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| **Policy Number** | **ADM1001.036** |
| **Policy Effective Date** | **01/01/2026** |
| **Policy End Date** | **10/31/2026** |

# Medical Policies Moving to MCG Guidelines

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| Related Policies (if applicable) |
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| None |
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## Disclaimer

**Carefully check state regulations and/or the member contract.**
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

## Coverage

The following medical policies will be reviewed under MCG guidelines as of January 1, 2026.

| Policy Number/Title | Procedure Codes | MCG Guideline |
|---|---|---|
| DME101.034 Seat Lift Mechanisms, Patient Lifts, and Standing Frames/Systems | E0641, E0642, E0643 | Standing Frame (ACG: A-0996) |
| DME101.041 Pneumatic Traction and Spinal Unloading Devices | E0830, E0849, E0856 | Self-Operated Spinal Unloading Devices ACG: A-0895 (AC) |
| DME101.043 Transtympanic Micropressure Applications as a Treatment of Meniere Disease | A4638, E2120 | Positive Pressure Therapy for Meniere Disease ACG: A-0978 (AC) |

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| DME101.046 Traction Devices for Use in the Home | E0840, E0849, E0850, E0856, E0860, E0890, E0900, E0920, E0930, E0941, E0942, E0944, E0946, E0947, E0948 | Traction Spine MCG A-0345 |
| DME103.002 Knee Braces | L1834, L1840, L1844, L1845, L1846, L1860 | Knee Braces, Custom ACG: A-0879 (AC) |
| MED202.048 Tilt Table Testing | 93660 | Tilt Table Testing ACG: A-0124 (AC) |
| MED205.008 Ambulatory or Video Electroencephalograms (EEG) Monitoring, Including Digital Analysis of Electroencephalogram | 95700, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, 95716, 95717, 95718, 95719, 95720, 95721, 95722, 95723, 95724, 95725, 95726, 95954, 95957 | EEG, Continuous Ambulatory Monitoring (A-0137)<br>EEG, Quantitative Brain Mapping (A-1050)<br>EEG, Video Monitoring RRG M-580-RRG (ISC)<br>EEG, Video Monitoring, Pediatric RRG P-580-RRG (ISC)<br>EEG, Video Monitoring ORG: M-580 (ISC)<br>EEG, Video Monitoring, Pediatric ORG: P-580 (ISC) |
| OB402.033 Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea | 58578 | Laparoscopic Uterosacral Nerve Ablation (LUNA) ACG: A-0284 (AC) |
| PSY301.014 Autism Spectrum Disorders (ASD) | 0063U, 0318U, 0322U, 70450, 70460, 70470, 70496, 70551, 70552, 70553, 76390, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78803, 82016, 82017, 82127, 82128, 82131, 82136, 82139, 82379, 83015, 83655, 83825, 83918, 83919, 83921, 87230, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 90281, 90283, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90863, 90882, 90887, 90889, 90899, 92507, 92521, 92522, 92523, | Autism Spectrum Disorders – Gene Panels A-0914<br>Autism Spectrum Disorders M-7075<br>Autism Spectrum Disorders B-012-HC<br>Pediatric Self-Management C-0108<br>Adult Inpatient Care B-012-IP<br>Child or Adolescent Inpatient Care B-019-IP<br>Intensive Outpatient Program B-012-IOP<br>Residential Care B-012-RES |

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| | 92524, 92650, 92651, 92652, 92653, 95004, 95018, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95076, 95079, 95812, 95813, 95816, 95819, 95822, 95925, 95927, 95928, 95930, 95965, 95966, 95967, 96105, 96110, 96112, 96113, 96116, 96121, 96125, 99183, A4575, E1902, G0151, G0152, G0153, G0157, G0158, G0159, G0160, G0161, G0176, G0177, P2031, S8035, S9128, S9129, S9131, S9355, V5008, V5362, V5363 | Outpatient Care B-012-AOP<br>Partial Hospital Program B-012-PHP |
| PSY301.020 Psychological and Neuropsychological Testing | 96105, 96110, 96112, 96113, 96116, 96121, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146 | Neuropsychological Testing B-805-T<br>Psychological Testing B-807-T |
| PSY301.021 Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | 0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, G8539, G9012, H0031, H0032, H2012, H2013, H2014, H2019, H2020, S5108, S5110, S5111, S9480, T1023, T1024, T1025, T1026, T1027, T2013, T2020, T2022, T2023, T2024, T2025 | Applied Behavioral Analysis ORG: B-806-T (BHG) |
| RAD601.038 Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI) | 95965, 95966, 95967, S8035 | Magnetoencephalography ACG: A-0481 (AC) |
| SUR701.036 Transperineal Implantation of a Permanent Adjustable Balloon Continence Device | 53451, 53452, 53453, 53454 | Artificial Urinary Sphincter ACG: A-0267 (AC) |
| SUR705.021 Total Ankle Replacement (TAR) | 27702, 27703, 27704, C1776 | Musculoskeletal Surgery or Procedure GRG<br>GRG: SG-MS (ISC GRG) |
| SUR706.001 Nasal and Sinus Surgery | 30120, 30130, 30140, 30150, 30400, 30410, 30420, 30430, | Rhinoplasty – A-0184 Rhinoplasty |

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| | 30435, 30450, 30520, 30999, 31237, 31299, J3490, | Turbinate Resection –A-0183 Turbinate Resection<br>Septoplasty – A-0182 Septoplasty<br>FESS – A-0185 Functional Endoscopic Sinus Surgery (FESS) |
| SUR709.031 Gastric Electrical Stimulation (GES) | 43647, 43648, 43881, 43882, 64590, 64595, 95980, 95981, 95982, C1767, C1778, E0765, L8680, L8685, L8686, L8687, L8688 | Gastric Stimulation (Electrical) ACG: A-0395 (AC) |
| SUR712.041 Cervical Spinal Fusion | 20930, 20936, 22548, 22551, 22552, 22554, 22590, 22595, 22600, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22853, 22854, 22859 | Cervical Fusion, Anterior S-320<br>Cervical Fusion, Posterior S-330<br>Spine, Scoliosis, Posterior Instrumentation S-1056<br>Spine, Scoliosis, Posterior Instrumentation, Pediatric P-1056 |
| SUR716.015 Risk-Reducing (Prophylactic) Mastectomy | 19303 | Mastectomy, Complete, with Insertion of Breast Prosthesis or Tissue Expander ORG: S-862 (ISC) |
| THE801.033 Phototherapy for Dermatologic Conditions | 96900, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694 | MCG Phototherapy, Skin ACG: A-0255 (AC);<br>Photochemotherapy, Skin ACG: A-0253 (AC);<br>Excimer Laser Therapy, Skin ACG: A-0256 (AC) |
| THE802.003 Lipid Apheresis | 36516, S2120 | Apheresis, Therapeutic ACG: A-0173 (AC) |
| THE803.009 Gait Analysis | 96000, 96001, 96002, 96004, | Computerized Motion Analysis (Spine and Gait) ACG: A-0720 (AC) |

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## Policy History/Revision

| Date | Description of Change |
|---|---|
| 1/1/2026 | Document listing of those medical policies moving to reviews using MCG Guidelines. |