

Medicare ID#	Date of Decision	Decision Memo Title	Intervention	Indication	Decision
CAG-00031N	2/1/1999	Cryosurgery Ablation for Prostate Cancer	Cryosurgery Ablation	Prostate Cancer	Covered
CAG-00041N	8/26/1999	Insulin Infusion Pump	Continuous Subcutaneous Insulin Infusion Pump for intensive insulin control.	Type I Diabetes with Criterion A or B -- See Comments	Covered
CAG-00041N	8/26/1999	Insulin Infusion Pump	Continuous Subcutaneous Insulin Infusion Pump for intensive insulin control.	Type II Diabetes (NIDDM)	Non-covered
CAG-00045N	9/27/1999	Prolotherapy for Chronic Low Back Pain	Prolotherapy/Sclerotherapy (a series of intraligamentous and intratendinous injections of solutions in trigger points near the pained area to induce the proliferation of new cells)	Lower back pain	Non-covered
CAG-00043N	11/9/1999	Electrical Stimulation for Fracture Healing	Electrical Stimulation for Bone Fracture Healing	Bone fractures of the appendicular skeleton (other than long bones - i.e. short bones) within previous three months	Non-covered
CAG-00043N	11/9/1999	Electrical Stimulation for Fracture Healing	Electrical stimulation for bone fracture healing	Bone fractures of the appendicular skeleton (long bones) within previous three months	Covered
CAG-00053N	12/2/1999	Liver Transplantation	Liver Transplantation	Chronic Hepatitis B	Covered
CAG-00040N	12/7/1999	Breast Biopsy	Percutaneous Image-Guided Breast Biopsy	(1) nonpalpable and (2) BIRADS III, IV, or V	Covered
CAG-00050N	1/14/2000	Autologous Stem Cell Transplantation for AL Amyloidosis	Autologous Stem Cell Transplantation (AuSCT)	AL (amyloid light-chain; primary) amyloidosis	Non-covered
CAG-00046N	4/26/2000	Ferrlecit®: Intravenous Iron Therapy	Ferrlecit®: Intravenous Iron Therapy	Iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoietin therapy	Covered
CAG-00057N	4/27/2000	Extracorporeal Immunoabsorption Using Protein A Columns for RA	Extracorporeal Immunoabsorption Using Protein A Columns for Rheumatoid Arthritis	Patients with Rheumatoid arthritis having severe(active disease, > 5 swollen joints, >20 tender joints, and morning stiffness <60 minutes) RA and (2) having already failed an adequate course of a minimum of 3 DMARDs. Failure does not include intolerance	Covered

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CAG-00011N	5/31/2000	Autologous Stem Cell Transplantation (AuSCT) for Multiple Myeloma	Autologous Stem Cell Transplantation (AuSCT)	Multiple Myeloma	Covered
CAG-00022N	7/31/2000	Ultrasound Stimulation for Nonunion Fracture Healing	Ultrasound Stimulation for OsteoGenesis	NonUnion Fractures	Covered
CAG-00036N	10/4/2000	Intestinal Multivisceral transplantation	Intestinal Transplantation	Patients with irreversible intestinal failure who have failed TPN	Covered
CAG-00021N	10/5/2000	Pelvic Floor Electrical Stimulation for Urinary Incontinence	Pelvic Floor Electrical Stimulation	Stress and/or Urge incontinence	Covered
CAG-00020N	10/6/2000	Biofeedback for Urinary Incontinence	<i>Biofeedback therapy</i>	Treatment of stress and/or urge incontinence	Covered
CAG-00066N	11/8/2000	Ocular Photodynamic Therapy with Verteporfin for Macular Degeneration	Ocular Photodynamic Therapy with Verteporfin	Age-related macular degeneration with predominately classic subfoveal CNV lesions (where classic CNV occupies >=50% of the area of the entire lesions)	Covered
CAG-00064N	12/5/2000	Cryosurgical Salvage Therapy for Recurrent Prostate Cancer	Cryosurgical Salvage Therapy	Patients with localized disease who have failed a trial of radiation therapy as their primary treatment, and Meet one of the following conditions: Stage T2B or below, Gleason score < 9, PSA <8 ng/ml	Covered
CAG-00065N	12/15/2000	Positron Emission Tomography	Positron Emission Tomography	Non-small cell lung cancer	Covered
CAG-00065N	12/15/2000	Positron Emission Tomography	Positron Emission Tomography	Esophageal Cancer	Covered
CAG-00065N	12/15/2000	Positron Emission Tomography	Positron Emission Tomography	Colorectal Cancer	Covered
CAG-00065N	12/15/2000	Positron Emission Tomography	Positron Emission Tomography	Lymphoma	Covered
CAG-00065N	12/15/2000	Positron Emission Tomography	Positron Emission Tomography	Melanoma	Covered
CAG-00065N	12/15/2000	Positron Emission Tomography	Positron Emission Tomography	Head and Neck Cancers	Covered
CAG-00065N	12/15/2000	Positron Emission Tomography	Positron Emission Tomography	Myocardial Viability	Covered
CAG-00065N	12/15/2000	Positron Emission Tomography	Positron Emission Tomography	Refractory Seizures	Covered

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CAG-00063N	3/20/2001	Cardiac Pacemakers	Cardiac Pacemaker (implanted)	Post-MI patients with asymptomatic bradycardia who otherwise would be precluded from beta-blocker long-term drug therapy	Non-covered
CAG-00063N	3/20/2001	Cardiac Pacemakers	Cardiac Pacemaker (implanted)	Post-MI patients who are treated with beta-blockers and later develop asymptomatic bradycardia as a result of the treatment.	Non-covered
CAG-00080N	3/21/2001	Venofer Intravenous Iron Therapy	Venofer	Iron Defeciciency Anemia Patients undergoing chronic hemodialysis	Covered
CAG-00016N	5/3/2001	Lymphedema Pumps	Pneumatic compression devices	lymphedema who was decided by physician that a conservative therapy has no significant improvement at least in a 4 week trial	Covered
CAG-00092N	5/11/2001	Insulin Pump: C-Peptide Levels as a Criterion for Use	C-Peptide levels as a Criterion for Insulin pump use	Diabetes, type indiscriminate.	Covered
CAG-00091N	5/21/2001	Liver Transplantation for Malignancies	Liver transplantation	Hepatocellular carcinoma (HCC)	Covered
CAG-00058N	6/29/2001	Sacral Nerve Stimulation for Urge Urinary Incontinence	Sacral Nerve Stimulation	Urinary Urge Incontinence	Covered
CAG-00058N	6/29/2001	Sacral Nerve Stimulation for Urge Urinary Incontinence	Sacral Nerve Stimulation	Urinary Frequency Syndrome	Covered
CAG-00058N	6/29/2001	Sacral Nerve Stimulation for Urge Urinary Incontinence	Sacral Nerve Stimulation	Urinary Retention	Covered
CAG-00090N	6/29/2001	Positron Emission Tomography Scanner Technology	PET Scanner using full-/partial-ring	Localization of lesions based upon metabolic activity.	Covered
CAG-00090N	6/29/2001	Positron Emission Tomography Scanner Technology	Gamma-camera coincidence scanner	Localization of lesions based upon metabolic activity.	Non-covered
CAG-00049N	7/19/2001	Actinic Keratoses	Various treatments for Actinic Keratoses	Actinic Keratoses	Covered
CAG-00087N	9/18/2001	Prothrombin Time (INR) Monitor for Home Anticoagulation Management	Prothrombin Time Monitor	Home Anticoagulation Management	Covered

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CAG-00063R	10/1/2001	Cardiac Pacemakers	Cardiac pacemaker	post MI patients with asymptomatic bradycardia	Non-covered
CAG-00059N	10/17/2001	Diabetic Peripheral Neuropathy with Loss of Protective Sensation	Comprehensive Foot Care Program	Beneficiaries with [Diabetic] Peripheral Neuropathy with Loss of Protective Sensation as diagnosed using monofilament test	Covered
CAG-00066R	10/17/2001	Ocular Photodynamic Therapy with Verteporfin for Macular Degeneration	Ocular Photodynamic therapy with Verteporin	"Wet" form of AMD in patients who have subfoveal occult and no classic CNV lesions	Covered
CAG-00067N	10/17/2001	Ambulatory Blood Pressure Monitoring	Ambulatory Blood Pressure Monitoring	suspected WCH	Covered
CAG-00075N	10/17/2001	Pneumatic Compression Pumps for Venous Insufficiency	Pneumatic compression pumps	Patients with refractory edema from chronic venous insufficiency (CVI) with significant ulceration of the lower extremities that have received standard therapy but have failed to heal after 6 months of continous treatment	Covered
CAG-00093N	10/30/2001	Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA)	Continuous Positive Airway Pressure	Obstructive Sleep Apnea	Covered
CAG-00114N	1/14/2002	Warm-Up Wound Therapy aka Noncontact Normothermic Wound Therapy NNWT	Warm-Up Wound Therapy a/k/a	Patients with pressure ulcers	Non-covered
CAG-00114N	1/14/2002	Warm-Up Wound Therapy aka Noncontact Normothermic Wound Therapy NNWT	Warm-Up Wound Therapy a/k/a	Venous Ulcers	Non-covered
CAG-00114N	1/14/2002	Warm-Up Wound Therapy aka Noncontact Normothermic Wound Therapy NNWT	Warm-Up Wound Therapy a/k/a	Diabetic/Neuropathic Ulcers	Non-covered
CAG-00109N	1/22/2002	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Pemphigus Vulgaris(PV)	Covered

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CAG-00109N	1/22/2002	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Pemphigus Foliaceus(PF)	Covered
CAG-00109N	1/22/2002	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Bullous Pemphigoid (BP)	Covered
CAG-00109N	1/22/2002	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Mucous Membrane Pemphigoid (MMP)	Covered
CAG-00109N	1/22/2002	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Intravenous Immune Globulin for Autoimmune Mucocutaneous Blistering Diseases	Epidermolysis Bullosa Acquisita (EBA)	Covered
CAG-00106N	2/14/2002	Electrodiagnostic Sensory Nerve Conduction Threshold	Electrodiagnostic Sensory Nerve Conduction Threshold Measurement	Diagnosis of sensory neuropathies	Non-covered
CAG-00017R	2/19/2002	Air-Fluidized Beds for Pressure Ulcers	Air-fluidized bed	Stage III or IV pressure ulcers	Covered
CAG-00098N	2/20/2002	Positron Emission Tomography (FDG) for Myocardial Viability	Positron emission tomography for determining myocardial viability prior to revascularization	Initial diagnostic study post myocardial infarction	Covered
CAG-00098N	2/20/2002	Positron Emission Tomography (FDG) for Myocardial Viability	Positron Emission Tomography following an inconclusive SPECT scan to determine myocardial infarction damage	Patients having had an inconclusive SPECT-Th(201) to determine myocardial infarction damage.	Covered
CAG-00098N	2/20/2002	Positron Emission Tomography (FDG) for Myocardial Viability	SPECT-Th(201) for determining myocardial viability prior to revascularization	Diagnostic study post myocardial infarction and an inconclusive PET scan	Non-covered
CAG-00094N	2/27/2002	Positron Emission Tomography (FDG) for Breast Cancer	Positron Emission Tomography	Initial staging of breast cancer	Non-covered
CAG-00094N	2/27/2002	Positron Emission Tomography (FDG) for Breast Cancer	Positron Emission Tomography	Initial staging of breast cancer	Non-covered

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CAG-00094N	2/27/2002	Positron Emission Tomography (FDG) for Breast Cancer	Positron Emission Tomography	Patients with initial diagnosis of breast cancer requiring determination of locoregional spread of the disease	Covered
CAG-00094N	2/27/2002	Positron Emission Tomography (FDG) for Breast Cancer	Positron Emission Tomography	Patients treated for breast cancer; requiring evaluating response to treatment	Covered
CAG-00097N	2/28/2002	Medical Nutrition Therapy Benefit for Diabetes and ESRD	Medical Nutrition Therapy Benefit	diabetes mellitus	Covered
CAG-00097N	2/28/2002	Medical Nutrition Therapy Benefit for Diabetes and ESRD	Medical Nutrition Therapy Benefit	ESRD (end stage of renal disease)	Covered
CAG-00118N	3/1/2002	Home Biofeedback For Urinary Incontinence	home biofeedback device	urinary incontinence	Non-covered
CAG-00066R2	3/28/2002	Ocular Photodynamic Therapy with Verteporfin for Macular Degeneration	Verteporfin Photodynamic Therapy	Macular Degeneration (subfoveal occult) with no classical choroidal neovascularization.	Non-covered
CAG-00074N	4/12/2002	Breast Biopsy Percutaneous Image Guided for Palpable Lesions	Breast Biopsy (Percutaneous Image Guided) for Palpable Lesions	Palpable lesions of the breast	Covered
CAG-00101N	4/30/2002	Liver Transplantation for Malignancies other than Hepatocellular Carcinoma	Liver Transplantation	Any malignancies besides hepatocellular carcinoma - specific malignancies examined include: cholangiocarcinomas, neuroendocrine tumors, epithelioid hemangioendotheliomas, metastatic tumors, gallbladder cancer, preexisting extrahepatic malignancies, and 'other' tumors	Non-covered

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CAG-00077N	7/22/2002	Levocarnitine for End Stage Renal Disease	Levocarnitine	End Stage Renal Disease Patients who have been on dialysis for a minimum of three months along with signs and symptoms of hypotension on hemodialysis that requires intervention and is unresponsive to all usual management measures (e.g. fluid management) and interferes with dialysis. Such episodes of hypotension must have occurred at least 2 dialysis treatments in a 30-day period.	Covered
CAG-00153R	7/22/2002	Neuromuscular Electrical Stimulation (NMES) for Spinal Cord Injury	NMES	walking in spinal cord injured patients with orthotic devices	Covered
CAG-00153R	7/22/2002	Neuromuscular Electrical Stimulation (NMES) for Spinal Cord Injury	NMES	muscle disuse atrophy	Non-covered
CAG-00068N	7/23/2002	Electrostimulation for Wounds	Electrical Stimulation	Non-healing Wounds	Covered
CAG-00068N	7/23/2002	Electrostimulation for Wounds	Electromagnetic stimulation	Non healing wounds	Non-covered
CAG-00060N	8/30/2002	Hyperbaric Oxygen Therapy for Hypoxic Wounds and Diabetic Wounds of the Lower Extremities	Hyperbaric Oxygen Therapy	Hypoxic Wounds	Non-covered
CAG-00060N	8/30/2002	Hyperbaric Oxygen Therapy for Hypoxic Wounds and Diabetic Wounds of the Lower Extremities	Hyperbaric Oxygen Therapy	Diabetic Wounds of the lower extremities	Covered
CAG-00134N	11/19/2002	Multiple-Seizure Electroconvulsive Therapy	Multiple-Seizure Electroconvulsive Therapy	MECT for major depression or other psychiatric disorders	Non-covered
CAG-00134N	11/19/2002	Multiple-Seizure Electroconvulsive Therapy	Intervention: Multiple-Seizure Electroconvulsive Therapy	MECT for non-psychiatric conditions	Non-covered
CAG-00124N	2/6/2003	Deep Brain Stimulation for Parkinson's Disease	Unilateral and/or bilateral thalamic Deep Brain Stimulation	Essential tremor or idiopathic parkinson's disease with at least 2 cardinal features	Covered

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CAG-00124N	2/6/2003	Deep Brain Stimulation for Parkinson's Disease	Unilateral and bilateral subthalamic nucleus and globus pallidus interna deep brain stimulation	Parkinson's Disease with at least 2 cardinal PD features	Covered
CAG-00142N	4/15/2003	Magnetic Resonance Angiography of the Abdomen and Pelvis	Magnetic Resonance Imaging of the abdomen and pelvis	imaging of the renal arteries in the absence of abdominal aortic aneurysm	Covered
CAG-00142N	4/15/2003	Magnetic Resonance Angiography of the Abdomen and Pelvis	Magnetic Resonance Angiography	Imaging of the aortoiliac arteries in the absence of abdominal aortic aneurysm	Covered
CAG-00088N	4/16/2003	Positron Emission Tomography (FDG) for Alzheimer's Disease/Dementia	FDG-PET	Alzheimer's Disease / Dementia	Non-covered
CAG-00095N	4/16/2003	Positron Emission Tomography (FDG) for Thyroid Cancer	Positron Emission Tomography	initial staging of post-surgical thyroid cancer of cell types that are known to concentrate I-131 poorly is reasonable and necessary for the diagnosis or treatment of the illness or injury or to improve the functioning of a malformed body member in the population specified in the request for national coverage	Non-covered
CAG-00095N	4/16/2003	Positron Emission Tomography (FDG) for Thyroid Cancer	Positron Emission Tomography	staging of thyroid cancer of follicular cell origin previously treated by thyroidectomy and radioiodine ablation with an elevated or rising serum Tg > 10 ng/ml and negative I-131 WBS	Covered
CAG-00095N	4/16/2003	Positron Emission Tomography (FDG) for Thyroid Cancer	Positron Emission Tomography	re-staging of previously treated thyroid cancer of medullary cell origin with an elevated serum calcitonin and negative standard imaging tests	Non-covered



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CAG-00095N	4/16/2003	Positron Emission Tomography (FDG) for Thyroid Cancer	Positron Emission Tomography	Metastatic thyroid cancer who are at highest risk for death over the following three years is for informational purposes only and not for changing patient	Non-covered
CAG-00099N	4/16/2003	Positron Emission Tomography (FDG) for Soft Tissue Sarcoma (STS)	Positron Emission Tomography	Soft tissue sarcoma	Non-covered
CAG-00165N	4/16/2003	Positron Emission Tomography (N-13 Ammonia) for Myocardial Perfusion	Ammonia N-13 PET	Myocardial Perfusion Studies	Covered
CAG-00157N	6/6/2003	Implantable Cardioverter Defibrillators (ICDs)	ICD	(i) Implantable defibrillator use for primary prevention	Covered
CAG-00157N	6/6/2003	Implantable Cardioverter Defibrillators (ICDs)	ICD	(ii) Implantable defibrillator use for secondary prevention	Covered
CAG-00167N	7/3/2003	Arthroscopy for the Osteoarthritic Knee	Arthroscopic lavage	Osteoarthritis of the knee	Non-covered
CAG-00167N	7/3/2003	Arthroscopy for the Osteoarthritic Knee	Arthroscopic debridement	Knee Pain or Severe Osteoarthritis (Outerbridge classification III or IV)	Non-covered
CAG-00106R	7/8/2003	Electrodiagnostic Sensory Nerve Conduction Threshold	Electrodiagnostic sensory Nerve Conduction	All potential indications - NCD is not covered for ANY use.	Non-covered

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CAG-00001R	8/7/2003	Electrical Bioimpedance for Cardiac Output Monitoring	Thoracic electrical bioimpedance (TEB)	Current 6 indications (•Noninvasive diagnosis or monitoring of hemodynamics in patients with suspected or known cardiovascular disease, •Differentiation of cardiogenic from pulmonary causes of acute dyspnea, •Optimization of atrioventricular interval for patients with A/V sequential cardiac pacemakers, •Patients with need of determination for intravenous inotropic therapy, •Post-heart transplant myocardial biopsy patients, •Patients with a need for fluid management)	Covered
CAG-00115R	8/20/2003	Lung Volume Reduction Surgery	Lung Volument Reduction Surgery	High-risk patients with Severe emphysema	Non-covered
CAG-00115R	8/20/2003	Lung Volume Reduction Surgery	Lung Volument Reduction Surgery	Non-high-risk patients who satisfy the inclusion and exclusion criteria outlined in the National Emphysema Treatment Trial protocol and present with severe upper lobe emphysema.	Covered
CAG-00115R	8/20/2003	Lung Volume Reduction Surgery	Lung Volument Reduction Surgery	Non-high-risk patients who satisfy the inclusion and exclusion criteria outlined in the NETT protocol and have severe non-upper lobe emphysema with low exercise capacity	Covered
CAG-00115R	8/20/2003	Lung Volume Reduction Surgery	Lung Volument Reduction Surgery	Non-high-risk patients who satisfy the inclusion and exclusion criteria outlined in the NETT protocol and have severe non-upper lobe emphysema with high exercise capacity	Non-covered

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CAG-00119N	10/1/2003	Ventricular Assist Devices as Destination Therapy	Ventricular Assist Device (VAD)	Permanent mechanical cardiac support (destination therapy) for Medicare beneficiaries who have chronic end-stage heart failure	Covered
CAG-00174N	10/10/2003	Acupuncture for fibromyalgia	Acupuncture	Fibromyalgia	Non-covered
CAG-00175N	10/10/2003	Acupuncture for osteoarthritis	Acupuncture	osteoarthritis	Non-covered
CAG-00180N	11/4/2003	Screening Immunoassay Fecal-Occult Blood Test	Screening Immunoassay Fecal-Occult Blood Tests	Medicare beneficiaries at least 50 y.o.	Covered
CAG-00180N	11/4/2003	Screening Immunoassay Fecal-Occult Blood Test	Screening Immunoassay Fecal-Occult Blood Tests	Medicare beneficiaries < 50 y.o.	Non-covered
CAG-00190N	12/15/2003	Autologous Blood-Derived Products for Chronic Non-Healing Wounds	Autologous Blood-Derived Product	(i) Chronic non-healing wounds in platelet poor plasma	Non-covered
CAG-00068R	12/17/2003	Electrostimulation for Wounds	electrostimulation	chronic wounds (chronic stage III and IV pressure ulcers, arterial ulcers, diabetic ulcers, venous stasis ulcers)	Covered
CAG-00066R3	1/28/2004	Ocular Photodynamic Therapy with Verteporfin for Macular Degeneration	Intervention: Ocular Photodynamic Therapy with Verteporfin	Indications: (i) Subfoveal occult with no classic choroidal neovascularization (CNV) associated with age-related macular degeneration - POSITIVE COVERAGE	Covered
CAG-00066R3	1/28/2004	Ocular Photodynamic Therapy with Verteporfin for Macular Degeneration	Intervention: Ocular Photodynamic Therapy with Verteporfin	Indications: (ii) Subfoveal minimally classic choroidal neovascularization associated with age-related macular degeneration - POSITIVE COVERAGE	Covered
CAG-00141N	1/29/2004	Magnetic Resonance Spectroscopy for Brain Tumors	Magnetic Resonance Spectroscopy	Suspected brain Neoplasms	Non-covered

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CAG-00088R	9/15/2004	Positron Emission Tomography (FDG) and Other Neuroimaging Devices for Suspected Dementia	FDG-PET	Cognitive decline of at least six months and a recently established diagnosis of dementia who meet diagnostic criteria for both Alzheimer's disease and fronto-temporal dementia, who have been evaluated for specific alternate neurodegenerative diseases or causative factors, and for whom the cause of the clinical symptoms remains uncertain.	Covered
CAG-00157R3	1/27/2005	Implantable Defibrillators	Implantable Cardioverter-defibrillator	Ischemic dilated cardiomyopathy	Covered
CAG-00157R3	1/27/2005	Implantable Defibrillators	Implantable Cardioverter-defibrillator	Nonischemic dilated cardiomyopathy	Covered
CAG-00181N	1/28/2005	Positron Emission Tomography (FDG) for Brain, Cervical, Ovarian, Pancreatic, Small Cell Lung, and Testicular Cancers	FDG-PET	Cervical Cancer that is negative for extra-pelvic metastasis	Covered
CAG-00050R	3/15/2005	Autologous Stem Cell Transplantation (AuSCT) for Amyloidosis	Autologous stem cell transplantation (HDM/AuSCT)	Primary AL amyloidosis (amyloid deposition in 2 or fewer organs, and cardiac left ventricular ejection fraction (EF) of greater than 45%)	Covered
CAG-00238N	3/15/2005	Abarelix for the Treatment of Prostate Cancer	Abarelix for the Treatment of Prostate Cancer	Prostate Cancer	Covered
CAG-00085R	3/17/2005	Carotid Artery Stenting	Intervention: Carotid Artery Stenting (CAS)	Indications: Embolic protection	Covered
CAG-00241N	3/22/2005	Smoking & Tobacco Use Cessation Counseling	Smoking & Tobacco Use Cessation Counseling in an Outpatient Setting	Patients with a disease or an adverse health effect that has been found by the US Surgeon General to be linked to tobacco use, or who is taking a therapeutic agent whose metabolism or dosing is affected by tobacco use as based on FDA-approved information.	Covered

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CAG-00093R	4/4/2005	Unattended portable multi-channel sleep testing with a minimum of 7 monitored channels	Unattended, multi-channel sleep testing with a minimum of 7 monitored channels	Obstructive sleep apnea	Non-covered
CAG-00093R	4/4/2005	Unattended portable multi-channel sleep testing with a minimum of 4 monitored channels	Unattended, multi-channel sleep testing with a minimum of 4 monitored channels	Obstructive sleep apnea	Non-covered
CAG-00107N	4/4/2005	Cochlear Implantation	Cochlear implantation	patients with bilateral pre-or-post linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification (test scores of $\leq$ 40% correct in the best-aided listening condition on tape recorded tests of open-set sentence cognition)	Covered
CAG-00248N	4/4/2005	Aprepitant for Chemotherapy-Induced Emesis	Aprepitant	Chemotherapy induced emesis (Alone-monotherapy as a full replacement to intravenous anti-emetics)	Non-covered
CAG-00248N	4/4/2005	Aprepitant for Chemotherapy-Induced Emesis	Aprepitant	Chemotherapy induced emesis (Combination with other oral anti-emetics as a full replacement to intravenous anti-emetics)	Covered
CAG-00022R	4/27/2005	Ultrasound Stimulation for Nonunion Fracture Healing	Ultrasound Stimulation	Nonunion Fracture Healing	Covered
CAG-00274N	5/5/2005	Mobility assistive equipment	Mobility assistive equipment	Medicare beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home.	Covered
CAG-00290R	11/1/2005	Tumour Antigen by immunoassay CA 125	Tumor Antigen by immunoassay CA125	Primary peritoneal carcinoma	Covered

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CAG-00250R	2/21/2006	Bariatric Surgery for the Treatment of Morbid Obesity	RYGBP (open and laparoscopic Roux-en-Y gastric bypass), LAGB (laparoscopic adjustable gastric banding), BPD/DS (open and laparoscopic biliopancreatic diversion with duodenal switch)	who have a BMI $\geq$ 35, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity	Covered
CAG-00289N	3/2/2006	Nesiritide for Treatment of Heart Failure Patients	Intervention: Nesiritide	Indications: Chronic Heart Failure	Non-covered
CAG-00002R2	3/20/2006	External Counterpulsation (ECP) Therapy	External Counterpulsation (ECP) Therapy	Canadian Cardiovascular Society Classification (CCSC) II angina	Non-covered
CAG-00002R2	3/20/2006	External Counterpulsation (ECP) Therapy	External Counterpulsation (ECP) Therapy	Heart Failure	Non-covered
CAG-00002R2	3/20/2006	External Counterpulsation (ECP) Therapy	External Counterpulsation (ECP) Therapy	Cardiogenic shock	Non-covered
CAG-00002R2	3/20/2006	External Counterpulsation (ECP) Therapy	External Counterpulsation (ECP) Therapy	Acute MI	Non-covered
CAG-00296N	3/20/2006	Home Use of Oxygen	home use of oxygen	COPD	Non-covered
CAG-00293N	3/21/2006	Microvolt T-wave Alternans	Microvolt T-wave Alternans diagnostic testing	Patients at risk of cardiac death (using the spectral analysis method)	Covered
CAG-00293N	3/21/2006	Microvolt T-wave Alternans	Microvolt T-wave Alternans diagnostic testing	Patients at risk of cardiac death (using the modified moving average method)	Non-covered
CAG-00089R	3/22/2006	Cardiac rehabilitation programs	Intervention: Cardiac Rehabilitation	Indications: Acute myocardial infarction (AMI)	Covered
CAG-00089R	3/22/2006	Cardiac rehabilitation programs	Intervention: Cardiac Rehabilitation	Indications: coronary artery bypass grafting (CABG)	Covered
CAG-00089R	3/22/2006	Cardiac rehabilitation programs	Intervention: Cardiac Rehabilitation	Indications: Stable Angina Pectoris	Covered
CAG-00089R	3/22/2006	Cardiac rehabilitation programs	Intervention: Cardiac Rehabilitation	Indications: Heart Valve Repair or Replacement	Covered
CAG-00089R	3/22/2006	Cardiac rehabilitation programs	Intervention: Cardiac Rehabilitation	Indications: Percutaneous Transluminal Coronary Angioplasty	Covered
CAG-00089R	3/22/2006	Cardiac rehabilitation programs	Intervention: Cardiac Rehabilitation	Indications: Heart or Heart Lung Transplant	Covered
CAG-00089R	3/22/2006	Cardiac rehabilitation programs	Intervention: Cardiac Rehabilitation	Indications: Congestive Heart Failure (CHF)	Non-covered
CAG-00295R	4/26/2006	Pancreas Transplants	Pancreas transplants	Type 1 diabetes	Covered
CAG-00292N	5/16/2006	Lumbar Artificial Disc Replacement	Lumbar Artificial Disc Replacement	Patients over 60 years of age with lower back pain	Non-covered

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CAG-00311N	8/24/2006	Cavernous Nerves Electrical Stimulation with Penile Plethysmography	Cavernous Nerves Electrical Stimulation with Penile Plethysmography	Beneficiaries undergoing nerve-sparing prostatic or colorectal surgical procedures	Non-covered
CAG-00291N	10/24/2006	Infrared therapy devices	he use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy (MIRE)	Skin Wound, Ulcer	Non-covered
CAG-00291N	10/24/2006	Infrared therapy devices	The use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy	peripheral sensory neuropathy	Non-covered
CAG-00324R	12/19/2006	Extracorporeal photopheresis	Extracorporeal Photopheresis	Refractory Acute Cardiac Allograft Rejection	Covered
CAG-00324R	12/19/2006	Extracorporeal photopheresis	Extracorporeal Photopheresis	Refractory Chronic GvHD	Covered
CAG-00324R	12/19/2006	Extracorporeal photopheresis	Extracorporeal Photopheresis	Bullous Pemphigoid and Pemphigus Vulgaris	Non-covered
CAG-00333N	3/20/2007	Blood Brain Barrier Disruption (BBBD) Chemotherapy	Blood Brain Barrier Disruption (BBBD)	Brain Tumor	Non-covered
CAG-00085R3	4/30/2007	Percutaneous Transluminal Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting	Percutaneous Transluminal Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting	High risk for CEA surgery with symptomatic carotid artery stenosis $\geq 50\%$ ?	Covered
CAG-00313R	5/4/2007	Vagus Nerve Stimulation for Treatment of Resistant Depression (TRD)	Vagus Nerve Stimualtion	Treatment Resistant Depression	Non-covered
CAG-00309R	5/22/2007	Ultrasound diagnostic procedures	Esophageal Doppler monitoring of cardiac output	Ventilated patients in the ICU and operative patients with a need for intra-operative fluid optimization	Covered
CAG-00292R	8/14/2007	Lumbar Artificial Disc Replacement	Lumbar Artificial Disc Replacement (LADR)	Back pain	Non-covered
CAG-00085R4	2/14/2008	Percutaneous Transluminal Angioplasty (PTA) and Stenting of the Renal Arteries	Intervention: Percutaneous Transluminal Angioplasty (PTA) and Stenting	atherosclerotic obstructive lesions	Covered
CAG-00093R2	3/13/2008	Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA)	Continuous Positive Airway Pressure	Obstructive Sleep Apnea	Covered

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CAG-00087R	3/19/2008	Prothrombin Time (INR) Monitor for Home Anticoagulation Management	Home Prothrombin (INR) monitoring	Chronic atrial fibrillation, venous thromboembolism	Covered
CAG-00190R2	3/19/2008	Autologous Blood Derived Products for Chronic Non-Healing Wounds	Autologous Blood Derived Products	Acute surgical wounds	Non-covered
CAG-00190R2	3/19/2008	Autologous Blood Derived Products for Chronic Non-Healing Wounds	Autologous Blood Derived Products	Chronic wounds	Non-covered
CAG-00190R2	3/19/2008	Autologous Blood Derived Products for Chronic Non-Healing Wounds	Autologous Blood Derived Products	Dehiscent wounds	Non-covered
CAG-00382N	3/19/2008	Positron Emission Tomography (FDG) for Infection and Inflammation	Positron Emission Tomography (FDG)	Chronic osteomyelitis	Non-covered
CAG-00382N	3/19/2008	Positron Emission Tomography (FDG) for Infection and Inflammation	Positron Emission Tomography (FDG)	Infection associated with hip arthroplasty	Non-covered
CAG-00382N	3/19/2008	Positron Emission Tomography (FDG) for Infection and Inflammation	Positron Emission Tomography (FDG)	Fever of unknown origin	Non-covered
CAG-00322N	5/1/2008	Artificial Hearts	Artificial Hearts	Heart Failure	Non-covered
CAG-00293R	5/12/2008	Microvolt T-wave Alternans	Microvolt T-wave Alternans using the modified moving average (MMA) method	Medicare beneficiaries at risk for sudden cardiac death (SCD)	Non-covered
CAG-00387N	9/29/2008	Thermal Intradiscal Procedures	Intervention: IntraDiscal Electrothermal Therapy (IDET)	Indications: Low back pain	Non-covered
CAG-00387N	9/29/2008	Thermal Intradiscal Procedures	Intervention: Percutaneous Intradiscal RadioFrequency Thermocoagulation (PIRFT)	Indications: Low back pain	Non-covered
CAG-00387N	9/29/2008	Thermal Intradiscal Procedures	Intervention: Percutaneous (or plasma) disc decompression (PDD)	Indications: Low back pain	Non-covered
CAG-00387N	9/29/2008	Thermal Intradiscal Procedures	Intervention: Biacuplasty	Indications: Low back pain	Non-covered
CAG-00085R6	10/14/2008	Percutaneous Transluminal Angioplasty (PTA) of the Carotid Artery Concurrent with Stenting	Percutaneous Transluminal Angioplasty	Symptomatic carotid artery stenosis >50% and/or asymptomatic >80%.	Covered



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CAG-00394N	12/8/2008	Heartsbreath Test for Heart Transplant Rejection	Heartsbreath test	Heart Transplant Rejection	Non-covered
CAG-00397N	2/12/2009	Surgery for Diabetes	Various types of surgery for obesity	Patients suffering from diabetes and with BMI $\geq$ 35	Covered
CAG-00397N	2/12/2009	Surgery for Diabetes	Various types of surgery for obesity	Diabetic patients with BMI < 35	Non-covered
CAG-00405N	3/3/2009	Sleep Testing for Obstructive Sleep Apnea (OSA)	Intervention: PSG (with or without clinical examination) -- relevant evidence under - <u>Clinical Diagnosis Alone and Clinical Diagnosis with PSG</u> in decision memo	Indications:Obstructive Sleep Apnea (OSA)	Covered
CAG-00405N	3/3/2009	Sleep Testing for Obstructive Sleep Apnea (OSA)	Intervention: Home testing for OSA	Indications:Obstructive Sleep Apnea (OSA)	Covered
CAG-00405N	3/3/2009	Sleep Testing for Obstructive Sleep Apnea (OSA)	Intervention: Oximetry	Indications:Obstructive Sleep Apnea (OSA)	Covered
CAG-00405N	3/3/2009	Sleep Testing for Obstructive Sleep Apnea (OSA)	Intervention: Devices measuring peripheral arterial tone, actigraphy and oximetry	Indications:Obstructive Sleep Apnea (OSA)	Covered
CAG-00405N	3/3/2009	Sleep Testing for Obstructive Sleep Apnea (OSA)	Intervention: Other diagnostic strategies (Unattended cardiopulmonary sleep studies)	Indications:Obstructive Sleep Apnea (OSA)	Covered
CAG-00181R	4/3/2009	Positron Emission Tomography (FDG) for Solid Tumors	Positron Emission Tomography (FDG)	Initial treatment strategy for beneficiaries who have solid tumors or lesions suspected to be solid tumors	Covered
CAG-00181R	4/3/2009	Positron Emission Tomography (FDG) for Solid Tumors	Positron Emission Tomography (FDG)	Subsequent treatment strategy in beneficiaries who have completed an initial treatment regimen for a solid tumor but who have signs or symptoms of tumor spread or recurrence	Non-covered
CAG-00181R	4/3/2009	Positron Emission Tomography (FDG) for Solid Tumors	Positron Emission Tomography (FDG)	Initial and subsequent treatment strategy in beneficiaries with myeloma	Covered
CAG-00396N	5/12/2009	Screening Computed Tomography Colonography (CTC) for Colorectal Cancer	Intervention: Screening Computed Tomography Colonography (CTC)	Indications: Screening for Colorectal Cancer	Non-covered

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CAG-00400N	8/3/2009	Pharmacogenomic Testing for Warfarin Response	Pharmacogenomic Testing	Determining warfarin responsiveness in patients	Non-covered
CAG-00181R2	11/10/2009	Positron Emission Tomography (FDG) for Cervical Cancer	Positron Emission Tomography (FDG)	Diagnosis of Cervical Cancer	Non-covered
CAG-00181R2	11/10/2009	Positron Emission Tomography (FDG) for Cervical Cancer	Positron Emission Tomography (FDG)	Staging of Cervical Cancer	Covered
CAG-00409N	12/8/2009	Screening for the Human Immunodeficiency Virus (HIV) Infection	Intervention: Screening for the Human Immunodeficiency Virus (HIV) Infection	Indications: Medicare beneficiaries at increased risk for HIV infection	Covered
CAG-00410N	12/23/2009	Outpatient Intravenous Insulin Treatment (Therapy)	Outpatient Intravenous Insulin Treatment (Therapy)	Diabetes	Non-covered
CAG-00065R	2/26/2010	Positron Emission Tomography (NaF-18) to identify bone metastasis of cancer	Positron Emission Tomography (NaF-18)	Patients already diagnosed with bone metastasis and needing information regarding antitumor strategy or guidance of subsequent antitumor treatment strategy	Non-covered
CAG-00412N	3/23/2010	Dermal injections for the treatment of facial lipodystrophy syndrome (FLS)	Dermal injections	Treatment of facial lipodystrophy syndrome (FLS) - patients without depression	Non-covered
CAG-00412N	3/23/2010	Dermal injections for the treatment of facial lipodystrophy syndrome (FLS)	Dermal injections	Treatment of facial lipodystrophy syndrome (FLS) - patients with depression	Covered
CAG-00414N	5/25/2010	Collagen Meniscus Implant	Collagen Meniscus Implant	Treatment of meniscal injury/tear	Non-covered
CAG-00181R3	8/4/2010	Positron Emission Tomography for Initial Treatment Strategy in Solid Tumors and Myeloma	Positron Emission Tomography (FDG)	Informing initial treatment strategy in solid tumors and myeloma	Covered
CAG-00415N	8/4/2010	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndrome	Allogeneic Hematopoietic Stem Cell Transplantation (HSCT)	Myelodysplastic Syndrome	Non-covered

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CAG-00420N	8/25/2010	Counseling to Prevent Tobacco Use	Counseling	Patients who use tobacco cessation counseling and hospitalized Medicare beneficiaries.	Covered
CAG-00119R2	11/9/2010	Ventricular Assist Devices as Destination Therapy	Ventricular Assist Device	Class IV end-stage ventricular heart failure	Covered
CAG-00296R	1/4/2011	Home Use of Oxygen to Treat Cluster Headache	Oxygen (home use)	Cluster headache	Non-covered
CAG-00399R2	2/24/2011	Magnetic Resonance Imaging (MRI)	Magnetic Resonance Imaging	Individuals with implanted cardiac pacemakers or defibrillators	Non-covered
CAG-00422N	6/30/2011	Autologous Cellular Immunotherapy Treatment of Metastatic Prostate Cancer	Autologous cellular immunotherapy treatment - sipuleucel-T; PROVENGE®.	Castration-resistant, metastatic prostate cancer	Covered
CAG-00399R3	7/7/2011	Magnetic Resonance Imaging (MRI)	Intervention: MRI	Indications: Use of MRI in Medicare beneficiaries with implanted permanent pacemakers (PMs)	Covered
CAG-00425N	10/14/2011	Screening for Depression in Adults	Intervention: Screening	Indications: Screening for Depression in Adults	Covered
CAG-00427N	10/14/2011	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	Intervention: Screening and Behavioral Counseling	Indications: Reduction in alcohol use	Covered
CAG-00424N	11/8/2011	Intensive Behavioral Therapy for Cardiovascular Disease	Intensive Behavioral Therapy for Cardiovascular Disease	Primary Prevention of CVD	Covered
CAG-00424N	11/8/2011	Intensive Behavioral Therapy for Cardiovascular Disease	Screening	High Blood Pressure	Covered
CAG-00424N	11/8/2011	Intensive Behavioral Therapy for Cardiovascular Disease	Intensive Behavioral Counseling in Primary Care to Promote a Healthy Diet	Beneficiaries with Hyperlipidemia and Other Known Risk Factors for Cardiovascular and Diet-related Chronic Disease	Covered
CAG-00426N	11/8/2011	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling to prevent STIs	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC)	Chlamydia and Gonorrhea	Covered

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CAG-00426N	11/8/2011	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling to prevent STIs	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC)	Gonorrhea	Covered
CAG-00426N	11/8/2011	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling to prevent STIs	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC)	Syphilis	Covered
CAG-00426N	11/8/2011	Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling to prevent STIs	High-Intensity Behavioral Counseling (HIBC)	STIs	Covered
CAG-00423N	11/29/2011	Intensive Behavioral Therapy for Obesity	Intensive Behavioral Therapy	Obesity	Covered
CAG-00324R2	4/30/2012	Extracorporeal Photopheresis (ECP)	Extracorporeal Photopheresis	Bronchiolitis obliterans syndrome (BOS) following lung allograft transplantation	Non-covered
CAG-00430N	5/1/2012	Transcatheter Aortic Valve Replacement (TAVR)	Intervention: Transcatheter Aortic Valve Replacement (TAVR)	Indications: Severe symptomatic aortic stenosis who <b><i>are not</i></b> candidates for surgical aortic valve replacement (Cohort B)	Non-covered
CAG-00430N	5/1/2012	Transcatheter Aortic Valve Replacement (TAVR)	Intervention: Transcatheter Aortic Valve Replacement (TAVR)	Indications: Severe symptomatic aortic stenosis who <b><i>are</i></b> candidates for surgical aortic valve replacement (Cohort A)	Non-covered
CAG-00429N	6/8/2012	Transcutaneous Electrical Nerve Stimulation for Chronic Low Back Pain	Intervention: Transcutaneous Electrical Nerve Stimulation	Indications: Chronic Low Back Pain	Non-covered
CAG-00190R3	8/2/2012	Autologous Blood Derived Products for Chronic Non-Healing cutaneous wounds	Autologous Blood-Derived Products	Chronic, Non-Healing Wounds	Non-covered