobulin); IgE	
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	
83540	Iron	
83655	Lead	
83735	Magnesium	
84100	Phosphorus inorganic (phosphate);	

84105	Phosphorus inorganic (phosphate); urine	
84207	Pyridoxal phosphate (Vitamin B-6)	
84252	Riboflavin (Vitamin B-2)	
84255	Selenium	
84425	Thiamine (Vitamin B-1)	
84443	Thyroid stimulating hormone (TSH)	
84446	Tocopherol alpha (Vitamin E)	
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	
84590	Vitamin A	
84591	Vitamin, not otherwise specified	
84597	Vitamin K	
84630	Zinc	
84999	Unlisted chemistry procedure	
86255	Fluorescent noninfectious agent antibody; screen, each antibody	
86256	Fluorescent noninfectious agent antibody; titer, each antibody	
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	
90791	Psychiatric diagnostic evaluation	
90792	Psychiatric diagnostic evaluation with medical services	
90832	Psychotherapy, 30 minutes with patient	
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90834	Psychotherapy, 45 minutes with patient	
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90837	Psychotherapy, 60 minutes with patient	
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	

92066	Orthoptic training; under supervision of a physician or other qualified health care professional	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	
95024	Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	
95027	Intracutaneous (intra-dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	
95028	Intracutaneous (intra-dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	
95044	Patch or application test(s) (specify number of tests)	

95052	Photo patch test(s) (specify number of tests)	
95056	Photo tests	
95060	Ophthalmic mucous membrane tests	
95065	Direct nasal mucous membrane test	
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	



95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	

95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	
95816	Electroencephalogram (EEG); including recording awake and drowsy	
95819	Electroencephalogram (EEG); including recording awake and asleep	
95822	Electroencephalogram (EEG); recording in coma or sleep only	
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	

95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	

96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	

96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	
97039	Unlisted modality (specify type and time if constant attendance)	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	

97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	
<b>CPT® Category III Code(s)</b>	<b>Description</b>	<b>Comments</b>
No code(s) identified		
<b>HCPCS Code(s)</b>	<b>Description</b>	<b>Comments</b>
E1902	Communication board, nonelectronic augmentative or alternative communication device	
J2850	Injection, secretin, synthetic, human, 1 mcg	
J3415	Injection, pyridoxine HCl, 100 mg	
J3475	Injection, magnesium sulfate, per 500 mg	
P2031	Hair analysis (excluding arsenic)	

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## Change Summary

- 01/01/2024 New Policy.
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