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Coverage & Billing Information for the 2025 Quarterly Code Update

Background

Iowa Medicaid has reviewed the **Q3 2025** Billing Code Update to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective **July 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 **Q3 2025** code update. Coverage and billing information for these codes applies to dates of service on or after **July 1, 2025**.

Table 2

- New Current Dental Terminology (CDT[©]) codes included in the **Q3 2025** code update. Coverage and billing information for these codes applies to dates of service on or after **N/A**.

Table 3

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

Table 4

- CPT[©], CDT[©], & HCPCS codes that would be considered Outpatient Hospital on or after **July 1, 2025**.

Table 5

- Non-Covered Codes - CPT[©], CDT[©] & HCPCS codes that have been thoroughly reviewed and Iowa Medicaid has decided not to cover effective **July 1, 2025**.

Table 6

- Deleted Codes - CPT[©], CDT[©] & HCPCS codes that have been discontinued effective **June 30, 2025**.

The **Q3 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 **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, 2025**.

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

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>

Table 1 – CPT® & HCPCS Codes

Code	Description
90382	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE, 0.7 ML, FOR INTRAMUSCULAR USE
91323	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, 10 MCG/0.2 ML DOSAGE, FOR INTRAMUSCULAR USE
C9174	INJECTION, DATOPOTAMAB DERUXTECAN-DLNK, 1 MG
C9175	INJECTION, TREOSULFAN, 50 MG
J0165	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG
J0167	INJECTION, EPINEPHRINE (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J0168	INJECTION, EPINEPHRINE (INTERNATIONAL MEDICATION SYSTEMS), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J0169	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J0616	INJECTION, METOPROLOL TARTRATE, 1 MG
J0618	INJECTION, CALCIUM CHLORIDE, 2 MG
J1163	INJECTION, DILTIAZEM HYDROCHLORIDE, 0.5 MG
J1326	INJECTION, ZOLBETUXIMAB-CLZB, 2 MG
J2312	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG
J2313	INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 0.01 MG
J3373	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG
J3374	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG
J3375	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG
J3391	INJECTION, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT
J7172	INJECTION, MARSTACIMAB-HNCQ, 0.5 MG
J7356	INJECTION, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG
J9220	INJECTION, INDIGOTINDISULFONATE SODIUM, 1 MG
J9276	INJECTION, ZANIDATAMAB-HRII, 2 MG

Code	Description
J9289	INJECTION, NIVOLUMAB, 2 MG AND HYALURONIDASE-NVHY
J9341	INJECTION, THIOTEPA (TEPYLUTE), 1 MG
J9342	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG
J9382	INJECTION, ZENOCUTUZUMAB-ZBCO, 1 MG
Q2058	OBECABTAGENE AUTOLEUCEL, 10 UP TO 400 MILLION CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION
Q5098	INJECTION, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG
Q5099	INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG
Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG
Q5153	INJECTION, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG

Table 2 – CDT©

Code	Description
N/A	N/A

Table 3 – Modifiers

Code	Description
N/A	N/A

Table 4 – Outpatient Hospital

Code	Description
90382	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, SEASONAL DOSE, 0.7 ML, FOR INTRAMUSCULAR USE
91323	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, mRNA-LNP, 10 MCG/0.2 ML DOSAGE, FOR INTRAMUSCULAR USE
C9174	INJECTION, DATOPOTAMAB DERUXTECAN-DLNK, 1 MG

Code	Description
C9175	INJECTION, TREOSULFAN, 50 MG
J0165	INJECTION, EPINEPHRINE, NOT OTHERWISE SPECIFIED, 0.1 MG
J0167	INJECTION, EPINEPHRINE (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J0168	INJECTION, EPINEPHRINE (INTERNATIONAL MEDICATION SYSTEMS), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J0169	INJECTION, EPINEPHRINE (ADRENALIN), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J0616	INJECTION, METOPROLOL TARTRATE, 1 MG
J0618	INJECTION, CALCIUM CHLORIDE, 2 MG
J1163	INJECTION, DILTIAZEM HYDROCHLORIDE, 0.5 MG
J1326	INJECTION, ZOLBETUXIMAB-CLZB, 2 MG
J2312	INJECTION, NALOXONE HYDROCHLORIDE, NOT OTHERWISE SPECIFIED, 0.01 MG
J2313	INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 0.01 MG
J3373	INJECTION, VANCOMYCIN HYDROCHLORIDE, 10 MG
J3374	INJECTION, VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG
J3375	INJECTION, VANCOMYCIN HYDROCHLORIDE (XELLIA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG
J3391	INJECTION, ATIDARSAGENE AUTOTEMCEL, PER TREATMENT
J7172	INJECTION, MARSTACIMAB-HNCQ, 0.5 MG
J7356	INJECTION, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG
J9220	INJECTION, INDIGOTINDISULFONATE SODIUM, 1 MG
J9276	INJECTION, ZANIDATAMAB-HRII, 2 MG
J9289	INJECTION, NIVOLUMAB, 2 MG AND HYALURONIDASE-NVHY
J9341	INJECTION, THIOTEPA (TEPYLUTE), 1 MG
J9342	INJECTION, THIOTEPA, NOT OTHERWISE SPECIFIED, 1 MG
J9382	INJECTION, ZENOCUTUZUMAB-ZBCO, 1 MG
Q2058	OBECABTAGENE AUTOLEUCEL, 10 UP TO 400 MILLION CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION

Code	Description
Q5098	INJECTION, USTEKINUMAB-SRLF (IMULDOSA), BIOSIMILAR, 1 MG
Q5099	INJECTION, USTEKINUMAB-STBA (STEQEYMA), BIOSIMILAR, 1 MG
Q5100	INJECTION, USTEKINUMAB-KFCE (YESINTEK), BIOSIMILAR, 1 MG
Q5153	INJECTION, AFLIBERCEPT-YSZY (OPUVIZ), BIOSIMILAR, 1 MG

Table 5 - Noncovered Codes

Code	Description
0552U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT), ANALYSIS FOR KNOWN GENETIC DISORDERS FROM TROPHECTODERM BIOPSY, LINKAGE ANALYSIS OF DISEASE-CAUSING LOCUS, AND WHEN POSSIBLE, TARGETED MUTATION ANALYSIS FOR KNOWN
0553U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT), ANALYSIS OF 24 CHROMOSOMES USING DNA GENOMIC SEQUENCE ANALYSIS FROM EMBRYONIC TROPHECTODERM FOR STRUCTURAL REARRANGEMENTS, ANEUPLOIDY, AND A MITOCHONDRIAL DNA
0554U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT), ANALYSIS OF 24 CHROMOSOMES USING DNA GENOMIC SEQUENCE ANALYSIS FROM TROPHECTODERM BIOPSY FOR ANEUPLOIDY, PLOIDY, A MITOCHONDRIAL DNA SCORE, AND EMBRYO QUALITY
0555U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT), ANALYSIS OF 24 CHROMOSOMES USING DNA GENOMIC SEQUENCE ANALYSIS FROM EMBRYONIC TROPHECTODERM FOR STRUCTURAL REARRANGEMENTS, ANEUPLOIDY, PLOIDY, A MITOCHONDRIAL DNA
0556U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC DNA AND RNA BY REAL-TIME PCR, 12 TARGETS, NASOPHARYNGEAL OR OROPHARYNGEAL SWAB, INCLUDING MULTIPLEX REVERSE TRANSCRIPTION FOR RNA
0557U	INFECTIOUS DISEASE (BACTERIAL VAGINOSIS AND VAGINITIS), REAL-TIME AMPLIFICATION OF DNA MARKERS FOR ATOPOBIUM VAGINAE, GARDNERELLA VAGINALIS, MEGASPHAERA TYPES 1 AND 2, BACTERIAL VAGINOSIS ASSOCIATED BACTERIA-2 AND -3

Code	Description
0558U	ONCOLOGY (COLORECTAL), QUANTITATIVE ENZYME-LINKED IMMUNOSORBENT ASSAY FOR SECRETED COLORECTAL CANCER PROTEIN MARKER (BF7 ANTIGEN), USING SERUM, RESULT REPORTED AS INDICATIVE OF RESPONSE/NO RESPONSE TO THERAPY OR DISEASE
0559U	ONCOLOGY (BREAST), QUANTITATIVE ENZYME-LINKED IMMUNOSORBENT ASSAY FOR SECRETED BREAST CANCER PROTEIN MARKER, SERUM, RESULT REPORTED AS INDICATIVE OF RESPONSE/NO RESPONSE TO THERAPY OR DISEASE PROGRESSION/REGRESSION
0560U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), GENOMIC SEQUENCE ANALYSIS, CELL-FREE DNA, WHOLE BLOOD AND TUMOR TISSUE, BASELINE ASSESSMENT FOR DESIGN AND CONSTRUCTION OF A PERSONALIZED VARIANT PANEL TO EVALUATE CURRENT MRD
0561U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), GENOMIC SEQUENCE ANALYSIS, CELL-FREE DNA, WHOLE BLOOD, SUBSEQUENT ASSESSMENT WITH COMPARISON TO INITIAL ASSESSMENT TO EVALUATE FOR MRD
0562U	ONCOLOGY (SOLID TUMOR), TARGETED GENOMIC SEQUENCE ANALYSIS, 33 GENES, DETECTION OF SINGLE-NUCLEOTIDE VARIANTS (SNVs), INSERTIONS AND DELETIONS, COPY-NUMBER AMPLIFICATIONS, AND TRANSLOCATIONS IN HUMAN GENOMIC CIRCULATING DNA
0563U	INFECTIOUS DISEASE (BACTERIAL AND/OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC NUCLEIC ACID (DNA OR RNA), 11 VIRAL TARGETS AND 4 BACTERIAL TARGETS, QUALITATIVE RT-PCR, UPPER RESPIRATORY SPECIMEN, EACH PATHOGEN
0564U	INFECTIOUS DISEASE (BACTERIAL AND/OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC NUCLEIC ACID (DNA OR RNA), 10 VIRAL TARGETS AND 4 BACTERIAL TARGETS, QUALITATIVE RT-PCR, UPPER RESPIRATORY SPECIMEN, EACH PATHOGEN
0565U	ONCOLOGY (HEPATOCELLULAR CARCINOMA), NEXT-GENERATION SEQUENCING METHYLATION PATTERN ASSAY TO DETECT 6626 EPIGENETIC ALTERATIONS, CELL-FREE DNA, PLASMA, ALGORITHM REPORTED AS CANCER SIGNAL DETECTED OR NOT DETECTED
0566U	ONCOLOGY (LUNG), QPCR-BASED ANALYSIS OF 13 DIFFERENTIALLY METHYLATED REGIONS (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), PLEURAL FLUID, ALGORITHM REPORTED
0567U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE-GENOME SEQUENCE ANALYSIS COMBINATION OF SHORT AND LONG READS, FOR SINGLE-NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS AND CHARACTERIZED INTRONIC VARIANTS, COPY-NUMBER

Code	Description
0568U	NEUROLOGY (DEMENTIA), BETA AMYLOID (AB40, AB42, AB42/40 RATIO), TAU-PROTEIN PHOSPHORYLATED AT RESIDUE (EG, PTAU217), NEUROFILAMENT LIGHT CHAIN (NFL), AND GLIAL FIBRILLARY ACIDIC PROTEIN (GFAP), BY ULTRA-HIGH SENSITIVITY
0569U	ONCOLOGY (SOLID TUMOR), NEXT-GENERATION SEQUENCING ANALYSIS OF TUMOR METHYLATION MARKERS (>20000 DIFFERENTIALLY METHYLATED REGIONS) PRESENT IN CELL-FREE CIRCULATING TUMOR DNA (CTDNA), WHOLE BLOOD, ALGORITHM REPORTED
0570U	NEUROLOGY (TRAUMATIC BRAIN INJURY), ANALYSIS OF GLIAL FIBRILLARY ACIDIC PROTEIN (GFAP) AND UBIQUITIN CARBOXYL-TERMINAL HYDROLASE L1 (UCH-L1), IMMUNOASSAY, WHOLE BLOOD OR PLASMA, INDIVIDUAL COMPONENTS REPORTED WITH THE RESULT
0571U	ONCOLOGY (SOLID TUMOR), DNA (80 GENES) AND RNA (10 GENES), BY NEXT-GENERATION SEQUENCING, PLASMA, INCLUDING SINGLE-NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY-NUMBER ALTERATIONS, MICROSATELLITE INSTABILITY, AND FUSIONS
0572U	ONCOLOGY (PROSTATE), HIGH-THROUGHPUT TELOMERE LENGTH QUANTIFICATION BY FISH, WHOLE BLOOD, DIAGNOSTIC ALGORITHM REPORTED AS RISK OF PROSTATE CANCER
0573U	ONCOLOGY (PANCREAS), 3 BIOMARKERS (GLUCOSE, CARCINOEMBRYONIC ANTIGEN, AND GASTRICIN), PANCREATIC CYST LESION FLUID, ALGORITHM REPORTED AS CATEGORICAL MUCINOUS OR NON-MUCINOUS
0574U	MYCOBACTERIUM TUBERCULOSIS, CULTURE FILTRATE PROTEIN?10-KDA (CFP-10), SERUM OR PLASMA, LIQUID CHROMATOGRAPHY MASS SPECTROMETRY (LC-MS)
0948T	REMOTE EVALUATION OF CARDIAC CONTRACTILITY MODULATION SYSTEM, WITH ANALYSIS, REVIEW AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL
0949T	REMOTE EVALUATION OF CARDIAC CONTRACTILITY MODULATION SYSTEM, WITH DATA ACQUISITION(S), RECEIPT OF TRANSMISSIONS, TECHNICIAN REVIEW, TECHNICAL SUPPORT, AND DISTRIBUTION OF RESULTS
0950T	DESTRUCTION OF BENIGN PROSTATE TISSUE USING HIGH INTENSITY-FOCUSED ULTRASOUND (HIFU)
0951T	INITIAL PLACEMENT OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT
0952T	REVISION OR REPLACEMENT OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT WITH MASTOIDECTOMY AND REPLACEMENT OF SOUND PROCESSOR
0953T	REVISION OR REPLACEMENT OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT, WITHOUT MASTOIDECTOMY AND REPLACEMENT OF SOUND PROCESSOR

Code	Description
0954T	REPLACEMENT OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT, SOUND PROCESSOR ONLY
0955T	REMOVAL OF TOTALLY IMPLANTABLE ACTIVE MIDDLE HEARING IMPLANT
0956T	PARTIAL REMOVAL OF SKULL FOR PLACEMENT OF CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM
0957T	REVISION OF SUB-SCALP IMPLANTED ELECTRODE ARRAY, RECEIVER, AND TELEMETRY UNIT FOR ELECTRODE FOR A CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY SYSTEM
0958T	REMOVAL OF SUB-SCALP IMPLANTED ELECTRODE ARRAY, RECEIVER, AND TELEMETRY UNIT FOR ELECTRODE FOR A CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY SYSTEM
0959T	REMOVAL OR REPLACEMENT OF MAGNET FROM COIL ASSEMBLY CONNECTED TO CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY SYSTEM
0960T	REPLACEMENT OF SUB-SCALP IMPLANTED ELECTRODE ARRAY, RECEIVER, AND TELEMETRY UNIT WITH TUNNELING OF ELECTRODE FOR CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM
0961T	SHORTWAVE INFRARED RADIATION IMAGING TO ASSIST IN FINDING LYMPH NODES IS CONNECTIVE TISSUE SURGICAL PATHOLOGY SPECIMEN
0962T	ASSISTIVE ALGORITHMIC ANALYSIS OF ACOUSTIC AND ELECTROCARDIOGRAM RECORDING FOR DETECTION OF CARDIAC DYSFUNCTION
0963T	ANOSCOPY INJECTION OF BULKING AGENT INTO ANAL CANAL IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR
0964T	OBSTRUCTIVE SLEEP APNEA, INCLUDING INITIAL ADJUSTMENT; SINGLE ARCH, WITHOUT MANDIBULAR ADVANCEMENT MECHANISM IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR
0965T	OBSTRUCTIVE SLEEP APNEA, INCLUDING INITIAL ADJUSTMENT; DUAL ARCH, WITH ADDITIONAL MANDIBULAR ADVANCEMENT, NON-FIXED HINGE MECHANISM IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR
0966T	OBSTRUCTIVE SLEEP APNEA, INCLUDING INITIAL ADJUSTMENT; DUAL ARCH, WITH ADDITIONAL MANDIBULAR ADVANCEMENT, FIXED HINGE MECHANISM INSERTION OF ENDOLUMINAL TEMPORARY COLORECTAL ANASTOMOSIS PROTECTION DEVICE,
0967T	INCLUDING VACUUM ANCHORING COMPONENT AND FLEXIBLE SHEATH CONNECTED TO EXTERNAL VACUUM SOURCE AND MONITORING SYSTEM

Code	Description
0968T	INSERTION OR REPLACEMENT OF EPICRANIAL NEUROSTIMULATOR SYSTEM, INCLUDING ELECTRODE ARRAY AND PULSE GENERATOR, WITH CONNECTION TO ELECTRODE ARRAY
0969T	REMOVAL OF EPICRANIAL NEUROSTIMULATOR SYSTEM
0970T	DESTRUCTION OF BENIGN BREAST TUMOR USING LASER
0971T	DESTRUCTION OF MALIGNANT BREAST TUMOR(S) USING LASER
0972T	ASSISTIVE ALGORITHMIC CLASSIFICATION OF BURN HEALING BY NONINVASIVE MULTISPECTRAL IMAGING, INCLUDING SYSTEM SET-UP AND ACQUISITION, SELECTION, AND TRANSMISSION OF IMAGES, WITH AUTOMATED GENERATION OF REPORT
0973T	SELECTIVE ENZYMATIC DEBRIDEMENT, PARTIAL-THICKNESS AND/OR FULL-THICKNESS BURN ESCHAR, REQUIRING ANESTHESIA, INCLUDING PATIENT MONITORING, TRUNK, ARMS, LEGS, FIRST 100 SQ CM
0974T	SELECTIVE ENZYMATIC DEBRIDEMENT, PARTIAL-THICKNESS AND/OR FULL-THICKNESS BURN ESCHAR, REQUIRING ANESTHESIA, INCLUDING PATIENT MONITORING, TRUNK, ARMS, LEGS, EACH ADDITIONAL 100 SQ CM
0975T	SELECTIVE ENZYMATIC DEBRIDEMENT, PARTIAL-THICKNESS AND/OR FULL-THICKNESS BURN ESCHAR, REQUIRING ANESTHESIA, INCLUDING PATIENT MONITORING, SCALP, NECK, HANDS, FEET, AND/OR MULTIPLE DIGITS, FIRST 100 SQ CM
0976T	SELECTIVE ENZYMATIC DEBRIDEMENT, PARTIAL-THICKNESS AND/OR FULL-THICKNESS BURN ESCHAR, REQUIRING ANESTHESIA, INCLUDING PATIENT MONITORING, SCALP, NECK, HANDS, FEET, AND/OR MULTIPLE DIGITS, EACH ADDITIONAL 100 SQ CM
0977T	DETECTION OF UPPER GASTROINTESTINAL BLOOD WITH SENSOR CAPSULE, WITH INTERPRETATION AND REPORT
0978T	SUBMUCOSAL CRYOLYSIS THERAPY, SOFT PALATE, BASE OF TONGUE, AND LINGUAL TONSIL
0979T	SUBMUCOSAL CRYOLYSIS THERAPY, SOFT PALATE ONLY
0980T	SUBMUCOSAL CRYOLYSIS THERAPY, BASE OF TONGUE AND LINGUAL TONSIL ONLY
0981T	IMPLANTATION OF WIRELESS INFERIOR VENA CAVA SENSOR FOR LONG-TERM BLOOD CIRCULATION MONITORING
0982T	INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT FOR REMOTE MONITORING OF IMPLANTABLE INFERIOR VENA CAVA PRESSURE SENSOR

Code	Description
0983T	REMOTE MONITORING OF AN IMPLANTED INFERIOR VENA CAVA SENSOR FOR UP TO 30 DAYS WITH AT LEAST WEEKLY DOWNLOADS OF INFERIOR VENA CAVA AREA RECORDINGS, INTERPRETATION(S), TREND ANALYSIS, AND REPORT(S)
0984T	INTRAVASCULAR IMAGING OF INITIAL EXTRACRANIAL CEREBRAL VESSEL USING OPTICAL COHERENCE TOMOGRAPHY (OCT) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING ALL ASSOCIATED RADIOLOGICAL SUPERVISION, I & R
0985T	INTRAVASCULAR IMAGING OF EACH ADDITIONAL EXTRACRANIAL CEREBRAL VESSEL USING OPTICAL COHERENCE TOMOGRAPHY DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING ALL ASSOCIATED RADIOLOGICAL SUPERVISION, I & R
0986T	INTRAVASCULAR IMAGING OF INITIAL INTRACRANIAL CEREBRAL VESSELS USING OPTICAL COHERENCE TOMOGRAPHY DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING ALL ASSOCIATED RADIOLOGICAL SUPERVISION, I & R
0987T	INTRAVASCULAR IMAGING OF EACH ADDITIONAL INTRACRANIAL CEREBRAL VESSELS USING OPTICAL COHERENCE TOMOGRAPHY DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING ALL ASSOCIATED RADIOLOGICAL SUPERVISION, I & R
90612	INFLUENZA VIRUS VACCINE, TRIVALENT, AND SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, mRNA-LNP, 31.7 MCG/0.32 ML DOSAGE, FOR INTRAMUSCULAR USE
90613	INFLUENZA VIRUS VACCINE, QUADRIVALENT, AND SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, mRNA-LNP, 40 MCG/0.4 ML DOSAGE, FOR INTRAMUSCULAR USE
90635	INFLUENZA VIRUS VACCINE, H5N1, DERIVED FROM CELL CULTURES, ADJUVANTED, FOR INTRAMUSCULAR USE
J0166	INJECTION, EPINEPHRINE (BPI), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J9174	INJECTION, DOCETAXEL (BEIZRAY), 1 MG
J9275	INJECTION, COSIBELIMAB-IPDL, 2 MG
Q4368	AMCHOTHICK, PER SQUARE CENTIMETER
Q4369	AMNIOPLAST 3, PER SQUARE CENTIMETER
Q4370	AEROGUARD, PER SQUARE CENTIMETER
Q4371	NEOGUARD, PER SQUARE CENTIMETER

Code	Description
Q4372	AMCHOPLAST EXCEL, PER SQUARE CENTIMETER
Q4373	MEMBRANE WRAP LITE, PER SQUARE CENTIMETER
Q4375	DUOGRAFT AC, PER SQUARE CENTIMETER
Q4376	DUOGRAFT AA, PER SQUARE CENTIMETER
Q4377	TRIGRAFT FT, PER SQUARE CENTIMETER
Q4378	RENEW FT MATRIX, PER SQUARE CENTIMETER
Q4379	AMNIODEFEND FT MATRIX, PER SQUARE CENTIMETER
Q4380	ADVOGRAFT ONE, PER SQUARE CENTIMETER
Q4382	ADVOGRAFT DUAL, PER SQUARE CENTIMETER

Table 6 – Deleted Codes

Code	Description
0240U	Respiratory infectious agent detection by RNA for severe acute respiratory syndrome coronavirus 2 (COVID-19), influenza A, and influenza B) in upper respiratory specimen, each reported as detected or not detected
0241U	Respiratory infectious agent detection by RNA for severe acute respiratory syndrome coronavirus 2 (COVID-19), influenza A, influenza B, and respiratory syncytial virus, upper respiratory specimen, each reported as detected or not detected
0369U	Test for 31 stomach and intestinal pathogens and identification of 21 antibiotic resistant genes
0370U	Test for 34 surgical wound microorganisms and identification of 21 antibiotic resistant genes
0373U	Test for 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes associated with respiratory infection
0374U	Test for 21 bacterial and fungal genitourinary pathogens and identification of 21 associated antibiotic-resistance genes
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
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
J0171	Injection, adrenalin, epinephrine, 0.1 mg
J0173	Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg
J2310	Injection, naloxone hydrochloride, per 1 mg
J2311	Injection, naloxone hydrochloride (zimhi), 1 mg
J3370	Injection, vancomycin hcl, 500 mg
J3371	Injection, vancomycin hcl (mylan), not therapeutically equivalent to j3370, 500 mg
J3372	Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3370, 500 mg
J9340	Injection, thiopeta, 15 mg