Policy Number	**ADM1001.036**
Policy Effective Date	**11/01/2026**
Policy End Date	**01/14/2027**

Medical Policies Moving to MCG Guidelines

Table of Contents
Coverage
Policy History

Related Policies (if applicable)
None

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	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)

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) EEG, Quantitative Brain Mapping (A-1050) EEG, Video Monitoring RRG M-580-RRG (ISC) EEG, Video Monitoring, Pediatric RRG P-580-RRG (ISC) EEG, Video Monitoring ORG: M-580 (ISC) 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 Autism Spectrum Disorders M-7075 Autism Spectrum Disorders B-012-HC Pediatric Self-Management C-0108 Adult Inpatient Care B-012-IP Child or Adolescent Inpatient Care B-019-IP Intensive Outpatient Program B-012-IOP Residential Care B-012-RES

	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 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 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 GRG: SG-MS (ISC GRG)
SUR706.001 Nasal and Sinus Surgery	30120, 30130, 30140, 30150, 30400, 30410, 30420, 30430,	Rhinoplasty – A-0184 Rhinoplasty

	30435, 30450, 30520, 30999, 31237, 31299, J3490,	Turbinate Resection –A-0183 Turbinate Resection Septoplasty – A-0182 Septoplasty 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 Cervical Fusion, Posterior S-330 Spine, Scoliosis, Posterior Instrumentation S-1056 Spine, Scoliosis, Posterior Instrumentation, Pediatric P-1056
THE801.033 Phototherapy for Dermatologic Conditions	96900, 96910, 96912, 96913, 96920, 96921, 96922, E0691, E0692, E0693, E0694	MCG Phototherapy, Skin ACG: A-0255 (AC); Photochemotherapy, Skin ACG: A-0253 (AC); 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)

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

Policy History/Revision

Date	Description of Change
11/01/2026	Document updated. Services related to risk-reducing (prophylactic) mastectomy are now reviewed under medical policy SUR716.015 Risk-Reducing Mastectomy.
01/01/2026	Document listing of those medical policies moving to reviews using MCG Guidelines.