Coverage & Billing Information for the 2024 Q1 Quarterly Code Update

Background

Iowa Medicaid has reviewed the Q1 2024 Billing Code Update to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective January 1, 2024. This bulletin serves as a notice of the following information:

[Table 1](#Table1)

* New Current Procedural Terminology (CPT©) and Healthcare Common Procedure Coding System (HCPCS) codes included in the Q1 2023 code update. Coverage and billing information for these codes applies to dates of service on or after **January 1, 2024.**

[Table 2](#Table2)

* New Current Dental Terminology (CDT©) codes included in the Q1 2023 code update. Coverage and billing information for these codes applies to dates of service on or after **January 1, 2024.**

[Table 3](#Table3)

* International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes. Coverage and billing for these codes applies to dates of service on or after **N/A.**

[Table 4](#Table4)

* International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) codes. Coverage and billing for these codes applies to dates of service on or after **N/A.**

[Table 5](#Table5)

* Modifiers included in the code update. Coverage and billing information for these codes applies to dates of service on or after **N/A**.

[Table 6](#Table6)

* CPT©, CDT©, & HCPCS codes that would be considered Outpatient Hospital on or after **January 1, 2024**.

[Table 7](#Table7)

* CPT©, CDT©, & HCPCS codes that require Pre-Pay or Post-Pay claim review for Fee For Service (FFS) (traditional Medicaid) effective **January 1, 2024**.

[Table 8](#Table8)

* Non-Covered Codes - CPT©, CDT©, HCPCS, ICD-10-CM & ICD-10-PCS codes that have been thoroughly reviewed and Iowa Medicaid has decided not to cover effective **January 1, 2024.**

[Table 9](#Table9)

* Deleted Codes - CPT©, CDT©, HCPCS, ICD-10-CM & ICD-10-PCS codes that have been discontinued effective **December 31, 2023.**

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, prior authorization (PA), and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Iowa Medicaid Provider Services at 1-800-338-7909 or via email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

Managed Care Organization (MCOs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care PA should be directed to the MCP with which the member is enrolled.

**Amerigroup Iowa, Inc.:**

* Provider Services: 1-800-454-3730
* Provider email: iowamedicaid@amerigroup.com
* Website: <https://providers.amerigroup.com/ia>

**Iowa Total Care:**

* Provider Services: 1-833-404-1061
* Provider email: Providers may send email using their account on the ITC website.
* Website: <https://www.iowatotalcare.com>

The **Q1 2024** code update may include modifications to descriptions for some existing HCPCS/CPT codes. These modifications are available for reference or download from the CMS website at [www.cms.gov](http://www.cms.gov).

The **Q1** code update also includes a list of deleted codes. These codes are available for reference or download from the CMS website at cms.gov. If there is a *known* replacement code, Iowa Medicaid has added the replacement code for which there were deleted codes effective as of **December 31, 2023**.

**Medically Unlikely Edits** arethe maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. The **max units** listed in the tables below are derived from the quarterly [Medicaid NCCI Edits](https://www.cms.gov/medicare/coding-billing/ncci-medicaid/medicaid-ncci-edit-files) released by CMS.

Iowa Medicaid will update the fee schedule as rates become available.

**Table 1 –** *CPT© & HCPCS Codes*  [Back to top](#Home)

| Code | Description (Table 1) | Effective Date | Special Billing Information |
| --- | --- | --- | --- |
| 52284 | Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed | 1/1/2024 | Male Only  Max Units: 1 |
| 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | 1/1/2024 | Max Units: 1 |
| 61891 | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s) | 1/1/2024 | Max Units: 1 |
| 61892 | Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed | 1/1/2024 | Max Units: 1 |
| 76984 | Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic | 1/1/2024 | Max Units: 1 |
| 76987 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report | 1/1/2024 | Max Units: 1 |
| 76988 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only | 1/1/2024 | Max Units: 1 |
| 76989 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only | 1/1/2024 | Max Units: 1 |
| 82166 | Anti-mullerian hormone (AMH) | 1/1/2024 | Max Units: 1 |
| 86041 | Acetylcholine receptor (AChR); binding antibody | 1/1/2024 | Max Units: 1 |
| 86042 | Acetylcholine receptor (AChR); blocking antibody | 1/1/2024 | Max Units: 1 |
| 86043 | Acetylcholine receptor (AChR); modulating antibody | 1/1/2024 | Max Units: 1 |
| 86366 | Muscle-specific kinase (MuSK) antibody | 1/1/2024 | Max Units: 1 |
| 87523 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed | 1/1/2024 | Max Units: 1 |
| 90589 | Chikungunya virus vaccine, live attenuated, for intramuscular use | 1/1/2024 | Min Age: 18  Max Units: 1 |
| 90623 | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use | 1/1/2024 | Min Age: 10  Max Age: 25  Max Units: 1 |
| 93584 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 93585 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 93586 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 93587 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 93588 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 97550 | Caregiver training in strategies and techniques to facilitate the patient’s functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes | 1/1/2024 | Max Units: 1 |
| 97551 | Caregiver training in strategies and techniques to facilitate the patient’s functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service) | 1/1/2024 | Max Units: 1 |
| 97552 | Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers | 1/1/2024 | Max Units: 1 |
| 0427U | Monocyte distribution width, whole blood (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0429U | Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) | 1/1/2024 | Max Units: 1 |
| 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed | 1/1/2024 | Max Units: 1 |
| 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator | 1/1/2024 | Max Units: 1 |
| 0786T | Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed | 1/1/2024 | Max Units: 1 |
| 0787T | Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator | 1/1/2024 | Max Units: 1 |
| 0814T | Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral | 1/1/2024 | Max Units: 1 |
| 0815T | Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine | 1/1/2024 | Max Units: 1 |
| 0816T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous | 1/1/2024 | Max Units: 1 |
| 0817T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial | 1/1/2024 | Max Units: 1 |
| 0818T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous | 1/1/2024 | Max Units: 1 |
| 0819T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial | 1/1/2024 | Max Units: 1 |
| 0827T | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0828T | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0829T | Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0830T | Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0831T | Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0832T | Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0833T | Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0834T | Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0835T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0836T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0837T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0838T | Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0839T | Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0840T | Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0841T | Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0842T | Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0843T | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0844T | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0845T | Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0846T | Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0847T | Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0848T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0849T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0850T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0851T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0852T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0853T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0854T | Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0855T | Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| 0856T | Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure) | 1/1/2024 | Max Units: 1 |
| A4287 | Disposable collection and storage bag for breast milk, any size, any type, each | 1/1/2024 | Max Units: 100 |
| A6520 | Gradient compression garment, glove, padded, for nighttime use, each | 1/1/2024 | Max Units: 4 |
| A6521 | Gradient compression garment, glove, padded, for nighttime use, custom, each | 1/1/2024 | Max Units: 4 |
| A6522 | Gradient compression garment, arm, padded, for nighttime use, each | 1/1/2024 | Max Units: 4 |
| A6523 | Gradient compression garment, arm, padded, for nighttime use, custom, each | 1/1/2024 | Max Units: 4 |
| A6524 | Gradient compression garment, lower leg and foot, padded, for nighttime use, each | 1/1/2024 | Max Units: 4 |
| A6525 | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each | 1/1/2024 | Max Units: 4 |
| A6526 | Gradient compression garment, full leg and foot, padded, for nighttime use, each | 1/1/2024 | Max Units: 4 |
| A6527 | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each | 1/1/2024 | Max Units: 4 |
| A6528 | Gradient compression garment, bra, for nighttime use, each | 1/1/2024 | Max Units: 2 |
| A6529 | Gradient compression garment, bra, for nighttime use, custom, each | 1/1/2024 | Max Units: 2 |
| A6552 | Gradient compression stocking, below knee, 30-40 mmhg, each | 1/1/2024 | Max Units: 4 |
| A6553 | Gradient compression stocking, below knee, 30-40 mmhg, custom, each | 1/1/2024 | Max Units: 4 |
| A6554 | Gradient compression stocking, below knee, 40 mmhg or greater, each | 1/1/2024 | Max Units: 4 |
| A6555 | Gradient compression stocking, below knee, 40 mmhg or greater, custom, each | 1/1/2024 | Max Units: 4 |
| A6556 | Gradient compression stocking, thigh length, 18-30 mmhg, custom, each | 1/1/2024 | Max Units: 4 |
| A6557 | Gradient compression stocking, thigh length, 30-40 mmhg, custom, each | 1/1/2024 | Max Units: 4 |
| A6558 | Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each | 1/1/2024 | Max Units: 4 |
| A6559 | Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each | 1/1/2024 | Max Units: 4 |
| A6560 | Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each | 1/1/2024 | Max Units: 4 |
| A6561 | Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each | 1/1/2024 | Max Units: 4 |
| A6562 | Gradient compression stocking, waist length, 18-30 mmhg, custom, each | 1/1/2024 | Max Units: 4 |
| A6563 | Gradient compression stocking, waist length, 30-40 mmhg, custom, each | 1/1/2024 | Max Units: 4 |
| A6564 | Gradient compression stocking, waist length, 40 mmhg or greater, custom, each | 1/1/2024 | Max Units: 4 |
| A6565 | Gradient compression gauntlet, custom, each | 1/1/2024 | Max Units: 2 |
| A6566 | Gradient compression garment, neck/head, each | 1/1/2024 | Max Units: 2 |
| A6567 | Gradient compression garment, neck/head, custom, each | 1/1/2024 | Max Units: 2 |
| A6568 | Gradient compression garment, torso and shoulder, each | 1/1/2024 | Max Units: 2 |
| A6569 | Gradient compression garment, torso/shoulder, custom, each | 1/1/2024 | Max Units: 2 |
| A6570 | Gradient compression garment, genital region, each | 1/1/2024 | Max Units: 2 |
| A6571 | Gradient compression garment, genital region, custom, each | 1/1/2024 | Max Units: 2 |
| A6572 | Gradient compression garment, toe caps, each | 1/1/2024 | Max Units: 4 |
| A6573 | Gradient compression garment, toe caps, custom, each | 1/1/2024 | Max Units: 4 |
| A6574 | Gradient compression arm sleeve and glove combination, custom, each | 1/1/2024 | Max Units: 4 |
| A6575 | Gradient compression arm sleeve and glove combination, each | 1/1/2024 | Max Units: 4 |
| A6576 | Gradient compression arm sleeve, custom, medium weight, each | 1/1/2024 | Max Units: 4 |
| A6577 | Gradient compression arm sleeve, custom, heavy weight, each | 1/1/2024 | Max Units: 4 |
| A6578 | Gradient compression arm sleeve, each | 1/1/2024 | Max Units: 4 |
| A6579 | Gradient compression glove, custom, medium weight, each | 1/1/2024 | Max Units: 4 |
| A6580 | Gradient compression glove, custom, heavy weight, each | 1/1/2024 | Max Units: 4 |
| A6581 | Gradient compression glove, each | 1/1/2024 | Max Units: 4 |
| A6582 | Gradient compression gauntlet, each | 1/1/2024 | Max Units: 2 |
| A6583 | Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each | 1/1/2024 | Max Units: 2 |
| A6584 | Gradient compression wrap with adjustable straps, not otherwise specified | 1/1/2024 | Max Units: 1 |
| A6585 | Gradient pressure wrap with adjustable straps, above knee, each | 1/1/2024 | Max Units: 2 |
| A6586 | Gradient pressure wrap with adjustable straps, full leg, each | 1/1/2024 | Max Units: 2 |
| A6587 | Gradient pressure wrap with adjustable straps, foot, each | 1/1/2024 | Max Units: 2 |
| A6588 | Gradient pressure wrap with adjustable straps, arm, each | 1/1/2024 | Max Units: 2 |
| A6589 | Gradient pressure wrap with adjustable straps, bra, each | 1/1/2024 | Max Units: 2 |
| A6593 | Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified | 1/1/2024 | Max Units: 1 |
| A6594 | Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each | 1/1/2024 | Max Units: 2 |
| A6595 | Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each | 1/1/2024 | Max Units: 2 |
| A6596 | Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each | 1/1/2024 | Max Units: 2 |
| A6597 | Gradient compression bandage roll, elastic long stretch, per linear yard, any width, each | 1/1/2024 | Max Units: 60 |
| A6598 | Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each | 1/1/2024 | Max Units: 60 |
| A6599 | Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each | 1/1/2024 | Max Units: 60 |
| A6600 | Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each | 1/1/2024 | Max Units: 1 |
| A6601 | Gradient compression bandaging supply, high density foam pad, any size or shape, each | 1/1/2024 | Max Units: 1 |
| A6602 | Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each | 1/1/2024 | Max Units: 1 |
| A6603 | Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each | 1/1/2024 | Max Units: 1 |
| A6604 | Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each | 1/1/2024 | Max Units: 1 |
| A6605 | Gradient compression bandaging supply, padded foam, per linear yard, any width, each | 1/1/2024 | Max Units: 1 |
| A6606 | Gradient compression bandaging supply, padded textile, per linear yard, any width, each | 1/1/2024 | Max Units: 1 |
| A6607 | Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each | 1/1/2024 | Max Units: 1 |
| A6608 | Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each | 1/1/2024 | Max Units: 1 |
| A6609 | Gradient compression bandaging supply, not otherwise specified | 1/1/2024 | Max Units: 1 |
| A6610 | Gradient compression stocking, below knee, 18-30 mmhg, custom, each | 1/1/2024 | Max Units: 4 |
| A9608 | Flotufolastat f18, diagnostic, 1 millicurie | 1/1/2024 | Male Only  Min Age: 18  Max Units: 8 |
| A9609 | Fludeoxyglucose f18 up to 15 millicuries | 1/1/2024 | Male Only  Min Age: 18  Max Units: 8 |
| C7560 | Endoscopic retrograde cholangiopancreatography (ERCP) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) | 1/1/2024 | Max Units: 1 |
| C9159 | Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity | 1/1/2024 | Min Age: 18  Max Units: 5,000 |
| C9161 | Injection, aflibercept hd, 1 mg | 1/1/2024 | Min Age: 18  Max Units: 8 |
| C9162 | Injection, avacincaptad pegol, 0.1 mg | 1/1/2024 | Min Age: 18  Max Units: 40 |
| C9163 | Injection, talquetamab-tgvs, 0.25 mg | 1/1/2024 | Min Age: 18  Max Units: 128 |
| C9164 | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) | 1/1/2024 | Min Age: 2  Max Units: 2 |
| C9165 | Injection, elranatamab-bcmm, 1 mg | 1/1/2024 | Min Age: 18  Max Units: 76 |
| C9794 | Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling) | 1/1/2024 | Max Units: 1 |
| C9795 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions | 1/1/2024 | Max Units: 1 |
| G0011 | Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15-30 minutes | 1/1/2024 | Min Age: 10  Max Units: 1 |
| G0012 | Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle | 1/1/2024 | Min Age: 10  Max Units: 1 |
| G0013 | Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence | 1/1/2024 | Min Age: 10  Max Units: 1 |
| G0017 | Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes | 1/1/2024 | Max Units: 1 |
| G0018 | (Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (List separately in addition to code for primary service) | 1/1/2024 | Max Units: 4 |
| G0136 | Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment tool, 5-15 minutes | 1/1/2024 | Max Units: 1 |
| J0184 | Injection, amisulpride, 1 mg | 1/1/2024 | Min Age: 18  Max Units: 10 |
| J0217 | Injection, velmanase alfa-tycv, 1 mg | 1/1/2024 | Max Units: 1 |
| J0391 | Injection, artesunate, 1 mg | 1/1/2024 | Max Units: 1 |
| J0402 | Injection, aripiprazole, (abilify asimtufii), 1 mg | 1/1/2024 | Min Age: 18  Max Units: 960 |
| J0576 | Injection, buprenorphine extended-release (brixadi), 1 mg | 1/1/2024 | Min Age: 18  Max Units: 128 |
| J0688 | Injection, cefazolin sodium (hikma), not therapeutically equivalent to J0690, 500 mg | 1/1/2024 | Max Units: 16 |
| J0750 | Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral | 1/1/2024 | Max Units: 1 |
| J0751 | Emtricitabine 200mg and tenofovir alafenamide 25mg, oral | 1/1/2024 | Max Units: 1 |
| J0799 | FDA approved prescription drug, only for use as HIV pre-exposure prophylaxis, not otherwise classified | 1/1/2024 | Max Units: 1 |
| J0873 | Injection, daptomycin (xellia) not therapeutically equivalent to J0878, 1 mg | 1/1/2024 | Max Units: 1,500 |
| J1105 | Dexmedetomidine, oral, 1 mcg | 1/1/2024 | Min Age: 18  Max Units: 360 |
| J1304 | Injection, tofersen, 1 mg | 1/1/2024 | Min Age: 18  Max Units: 100 |
| J1412 | Injection, valoctocogene roxaparvovec-rvox, per mL, containing nominal 2 × 10^13 vector genome | 1/1/2024 | Min Age: 18 |
| J1413 | Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose | 1/1/2024 | Min Age: 4  Max Age: 5  Max Units: 1 |
| J1596 | Injection, glycopyrrolate, 0.1 mg | 1/1/2024 | Max Units: 1 |
| J1939 | Injection, bumetanide, 0.5 mg | 1/1/2024 | Min Age: 18  Max Units: 20 |
| J2403 | Chloroprocaine hcl ophthalmic, 3% gel, 1 mg | 1/1/2024 | Min Age: 18  Max Units: 1 |
| J2404 | Injection, nicardipine, 0.1 mg | 1/1/2024 | Min Age: 18  Max Units: 1 |
| J2508 | Injection, pegunigalsidase alfa-iwxj, 1 mg | 1/1/2024 | Min Age: 18 |
| J2679 | Injection, fluphenazine hcl, 1.25 mg | 1/1/2024 | Min Age: 12  Max Units: 8 |
| J2799 | Injection, risperidone, (uzedy), 1 mg | 1/1/2024 | Max Units: 250 |
| J3401 | Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 mL | 1/1/2024 | Max Units: 16 |
| J3425 | Injection, hydroxocobalamin, 10 mcg | 1/1/2024 | Max Units: 1 |
| J9052 | Injection, carmustine (accord), not therapeutically equivalent to J9050, 100 mg | 1/1/2024 | Max Units: 6 |
| J9072 | Injection, cyclophosphamide, (dr. reddy’s), 5 mg | 1/1/2024 | Max Units: 1,500 |
| J9172 | Injection, docetaxel (ingenus) not therapeutically equivalent to J9171, 1 mg | 1/1/2024 | Max Units: 240 |
| J9255 | Injection, methotrexate (accord) not therapeutically equivalent to J9250 or J9260, 50 mg | 1/1/2024 | Max Units: 1 |
| J9258 | Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to J9264, 1 mg | 1/1/2024 | Max Units: 800 |
| J9286 | Injection, glofitamab-gxbm, 2.5 mg | 1/1/2024 | Min Age: 18  Max Units: 12 |
| J9321 | Injection, epcoritamab-bysp, 0.16 mg | 1/1/2024 | Min Age: 18  Max Units: 300 |
| J9324 | Injection, pemetrexed (pemrydi rtu), 10 mg | 1/1/2024 | Max Units: 1 |
| J9333 | Injection, rozanolixizumab-noli, 1 mg | 1/1/2024 | Min Age: 18  Max Units: 840 |
| J9334 | Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc | 1/1/2024 | Min Age: 18  Max Units: 504 |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | 1/1/2024 | Max Units: 2 |
| Q5132 | Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg | 1/1/2024 | Min Age: 2  Max Units: 1 |

**\***Covid Related Code [Back to top](#Home)

**Table 2 –** *CDT©*

|  |  |  |
| --- | --- | --- |
| Code | Description | Effective Date |
| D6089 | Accessing and retorquing loose implant screw - per screw | 1/1/2024 |
| D7284 | Excisional biopsy of minor salivary glands | 1/1/2024 |

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**Table 3 –** *ICD-10-CM Codes* [Back to top](#Home)

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Description | Effective Date |  |
| N/A | N/A | N/A |  |

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**Table 4 -** *ICD-10-PCS Codes*

|  |  |  |
| --- | --- | --- |
| Code | Description | Effective Date |
| N/A | N/A | N/A |

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**Table 5 –** *Modifiers*

|  |  |  |
| --- | --- | --- |
| Modifier | Description | Effective Date |
| N/A | N/A | N/A |

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**Table 6 –** *Outpatient Hospital*

| Code | Description (Table 6) | Effective Date |
| --- | --- | --- |
| 52284 | Drug delivery using a drug-coated balloon for male treatment of urethral stricture using an endoscope | 1/1/2024 |
| 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver | 1/1/2024 |
| 61891 | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver | 1/1/2024 |
| 61892 | Removal of skull-mounted cranial neurostimulator pulse generator or receiver | 1/1/2024 |
| 76984 | Ultrasound of chest aorta during surgery | 1/1/2024 |
| 76987 | Ultrasound of heart during surgery to evaluate for congenital heart disease, including placement and manipulation of transducer, image acquisition, and interpretation and report of results | 1/1/2024 |
| 76988 | Ultrasound of heart during surgery to evaluate for congenital heart disease, including placement and manipulation of transducer and image acquisition | 1/1/2024 |
| 76989 | Ultrasound of heart during surgery to evaluate for congenital heart disease, interpretation and report of results only | 1/1/2024 |
| 90589 | Chikungunya virus vaccine, live attenuated, for intramuscular use | 1/1/2024 |
| 90623 | Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, each additional 15 minutes | 1/1/2024 |
| 93584 | Review by radiologist of vein imaging for congenital heart defect of superior vena cava | 1/1/2024 |
| 93585 | Review by radiologist of vein imaging for congenital heart defect of the azygos/hemiazygos venous system | 1/1/2024 |
| 93586 | Review by radiologist of vein imaging for congenital heart defect of coronary sinus | 1/1/2024 |
| 93587 | Review by radiologist of vein imaging for congenital heart defect of venovenous collaterals above the heart | 1/1/2024 |
| 93588 | Review by radiologist of vein imaging for congenital heart defect of venovenous collaterals below the heart | 1/1/2024 |
| 97550 | Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, initial 30 minutes | 1/1/2024 |
| 97551 | Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, each additional 15 minutes | 1/1/2024 |
| 97552 | Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community | 1/1/2024 |
| 0427U | Monocyte distribution width, whole blood (list separately in addition to code for primary procedure) | 1/1/2024 |
| 0429U | Human papillomavirus (hpv), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) | 1/1/2024 |
| 0784T | Insertion or replacement of spinal integrated nerve stimulating system with electrode array, accessed through the skin | 1/1/2024 |
| 0785T | Revision or removal of spinal integrated nerve stimulating system with electrode array | 1/1/2024 |
| 0786T | Insertion or replacement of sacral integrated never stimulating system with electrode array, accessed through the skin | 1/1/2024 |
| 0787T | Revision or removal of sacral integrated nerve stimulating system with electrode array | 1/1/2024 |
| 0814T | Injection through the skin of calcium-based osteoconductive material to repair upper thigh bone | 1/1/2024 |
| 0815T | Ultrasound-based radiofrequency echographic multi-spectrometry scan for measuring bone loss in hips, pelvis, or spine | 1/1/2024 |
| 0816T | Insertion or replacement of integrated posterior tibial nerve stimulating system under the skin, for bladder dysfunction | 1/1/2024 |
| 0817T | Insertion or replacement of integrated posterior tibial nerve stimulating system under muscle, for bladder dysfunction | 1/1/2024 |
| 0818T | Revision or removal of integrated posterior nerve stimulating system under skin, for bladder dysfunction | 1/1/2024 |
| 0819T | Revision or removal of integrated posterior nerve stimulating system under muscle, for bladder dysfunction | 1/1/2024 |
| 0827T | Digitization of glass microscope slides for cytopathology of fluids, washings, or brushings, smears | 1/1/2024 |
| 0828T | Digitization of glass microscope slides for cytopathology of fluids, washings, or brushings, simple filter method | 1/1/2024 |
| 0829T | Digitization of glass microscope slides for cytopathology, concentration technique | 1/1/2024 |
| 0830T | Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique | 1/1/2024 |
| 0831T | Digitization of glass microscope slides for cytopathology of cervical or vaginal specimen | 1/1/2024 |
| 0832T | Digitization of glass microscope slides for cytopathology, smears requiring screening and interpretation | 1/1/2024 |
| 0833T | Digitization of glass microscope slides for cytopathology, smears requiring preparation, screening and interpretation | 1/1/2024 |
| 0834T | Digitization of glass microscope slides for cytopathology, smears requiring extended study of over 5 slides and/or multiple stains | 1/1/2024 |
| 0835T | Digitization of glass microscope slides for cytopathology evaluation of fine needle aspirate, first evaluation | 1/1/2024 |
| 0836T | Digitization of glass microscope slides for cytopathology evaluation of fine needle aspirate, each additional evaluation | 1/1/2024 |
| 0837T | Digitization of glass microscope slides for cytopathology evaluation of fine needle aspirate | 1/1/2024 |
| 0838T | Digitization of glass microscope slides for consultation and report on slides prepared elsewhere | 1/1/2024 |
| 0839T | Digitization of glass microscope slides for consultation and report requiring preparation of slides using referred material | 1/1/2024 |
| 0840T | Digitization of glass microscope slides for consultation, comprehensive review | 1/1/2024 |
| 0841T | Digitization of glass microscope slides for pathology consultation during surgery, first tissue block | 1/1/2024 |
| 0842T | Digitization of glass microscope slides for pathology consultation during surgery, each additional tissue block | 1/1/2024 |
| 0843T | Digitization of glass microscope slides for pathology consultation during surgery, cytologic examination of initial site | 1/1/2024 |
| 0844T | Digitization of glass microscope slides for pathology consultation during surgery, cytologic examination of each additional site | 1/1/2024 |
| 0845T | Digitization of glass microscope slides for immunofluorescence, initial single antibody stain procedure | 1/1/2024 |
| 0846T | Digitization of glass microscope slides for immunofluorescence, each additional antibody stain procedure | 1/1/2024 |
| 0847T | Digitization of glass microscope slides for examination and selection of retrieved archival tissue(s) for molecular analysis | 1/1/2024 |
| 0848T | Digitization of glass microscope slides for in situ hybridization, initial single probe stain procedure | 1/1/2024 |
| 0849T | Digitization of glass microscope slides for in situ hybridization, each additional single probe stain procedure | 1/1/2024 |
| 0850T | Digitization of glass microscope slides for in situ hybridization, each multiplex probe stain procedure | 1/1/2024 |
| 0851T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization, initial manual single probe stain procedure | 1/1/2024 |
| 0852T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization, each additional manual single probe stain procedure | 1/1/2024 |
| 0853T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization, each manual multiplex probe stain procedure | 1/1/2024 |
| 0854T | Digitization of glass microscope slides for peripheral blood smear | 1/1/2024 |
| 0855T | Digitization of glass microscope slides for bone marrow smear | 1/1/2024 |
| 0856T | Digitization of glass microscope slides for diagnostic electron microscopy | 1/1/2024 |
| A9608 | Flotufolastat f 18, diagnostic, 1 millicurie | 1/1/2024 |
| A9609 | Fludeoxyglucose f18 up to 15 millicuries | 1/1/2024 |
| C7560 | Endoscopic retrograde cholangiopancreatography with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) | 1/1/2024 |
| C9159 | Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity | 1/1/2024 |
| C9161 | Injection, aflibercept hd, 1 mg | 1/1/2024 |
| C9162 | Injection, avacincaptad pegol, 0.1 mg | 1/1/2024 |
| C9163 | Injection, talquetamab-tgvs, 0.25 mg | 1/1/2024 |
| C9164 | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) | 1/1/2024 |
| C9165 | Injection, elranatamab-bcmm, 1 mg | 1/1/2024 |
| C9794 | Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling) | 1/1/2024 |
| C9795 | Stereotactic body radiation therapy, tx delivery, per fraction to 1 or > lesions, including image guidance & real-time positron emissions-based delivery adjustments to 1 or > lesions, entire course not to exceed 5 fractions | 1/1/2024 |
| G0011 | Individual counseling for pre-exposure prophylaxis by physician or qualified health care professional to prevent human immunodeficiency virus, includes HIV risk assessment, HIV risk reduction and med adherence, 15-30 min | 1/1/2024 |
| G0012 | Injection of pre-exposure prophylaxis (prep) drug for HIV prevention, under skin or into muscle | 1/1/2024 |
| G0013 | Individual counseling for pre-exposure prophylaxis by clinical staff to prevent human immunodeficiency virus, includes: HIV risk assessment, HIV risk reduction and medication adherence | 1/1/2024 |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes | 1/1/2024 |
| J0184 | Injection, amisulpride, 1 mg | 1/1/2024 |
| J0217 | Injection, velmanase alfa-tycv, 1 mg | 1/1/2024 |
| J0391 | Injection, artesunate, 1 mg | 1/1/2024 |
| J0402 | Injection, aripiprazole (abilify asimtufii), 1 mg | 1/1/2024 |
| J0576 | Injection, buprenorphine extended-release (brixadi), 1 mg | 1/1/2024 |
| J0688 | Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg | 1/1/2024 |
| J0750 | Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, fda approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV) | 1/1/2024 |
| J0751 | Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, fda approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV) | 1/1/2024 |
| J0799 | Fda approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified | 1/1/2024 |
| J0873 | Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg | 1/1/2024 |
| J1105 | Dexmedetomidine, oral, 1 mcg | 1/1/2024 |
| J1304 | Injection, tofersen, 1 mg | 1/1/2024 |
| J1412 | Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes | 1/1/2024 |
| J1413 | Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose | 1/1/2024 |
| J1596 | Injection, glycopyrrolate, 0.1 mg | 1/1/2024 |
| J1939 | Injection, bumetanide, 0.5 mg | 1/1/2024 |
| J2403 | Chloroprocaine hcl ophthalmic, 3% gel, 1 mg | 1/1/2024 |
| J2404 | Injection, nicardipine, 0.1 mg | 1/1/2024 |
| J2508 | Injection, pegunigalsidase alfa-iwxj, 1 mg | 1/1/2024 |
| J2679 | Injection, fluphenazine hcl, 1.25 mg | 1/1/2024 |
| J2799 | Injection, risperidone (uzedy), 1 mg | 1/1/2024 |
| J3401 | Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml | 1/1/2024 |
| J3425 | Injection, hydroxocobalamin, 10 mcg | 1/1/2024 |
| J9052 | Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg | 1/1/2024 |
| J9072 | Injection, cyclophosphamide, (dr. reddy's), 5 mg | 1/1/2024 |
| J9172 | Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg | 1/1/2024 |
| J9255 | Injection, methotrexate (accord) not therapeutically equivalent to j9250 and j9260, 50 mg | 1/1/2024 |
| J9258 | Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to j9264, 1 mg | 1/1/2024 |
| J9286 | Injection, glofitamab-gxbm, 2.5 mg | 1/1/2024 |
| J9321 | Injection, epcoritamab-bysp, 0.16 mg | 1/1/2024 |
| J9324 | Injection, pemetrexed (pemrydi rtu), 10 mg | 1/1/2024 |
| J9333 | Injection, rozanolixizumab-noli, 1 mg | 1/1/2024 |
| J9334 | Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc | 1/1/2024 |
| Q5132 | Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg | 1/1/2024 |

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**Table 7** – *Codes that require a Pre-Pay or Post-Pay claim review.* [Back to top](#Home)

| Code | Description (Table 7) | Effective Date | Special Billing Information |
| --- | --- | --- | --- |
| 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | 1/1/2024 | PA Required |
| 61891 | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s) | 1/1/2024 | PA Required |
| 61892 | Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed | 1/1/2024 | PA Required |
| 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed | 1/1/2024 | PA Required |
| 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator | 1/1/2024 | PA Required |
| 0786T | Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed | 1/1/2024 | PA Required |
| 0787T | Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator | 1/1/2024 | PA Required |
| 0814T | Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral | 1/1/2024 | PA Required |
| 0815T | Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine | 1/1/2024 | PA Required |
| 0816T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous | 1/1/2024 | PA Required |
| 0817T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial | 1/1/2024 | PA Required |
| 0818T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous | 1/1/2024 | PA Required |
| 0819T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial | 1/1/2024 | PA Required |
| 0827T | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0828T | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0829T | Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0830T | Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0831T | Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0832T | Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0833T | Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0834T | Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0835T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0836T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0837T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0838T | Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0839T | Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0840T | Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0841T | Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0842T | Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0843T | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0844T | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0845T | Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0846T | Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0847T | Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0848T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0849T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0850T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0851T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0852T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0853T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0854T | Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0855T | Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| 0856T | Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure) | 1/1/2024 | PA Required |
| C9162 | Injection, avacincaptad pegol, 0.1 mg | 1/1/2024 | PA Required |
| C9163 | Injection, talquetamab-tgvs, 0.25 mg | 1/1/2024 | PA Required |
| C9164 | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) | 1/1/2024 | PA Required |
| C9165 | Injection, elranatamab-bcmm, 1 mg | 1/1/2024 | PA Required |
| J0217 | Injection, velmanase alfa-tycv, 1 mg | 1/1/2024 | PA Required |
| J1304 | Injection, tofersen, 1 mg | 1/1/2024 | PA Required |
| J1412 | Injection, valoctocogene roxaparvovec-rvox, per mL, containing nominal 2 × 10^13 vector genome | 1/1/2024 | PA Required |
| J1413 | Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose | 1/1/2024 | PA Required |
| J2508 | Injection, pegunigalsidase alfa-iwxj, 1 mg | 1/1/2024 | PA Required |
| J3401 | Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 mL | 1/1/2024 | PA Required |
| J9286 | Injection, glofitamab-gxbm, 2.5 mg | 1/1/2024 | PA Required |
| J9321 | Injection, epcoritamab-bysp, 0.16 mg | 1/1/2024 | PA Required |
| J9333 | Injection, rozanolixizumab-noli, 1 mg | 1/1/2024 | PA Required |
| J9334 | Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc | 1/1/2024 | PA Required |

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**Table 8** – *Non-covered codes*

| Code | Description (Table 8) |
| --- | --- |
| 22836 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments |
| 22837 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments |
| 22838 | Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed |
| 27278 | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device |
| 31242 | Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve |
| 31243 | Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve |
| 33276 | Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed |
| 33277 | Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure) |
| 33278 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s) |
| 33279 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only |
| 33280 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only |
| 33281 | Repositioning of phrenic nerve stimulator transvenous lead(s) |
| 33287 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator |
| 33288 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) |
| 58580 | Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency |
| 64596 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array |
| 64597 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure) |
| 64598 | Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator |
| 67516 | Suprachoroidal space injection of pharmacologic agent (separate procedure) |
| 75580 | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional |
| 81457 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability |
| 81458 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability |
| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements |
| 81462 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements |
| 81463 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability |
| 81464 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements |
| 81517 | Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years |
| 90683 | Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use |
| 92972 | Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) |
| 93150 | Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming |
| 93151 | Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system |
| 93152 | Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography |
| 93153 | Interrogation without programming of implanted phrenic nerve stimulator system |
| 96547 | Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure) |
| 96548 | Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure) |
| 97037 | Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction |
| 99459 | Pelvic examination (List separately in addition to code for primary procedure) |
| 0420U | Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma |
| 0421U | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk |
| 0422U | Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate |
| 0423U | Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition |
| 0424U | Oncology (prostate), exosomebased analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RTqPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer |
| 0425U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings) |
| 0426U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis |
| 0428U | Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden |
| 0430U | Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative |
| 0431U | Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative |
| 0432U | Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative |
| 0433U | Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer |
| 0434U | Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes |
| 0435U | Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations |
| 0436U | Oncology (lung), plasma analysis of 388 proteins, using aptamerbased proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy |
| 0437U | Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score |
| 0438U | Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted genedrug interactions |
| 0788T | Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters |
| 0789T | Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters |
| 0790T | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed |
| 0811T | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment |
| 0812T | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days |
| 0813T | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon |
| 0820T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour |
| 0821T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure) |
| 0822T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure) |
| 0823T | Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed |
| 0824T | Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed |
| 0825T | Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed |
| 0826T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber |
| 0857T | Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure) |
| 0858T | Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report |
| 0859T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure) |
| 0860T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities |
| 0861T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter) |
| 0862T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only |
| 0863T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only |
| 0864T | Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy |
| 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session |
| 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) |
| A4457 | Enema tube, with or without adapter, any type, replacement only, each |
| A4468 | Exsufflation belt, includes all supplies and accessories |
| A4540 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm |
| A4541 | Monthly supplies for use of device coded at E0733 |
| A4542 | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist |
| A7023 | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical |
| C1600 | Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable) |
| C1601 | Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable) |
| C1602 | Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable) |
| C1603 | Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter) |
| C1604 | Graft, transmural transvenous arterial bypass (implantable), with all delivery system components |
| C7556 | Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed |
| C7557 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention |
| C7558 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed |
| C7903 | Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service |
| C9160 | Injection, daxibotulinumtoxina-lanm, 1 unit |
| C9793 | 3D predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report |
| E0492 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application |
| E0493 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply |
| E0530 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type |
| E0678 | Non-pneumatic sequential compression garment, full leg |
| E0679 | Non-pneumatic sequential compression garment, half leg |
| E0680 | Non-pneumatic compression controller with sequential calibrated gradient pressure |
| E0681 | Non-pneumatic compression controller without calibrated gradient pressure |
| E0682 | Non-pneumatic sequential compression garment, full arm |
| E0732 | Cranial electrotherapy stimulation (ces) system, any type |
| E0733 | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve |
| E0734 | External upper limb tremor stimulator of the peripheral nerves of the wrist |
| E0735 | Non-invasive vagus nerve stimulator |
| E1301 | Whirlpool tub, walk-in, portable |
| E2001 | Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system |
| E3000 | Speech volume modulation system, any type, including all components and accessories |
| G0019 | Community health integration (CHI) services by certified or trained auxiliary personnel under the direction of the physician/other Qualified Healthcare Professional (QHP), including a community health worker located in the patient’s community; 60 minutes per calendar month, in the following activities: Holistic personal assessment; practitioner, home and community-based care coordination; health education; building patient self-advocacy skills; health care access/health system navigation; facilitating behavioral change necessary for meeting diagnosis and treatment goals; facilitating and providing social and emotion support. |
| G0022 | Community health integration services, each additional 30 minutes per calendar month (List separately in addition to G0019) |
| G0023 | Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: Person-centered assessment; identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services; practitioner, home and community-based care coordination; health education; building patient self-advocacy skills; health care access/health system navigation. |
| G0024 | Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023) |
| G0137 | Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |
| G0140 | "Principal illness navigation – Peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities: Person-centered assessment; identifying or referring patient (and caregiver or family, |
| G0146 | if applicable) to appropriate supportive services; practitioner, home, and community-based care communication; health education; building patient self-advocacy skills; developing and proposing strategies to help meet person-centered treatment goals; facilitating and providing social and emotional support; leverage knowledge of the serious, high-risk condition and/or lived experience" |
| G9886 | Principal illness navigation - Peer support, additional 30 minutes per calendar month (list separately in addition to G0140) |
| G9887 | Behavioral counseling for diabetes prevention, in-person, group, 60 minutes |
| G9888 | Behavioral counseling for diabetes prevention, distance learning, 60 minutes |
| L3161 | Maintenance 5% wl from baseline weight in months 7-12 |
| L5615 | Foot, adductus positioning device, adjustable |
| M1211 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control |
| M1212 | Most recent hemoglobin a1c level > 9.0% |
| M1213 | Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months) |
| M1214 | No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70% |
| M1215 | Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed |
| M1216 | Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy) |
| M1217 | No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed with results documented during the encounter |
| M1218 | Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter) |
| M1219 | Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing) |
| M1220 | Anaphylaxis due to the vaccine on or before the date of the encounter |
| M1221 | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; with evidence of retinopathy |
| M1222 | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy |
| M1223 | Glaucoma plan of care not documented, reason not otherwise specified |
| M1224 | Glaucoma plan of care documented |
| M1225 | Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level |
| M1226 | Intraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level |
| M1227 | Iop measurement not documented, reason not otherwise specified |
| M1228 | Evidence-based therapy was prescribed |
| M1229 | Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv treatment initiated within 3 months of the reactive hcv antibody test |
| M1230 | Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection |
| M1231 | Patient has a reactive hcv antibody test and does not have a follow up hcv viral test, or patient has a reactive hcv antibody test and has a follow up hcv viral test that detects hcv viremia and is not referred to a clinician who treats hcv infection within 1 month and does not have hcv treatment initiated within 3 months of the reactive hcv antibody test, reason not given |
| M1232 | Patient receives hcv antibody test with nonreactive result |
| M1233 | Patient receives hcv antibody test with reactive result |
| M1234 | Patient does not receive hcv antibody test or patient does receive hcv antibody test but results not documented, reason not given |
| M1235 | Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia |
| M1236 | Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period |
| M1237 | Baseline mrs > 2 |
| M1238 | Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons) |
| M1239 | Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31) |
| M1240 | Patient did not respond to the question of patient felt heard and understood by this provider and team |
| M1241 | Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care |
| M1242 | Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem |
| M1243 | Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life |
| M1244 | Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team |
| M1245 | Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care |
| M1246 | Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem |
| M1247 | Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life |
| M1248 | Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care |
| M1249 | Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem |
| M1250 | Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life |
| M1251 | Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team |
| M1252 | Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement) |
| M1253 | Patients who did not complete at least one of the four patient experience hu survey items and return the hu survey within 60 days of the ambulatory palliative care visit |
| M1254 | Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal) |
| M1255 | Patients who were deceased when the hu survey reached them |
| M1256 | Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an ob provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere) |
| M1257 | Prior history of known cvd |
| M1258 | Cvd risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not otherwise specified |
| M1259 | Cvd risk assessment performed, have a documented calculated risk score |
| M1260 | Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis |
| M1261 | Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis |
| M1262 | Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis |
| M1263 | Patients who had a transplant prior to initiation of dialysis |
| M1264 | Patients in hospice on their initiation of dialysis date or during the month of evaluation |
| M1265 | Patients age 75 or older on their initiation of dialysis date |
| M1266 | Cms medical evidence form 2728 for dialysis patients: initial form completed |
| M1267 | Patients admitted to a skilled nursing facility (snf) |
| M1268 | Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period |
| M1269 | Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period |
| M1270 | Receiving esrd mcp dialysis services by the provider on the last day of the reporting month |
| M1271 | Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period |
| M1272 | Patients with dementia at any time prior to or during the month |
| M1273 | Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period |
| M1274 | Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms-2728 form |
| M1275 | Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month |
| M1276 | Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period |
| M1277 | Bmi documented outside normal parameters, no follow-up plan documented, no reason given |
| M1278 | Colorectal cancer screening results documented and reviewed |
| M1279 | Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented |
| M1280 | Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given |
| M1281 | Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy |
| M1282 | Blood pressure reading not documented, reason not given |
| M1283 | Patient screened for tobacco use and identified as a tobacco non-user |
| M1284 | Patient screened for tobacco use and identified as a tobacco user |
| M1285 | Patients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period |
| M1286 | Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified |
| M1287 | Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason |
| M1288 | Bmi is documented below normal parameters and a follow-up plan is documented |
| M1289 | Documented reason for not screening or recommending a follow-up for high blood pressure |
| M1290 | Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy) |
| M1291 | Patient not eligible due to active diagnosis of hypertension |
| M1292 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period |
| M1293 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |
| M1294 | Bmi is documented above normal parameters and a follow-up plan is documented |
| M1295 | Normal blood pressure reading documented, follow-up not required |
| M1296 | Patients with a diagnosis or past history of total colectomy or colorectal cancer |
| M1297 | Bmi is documented within normal parameters and no follow-up plan is required |
| M1298 | Bmi not documented due to medical reason or patient refusal of height or weight measurement |
| M1299 | Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter |
| M1300 | Influenza immunization administered or previously received |
| M1301 | Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons) |
| M1302 | Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy) |
| M1303 | Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed |
| M1304 | Hospice services provided to patient any time during the measurement period |
| M1305 | Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period |
| M1306 | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period |
| M1307 | Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period |
| M1308 | Documentation stating the patient has received or is currently receiving palliative or hospice care |
| M1309 | Influenza immunization was not administered, reason not given |
| M1310 | Palliative care services provided to patient any time during the measurement period |
| M1311 | Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user |
| M1312 | Anaphylaxis due to the vaccine on or before the date of the encounter |
| M1313 | Patient not screened for tobacco use |
| M1314 | Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period |
| M1315 | Bmi not documented and no reason is given |
| M1316 | Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified |
| M1317 | Current tobacco non-user |
| M1318 | Patients who are counseled on connection with a csp and explicitly opt out |
| M1319 | Patients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening or documentation that there was no contact with a csp |
| M1320 | Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening |
| M1321 | Patients who screened positive for at least 1 of the 5 hrsns |
| M1322 | Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a documented iop or no plan of care documented if the iop was >25 mm hg |
| M1323 | Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop =<25 mm hg for injected eye |
| M1324 | Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop >25 mm hg and a plan of care was documented |
| M1325 | Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant) |
| M1326 | Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment) |
| M1327 | Patients with a diagnosis of hypotony |
| M1328 | Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks |
| M1329 | Patients with a diagnosis of acute vitreous hemorrhage |
| M1330 | Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8 weeks after initial acute pvd encounter |
| M1331 | Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up) |
| M1332 | Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam |
| M1333 | Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks |
| M1334 | Acute vitreous hemorrhage |
| M1335 | Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter |
| M1336 | Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up) |
| M1337 | Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks |
| M1338 | Acute PVD |
| M1339 | Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period |
| M1340 | Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period |
| M1341 | Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period |
| M1342 | Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period |
| M1343 | Patients who died during the performance period |
| M1344 | Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam |
| M1345 | Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score |
| M1346 | Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score |
| M1347 | Patients who did not have a net increase in pam score of at least 6 points within a 6 to 12 month period |
| M1348 | Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing) |
| M1349 | Patients who achieved a net increase in pam score of at least 6-points in a 6 to 12 month period (excellent) |
| M1350 | Patients who did not have a net increase in pam score of at least 3 points within 6 to 12 month period |
| M1351 | Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter |
| M1352 | Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation |
| M1353 | Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment |
| M1354 | Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter |
| M1355 | Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation |
| M1356 | Suicide risk based on their clinician's evaluation or a clinician-rated tool |
| M1357 | Patients who died during the measurement period |
| M1358 | Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment |
| M1359 | Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment |
| M1360 | Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained |
| M1361 | Suicidal ideation and/or behavior symptoms based on the c-ssrs |
| M1362 | Suicide risk based on their clinician's evaluation or a clinician-rated tool |
| M1363 | Patients who died during the measurement period |
| M1364 | Patients who did not have a follow-up assessment within 120 days of the index assessment |
| M1365 | Calculated 10-year ascvd risk score of = 20 percent during the performance period |
| M1366 | Patient encounter during the performance period with hospice and palliative care specialty code 17 |
| M1367 | Focusing on women's health mips value pathway |
| M1368 | Quality care for the treatment of ear, nose, and throat disorders mips value pathway |
| M1369 | Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway |
| M1370 | Quality care in mental health and substance use disorders mips value pathway |
| Q0516 | Rehabilitative support for musculoskeletal care mips value pathway |
| Q0517 | Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 30-days |
| Q0518 | Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 60-days |
| Q4279 | Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 90-days |
| Q4287 | Vendaje ac, per square centimeter |
| Q4288 | Dermabind dl, per square centimeter |
| Q4289 | Dermabind ch, per square centimeter |
| Q4290 | Revoshield + amniotic barrier, per square centimeter |
| Q4291 | Membrane wrap-hydro, per square centimeter |
| Q4292 | Lamellas xt, per square centimeter |
| Q4293 | Lamellas, per square centimeter |
| Q4294 | Acesso dl, per square centimeter |
| Q4295 | Amnio quad-core, per square centimeter |
| Q4296 | Amnio tri-core amniotic, per square centimeter |
| Q4297 | Rebound matrix, per square centimeter |
| Q4298 | Emerge matrix, per square centimeter” |
| Q4299 | Amniocore pro, per square centimeter |
| Q4300 | Amniocore pro+, per square centimeter |
| Q4301 | Acesso tl, per square centimeter |
| Q4302 | Activate matrix, per square centimeter |
| Q4303 | Complete aca, per square centimeter |
| Q4304 | Complete aa, per square centimeter |

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**Table 9** – *Deleted Codes*

| Code | Description (Table 9) | Effective Date |
| --- | --- | --- |
| 74710 | Measurement of diameters of pelvis in female | 12/31/2023 |
| 0014M | Molecular pathology test for risk of serious liver disease within 5 years (Enhanced Liver Fibrosis (ELF) Test) | 12/31/2023 |
| 0404T | Destruction of growths in uterus with ultrasound guidance using an endoscope | 12/31/2023 |
| 0424T | Insertion or replacement of complete neurostimulator system for treatment of central sleep apnea, complete system | 12/31/2023 |
| 0425T | Insertion or replacement of complete neurostimulator system for treatment of central sleep apnea, sensing leads only | 12/31/2023 |
| 0426T | Insertion or replacement of stimulation lead of neurostimulator system for treatment of central sleep apnea | 12/31/2023 |
| 0427T | Insertion or replacement of pulse generator of neurostimulator system for treatment of central sleep apnea | 12/31/2023 |
| 0428T | Removal of pulse generator of neurostimulator system for treatment of central sleep apnea | 12/31/2023 |
| 0429T | Removal of sensing lead of neurostimulator system for treatment of central sleep apnea | 12/31/2023 |
| 0430T | Removal of stimulating lead of neurostimulator system for treatment of central sleep apnea | 12/31/2023 |
| 0431T | Replacement of pulse generator of neurostimulator system for treatment of central sleep apnea | 12/31/2023 |
| 0432T | Repositioning of stimulating lead of neurostimulator system for treatment of central sleep apnea | 12/31/2023 |
| 0433T | Repositioning of sensing lead of neurostimulator system for treatment of central sleep apnea | 12/31/2023 |
| 0434T | Interrogation evaluation of implanted neurostimulator pulse generator system for central sleep apnea | 12/31/2023 |
| 0435T | Programming evaluation of implanted neurostimulator pulse generator system for central sleep apnea in one session | 12/31/2023 |
| 0436T | Programming evaluation of implanted neurostimulator pulse generator system for central sleep apnea during sleep study | 12/31/2023 |
| 0465T | Injection of medication into space above choroid membrane of eye | 12/31/2023 |
| 0499T | Examination of bladder and urethra with mechanical dilation and drug delivery for narrowing of urethra using an endoscope | 12/31/2023 |
| 0501T | Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, with interpretation and report | 12/31/2023 |
| 0502T | Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, data preparation and transmission | 12/31/2023 |
| 0503T | Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, analysis of fluid dynamics | 12/31/2023 |
| 0504T | Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, anatomical data review | 12/31/2023 |
| 0508T | Ultrasound measurement of bone density in shin bone | 12/31/2023 |
| 0533T | Continuous recording of movement disorder symptoms for 8-10 days with set-up, patient training, configuration of monitor, upload of data , analysis and initial report configuration, download of review, interpretation and report | 12/31/2023 |
| 0534T | Continuous recording of movement disorder symptoms for 8-10 days with set-up, patient training, configuration of monitor | 12/31/2023 |
| 0535T | Continuous recording of movement disorder symptoms for 8-10 days with data upload, analysis and initial report configuration | 12/31/2023 |
| 0536T | Continuous recording of movement disorder symptoms for 8-10 days with download of review, interpretation and report | 12/31/2023 |
| 0641T | Noncontact near-infrared spectroscopy study of flap or wound, image acquisition only | 12/31/2023 |
| 0642T | Noncontact near-infrared spectroscopy study of flap or wound, interpretation and report only | 12/31/2023 |
| 0715T | Shockwave destruction of calcified plaque in coronary artery accessed through skin using catheter | 12/31/2023 |
| 0768T | Transcutaneous magnetic stimulation of peripheral nerve by focused low-frequency electromagnetic pulse, subsequent treatment on first nerve | 12/31/2023 |
| 0769T | Transcutaneous magnetic stimulation of peripheral nerve by focused low-frequency electromagnetic pulse, subsequent treatment on additional nerve | 12/31/2023 |
| 0775T | Fusion of sacroiliac joint between spine and pelvis with bone graft, accessed through skin using imaging guidance | 12/31/2023 |
| 0809T | Sacroiliac joint fusion, with image guidance, placement of transfixing device(s) and intra-articular implant(s), including tissue graft or synthetic device(s), through the skin | 12/31/2023 |
| C9152 | Injection, aripiprazole, (abilify asimtufii), 1 mg | 12/31/2023 |
| C9153 | Injection, amisulpride, 1 mg | 12/31/2023 |
| C9154 | Injection, buprenorphine extended-release (brixadi), 1 mg | 12/31/2023 |
| C9155 | Injection, epcoritamab-bysp, 0.16 mg | 12/31/2023 |
| C9156 | Flotufolastat f 18, diagnostic, 1 millicurie | 12/31/2023 |
| C9157 | Injection, tofersen, 1 mg | 12/31/2023 |
| C9158 | Injection, risperidone, (uzedy), 1 mg | 12/31/2023 |
| C9770 | Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent | 12/31/2023 |
| C9771 | Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral | 12/31/2023 |
| C9788 | Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination | 12/31/2023 |
| C9803 | Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source | 12/31/2023 |
| G0056 | Optimizing chronic disease management mips value pathways | 12/31/2023 |
| G2066 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results | 12/31/2023 |
| G2108 | Patient age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period | 12/31/2023 |
| G2109 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period | 12/31/2023 |
| G2110 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period | 12/31/2023 |
| G8506 | Patient receiving angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy | 12/31/2023 |
| G8818 | Patient discharge to home no later than post-operative day #7 | 12/31/2023 |
| G8825 | Patient not discharged to home by post-operative day #7 | 12/31/2023 |
| G8852 | Positive airway pressure therapy was prescribed | 12/31/2023 |
| G8883 | Biopsy results reviewed, communicated, tracked and documented | 12/31/2023 |
| G8884 | Clinician documented reason that patient's biopsy results were not reviewed | 12/31/2023 |
| G8885 | Biopsy results not reviewed, communicated, tracked or documented | 12/31/2023 |
| G8941 | Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter | 12/31/2023 |
| G8963 | Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci within 2 years | 12/31/2023 |
| G8964 | Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had pci within 2 years (e.g., symptomatic patient, patient greater than 2 years since pci, initial evaluation, etc) | 12/31/2023 |
| G9192 | Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system) | 12/31/2023 |
| G9229 | Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception) | 12/31/2023 |
| G9451 | Patient received one-time screening for hcv infection | 12/31/2023 |
| G9453 | Documentation of patient reason(s) for not receiving one-time screening for hcv infection (e.g., patient declined, other patient reasons) | 12/31/2023 |
| G9454 | One-time screening for hcv infection not received within 12-month reporting period and no documentation of prior screening for hcv infection, reason not given | 12/31/2023 |
| G9596 | Pediatric patient had a head ct for trauma ordered by someone other than an emergency care provider or was ordered for a reason other than trauma | 12/31/2023 |
| G9612 | Photodocumentation of two or more cecal landmarks to establish a complete examination | 12/31/2023 |
| G9613 | Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.) | 12/31/2023 |
| G9614 | Photodocumentation of less than two cecal landmarks (i.e., no cecal landmarks or only one cecal landmark) to establish a complete examination | 12/31/2023 |
| G9697 | Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator | 12/31/2023 |
| G9715 | Patients who use hospice services any time during the measurement period | 12/31/2023 |
| G9725 | Patients who use hospice services any time during the measurement period | 12/31/2023 |
| G9852 | Patients who died from cancer | 12/31/2023 |
| G9853 | Patient admitted to the icu in the last 30 days of life | 12/31/2023 |
| G9854 | Patient was not admitted to the icu in the last 30 days of life | 12/31/2023 |
| G9927 | Documentation of system reason(s) for not prescribing an fda-approved anticoagulation due to patient being currently enrolled in a clinical trial related to af/atrial flutter treatment | 12/31/2023 |
| G9995 | Patients who use palliative care services any time during the measurement period | 12/31/2023 |
| J9160 | Injection, denileukin diftitox, 300 micrograms | 12/31/2023 |
| K1001 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type | 12/31/2023 |
| K1002 | Cranial electrotherapy stimulation (ces) system, any type | 12/31/2023 |
| K1003 | Whirlpool tub, walk-in, portable | 12/31/2023 |
| K1005 | Disposable collection and storage bag for breast milk, any size, any type, each | 12/31/2023 |
| K1006 | Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system | 12/31/2023 |
| K1009 | Speech volume modulation system, any type, including all components and accessories | 12/31/2023 |
| K1013 | Enema tube, with or without adapter, any type, replacement only, each | 12/31/2023 |
| K1014 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | 12/31/2023 |
| K1015 | Foot, adductus positioning device, adjustable | 12/31/2023 |
| K1016 | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve | 12/31/2023 |
| K1017 | Monthly supplies for use of device coded at k1016 | 12/31/2023 |
| K1018 | External upper limb tremor stimulator of the peripheral nerves of the wrist | 12/31/2023 |
| K1019 | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist | 12/31/2023 |
| K1020 | Non-invasive vagus nerve stimulator | 12/31/2023 |
| K1021 | Exsufflation belt, includes all supplies and accessories | 12/31/2023 |
| K1022 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | 12/31/2023 |
| K1023 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm | 12/31/2023 |
| K1024 | Non-pneumatic compression controller with sequential calibrated gradient pressure | 12/31/2023 |
| K1025 | Non-pneumatic sequential compression garment, full arm | 12/31/2023 |
| K1026 | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical | 12/31/2023 |
| K1028 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application | 12/31/2023 |
| K1029 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply | 12/31/2023 |
| K1031 | Non-pneumatic compression controller without calibrated gradient pressure | 12/31/2023 |
| K1032 | Non-pneumatic sequential compression garment, full leg | 12/31/2023 |
| K1033 | Non-pneumatic sequential compression garment, half leg | 12/31/2023 |
| M1156 | Patient received active chemotherapy any time during the measurement period | 12/31/2023 |
| M1157 | Patient received bone marrow transplant any time during the measurement period | 12/31/2023 |
| M1158 | Patient had history of immunocompromising conditions prior to or during the measurement period | 12/31/2023 |

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