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Coverage & Billing Information for the Q3 2024 Quarterly Code Update

BACKGROUND

Iowa Medicaid has reviewed the **Q3 2024 Billing Code Update** to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective **July 1, 2024**. This bulletin serves as a notice of the following information:

Table 1

- 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 **July 1, 2024**.

Table 2

- 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 **N/A**.

Table 3

- 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

- 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

- 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

- CPT[®], CDT[®], & HCPCS codes that would be considered Outpatient Hospital on or after **July 1, 2024**.

Table 7

- 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 **July 1, 2024**.

Table 8

- Deleted Codes - CPT[®], CDT[®], HCPCS, ICD-10-CM & ICD-10-PCS codes that have been discontinued effective **July 1, 2024**.

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.

Iowa Medicaid Provider Services:

- Phone: 1-800-338-7909
- Email: imeproviderservices@dhs.state.ia.us

Wellpoint Iowa, Inc.:

- Phone: 1-833-731-2143
- Email: ProviderSolutionsIA@wellpoint.com
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>

Iowa Total Care:

- Phone: 1-833-404-1061
- Email: providerrelations@iowatotalcare.com
- Website: <https://www.iowatotalcare.com>

Molina Healthcare of Iowa:

- Phone: 1-844-236-1464
- Email: iaproviderrelations@molinahealthcare.com
- Website: <https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx>
- Provider portal: <https://www.availity.com/molinahealthcare>

The **Q3 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.

The **Q3** 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 replacement code, Iowa Medicaid has added the replacement code for which there were deleted codes effective as of **July 1, 2024**.

Special Billing Information in Table I shows if the code requires a Prior Authorization or if it suspends for claim review. Nothing in the column indicates no special billing information.

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

Table I – CPT® & HCPCS Codes

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Code	Description (Table I)	Effective Date	Special Billing Information
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including lass4, lrrc4 and ppp2r5c, a reference marker zdhcl, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	7/1/2024	
J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	7/1/2024	
J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	7/1/2024	
J0911	Instillation, tauridine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	7/1/2024	
J1597	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	7/1/2024	
J1598	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	7/1/2024	
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	7/1/2024	R
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	7/1/2024	
J2246	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	7/1/2024	
J2267	Injection, mirikizumab-mrkz, 1 mg	7/1/2024	R
J2373	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	7/1/2024	
J2468	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	7/1/2024	
J2470	Injection, pantoprazole sodium, 40 mg	7/1/2024	
J2471	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	7/1/2024	
J3247	Injection, secukinumab, intravenous, 1 mg	7/1/2024	R
J3263	Injection, toripalimab-tpzi, 1 mg	7/1/2024	R
J3393	Injection, betibeglogene autotemcel, per treatment	7/1/2024	R
J3394	Injection, lovoibeglogene autotemcel, per treatment	7/1/2024	R
J7171	Injection, adams13, recombinant-krhn, 10 iu	7/1/2024	R
J7355	Injection, travoprost, intracameral implant, 1 microgram	7/1/2024	R
J8611	Methotrexate (jylamvo), oral, 2.5 mg	7/1/2024	
J8612	Methotrexate (xatmep), oral, 2.5 mg	7/1/2024	
Q5137	Injection, ustekinumab-auub (wezana), biosimilar, subcutaneous, 1 mg	7/1/2024	
Q5138	Injection, ustekinumab-auub (wezana), biosimilar, intravenous, 1 mg	7/1/2024	R

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Table 2 – CDT©

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Code	Description (Table 2)	Effective Date
N/A	N/A	N/A

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Table 3 – ICD-10-CM Codes

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Code	Description (Table 3)	Effective Date	
N/A	N/A	N/A	N/A

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Table 4 - ICD-10-PCS Codes

Code	Description (Table 4)	Effective Date
N/A	N/A	N/A

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Table 5 – Modifiers

Modifier	Description (Table 5)	Effective Date
N/A	N/A	N/A

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Table 6 – Outpatient Hospital

Code	Description (Table 6)	Effective Date
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including lass4, Irrc4 and ppp2r5c, a reference marker zdhhc1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	7/1/2024
J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	7/1/2024
J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	7/1/2024
J0911	Instillation, tauridine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	7/1/2024
J1597	Injection, glycopyrrolate (glyrx-pf), 0.1 mg	7/1/2024
J1598	Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to j1596, 0.1 mg	7/1/2024
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	7/1/2024
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	7/1/2024
J2246	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	7/1/2024
J2267	Injection, mirikizumab-mrkz, 1 mg	7/1/2024
J2373	Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	7/1/2024
J2468	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469, 25 micrograms	7/1/2024

Code	Description (Table 6)	Effective Date
J2470	Injection, pantoprazole sodium, 40 mg	7/1/2024
J2471	Injection, pantoprazole (hikma), not therapeutically equivalent to j2470, 40 mg	7/1/2024
J3247	Injection, secukinumab, intravenous, 1 mg	7/1/2024
J3263	Injection, toripalimab-tpzi, 1 mg	7/1/2024
J3393	Injection, betibeglogene autotemcel, per treatment	7/1/2024
J3394	Injection, lovetibeglogene autotemcel, per treatment	7/1/2024
J7171	Injection, adams13, recombinant-krhn, 10 iu	7/1/2024
J7355	Injection, travoprost, intracameral implant, 1 microgram	7/1/2024
J8611	Methotrexate (jylamvo), oral, 2.5 mg	7/1/2024
J8612	Methotrexate (xatmep), oral, 2.5 mg	7/1/2024
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	7/1/2024
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	7/1/2024

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Table 7 – Non-covered codes

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Code	Description (Table 7)
90637	Influenza virus vaccine, quadrivalent (qirv), mrna; 30 mcg/0.5 ml dosage, for intramuscular use
90638	Influenza virus vaccine, quadrivalent (qirv), mrna; 60 mcg/0.5 ml dosage, for intramuscular use
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (lcms/ms), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides
0451U	Oncology (multiple myeloma), lcms/ms, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance
0452U	Oncology (bladder), methylated penk dna detection by linear target enrichment-quantitative methylation-specific real-time pcr (lte-qmsp), urine, reported as likelihood of bladder cancer
0453U	Oncology (colorectal cancer), cellfree dna (cfdna), methylationbased quantitative pcr assay (septin9, ikzf1, bcat1, septin9-2, vav3, bcan), plasma, reported as presence or absence of circulating tumor dna (ctdna)
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
0455U	Infectious agents (sexually transmitted infection), chlamydia trachomatis, neisseria gonorrhoeae, and trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (ngs), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (ccp) levels, combined with sex, patient global assessment, and body mass index (bmi), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (tnfi) therapy

Code	Description (Table 7)
0457U	Perfluoroalkyl substances (pfas) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 pfas compounds by lc-ms/ms, plasma or serum, quantitative
0458U	Oncology (breast cancer), s100a8 and s100a9, by enzymelinked immunosorbent assay (elisa), tear fluid with age, algorithm reported as a risk score
0459U	B-amyloid (abeta42) and total tau (ttau), electrochemiluminescent immunoassay (ecia), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology
0460U	Oncology, whole blood or buccal, dna single-nucleotide polymorphism (snp) genotyping by real-time pcr of 24 genes, with variant analysis and reported phenotypes
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (snp) genotyping by real-time pcr of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (elisa), saliva, screening/preliminary
0463U	Oncology (cervix), mrna gene expression profiling of 14 biomarkers (e6 and e7 of the highest-risk human papillomavirus [hpv] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (nasba), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker
0465U	Oncology (urothelial carcinoma), dna, quantitative methylationspecific pcr of 2 genes (onecut2, vim), algorithmic analysis reported as positive or negative
0466U	Cardiology (coronary artery disease [cad]), dna, genomewide association studies (564856 single-nucleotide polymorphisms [snps], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease
0467U	Oncology (bladder), dna, nextgeneration sequencing (ngs) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (mrd) status positive or negative and quantitative disease burden
0468U	Hepatology (nonalcoholic steatohepatitis [nash]), mir-34a5p, alpha 2-macroglobulin, ykl40, hba1c, serum and whole blood, algorithm reported as a single score for nash activity and fibrosis
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (roh), inheritance pattern that indicate uniparental disomy (upd), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (ngs) based quantitative evaluation of 8 dna targets, cell-free hpv 16 and 18 dna from plasma
0471U	Oncology (colorectal cancer), qualitative real-time pcr of 35 variants of kras and nras genes (exons 2, 3, 4), formalinixed paraffin-embedded (ffpe), predictive, identification of detected mutations
0472U	Carbonic anhydrase vi (ca vi), parotid specific/secretory protein (psp) and salivary protein (spl) igg, igm, and iga antibodies, enzyme-linked immunosorbent assay (elisa), semiquantitative, blood, reported as predictive evidence of early sjogren syndrome

Code	Description (Table 7)
0473U	Oncology (solid tumor), nextgeneration sequencing (ngs) of dna from formalin-fixed paraffinembedded (ffpe) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (ngs), sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene
0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (ngs), sanger sequencing, multiplex ligation-dependent probe amplification (mlpa), and array comparative genomic hybridization (cgh), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 ml
0868T	High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation and report
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)
0877T	Augmentative analysis of chest computed tomography (ct) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent ct examination of any structure contained in previously acquired diagnostic imaging
0878T	Augmentative analysis of chest computed tomography (ct) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent ct examination of the same structure
0879T	Augmentative analysis of chest computed tomography (ct) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission
0880T	Augmentative analysis of chest computed tomography (ct) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device

Code	Description (Table 7)
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (list separately in addition to code for primary procedure)
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (list separately in addition to code for primary procedure)
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (list separately in addition to code for primary procedure)
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation derived from a structural and resting-state functional mri, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation
0890T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day
0891T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day
0892T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate ph, hemodynamic parameters, bile production, bile ph, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate ph, hemodynamic parameters, bile production, bile ph, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (list separately in addition to code for primary procedure)

Code	Description (Table 7)
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (aqmbf), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (cmr), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (list separately in addition to code for primary procedure)
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (aqmbf), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (cmr), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (list separately in addition to code for primary procedure)
A9506	Graphite crucible for preparation of technetium tc 99m-labeled carbon aerosol, each
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation
C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model
G0522	Management of a new patient with dementia, low complexity, for use in cmmi model
G0523	Management of a new patient with dementia, moderate to high complexity, for use in cmmi model
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model
G0527	Management of established patient with dementia, low complexity, for use in cmmi model
G0528	Management of established patient with dementia, moderate to high complexity, for use in cmmi model
G0529	In-home respite care, 4-hour unit, for use in cmmi model
G0530	Adult day center, 8-hour unit, for use in cmmi model
G0531	Facility-based respite, 24-hour unit, for use in cmmi model
G9037	Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient (i.e. not for professional education or scheduling) and may include subsequent follow up on the specialist's recommendations; 30 minutes

Code	Description (Table 7)
G9038	Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition expected to last at least 3 months; comprehensive care plan established, implemented, revised or monitored in partnership with co-managing clinicians; ongoing communication and care coordination between co-managing clinicians furnishing care
J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg
Q4311	Acesso, per square centimeter
Q4312	Acesso ac, per square centimeter
Q4313	Dermabind fm, per square centimeter
Q4314	Reeva ft, per square centimeter
Q4315	Regenelink amniotic membrane allograft, per square centimeter
Q4316	Amchoplast, per square centimeter
Q4317	Vitograft, per square centimeter
Q4318	E-graft, per square centimeter
Q4319	Sanograft, per square centimeter
Q4320	Pellograft, per square centimeter
Q4321	Renograft, per square centimeter
Q4322	Caregraft, per square centimeter
Q4323	Alloply, per square centimeter
Q4324	Amniotx, per square centimeter
Q4325	Acapatch, per square centimeter
Q4326	Woundplus, per square centimeter
Q4327	Duoamnion, per square centimeter
Q4328	Most, per square centimeter
Q4329	Singlay, per square centimeter
Q4330	Total, per square centimeter
Q4331	Axolotl graft, per square centimeter
Q4332	Axolotl dualgraft, per square centimeter
Q4333	Ardeograft, per square centimeter

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Table 8 – Deleted Codes

Code	Description (Table 8)	Effective Date	Replacement Code (if applicable)
0204U	mRNA gene analysis of 539 genes in fine needle aspiration thyroid specimen, reported as detected or not detected	7/1/2024	
0353U	Detection of Chlamydia trachomatis and Neisseria gonorrhoeae by multiplex amplified DNA probe technique	7/1/2024	
C9113	Injection, pantoprazole sodium, per vial	7/1/2024	
C9166	Injection, secukinumab, intravenous, 1 mg	7/1/2024	J3247
C9167	Injection, adamts13, recombinant-krhn, 10 iu	7/1/2024	J7171
C9168	Injection, mirikizumab-mrkz, 1 mg	7/1/2024	
J2780	Injection, ranitidine hydrochloride, 25 mg	7/1/2024	
J9371	Injection, vincristine sulfate liposome, 1 mg	7/1/2024	
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	7/1/2024	
Q4277	Woundplus membrane or e-graft, per square centimeter	7/1/2024	
S0164	Injection, pantoprazole sodium, 40 mg	7/1/2024	

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