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Coverage & Billing Information for the 2025 Quarterly Code Update

Background

Iowa Medicaid has reviewed the **Q1 2025** Billing Code Update to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective **January 1, 2025**. 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 2025 code update. Coverage and billing information for these codes applies to dates of service on or after **January 1, 2025**.

Table 2

- New Current Dental Terminology (CDT®) codes included in the Q1 2025 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 **January 1, 2025**.

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 **January 1, 2025**.

Table 8

- Deleted Codes - CPT®, CDT®, HCPCS, ICD-10-CM & ICD-10-PCS codes that have been discontinued effective **December 31, 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@hhs.iowa.gov

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 **Q1 2025** 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 **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 replacement code, Iowa Medicaid has added the replacement code for which there were deleted codes effective as of **January 1, 2025**.

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

Table 1 – CPT® & HCPCS Codes
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Code (Table 1)	Description	Effective Date
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, w/ interpretation & report, unilateral or bilateral; retina, including OCT angiography	1/1/2025
G0532	Take-home supply of nasal nalmeferene HCl; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	1/1/2025
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing &/or admin, substance use counseling, individual & group therapy, & toxicology testing if performed	1/1/2025
J0139	Injection, adalimumab, 1 mg	1/1/2025
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	1/1/2025
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for esrd on dialysis)	1/1/2025
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	1/1/2025
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)	1/1/2025
J0607	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	1/1/2025
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)	1/1/2025
J0609	Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	1/1/2025
J0615	Calcium acetate, oral, 23 mg (for esrd on dialysis)	1/1/2025

Code (Table 1)	Description	Effective Date
J0666	Injection, bupivacaine liposome, 1 mg	1/1/2025
J0870	Injection, imetelstat, 1 mg	1/1/2025
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	1/1/2025
J1307	Injection, crovalimab-akkz, 10 mg	1/1/2025
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	1/1/2025
J1552	Injection, immune globulin (alyglo), 500 mg	1/1/2025
J2290	Injection, nafcillin sodium, 20 mg	1/1/2025
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	1/1/2025
J2802	Injection, romiplostim, 1 microgram	1/1/2025
J3392	Injection, exagamglogene autotemcel, per treatment	1/1/2025
J7514	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	1/1/2025
J7601	Ensifentrine, inhalation suspension, FDA approved final product, non-compounded, administered through DME, unit dose form, 3 mg	1/1/2025
J9026	Injection, tarlatamab-dlle, 1 mg	1/1/2025
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	1/1/2025
J9076	Injection, cyclophosphamide (baxter), 5 mg	1/1/2025
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	1/1/2025
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	1/1/2025
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	1/1/2025
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	1/1/2025

Code (Table 1)	Description	Effective Date
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	1/1/2025
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	1/1/2025
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	1/1/2025
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	1/1/2025
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	1/1/2025
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	1/1/2025
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	1/1/2025
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	1/1/2025

Table 2 – CDT©

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Code	Description	Effective Date
N/A		

Table 3 – ICD-10-CM Codes

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Code	Description	Effective Date
N/A		

Table 4 – ICD-10-PCS Codes

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Code	Description	Effective Date
N/A		

Table 5 – Modifiers

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Code	Description	Effective Date
N/A		

Table 6 – Outpatient Hospital

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Code (Table 6)	Description	Effective Date
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, w/ interpretation & report, unilateral or bilateral; retina, including OCT angiography	1/1/2025
G0532	Take-home supply of nasal nalmefene HCl; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	1/1/2025
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing &/or admin, substance use counseling, individual & group therapy, & toxicology testing if performed	1/1/2025
J0139	Injection, adalimumab, 1 mg	1/1/2025
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	1/1/2025
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for esrd on dialysis)	1/1/2025
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for esrd on dialysis)	1/1/2025
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for esrd on dialysis)	1/1/2025
J0607	Lanthanum carbonate, oral, 5 mg (for esrd on dialysis)	1/1/2025

Code (Table 6)	Description	Effective Date
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to j0607 (for esrd on dialysis)	1/1/2025
J0609	Ferric citrate, oral, 3 mg ferric iron, (for esrd on dialysis)	1/1/2025
J0615	Calcium acetate, oral, 23 mg (for esrd on dialysis)	1/1/2025
J0666	Injection, bupivacaine liposome, 1 mg	1/1/2025
J0870	Injection, imetelstat, 1 mg	1/1/2025
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	1/1/2025
J1307	Injection, crovalimab-akkz, 10 mg	1/1/2025
J1414	Injection, fidanacogene elaparovvec-dzkt, per therapeutic dose	1/1/2025
J1552	Injection, immune globulin (alyglo), 500 mg	1/1/2025
J2290	Injection, nafcillin sodium, 20 mg	1/1/2025
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	1/1/2025
J2802	Injection, romiplostim, 1 microgram	1/1/2025
J3392	Injection, exagamglogene autotemcel, per treatment	1/1/2025
J7514	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	1/1/2025
J7601	Ensifentrine, inhalation suspension, FDA approved final product, non-compounded, administered through DME, unit dose form, 3 mg	1/1/2025
J9026	Injection, tarlatamab-dlle, 1 mg	1/1/2025
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	1/1/2025
J9076	Injection, cyclophosphamide (baxter), 5 mg	1/1/2025

Code (Table 6)	Description	Effective Date
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	1/1/2025
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	1/1/2025
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	1/1/2025
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	1/1/2025
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	1/1/2025
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	1/1/2025
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	1/1/2025
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	1/1/2025
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	1/1/2025
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	1/1/2025
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	1/1/2025
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	1/1/2025

Table 7 – Non-covered Codes
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Code (Table 7)	Description	Effective Date
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	1/1/2025
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	1/1/2025

Code (Table 7)	Description	Effective Date
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, & filtration; first 25 sq cm or less of harvested skin	1/1/2025
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, & filtration; each additional 25 sq cm of harvested skin or part thereof (List separately)	1/1/2025
15015	Application of skin cell suspension autograft to wound & donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	1/1/2025
15016	Application of skin cell suspension autograft to wound & donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately)	1/1/2025
15017	Application of skin cell suspension autograft to wound & donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, h&s, feet, &/or multiple digits; first 480 sq cm	1/1/2025
15018	Application of skin cell suspension autograft to wound & donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, h&s, feet, &/or multiple digits; each 480 sq cm	1/1/2025
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, w/ interposition, when performed	1/1/2025
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	1/1/2025
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	1/1/2025

Code (Table 7)	Description	Effective Date
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt & preparation of CAR-T cells for administration	1/1/2025
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	1/1/2025
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	1/1/2025
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	1/1/2025
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	1/1/2025
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	1/1/2025
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	1/1/2025
51721	Insertion of transurethral ablation transducer for delivery of thermal u/s for prostate tissue ablation, including suprapubic tube placement during the same session & placement of an endorectal cooling device, when performed	1/1/2025
53865	Cystourethroscopy w/ insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck & prostate	1/1/2025

Code (Table 7)	Description	Effective Date
53866	Catheterization w/ removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck & prostate	1/1/2025
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, & monitoring of, tissue ablation;	1/1/2025
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including MRI guidance for, & monitoring of, tissue ablation; w/ insertion of transurethral U/S transducer for delivery of thermal U/S, tube placement,	1/1/2025
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	1/1/2025
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	1/1/2025
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation & frame placement, when performed	1/1/2025
64466	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	1/1/2025
64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	1/1/2025
64468	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	1/1/2025
64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	1/1/2025

Code (Table 7)	Description	Effective Date
64473	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	1/1/2025
64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	1/1/2025
66683	Implantation of iris prosthesis, including suture fixation & repair or removal of iris, when performed	1/1/2025
76014	MR safety implant &/or foreign body assessment by trained clinical staff, including identification & verification of implant components from appropriate sources, analyzing current MR conditional status of individual; 15 min	1/1/2025
76015	MR safety implant &/or foreign body assessment by trained clinical staff, including identification & verification of implant components from appropriate sources, analyzing current MR conditional status of individual; 30 min	1/1/2025
76016	MR safety determinaton by a physician or othr QHCP responsible for the safety of the MR procedure, includng review of implant MR conditions for indicated MR exam, analysis of risk vs clinical benefit of performing MR, w/reprt	1/1/2025
76017	MR safety medical physics exam customization, planning & performance monitoring by medical physicist or MR safety expert, w/ review & analysis by physician or other QHCP to prioritize & select views & imaging sequences	1/1/2025
76018	MR safety implant electronics prep under supervision of physician or other QHCP, including MR-specific programming of pulse genratr &/or transmitttr to verify device integrity, protection of device internal circuitry, w/report	1/1/2025
76019	MR safety implant positioning &/or immobilization under supervision of physician or other QHCP, including application of physical protections to secure implanted medical device translational or vibratonal forces, w/ report	1/1/2025

Code (Table 7)	Description	Effective Date
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants & copy number variants, optical genome mapping (OGM)	1/1/2025
81515	Infectious disease, bacterial vaginosis & vaginitis, real-time PCR amplification of DNA markers for Atopobium vaginae, Atopobium species, Megasphaera type 1, & BVAB-2, utilizing vaginal-fluid specimens, reported as pos or neg	1/1/2025
81558	Transplantation med, mRNA, gene expression profiling by quantitative polymerase chain reaction of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, indicating rejection	1/1/2025
82233	Beta-amyloid; 1-40 (Abeta 40)	1/1/2025
82234	Beta-amyloid; 1-42 (Abeta 42)	1/1/2025
83884	Neurofilament light chain (NfL)	1/1/2025
84393	Tau, phosphorylated (eg, pTau 181, pTau 217), each	1/1/2025
84394	Tau, total (tTau)	1/1/2025
86581	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative	1/1/2025
87513	Infectious agent detection by nucleic acid (DNA or RNA); Helicobacter pylori (H. pylori), clarithromycin resistance, amplified probe technique	1/1/2025
87564	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacterium tuberculosis, rifampin resistance, amplified probe technique	1/1/2025
87594	Infectious agent detection by nucleic acid (DNA or RNA); Pneumocystis jirovecii, amplified probe technique	1/1/2025

Code (Table 7)	Description	Effective Date
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) & high-risk pooled result(s)	1/1/2025
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	1/1/2025
90695	Influenza vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use	1/1/2025
93896	Vasoreactivity study performed w/ transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	1/1/2025
93897	Emboli detection w/out intravenous microbubble injection performed w/ transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	1/1/2025
93898	Venous-arterial shunt detection w/ intravenous microbubble injection performed w/ transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	1/1/2025
96041	Medical genetics & genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter	1/1/2025
98000	Synchronous audio-video visit for the E/M of a new pt, which requires a medically appropriate history &/or exam & straightforward medical decision making, 15 min must be met or exceeded.	1/1/2025
98001	Synchronous audio-video visit for the E/M of a new pt, which requires a medically appropriate history &/or exam & low medical decision making, 30 min must be met or exceeded.	1/1/2025

Code (Table 7)	Description	Effective Date
98002	Synchronous audio-video visit for the E/M of a new pt, which requires a medically appropriate history &/or exam & moderate medical decision making, 45 min must be met or exceeded.	1/1/2025
98003	Synchronous audio-video visit for the E/M of a new pt, which requires a medically appropriate history &/or exam & high medical decision making, 60 min must be met or exceeded.	1/1/2025
98004	Synchronous audio-video visit for the E/M of an est pt, which requires a medically appropriate history &/or exam & straightforward medical decision making, 10 min must be met or exceeded.	1/1/2025
98005	Synchronous audio-video visit for the E/M of an est pt, which requires a medically appropriate history &/or exam & low medical decision making, 20 min must be met or exceeded.	1/1/2025
98006	Synchronous audio-video visit for the E/M of an est pt, which requires a medically appropriate history &/or exam & moderate medical decision making, 30 min must be met or exceeded.	1/1/2025
98007	Synchronous audio-video visit for the E/M of an est pt, which requires a medically appropriate history &/or exam & high medical decision making, 40 min must be met or exceeded.	1/1/2025
98008	Synchronous audio-only visit for the E/M of a new pt, which requires a medically appropriate history &/or exam, straightforward medical decision making, & more than 10 min of medical discussion, 15 min must be met or exceeded.	1/1/2025
98009	Synchronous audio-only visit for the E/M of a new pt, which requires a medically appropriate history &/or exam, low medical decision making, & more than 10 min of medical discussion, 30 min must be met or exceeded.	1/1/2025

Code (Table 7)	Description	Effective Date
98010	Synchronous audio-only visit for the E/M of a new pt, which requires a medically appropriate history &/or exam, moderate medical decision making, & more than 10 min of medical discussion, 45 min must be met or exceeded.	1/1/2025
98011	Synchronous audio-only visit for the E/M of a new pt, which requires a medically appropriate history &/or exam, high medical decision making, & more than 10 min of medical discussion, 60 min must be met or exceeded.	1/1/2025
98012	Synchronous audio-only visit for the E/M of an est pt, which requires a medically appropriate history &/or exam, straightforwrd medical decision making, & more than 10 min of medical discussion, 10 min must be exceeded.	1/1/2025
98013	Synchronous audio-only visit for the E/M of an est pt, which requires a medically appropriate history &/or exam, low medical decision making, & more than 10 min of medical discussion, 20 min must be met or exceeded.	1/1/2025
98014	Synchronous audio-only visit for the E/M of an est pt, which requires a medically appropriate history &/or exam, moderate medical decision making, & more than 10 min of medical discussion, 30 min must be met or exceeded.	1/1/2025
98015	Synchronous audio-only visit for the E/M of an est pt, which requires a medically appropriate history &/or exam, high medical decision making, & more than 10 min of medical discussion, 40 min must be met or exceeded.	1/1/2025
98016	Brief communication technology-based service by a physician or other QHCP who can report E/M services, provided to an est pt, not originating from a related E/M service provided w/in the previous 7 days nor leading to an E/M	1/1/2025
0521U	Rheumatoid factor IgA & IgM, cyclic citrullinated peptide (ccp) antibodies, & scavenger receptor a (sr-a) by immunoassay, blood	1/1/2025

Code (Table 7)	Description	Effective Date
0522U	Carbonic anhydrase vi, parotid specific/secretory protein & salivary protein 1 (sp1), igg, igm, & iga antibodies, chemiluminescence, semiquantitative, blood	1/1/2025
0523U	Oncology (solid tumor), DNA, qualitative, NGS of SNV & insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide	1/1/2025
0524U	Obstetrics (preeclampsia), sflt-1/plgf ratio, immunoassay, utilizing serum or plasma, reported as a value	1/1/2025
0525U	Oncology, spheroid cell culture, 11-drug panel ovarian, fallopian, or peritoneal response prediction for each drug	1/1/2025
0526U	Nephrology (renal transplant), quantification of cxcl10 chemokines, flow cytometry, urine, reported as pg/ml creatinine baseline & monitoring over time	1/1/2025
0527U	Herpes simplex virus (hsv) types 1 & 2 & varicella zoster virus (vzv), amplified probe technique, each pathogen reported as detected or not detected	1/1/2025
0528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, & 7 antimicrobial-resistance genes, amplified probe technique, including reverse transcription for rna targets, each analyte reported	1/1/2025
0529U	Hematology (venous thromboembolism [vte]), genome-wide single-nucleotide polymorphism variants, including f2 & f5 gene analysis, & leiden variant, by microarray analysis, saliva, report as risk score for vte	1/1/2025
0530U	Onc (pan-solid tumor), ctDNA, utilizing plasma, NGS of 77 genes, 8 fusions, microsatellite instability, & tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, w/ therapy assoc	1/1/2025
0901T	Placement of bone marrow sampling port	1/1/2025

Code (Table 7)	Description	Effective Date
0902T	Augmentative algorithmic analysis of input from an external, pt-activated mobile ECG device to derive QTc interval	1/1/2025
0903T	Algorithmically generated 12-lead ECG from a reduced-lead ECG	1/1/2025
0904T	Algorithmically generated 12-lead ECG from a reduced-lead ECG, tracing only	1/1/2025
0905T	Algorithmically generated 12-lead ECG from a reduced-lead ECG, interpretation & report only	1/1/2025
0906T	Wound assessment & dressing care using concurrent optical & magnetic stimulation therapy, first application, total wound(s) surface area less than or equal to 50 sq cm	1/1/2025
0907T	Wound assessment & dressing care using concurrent optical & magnetic stimulation therapy, each additional application, total wound(s) surface area less than or equal to 50 sq cm	1/1/2025
0908T	Implantation of integrated vagus nerve neurostimulator	1/1/2025
0909T	Replacement of integrated vagus nerve neurostimulator	1/1/2025
0910T	Removal of integrated neurostimulation system, vagus nerve	1/1/2025
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; w/out programming by physician or other QHCP	1/1/2025
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; w/ simple programming by physician or other QHCP	1/1/2025
0913T	Percut transcath therapeutic drug delivery by intracoronary drug-delivery balloon, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using IVUS or OCT when performed, I & R	1/1/2025

Code (Table 7)	Description	Effective Date
0914T	Percut transcath therapeutic drug delivery by intracoronary drug-delivery balloon performed on a separate target lesion from the target lesion treated w/ balloon angioplasty, coronary stent placement or coronary atherectomy, I & R	1/1/2025
0915T	Insertion of permanent cardiac contractility modulation-defib system component(s), including fluoroscopic guidance, & eval & programming of sensing & therapeutic parameters; pulse generator & dual transvenous electrodes/leads	1/1/2025
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, & evaluation & programming of sensing & therapeutic parameters; pulse generator only	1/1/2025
0917T	Insertion of permanent cardiac contractility modulation-defib system component(s), including fluoroscopic guidance, & eval & programming of sensing & therapeutic parameters; single transvenous lead only	1/1/2025
0918T	Insertion of permanent cardiac contractility modulation-defib system component(s), including fluoroscopic guidance, & eval & programming of sensing & therapeutic parameters; dual transvenous leads only	1/1/2025
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	1/1/2025
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	1/1/2025
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	1/1/2025
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing & defibrillation) transvenous leads only	1/1/2025

Code (Table 7)	Description	Effective Date
0923T	Removal & replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	1/1/2025
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance & programming of sensing & therapeutic parameters	1/1/2025
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	1/1/2025
0926T	Programming device eval (in person) w/ iterative adjustment of the implantable device to test the function of the device & select optimal permanent programmed values w/ analysis, including review & report	1/1/2025
0927T	Interrogation device evaluation (in person) w/ analysis, review, & report, including connection, recording, & disconnection, per pt encounter, implantable cardiac contractility modulation-defibrillation system	1/1/2025
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system w/ interim analysis & report(s) by a physician or other QHCP	1/1/2025
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, tech support, & distribution of results	1/1/2025
0930T	Electrophysiologic eval of cardiac contractility modulation-defib leads, including defib-threshold eval, at time of initial implantation or replacement w/ testing of cardiac contractility modulation-defib pulse generator	1/1/2025

Code (Table 7)	Description	Effective Date
0931T	Electrophysiologic eval of cardiac contractility modulation-defib leads, including defib-threshold eval, separate from initial implantation or replacement w/ testing of cardiac contractility modulation-defib pulse generator	1/1/2025
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, w/ interpretation & report by a physician or other QHCP	1/1/2025
0933T	Transcath implantation of wireless lt atrial pressure sensor for long-term lt atrial pressure monitoring, including sensor calibration & deployment, rt heart cath, transseptal puncture, imaging guidance, & radiological S & I	1/1/2025
0934T	Remote monitoring of a wireless lt atrial pressure sensor for up to 30 days, including data from daily uploads of lt atrial pressure recordings, & analysis, w/adjustments when performd, & report(s) by a physician or othr QHCP	1/1/2025
0935T	Cystoscopy w/ renal pelvic sympathetic denervation, radiofreq ablation, retrograde ureteral approach, including insertion of guide wire, selective placemnt of ureteral sheath(s) & multiple electrodes, inj(s), & fluoroscopy	1/1/2025
0936T	Photobiomodulation therapy of retina, single session	1/1/2025
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording & storage; including recording, scanning analysis w/ report, review & interpretation by a physician or other QHCP	1/1/2025
0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording & storage; recording (including connection & initial recording)	1/1/2025
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording & storage; scanning analysis w/ report	1/1/2025

Code (Table 7)	Description	Effective Date
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording & storage; review & interpretation by a physician or other QHCP	1/1/2025
0941T	Cystourethroscopy, flexible; w/ insertion & expansion of prostatic urethral scaffold using integrated cystoscopic visualization	1/1/2025
0942T	Cystourethroscopy, flexible; w/ removal & replacement of prostatic urethral scaffold	1/1/2025
0943T	Cystourethroscopy, flexible; w/ removal of prostatic urethral scaffold	1/1/2025
0944T	3D contour simulation of target liver lesion(s) & margin(s) for image-guided percutaneous microwave ablation	1/1/2025
0945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	1/1/2025
0946T	Orthopedic implant movement analysis using paired CT exam of the target structure, including data acquisition, data prep & transmission, I & R (including CT scan of the joint or extremity performed w/ paired views)	1/1/2025
0947T	MRgFUS, stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation & frame placement, when performed	1/1/2025
A9615	Injection, pegulicanine, 1 mg	1/1/2025
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	1/1/2025

Code (Table 7)	Description	Effective Date
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	1/1/2025
C1737	Joint fusion & fixation device(s), sacroiliac & pelvis, including all system components (implantable)	1/1/2025
C1738	Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device	1/1/2025
C1739	Tissue marker, imaging & non-imaging device (implantable)	1/1/2025
C7562	Cath placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision & interpretation; w/ rt & lt heart cath including intraprocedural FFR w/ 3D map	1/1/2025
C7563	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging & radiological S & I	1/1/2025
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections & fluoroscopic guidance w/ intravascular ultrasound (noncoronary vessel(s)) during diagnostic eval	1/1/2025
C7565	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed	1/1/2025
C8001	3D anatomical segmentation imaging for preoperative planning, data preparation & transmission, obtained from previous diagnostic computed tomographic or magnetic resonance exam of the same anatomy	1/1/2025
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing & device components (do not report w/ manual suspension preparation)	1/1/2025

Code (Table 7)	Description	Effective Date
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning & adjustments, w/ imaging guidance (eg, fluoroscopy)	1/1/2025
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	1/1/2025
C9610	Catheter, transluminal drug delivery w/ or w/out angioplasty, coronary, non-laser (insertable)	1/1/2025
C9804	Elastomeric infusion pump (e.g., on-q* pump w/ bolus), including catheter & all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief)	1/1/2025
C9806	Rotary peristaltic infusion pump (e.g., ambit pump), including catheter & all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief)	1/1/2025
C9807	Nerve stimulator, percutaneous, peripheral, including electrode & all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief)	1/1/2025
C9808	Nerve cryoablation probe, including probe & all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief)	1/1/2025
C9809	Cryoablation needle, including needle/tip & all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief)	1/1/2025
D2956	Removal of an indirect restoration on a natural tooth	1/1/2025
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	1/1/2025

Code (Table 7)	Description	Effective Date
D6193	Replacement of an implant screw	1/1/2025
D7252	Partial extraction for immediate implant placement	1/1/2025
D7259	Nerve dissection	1/1/2025
D8091	Comprehensive orthodontic treatment with orthognathic surgery	1/1/2025
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	1/1/2025
D9913	Administration of neuromodulators	1/1/2025
D9914	Administration of dermal fillers	1/1/2025
D9959	Unspecified sleep apnea services procedure, by report	1/1/2025
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	1/1/2025
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	1/1/2025
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	1/1/2025
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	1/1/2025
E1813	Dynamic adjustable knee extension only device, includes soft interface material	1/1/2025
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	1/1/2025
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	1/1/2025
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	1/1/2025
E1826	Dynamic adjustable finger extension only device, includes soft interface material	1/1/2025
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	1/1/2025
E1828	Dynamic adjustable toe extension only device, includes soft interface material	1/1/2025

Code (Table 7)	Description	Effective Date
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	1/1/2025
G0534	Coordinated care &/or referral services, such as to adequate & accessible community resources to address unmet health-related social needs, ea add'l 30 min; (list separately in addition to ea primary code)	1/1/2025
G0535	pt navigational services, provided directly or by referral; including helping the pt to navigate health systems & identify care providers & supportive services, ea add'l 30 min (list separately in addition to ea primary code)	1/1/2025
G0536	Peer recovery support services, provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet recovery goals; (list separately)	1/1/2025
G0537	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ascvd) risk assessment, 5-15 minutes, not more often than every 12 months	1/1/2025
G0538	Atherosclerotic cardiovascular disease (ascvd) risk management services; clinical staff time; per calendar month	1/1/2025
G0539	Caregiver training in behavior management/modification for caregiver(s) of pts w/ a mental or physical health diagnosis, administered by physician or other QHCP (w/out the pt present), face-to-face; initial 30 minutes	1/1/2025
G0540	Caregiver training in behavior mgmt/modification for parent(s)/guardian(s)/caregiver(s) of pts w/ a mental or physical health dx, administered by physician or other QHCP (w/out the pt present), face-to-face; ea addl 15 min	1/1/2025

Code (Table 7)	Description	Effective Date
G0541	Caregiver training in direct care strategies & techniques to support care for pts w/ an ongoing condition or illness & to reduce complications (w/out the pt present), face-to-face; initial 30 min	1/1/2025
G0542	Caregiver training in direct care strategies & techniques to support care for pts w/ an ongoing condition or illness & to reduce complications (w/out the pt present), face-to-face; ea additional 15 min (list separately)	1/1/2025
G0543	Group caregiver training in direct care strategies & techniques to support care for pts w/ an ongoing condition or illness & to reduce complications (w/out the pt present), face-to-face w/ multiple sets of caregivers	1/1/2025
G0544	Post discharge telephonic follow-up contacts performed in conjunction w/ a discharge from the emergency department for behavioral health or other crisis encounter, 4 calls per calendar month	1/1/2025
G0545	Visit complexity inherent to hospital inpatient or observation care associated w/ a confirmed or suspected infectious disease by an infectious diseases specialist (list separately)	1/1/2025
G0546	Interprofessional telephone/internet/EHR assessment & mgmt service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis & treatment of mental illness; 5-10 min	1/1/2025
G0547	Interprofessional telephone/internet/EHR assessment & mgmt service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis & treatment of mental illness; 11-20 min	1/1/2025
G0548	Interprofessional telephone/internet/EHR assessment & mgmt service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis & treatment of mental illness; 21-30 min	1/1/2025

Code (Table 7)	Description	Effective Date
G0549	Interprofessional telephone/internet/EHR assessment & mgmt service provided by a practitioner in a specialty whose covered services are limited by statute to services for the dx & tx of mental illness; 31 or > min	1/1/2025
G0550	Interprofessional telephone/internet/EHR assessment & mgmt service provided by a practitioner in a specialty whose covered services are limited by statute to services for the dx & tx of mental illness; 5 or > min	1/1/2025
G0551	Interprofessional telephone/internet/EHR assessment & mgmt service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis & treatment of mental illness; 30 min	1/1/2025
G0552	Supply of digital mental health treatment device & initial education & onboarding, per course of treatment that augments a behavioral therapy plan	1/1/2025
G0553	First 20 min of monthly treatment management services directly relatd to the pt's therapeutic use of the digital mental health treatment device that augments a behavioral therapy plan, physician/other QHCP time reviewing info	1/1/2025
G0554	Ea addl 20 min of monthly tx management services directly relatd to the pt's therapeutic use of the digital mental health treatment device that augments a behavioral therapy plan, physician/other QHCP time reviewing info	1/1/2025
G0555	Provision of replacement pt electronics system (e.g., system pillow, h&held reader) for home pulmonary artery pressure monitoring	1/1/2025
G0556	Advanced primary care management services for a pt w/ one chronic condition, or fewer, provided by clinical staff & directed by a physician or other QHCP who is responsible for all primary care, as appropriate	1/1/2025

Code (Table 7)	Description	Effective Date
G0557	Advanced primary care mgmt services for a pt w/ multiple (two or more) chronic conditions expected to last at least 12 mts, or until the death of the pt, provided by clinical staff & directed by a physician or other QHCP	1/1/2025
G0558	Advanced primary care mgmt services for a pt w/ multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the pt, provided by clinical staff & directed by a physician or other QHCP	1/1/2025
G0559	Post-operative f/u visit complexity inherent to E/M services addressing surgical procedure(s), provided by a physician or QHCP who is not the practitioner who performed the procedure, w/in the 90-day global period	1/1/2025
G0560	Safety planning interventions, ea 20 min personally performed by the billing practitioner, including assisting the pt in the identification of the following personalized elements of a safety plan: recognizing warning signs	1/1/2025
G0561	Tympanostomy w/ local or topical anesthesia & insertion of a ventilating tube when performed w/ tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction w/ 0583T)	1/1/2025
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet & ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	1/1/2025
G0563	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	1/1/2025
G0564	Creation of subcutaneous pocket w/ insertion of 365 day implantable interstitial glucose sensor, including system activation & pt training	1/1/2025

Code (Table 7)	Description	Effective Date
G0565	Removal of implantable interstitial glucose sensor w/ creation of subcutaneous pocket at different anatomic site & insertion of new 365 day implantable sensor, including system activation	1/1/2025
H0052	Missing & murdered indigenous persons (MMIP) mental health & clinical care	1/1/2025
H0053	Historical trauma (ht) mental health & clinical care for indigenous persons	1/1/2025
M1371	Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	1/1/2025
M1372	Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% & < 8.0%	1/1/2025
M1373	Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% & <= 9.0%	1/1/2025
M1374	An additional encounter w/ an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter w/ an ra diagnosis during the performance period	1/1/2025
M1375	An additional encounter w/ an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter w/ an ra diagnosis during the performance period	1/1/2025
M1376	An additional encounter w/ an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter w/ an ra diagnosis during the performance period	1/1/2025
M1377	Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report & communicated w/ pt	1/1/2025
M1378	Documentation of medical reason(s) for not recommending a 10 yr f/u interval (e.g., inadequate prep, familial or personal hx of colonic polyps, pt had no adenoma & age is >= 66 yrs old, or life expectancy < 10 yrs)	1/1/2025

Code (Table 7)	Description	Effective Date
M1379	A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	1/1/2025
M1380	Filled at least two Rx during the performance period for any combo of the qualifying oral antipsychotic meds listed under "denominator note" or the long-acting injectable antipsychotic meds listed under "denominator note"	1/1/2025
M1381	pts w/ secondary stroke (e.g., a subsequent stroke that may occur w/ vasospasm in the setting of subarachnoid hemorrhage) w/in 5 days of the initial procedure	1/1/2025
M1382	pt encounter during the performance period w/ place of service code 11	1/1/2025
M1383	Acute PVD	1/1/2025
M1384	pts who died during the performance period	1/1/2025
M1385	Documentation of pt reasons for pts who were not seen for the second pam survey (e.g., less than four months between baseline pam assessment & follow-up)	1/1/2025
M1386	pts w/ an excisional surgery for melanoma or melanoma in situ in the past 5 years w/ an initial ajcc staging of 0, i, or ii at the start of the performance period	1/1/2025
M1387	pts who died during the performance period	1/1/2025
M1388	pts w/ documentation of an exam performed for recurrence of melanoma	1/1/2025
M1390	pts who do not have a documented exam performed for recurrence of melanoma or no documentation w/in the performance period	1/1/2025
M1391	All pts who were diagnosed w/ recurrent melanoma during the current performance period	1/1/2025

Code (Table 7)	Description	Effective Date
M1392	Documentation of pt reasons for no exam, i.e., refusal of exam or lost to f/u (documentation must include info that the clinician was unable to reach the pt by phone, mail or secure electronic mail)	1/1/2025
M1393	pts who were not diagnosed w/ recurrent melanoma during the current performance period	1/1/2025
M1394	Stages i-iii breast cancer	1/1/2025
M1395	pts receiving an initial chemotherapy regimen w/ a defined duration w/ the eligible clinician or group	1/1/2025
M1396	pts on a therapeutic clinical trial	1/1/2025
M1397	pts w/ recurrence/disease progression	1/1/2025
M1398	pts w/ baseline & follow-up promis surveys documented in the medical record	1/1/2025
M1399	pts who leave the practice during the follow-up period	1/1/2025
M1400	pts who died during the follow-up period	1/1/2025
M1401	Stages i-iii breast cancer	1/1/2025
M1402	pts receiving an initial chemotherapy regimen w/ a defined duration w/ the eligible clinician or group	1/1/2025
M1403	pts w/ baseline & follow-up promis surveys documented in the medical record	1/1/2025
M1404	pts on a therapeutic clinical trial	1/1/2025
M1405	pts w/ recurrence/disease progression	1/1/2025
M1406	pts who leave the practice during the follow-up period	1/1/2025
M1407	pts who died during the follow-up period	1/1/2025

Code (Table 7)	Description	Effective Date
M1408	pts who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer	1/1/2025
M1409	pts who received germline testing for brca1 & brca2 or genetic counseling completed w/in 6 months of diagnosis	1/1/2025
M1410	pts who did not have germline testing for brca1 & brca2 or genetic counseling completed w/in 6 months of diagnosis	1/1/2025
M1411	Currently on first-line immune checkpoint inhibitors w/out chemotherapy	1/1/2025
M1412	pts w/ metastatic nscl w/ epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or other targetable genomic abnormalities w/ approved first-line targeted therapy	1/1/2025
M1413	pts who had a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	1/1/2025
M1414	Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., pt is in an urgent or emergent situation)	1/1/2025
M1415	pts who did not have a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	1/1/2025
M1416	pt received hospice services any time during the performance period	1/1/2025
M1417	pts who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	1/1/2025
M1418	pts who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination because of a medical contraindication documented by clinician	1/1/2025

Code (Table 7)	Description	Effective Date
M1419	pts who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	1/1/2025
M1420	Complete ophthalmologic care mips value pathway	1/1/2025
M1421	Dermatological care mips value pathway	1/1/2025
M1422	Gastroenterology care mips value pathway	1/1/2025
M1423	Optimal care for pts w/ urologic conditions mips value pathway	1/1/2025
M1424	Pulmonology care mips value pathway	1/1/2025
M1425	Surgical care mips value pathway	1/1/2025
Q0155	Dronabinol (syndros), 0.1 mg, oral, fda approved prescription antiemetic, for use as a complete therapeutic substitute for an iv antiemetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	1/1/2025
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	1/1/2025
Q4346	Shelter dm matrix, per square centimeter	1/1/2025
Q4347	Rampart dl matrix, per square centimeter	1/1/2025
Q4348	Sentry sl matrix, per square centimeter	1/1/2025
Q4349	Mantle dl matrix, per square centimeter	1/1/2025
Q4350	Palisade dm matrix, per square centimeter	1/1/2025
Q4351	Enclose tl matrix, per square centimeter	1/1/2025
Q4352	Overlay sl matrix, per square centimeter	1/1/2025
Q4353	Xceed tl matrix, per square centimeter	1/1/2025

Table 8 – Deleted Codes

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Code (Table 8)	Description	End Date
15819	Cervicoplasty	12/31/2024
21632	Radical resection of sternum; with mediastinal lymphadenectomy	12/31/2024
33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery	12/31/2024
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	12/31/2024
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	12/31/2024
47802	U-tube hepaticoenterostomy	12/31/2024
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	12/31/2024
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	12/31/2024
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	12/31/2024
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	12/31/2024
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	12/31/2024
54438	Replantation, penis, complete amputation including urethral repair	12/31/2024

Code (Table 8)	Description	End Date
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	12/31/2024
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	12/31/2024
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	12/31/2024
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	12/31/2024
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	12/31/2024
86490	Skin test; coccidioidomycosis	12/31/2024
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	12/31/2024
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	12/31/2024

Code (Table 8)	Description	End Date
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	12/31/2024
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	12/31/2024
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	12/31/2024
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	12/31/2024
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	12/31/2024
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	12/31/2024
0346U	Evaluation of Beta amyloid AB40 and AB42 ratio	12/31/2024

Code (Table 8)	Description	End Date
0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected	12/31/2024
0380U	Test for adverse drug reactions and drug response	12/31/2024
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	12/31/2024
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	12/31/2024
0448U	Oncology (lung and colon cancer), dna, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in egfr and kras genes, formalin-fixed paraffinembedded (ffpe) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	12/31/2024
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	12/31/2024

Code (Table 8)	Description	End Date
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)	12/31/2024
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	12/31/2024
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	12/31/2024
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	12/31/2024
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	12/31/2024
0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	12/31/2024
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	12/31/2024
0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	12/31/2024
0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	12/31/2024

Code (Table 8)	Description	End Date
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	12/31/2024
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	12/31/2024
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	12/31/2024
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	12/31/2024
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	12/31/2024
C9290	Injection, bupivacaine liposome, 1 mg	12/31/2024

Code (Table 8)	Description	End Date
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	12/31/2024
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	12/31/2024
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)	12/31/2024
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	12/31/2024
D2941	Interim therapeutic restoration - primary dentition	12/31/2024
D6095	Repair implant abutment, by report	12/31/2024
G0106	Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema	12/31/2024
G0120	Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.	12/31/2024
G0122	Colorectal cancer screening; barium enema	12/31/2024
G1001	Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1002	Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1003	Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024

Code (Table 8)	Description	End Date
G1004	Clinical Decision Support Mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1007	Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1008	Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1010	Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1011	Clinical Decision Support Mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1012	Clinical Decision Support Mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1013	Clinical Decision Support Mechanism EvidenceCare ImagingCare, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1014	Clinical Decision Support Mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1015	Clinical Decision Support Mechanism Reliant Medical Group, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1016	Clinical Decision Support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1017	Clinical Decision Support Mechanism HealthHelp, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024

Code (Table 8)	Description	End Date
G1018	Clinical Decision Support Mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1019	Clinical Decision Support Mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1020	Clinical Decision Support Mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1021	Clinical Decision Support Mechanism EHealthLine Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1022	Clinical Decision Support Mechanism Intermountain Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1023	Clinical Decision Support Mechanism Persivia Clinical Decision Support, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G1024	Clinical decision support mechanism Radrite, as defined by the Medicare Appropriate Use Criteria Program	12/31/2024
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	12/31/2024
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	12/31/2024

Code (Table 8)	Description	End Date
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	12/31/2024
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	12/31/2024
G8482	Influenza immunization administered or previously received	12/31/2024
G8483	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)	12/31/2024
G8484	Influenza immunization was not administered, reason not given	12/31/2024
G8965	Cardiac stress imaging test primarily performed on low chd risk patient for initial detection and risk assessment	12/31/2024
G8966	Cardiac stress imaging test performed on symptomatic or higher than low chd risk patient or for any reason other than initial detection and risk assessment	12/31/2024
G9402	Patient received follow-up within 30 days after discharge	12/31/2024
G9403	Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up)	12/31/2024
G9404	Patient did not receive follow-up within 30 days after discharge	12/31/2024
G9405	Patient received follow-up within 7 days after discharge	12/31/2024

Code (Table 8)	Description	End Date
G9406	Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e patient death prior to follow-up visit, patient non-compliance for visit follow-up)	12/31/2024
G9407	Patient did not receive follow-up within 7 days after discharge	12/31/2024
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user	12/31/2024
G9459	Currently a tobacco non-user	12/31/2024
G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not given	12/31/2024
G9707	Patient received hospice services any time during the measurement period	12/31/2024
G9751	Patient died at any time during the 24-month measurement period	12/31/2024
G9760	Patients who use hospice services any time during the measurement period	12/31/2024
G9892	Documentation of patient reason(s) for not performing a dilated macular examination	12/31/2024
G9893	Dilated macular exam was not performed, reason not otherwise specified	12/31/2024
G9921	No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified	12/31/2024

Code (Table 8)	Description	End Date
G9974	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity	12/31/2024
G9975	Documentation of medical reason(s) for not performing a dilated macular examination	12/31/2024
G9990	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	12/31/2024
G9991	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	12/31/2024
J0135	Injection, adalimumab, 20 mg	12/31/2024
J0570	Buprenorphine implant, 74.2 mg	12/31/2024
J2796	Injection, romiplostim, 10 micrograms	12/31/2024
J2806	Injection, sincalide (maia), not therapeutically equivalent to j2805, 5 micrograms	12/31/2024
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	12/31/2024
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	12/31/2024
J9259	Injection, paclitaxel protein-bound particles (american regent), not therapeutically equivalent to j9264, 1 mg	12/31/2024
M0003	Optimal care for patients with episodic neurological conditions mips value pathways	12/31/2024
M1154	Hospice services provided to patient any time during the measurement period	12/31/2024
M1155	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	12/31/2024

Code (Table 8)	Description	End Date
M1219	Anaphylaxis due to the vaccine on or before the date of the encounter	12/31/2024
M1264	Patients age 75 or older on their initiation of dialysis date	12/31/2024
Q0516	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 30-days	12/31/2024
Q0517	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 60-days	12/31/2024
Q0518	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 90-days	12/31/2024
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	12/31/2024
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	12/31/2024