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Coverage & Billing Information for the 2026 Quarterly Code Update

Background

Iowa Medicaid has reviewed the **Q1 2026** Billing Code Update to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective **January 1, 2026**. 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 2026** code update. Coverage and billing information for these codes applies to dates of service on or after **January 1, 2026**.

Table 2

- New Current Dental Terminology (CDT®) codes included in the **Q1 2026** code update. Coverage and billing information for these codes applies to dates of service on or after **January 1, 2026**.

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 **January 1, 2026**.

Table 5

- Non-Covered Codes - CPT®, CDT® & HCPCS codes that have been thoroughly reviewed and Iowa Medicaid has decided not to cover effective **January 1, 2026**.

Table 6

- Deleted Codes - CPT®, CDT® & HCPCS codes that have been discontinued effective **December 31, 2026**.

The **Q1 2026** 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, 2026**.

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: iproviderrelations@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
37264	BALLOON DILATION OF ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL VESSEL
37266	BALLOON DILATION OF ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37268	STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL VESSEL
37270	STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37272	REMOVAL OF PLAQUE WITH BALLOON DILATION ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL VESSEL
37274	REMOVAL OF PLAQUE WITH BALLOON DILATION ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37276	STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE WITH REMOVAL OF PLAQUE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL VESSEL
37278	STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE WITH REMOVAL OF PLAQUE, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37283	BALLOON DILATION OF ARTERY IN LOWER LEG, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37297	BALLOON DILATION OF ARTERY IN ANKLE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL ARTERY
37299	BALLOON DILATION OF ARTERY IN ANKLE, COMPLEX LESION IN EACH ADDITIONAL ARTERY
C9307	INJECTION, LIVOSELTAMAB-GCPT, 1 MG
C9308	INJECTION, CARBOPLATIN (AVYXA), 1 MG
J0162	INJECTION, EPINEPHRINE (FRESENIUS), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J0654	INJECTION, LIOTHYRONINE, 1 MCG
J1073	TESTOSTERONE PELLETT, IMPLANT, 75 MG
J1737	INJECTION, MELOXICAM (AZURITY), 1 MG
J1837	INJECTION, POSACONAZOLE, 1 MG
J2516	INJECTION, PENTAMIDINE ISETHIONATE, 1 MG

Code	Description
J2596	INJECTION, VASOPRESSIN (LONG GROVE), NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT
J2711	INJECTION, NEOSTIGMINE METHYLSULFATE 0.1 MG AND GLYCOPYRROLATE 0.02 MG
J3291	INJECTION, TRANEXAMIC ACID IN SODIUM CHLORIDE, 5 MG
J3376	INJECTION, VANCOMYCIN HCL (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG
J3379	INJECTION, VALPROATE SODIUM, 5 MG
J3387	INJECTION, ELIVALDOGENE AUTOTEMCEL, PER TREATMENT
J3389	TOPICAL ADMINISTRATION, PRADEMAGENE ZAMIKERACEL, PER TREATMENT
J7299	INTRAUTERINE COPPER CONTRACEPTIVE (MIUDELLA)
J7528	MYCOPHENOLATE MOFETIL, FOR SUSPENSION, ORAL, 100 MG
J9184	INJECTION, GEMCITABINE HYDROCHLORIDE (AVYXA), 200 MG
J9282	MITOMYCIN, INTRAVESICAL INSTILLATION, 1 MG
Q5160	INJECTION, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG

Table 2 – CDT©

Code	Description
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof

Table 3 – Modifiers

Code	Description
N/A	N/A

Table 4 – Outpatient Hospital

Code	Description
37264	BALLOON DILATION OF ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL VESSEL
37266	BALLOON DILATION OF ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37268	STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL VESSEL
37270	STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37272	REMOVAL OF PLAQUE WITH BALLOON DILATION ARTERY IN THIGH/BEHIND KNEE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL VESSEL
37274	REMOVAL OF PLAQUE WITH BALLOON DILATION ARTERY IN THIGH/BEHIND KNEE, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37276	STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE WITH REMOVAL OF PLAQUE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL VESSEL
37278	STENT PLACEMENT IN ARTERY IN THIGH/BEHIND KNEE WITH REMOVAL OF PLAQUE, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37283	BALLOON DILATION OF ARTERY IN LOWER LEG, COMPLEX LESION IN EACH ADDITIONAL VESSEL
37297	BALLOON DILATION OF ARTERY IN ANKLE, STRAIGHTFORWARD LESION IN EACH ADDITIONAL ARTERY
37299	BALLOON DILATION OF ARTERY IN ANKLE, COMPLEX LESION IN EACH ADDITIONAL ARTERY
C9307	INJECTION, LIVOSELTAMAB-GCPT, 1 MG
C9308	INJECTION, CARBOPLATIN (AVYXA), 1 MG
J0162	INJECTION, EPINEPHRINE (FRESENIUS), NOT THERAPEUTICALLY EQUIVALENT TO J0165, 0.1 MG
J0654	INJECTION, LIOTHYRONINE, 1 MCG
J1073	TESTOSTERONE PELLETT, IMPLANT, 75 MG
J1737	INJECTION, MELOXICAM (AZURITY), 1 MG
J1837	INJECTION, POSACONAZOLE, 1 MG
J2516	INJECTION, PENTAMIDINE ISETHIONATE, 1 MG

Code	Description
J2596	INJECTION, VASOPRESSIN (LONG GROVE), NOT THERAPEUTICALLY EQUIVALENT TO J2598, 1 UNIT
J2711	INJECTION, NEOSTIGMINE METHYLSULFATE 0.1 MG AND GLYCOPYRROLATE 0.02 MG
J3291	INJECTION, TRANEXAMIC ACID IN SODIUM CHLORIDE, 5 MG
J3376	INJECTION, VANCOMYCIN HCL (HIKMA), NOT THERAPEUTICALLY EQUIVALENT TO J3373, 10 MG
J3379	INJECTION, VALPROATE SODIUM, 5 MG
J3387	INJECTION, ELIVALDOGENE AUTOTEMCEL, PER TREATMENT
J3389	TOPICAL ADMINISTRATION, PRADEMAGENE ZAMIKERACEL, PER TREATMENT
J7299	INTRAUTERINE COPPER CONTRACEPTIVE (MIUDELLA)
J7528	MYCOPHENOLATE MOFETIL, FOR SUSPENSION, ORAL, 100 MG
J9184	INJECTION, GEMCITABINE HYDROCHLORIDE (AVYXA), 200 MG
J9282	MITOMYCIN, INTRAVESICAL INSTILLATION, 1 MG
Q5160	INJECTION, BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR, 10 MG

Table 5 - Noncovered Codes

Code	Description
27458	INCISION OF THIGH BONE AND INSERTION OF BONE-LENGTHENING DEVICE IN MARROW CAVITY
27713	INCISION OF LOWER LEG BONE AND INSERTION OF BONE-LENGTHENING DEVICE IN MARROW CAVITY
33882	REPAIR OF CHEST AORTA WITH INSERTION OF STENT-GRAFT WITH FENESTRATION FOR LEFT CHEST VEIN
37262	INTRAVASCULAR SHOCKWAVE TREATMENT ARTERY IN ABDOMEN/PELVIS
37279	INTRAVASCULAR SHOCKWAVE TREATMENT ARTERY IN THIGH/BACK OF KNEE
43889	REDUCTION OF SIZE OF STOMACH USING AN ENDOSCOPE
47384	DESTRUCTION OF GROWTHS OF LIVER USING ELECTRICAL PULSES

Code	Description
52443	EXAMINATION OF URETHRA AND BLADDER WITH INCISION OF OPENING OF PROSTATE GLAND AND DRUG DELIVERY USING ENDOSCOPE
52597	REMOVAL OF PROSTATE GLAND USING ROBOTIC-ASSISTED WATERJET THROUGH URETHRA
55868	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES, WITH BIOPSY OF LYMPH NODES, USING AN ENDOSCOPE
55869	SURGICAL REMOVAL OF PROSTATE AND SURROUNDING LYMPH NODES USING AN ENDOSCOPE
55877	DESTRUCTION USING IRREVERSIBLE ELECTRICAL IMPULSES OF PROSTATE TUMORS
62330	PARTIAL REMOVAL OF LOWER SPINE LIGAMENT FROM BOTH SIDES OF ONE SPINE INTERSPACE WITH RELEASE
62331	PARTIAL REMOVAL OF LOWER SPINE LIGAMENT FROM BOTH SIDES OF EACH ADDITIONAL SPINE INTERSPACE WITH RELEASE
63032	PARTIAL REMOVAL OF SPINE BONE WITH RELEASE OF LOWER SPINAL CORD NERVES WITH IMPLANTATION OF A BONE-ANCHORED CLOSURE DEVICE OF ONE SPINE INTERSPACE
64567	ELECTRICAL NERVE FIELD STIMULATION OF CRANIAL NERVES THROUGH SKIN
64654	INITIAL IMPLANTATION OF BAROFLEX ACTIVATION THERAPY SYSTEM
64655	REVISION OR REPLACEMENT OF BAROFLEX ACTIVATION THERAPY SYSTEM LEAD ONLY
64656	REVISION OR REPLACEMENT OF BAROFLEX ACTIVATION THERAPY SYSTEM PULSE GENERATOR ONLY
64657	REMOVAL OF BAROFLEX ACTIVATION THERAPY TOTAL SYSTEM
64658	REMOVAL OF BAROFLEX ACTIVATION THERAPY LEAD ONLY
64659	REMOVAL OF BAROFLEX ACTIVATION THERAPY PULSE GENERATOR ONLY
64728	RELEASE OF HAND NERVE AT CARPAL TUNNEL WITH BALLOON DILATION
70471	CT SCAN OF BLOOD VESSELS IN THE HEAD AND NECK WITH CONTRAST
70472	CT SCAN OF BRAIN BLOOD FLOW WITH CONTRAST, WITH IMAGE POST-PROCESSING WITH CONCURRENT CT OR CT SCAN OF BLOOD VESSELS OF SAME AREA PERFORMED AT SAME TIME
70473	CT SCAN OF BRAIN BLOOD FLOW WITH CONTRAST

Code	Description
75577	COMPUTERIZED ANALYSIS OF CT ANGIOGRAPHY DATA ON PLAQUE IN HEART ARTERIES WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL
81354	DETECTION OF ABNORMALITIES ASSOCIATED WITH CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES BY OPTICAL GENOME MAPPING
81524	DNA METHYLATION ANALYSIS OF AT LEAST 10,000 METHYLATION SITES USING DNA, REPORTED AS PROBABILITY OF MATCHING A REFERENCE TUMOR FAMILY AND CLASS IN CENTRAL NERVOUS SYSTEM TUMORS
87182	SUSCEPTIBILITY STUDIES BY MULTIPLEX IMMUNOASSAY TO DETECT ANTIBIOTIC ENZYME
87183	SUSCEPTIBILITY STUDIES BY AMPLIFIED PROBE TECHNIQUE TO DETECT ANTIBIOTIC RESISTANCE GENES
87494	DETECTION TEST BY NUCLEIC ACID (DNA OR RNA) MULTIPLEX AMPLIFIED PROBE TECHNIQUE FOR CHLAMYDIA AND GONORRHEA
87627	DETECTION TEST FOR JOINT SPACE PATHOGENS AND DRUG RESISTANCE GENES
87812	DETECTION TEST FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 AND INFLUENZA VIRUS TYPES A AND B
90481	ADMINISTRATION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (COVID-19) VACCINE BY INTRAMUSCULAR INJECTION, EACH ADDITIONAL COMPONENT ADMINISTERED
90482	IMMUNIZATION COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN IMMUNIZATION(S) IS NOT ADMINISTERED BY PROVIDER ON THE SAME DATE OF SERVICE, 3 MINUTES UP TO 10 MINUTES
90483	IMMUNIZATION COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN IMMUNIZATION(S) IS NOT ADMINISTERED BY PROVIDER ON THE SAME DATE OF SERVICE, MORE THAN 10 MINUTES UP TO 20 MINUTES
90484	IMMUNIZATION COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN IMMUNIZATION(S) IS NOT ADMINISTERED BY PROVIDER ON THE SAME DATE OF SERVICE, MORE THAN 20 MINUTES
90631	INFLUENZA VACCINE, H5, PANDEMIC FORMULATION
92288	SCREENING EVALUATION OF EYE ADAPTATION TO LIGHT AND DARK WITH INTERPRETATION AND REPORT

Code	Description
92629	EVALUATION FOR HEARING AIDS IN ONE OR BOTH EARS, EACH ADDITIONAL 15 MINUTES
92632	HEARING AID SELECTION SERVICES FOR ONE OR BOTH EARS, EACH ADDITIONAL 15 MINUTES
92634	HEARING AID FITTING SERVICES FOR ONE OR BOTH EARS, FIRST 60 MINUTES
92635	HEARING AID FITTING SERVICES FOR ONE OR BOTH EARS, EACH ADDITIONAL 15 MINUTES
92637	HEARING AID POST-FITTING FOLLOW-UP SERVICES FOR ONE OR BOTH EARS, EACH ADDITIONAL 15 MINUTES
92638	BEHAVIORAL VERIFICATION OF AMPLIFICATION FOR HEARING AIDS
92642	SUPPLEMENTAL TECHNOLOGY FITTING SERVICES FOR HEARING ASSISTIVE DEVICE
92945	REMOVAL OF PLAQUE, INSERTION OF STENT AND/OR BALLOON DILATION OF SINGLE CORONARY ARTERY, BRANCH OR BYPASS GRAFT, AND/OR SUBTENDED MAJOR CORONARY ARTERY BRANCHES OF THE BYPASS GRAFT IN THE DIRECTION OF NORMAL BLOOD FLOW AND
93145	EVALUATION OF CAROTID SINUS BAROFLEX ACTIVATION THERAPY MODULATION SYSTEM WITHOUT PROGRAMMING
93146	EVALUATION OF CAROTID SINUS BAROFLEX ACTIVATION THERAPY MODULATION SYSTEM WITH PROGRAMMING
97007	MECHANICAL SCALP COOLING, WITH INDIVIDUAL CAP SUPPLY WITH HEAD MEASUREMENT, FITTING, AND PATIENT EDUCATION
97008	MECHANICAL SCALP COOLING, WITH HAIR PREPARATION, INDIVIDUAL CAP PLACEMENT, THERAPY INITIATION, AND PRECOOLING PERIOD
97009	MECHANICAL SCALP COOLING PROVIDED AFTER DISCONTINUATION OF CHEMOTHERAPY, EACH 30 MINUTES
98979	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 10 MINUTES PER CALENDAR MONTH
98984	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RESPIRATORY SYSTEM, 2-15 DAYS IN A 30-DAY PERIOD
98985	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUSCULOSKELETAL SYSTEM, 2-15 DAYS IN A 30-DAY PERIOD

Code	Description
98986	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF COGNITIVE BEHAVIORAL THERAPY, 2-15 DAYS IN A 30-DAY PERIOD
99445	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, MONITORING OF 2-15 DAYS IN A 30-DAY PERIOD
99470	MANAGEMENT USING THE RESULTS OF REMOTE PHYSIOLOGIC MONITORING DURING THE CALENDAR MONTH, FIRST 10 MINUTES
0600U	INFECTIOUS DISEASE (WOUND INFECTION), IDENTIFICATION OF 65 ORGANISMS AND 30 ANTIBIOTIC RESISTANCE GENES, WOUND SWAB, REAL-TIME PCR, REPORTED AS POSITIVE OR NEGATIVE FOR EACH ORGANISM
0601U	INFECTIOUS DISEASE (PERIPROSTHETIC JOINT INFECTION), ANALYSIS OF 11 BIOMARKERS (ALPHA DEFENSINS 1-3, CREATINE PROTEIN, MICROBIAL ANTIGENS FOR STAPHYLOCOCCUS [SPA, SPB], ENTEROCOCCUS, CANDIDA, AND C. ACNES, TOTAL NUCLEATED
0602U	ENDOCRINOLOGY (DIABETES), INSULIN (INS) GENE METHYLATION USING DIGITAL DROPLET PCR, INSULIN, AND C-PEPTIDE IMMUNOASSAY, SERUM, HEMOGLOBIN A1C IMMUNOASSAY, WHOLE BLOOD, ALGORITHM REPORTED AS DIABETES-RISK SCORE
0603U	DRUG ASSAY, PRESUMPTIVE, 77 DRUGS OR METABOLITES, URINE, LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS), RESULTS REPORTED AS POSITIVE OR NEGATIVE
0604U	ALLERGY AND IMMUNOLOGY (CHRONIC RECURRENT ANGIOEDEMA), 4 BRADYKININ PEPTIDES, LIQUID CHROMATOGRAPHY AND TANDEM MASS SPECTROMETRY (LC-MS/ MS), WHOLE BLOOD, QUANTITATIVE
0605U	ALLERGY AND IMMUNOLOGY (HEREDITARY ALPHA TRYPTASEMIA), DNA, ANALYSIS OF TPSAB1 GENE COPY NUMBER VARIATION USING DIGITAL PCR, WHOLE BLOOD, RESULTS REPORTED WITH GENOTYPESPECIFIC INTERPRETATION OF ALPHA-TRYPTASE COPY NUMBER
0606U	HEMATOLOGY (RED CELL MEMBRANE DISORDERS), RBCS, OSMOTIC GRADIENT EKTACYTOMETRY, WHOLE BLOOD, QUANTITATIVE
0607U	REPRODUCTIVE MEDICINE (ENDOMETRIAL MICROBIOME ASSESSMENT), REAL-TIME PCR ANALYSIS FOR 31 BACTERIAL DNA TARGETS FROM ENDOMETRIAL BIOPSY, REPORTED WITH QUANTIFIED LEVELS OF BACTERIAL PRESENCE AND TARGETED TREATMENT

Code	Description
0608U	REPRODUCTIVE MEDICINE (ENDOMETRIAL MICROBIOME ASSESSMENT), REAL-TIME PCR ANALYSIS FOR 10 BACTERIAL DNA TARGETS FROM ENDOMETRIAL BIOPSY, REPORTED WITH QUANTIFIED LEVELS OF BACTERIAL PRESENCE AND TARGETED TREATMENT
0609U	ONCOLOGY (PROSTATE), IMMUNOASSAY FOR TOTAL PROSTATE-SPECIFIC ANTIGEN (PSA) AND FREE PSA, SERUM OR PLASMA, COMBINED WITH CLINICAL FEATURES, ALGORITHM REPORTED AS A PROBABILITY SCORE FOR CLINICALLY SIGNIFICANT PROSTATE CANCER
0610U	INFECTIOUS DISEASE (ANTIMICROBIAL SUSCEPTIBILITY), PHENOTYPIC ANTIMICROBIAL SUSCEPTIBILITY TESTING OF POSITIVE BLOOD CULTURE USING MICROFLUIDIC SENSOR TECHNOLOGY TO QUANTIFY BACTERIAL GROWTH RESPONSE TO MULTIPLE ANTIBIOTIC
0611U	ONCOLOGY (LIVER), ANALYSIS OF OVER 1,000 METHYLATED REGIONS, CELL-FREE DNA FROM PLASMA, ALGORITHM REPORTED AS A QUANTITATIVE RESULT
0612U	ONCOLOGY (LIVER), ANALYSIS OF OVER 1,000 METHYLATED REGIONS, CELL-FREE DNA FROM PLASMA, ALGORITHM REPORTED AS A QUANTITATIVE RESULT
0613U	ONCOLOGY (UROTHELIAL CARCINOMA), DNA METHYLATION AND MUTATION ANALYSIS OF 6 BIOMARKERS (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT PROMOTER REGION), METHYLATION-SPECIFIC PCR AND TARGETED NEXT-GENERATION SEQUENCING, URINE,
0988T	INSERTION OR REPLACEMENT OF POSTERIOR TIBIAL NERVE INTEGRATED NEUROSTIMULATOR FOR BLADDER DYSFUNCTION
0989T	REVISION OR REMOVAL OF POSTERIOR TIBIAL NERVE INTEGRATED NEUROSTIMULATOR FOR BLADDER DYSFUNCTION
0990T	INSTILLATION OF HYDROGEL MATERIAL INTO UTERUS THROUGH CERVIX
0991T	BREAKING UP OF BLADDER STONES USING AN ENDOSCOPE
0992T	NONINVASIVE ASSESSMENT OF CARDIAC RISK DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF FAT TISSUE AROUND BLOOD VESSELS WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0993T	NONINVASIVE ASSESSMENT OF CARDIAC RISK DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF FAT TISSUE AROUND BLOOD VESSELS, WITH CONCURRENT CT SCAN OF THE HEART, WITH I & R BY A PHYSICIAN OR OTHR QUALIFIED HEALTH CARE PROFESSIONAL
0994T	DELIVERY OF AORTIC WALL STABILIZATION DRUG THERAPY THROUGH A SHEATH POSITIONED WITHIN AN ABDOMINAL AORTIC ANEURYSM THROUGH THE SKIN

Code	Description
0995T	DELIVERY OF AORTIC WALL STABILIZATION DRUG THERAPY THROUGH A SHEATH POSITIONED WITHIN AN ABDOMINAL AORTIC ANEURYSM THROUGH THE SKIN, OPEN APPROACH
0996T	INSERTION AND SCLERAL FIXATION OF A CAPSULAR BAG PROSTHESIS CONTAINING AN INTRAOCULAR LENS PROSTHESIS WITH REMOVAL OF EYE FLUID
0997T	TREATMENT PLANNING USING MAGNETIC RESONANCE IMAGING-GUIDED NEURONAVIGATION FOR PRECUNEUS MAGNETIC STIMULATION
0998T	PERSONALIZED TREATMENT DELIVERY OF PRECUNEUS MAGNETIC STIMULATION THERAPY PER DAY
0999T	HARVESTING OF MUSCLE PROGENITOR CELLS FOR AUTOLOGOUS MUSCLE CELL THERAPY
1000T	ADMINISTRATION OF MUSCLE PROGENITOR CELLS INTO URETHRAL SPHINCTER
1001T	INJECTION OF MUSCLE PROGENITOR CELLS INTO EXTERNAL ANAL SPHINCTER
1002T	WHOLE-BODY COMPOSITION ASSESSMENT USING AIR DISPLACEMENT PLETHYSMOGRAPHY, WITH INTERPRETATION AND REPORT
1003T	FUSION OF JOINT AT BASE OF THUMB WITH WRIST USING PROSTHETIC
1004T	ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
1005T	ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM WITH PROGRAMMING, FIRST 15 MINUTES
1006T	ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM WITH PROGRAMMING, EACH ADDITIONAL 15 MINUTES
1007T	ELECTROENCEPHALOGRAM FROM IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE

Code	Description
1008T	REMOTE MONITORING OF SUB-SCALP IMPLANTED CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM, DEVICE FITTING, INITIAL SET-UP, AND PATIENT EDUCATION IN WEARING OF SYSTEM AND USE OF EQUIPMENT
1009T	REMOTE MONITORING OF A SUB-SCALP IMPLANTED CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE
1010T	COMPUTERIZED OPHTHALMIC ANALYSIS OF MONOCULAR EYE MOVEMENTS USING RETINAL-BASED EYE-TRACKING ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT
1011T	PHOTOBIO-MODULATION (PBM) THERAPY OF ORAL CAVITY, INCLUDING PLACEMENT OF AN ORAL DEVICE, MONITORING OF PATIENT TOLERANCE TO TREATMENT, AND REMOVAL OF THE ORAL DEVICE
1012T	REMOVAL OF CIRCULAR SECTION OF SCLERA OR TRABECULAR MESHWORK OF EYE
1013T	LAPAROSCOPIC IMPLANTATION OR REMOVAL OF LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR ELECTRODE ARRAY AND NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE
1014T	LAPAROSCOPIC REVISION OR REMOVAL OF LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR ELECTRODES
1015T	REVISION OR REMOVAL OF LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
1016T	INTRAOPERATIVE ELECTRONIC ANALYSIS OF IMPLANTED LOWER ESOPHAGEAL NEUROSTIMULATOR PULSE GENERATOR SYSTEM
1017T	SUBSEQUENT ELECTRONIC ANALYSIS OF IMPLANTED LOWER ESOPHAGEAL NEUROSTIMULATOR PULSE GENERATOR SYSTEM
1018T	SUBSEQUENT ELECTRONIC ANALYSIS OF IMPLANTED LOWER ESOPHAGEAL NEUROSTIMULATOR PULSE GENERATOR SYSTEM WITH REPROGRAMMING
1019T	LYMPHOVENOUS BYPASS PER EXTREMITY

Code	Description
1020T	RAMAN SPECTROSCOPY OF 1 OR MORE SKIN LESIONS, WITH PROBABILITY SCORE FOR MALIGNANT RISK FOR SKIN CANCER DERIVED BY ALGORITHMIC ANALYSIS OF DATA FROM EACH LESION
1021T	ACTIVE THORACIC IRRIGATION
1022T	PERCUTANEOUS TISSUE DISPLACEMENT OF INTRA-ABDOMINAL/PELVIC STRUCTURES
1023T	PERCUTANEOUS TISSUE DISPLACEMENT OF INTRATHORACIC STRUCTURES
1024T	PERCUTANEOUS TISSUE DISPLACEMENT OF SOFT TISSUE
1025T	ALTERNATING ELECTRIC FIELDS DOSIMETRY AND DELIVERY-SIMULATION MODELING, CREATION AND SELECTION OF PATIENT-SPECIFIC ARRAY LAYOUTS, AND PLACEMENT VERIFICATION
A4295	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, HYDROPHILIC COATING, EACH
A4296	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, HYDROPHILIC COATING, EACH
A4297	INTERMITTENT URINARY CATHETER; HYDROPHILIC COATING, WITH INSERTION SUPPLIES
C1607	NEUROSTIMULATOR, INTEGRATED (IMPLANTABLE), RECHARGEABLE WITH ALL IMPLANTABLE AND EXTERNAL COMPONENTS INCLUDING CHARGING SYSTEM
C1608	PROSTHESIS, TOTAL, DUAL MOBILITY, FIRST CARPOMETACARPAL JOINT (IMPLANTABLE)
C7566	ARTHRODESIS, INTERPHALANGEAL JOINTS, WITH OR WITHOUT INTERNAL FIXATION, WITH AUTOGRAFTS (INCLUDES OBTAINING GRAFTS)
C7567	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED, WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), TRACHEA, MAIN STEM AND/OR LOBAR BRONCHUS(I), WITH COMPUTER-ASSISTED IMAGE-GUIDED NAVIAGATION
C7568	CATH PLACEMNT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY, INCLUDNG INTRAPROCDURL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING S & I, W/ INTRAVASCULR DOPPLR VELOCITY &/OR PRESSURE DERIVD CORONARY FLOW RESRVE MEASUREMNT
C7569	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY, SINGLE MAJOR CORONARY ARTERY OR BRANCH W/ ENDOLUMINAL IMAGING OF INITIAL CORONARY VESSEL OR GRAFT USING INTRAVASCULAR U/S OR OPTICAL COHERENCE TOMOGRAPHY, I & R

Code	Description
C7570	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING S & I W/ INTRAPROCEDURAL CORONARY FRACTIONAL FLOW RESERVE (FFR) WITH 3D MAPPING
C7571	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY, SINGLE MAJOR CORONARY ARTERY OR BRANCH WITH PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIpsy
C9176	TC-99M FROM DOMESTICALLY PRODUCED NON-HEU MO-99, [MINIMUM 50 PERCENT], FULL COST RECOVERY ADD-ON, PER STUDY DOSE
C9810	WATER CIRCULATING MOTORIZED COLD THERAPY DEVICE (E.G., ICEMAN) INCLUDING ALL SYSTEM COMPONENTS (E.G. PADS, CONSOLE, DISPOSABLE PARTS), NON-OPIOID MEDICAL DEVICE
C9811	ELECTRONIC AMBULATORY INFUSION PUMP (E.G. SAPPHIRE PUMP), INCLUDING ALL PUMP COMPONENTS, INCLUDING DISPOSABLE COMPONENTS , NON-OPIOID MEDICAL DEVICE
C9812	ECHOGENIC NERVE BLOCK NEEDLES (E.G. SONOPLEX, SONOBLOCK, SONOTAP), NON-OPIOID MEDICAL DEVICE
C9813	PERFORATED CONTINUOUS INFUSION CATHETER SET (E.G. INFILTRALONG), INCLUDING ALL COMPONENTS, NON-OPIOID MEDICAL DEVICE
C9814	CONTINUOUS ANESTHESIA ECHOGENIC CONDUCTION CATHETER SET (E.G. SONOLONG), NON-OPIOID MEDICAL DEVICE
C9815	LINEAR PERISTALTIC PAIN MANAGEMENT INFUSION PUMP (E.G. CADD-SOLIS AMBULATORY INFUSION PUMP), AND ALL DISPOSABLE SYSTEM COMPONENTS, NON-OPIOID MEDICAL DEVICE
C9816	ROTARY PERISTALTIC INFUSION PUMP (E.G., REUSABLE AMBIT PUMP) INCLUDING ALL DISPOSABLE SYSTEM COMPONENTS, REUSABLE NON-OPIOID MEDICAL DEVICE
C9817	ELECTRONIC CRYO-PNEUMATIC COMPRESSION, PAIN MANAGEMENT SYSTEM (E.G. GAME READY GRPRO 2.1 SYSTEM), INCLUDING CONTROL UNIT, ANATOMICALLY CORRECT WRAP(S), AND OTHER SYSTEM COMPONENT(S), NON-OPIOID MEDICAL DEVICE
G0568	INITIAL PSYCH COLLABORATIVE CARE MANAGEMENT, IN THE FIRST CALENDAR MTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULT W/ A PSYCH CONSULTANT, & DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

Code	Description
G0569	SUBSEQNT PSYCH COLLABORATVE CARE MANAGEMNT, IN THE FIRST CALENDAR MTH OF BEHAVIORAL HEALTH CARE MANAGR ACTIVITIES, IN CONSULT W/ A PSYCH CONSULTNT, & DIRECTD BY THE TREATING PHYSICIAN OR OTHR QUALIFIED HEALTH CARE PROFESSIONAL
G0570	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH
G0571	INTRAOPERATIVE NERVE(S) CRYOABLATION FOR POST-SURGICAL PAIN RELIEF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
G0660	TEAM REMOTE E/M NEW PT 10MINS
G0661	TEAM REMOTE E/M NEW PT 20MINS
G0662	TEAM REMOTE E/M NEW PT 30 MINS
G0663	TEAM REMOTE E/M NEW PT 45MINS
G0664	TEAM REMOTE E/M NEW PT 60MINS
G0665	TEAM REMOTE E/M EST. PT 10MINS
G0666	TEAM REMOTE E/M EST. PT 15MINS
G0667	TEAM REMOTE E/M EST. PT 25MINS
G0668	TEAM REMOTE E/M EST. PT 40MINS
G9871	BEHAVIORAL COUNSELING FOR DIABETES PREVENTION, ONLINE, 60 MINUTES
J1736	INJECTION, MELOXICAM (DELOVA), 1 MG
M1426	ENCOUNTERS CONDUCTED VIA TELEHEALTH
M1427	DOCUMENTATION OF MEDICAL REASON(S) FOR PERFORMING A BONE SCAN (INCLUDING DOCUMENTED PAIN RELATED TO PROSTATE CANCER, SALVAGE THERAPY, OTHER MEDICAL REASONS)
M1428	PATIENTS WHO HAVE BILATERAL ABSENCE OF EYES ANY TIME DURING THE PATIENT'S HISTORY THROUGH THE END OF THE MEASUREMENT PERIOD
M1429	RETINAL EXAM FINDING WITH EVIDENCE OF RETINOPATHY IN LEFT, RIGHT OR BOTH EYES WITH SEVERITY LEVEL DOCUMENTED
M1430	RETINAL EXAM FINDING WITHOUT EVIDENCE OF RETINOPATHY IN BOTH EYES WITH SEVERITY LEVEL DOCUMENTED (IN MEASUREMENT YEAR OR IN THE PRIOR YEAR)

Code	Description
M1431	ENCOUNTERS CONDUCTED VIA TELEHEALTH
M1432	ENCOUNTERS CONDUCTED VIA TELEHEALTH
M1433	PATIENT ON ORAL CHEMOTHERAPY ON OR WITHIN 30 DAYS BEFORE DENOMINATOR ELIGIBLE ENCOUNTER
M1434	PATIENT ON ORAL CHEMOTHERAPY ON OR WITHIN 30 DAYS AFTER DENOMINATOR ELIGIBLE ENCOUNTER
M1435	PATIENT ON ORAL CHEMOTHERAPY DURING THE PERFORMANCE PERIOD
M1436	ENCOUNTERS CONDUCTED VIA TELEHEALTH
M1437	ENCOUNTERS CONDUCTED VIA TELEHEALTH
M1438	TIME LAST KNOWN WELL TO HOSPITAL ARRIVAL LESS THAN OR EQUAL TO 3.5 HOURS (<= 210 MINUTES)
M1439	SIGNIFICANT OCULAR CONDITIONS THAT IMPACT THE VISUAL OUTCOME OF SURGERY
M1440	ENCOUNTERS CONDUCTED VIA TELEHEALTH
M1441	ENCOUNTER CORRESPONDS TO INITIAL DIAGNOSIS OF SLEEP APNEA OR FIRST CONTACT WITH SLEEP APNEA DIAGNOSED PATIENT
M1442	ENCOUNTERS CONDUCTED VIA TELEHEALTH
M1443	ENCOUNTERS CONDUCTED VIA TELEHEALTH
M1444	DELIVERY AT < 39 WEEKS OF GESTATION
M1445	POSTPARTUM CARE VISIT BEFORE OR AT 12 WEEKS OF GIVING BIRTH
M1446	PATIENTS WHO DIED ANY TIME PRIOR TO THE END OF THE MEASURE ASSESSMENT PERIOD
M1447	PATIENTS WITH AN ACTIVE DIAGNOSIS OF BIPOLAR DISORDER ANY TIME PRIOR TO THE END OF THE MEASURE ASSESSMENT PERIOD
M1448	PATIENTS WITH AN ACTIVE DIAGNOSIS OF PERSONALITY DISORDER ANY TIME PRIOR TO THE END OF THE MEASURE ASSESSMENT PERIOD
M1449	PATIENTS WITH AN ACTIVE DIAGNOSIS OF SCHIZOPHRENIA OR PSYCHOTIC DISORDER ANY TIME PRIOR TO THE END OF THE MEASURE ASSESSMENT PERIOD
M1450	PATIENTS WHO RECEIVED HOSPICE OR PALLIATIVE CARE SERVICE ANY TIME DURING DENOMINATOR IDENTIFICATION PERIOD OR THE MEASURE ASSESSMENT PERIOD

Code	Description
M1451	PATIENTS WITH AN ACTIVE DIAGNOSIS OF PERVASIVE DEVELOPMENTAL DISORDER ANY TIME PRIOR TO THE END OF THE MEASURE ASSESSMENT PERIOD
M1452	PATIENT EVER HAD A DIAGNOSIS OF DEMENTIA
M1453	PATIENTS WITH A PRE-OPERATIVE VISUAL ACUITY BETTER THAN 20/40
M1454	NEW CIED
M1455	REPLACED OR REVISED CIED
M1456	PATIENT HAD A HEART TRANSPLANT
M1457	PATIENT HAD A DIAGNOSIS OF ASTHMA WITH ANY CONTACT DURING THE CURRENT OR PRIOR PERFORMANCE PERIOD OR HAD ASTHMA PRESENT ON AN ACTIVE PROBLEM LIST ANY TIME DURING THE PERFORMANCE PERIOD
M1458	PATIENT DIED PRIOR TO THE END OF THE PERFORMANCE PERIOD
M1459	PATIENT WAS IN HOSPICE OR RECEIVING PALLIATIVE CARE SERVICES AT ANY TIME DURING THE PERFORMANCE PERIOD
M1460	DIAGNOSIS FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE, EMPHYSEMA, CYSTIC FIBROSIS, OR ACUTE RESPIRATORY FAILURE
M1461	PATIENT DIAGNOSIS FOR CHRONIC HEPATITIS C
M1462	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD
M1463	DOCUMENTATION OF AT LEAST TWO ATTEMPTS TO FOLLOW UP WITH PATIENT WITHIN 180 DAYS OF TREATMENT
M1464	NO DOCUMENTATION OF AT LEAST TWO ATTEMPTS TO FOLLOW UP WITH PATIENT WITHIN 180 DAYS OF TREATMENT
M1465	PATIENT FOLLOW UP MORE THAN 180 DAYS AFTER TREATMENT
M1466	PATIENT HAD A LUMBAR FUSION ON THE SAME DATE AS THE DISCECTOMY/LAMINECTOMY PROCEDURE
M1467	PATIENTS WITH AN EXISTING DIAGNOSIS OF LYNCH SYNDROME
M1468	PATIENT RECEIVED RECOMMENDED DOSES OF HEPATITIS B VACCINATION BASED ON AGE

Code	Description
M1469	PATIENT HAS A HISTORY OF HEPATITIS B ILLNESS OR RECEIVED A HEPATITIS B SURFACE ANTIGEN, HEPATITIS B SURFACE ANTIBODY, OR TOTAL ANTIBODY TO HEPATITIS B CORE ANTIGEN TEST WITH A POSITIVE RESULT ANY TIME BEFORE OR DURING THE MEASUREMENT PERIOD
M1470	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING HEPATITIS B VACCINE (E.G., PRIOR ANAPHYLAXIS DUE TO THE HEPATITIS B VACCINE)
M1471	DOCUMENTATION THAT PATIENT IS A MEDICARE FEE-FOR-SERVICE BENEFICIARY AND WITHOUT ADDITIONAL SUPPLEMENTARY INSURANCE COVERAGE FOR WHOM HEP B VACCINATION IS NOT REIMBURSABLE UNDER CURRENT MEDICARE PART B COVERAGE RULES
M1472	PATIENT DID NOT RECEIVE RECOMMENDED DOSES OF HEPATITIS B VACCINATION BASED ON AGE
M1473	PATIENT SITUATIONS, AT ANY POINT DURING THE DENOMINATOR IDENTIFICATION PERIOD, WHERE THE PATIENT'S FUNCTIONAL CAPACITY OR MOTIVATION TO IMPROVE MAY IMPACT THE ACCURACY OF RESULTS OF VALIDATED TOOLS
M1474	PATIENTS WITH DIAGNOSIS OF DEMENTIA
M1475	PATIENTS WITH DIAGNOSIS OF HUNTINGTON'S DISEASE
M1476	PATIENTS WITH DIAGNOSIS OF COGNITIVE IMPAIRMENT OR ALZHEIMER'S DISEASE
M1477	DIAGNOSIS OF DELIRIUM
M1478	PSYCHOACTIVE SUBSTANCE ABUSE
M1479	PATIENTS WHOSE FUNCTIONAL CAPACITY OR MOTIVATION TO IMPROVE MAY IMPACT THE ACCURACY OF RESULTS OF VALIDATED TOOLS SUCH AS DELIRIUM, DEMENTIA, INTELLECTUAL DISABILITIES, AND PERVASIVE AND SPECIFIC DEVELOPMENT DISORDERS
M1480	PATIENTS WHOSE FUNCTIONAL CAPACITY OR MOTIVATION TO IMPROVE MAY IMPACT THE ACCURACY OF RESULTS OF VALIDATED TOOLS SUCH AS DELIRIUM, DEMENTIA, INTELLECTUAL DISABILITIES, AND PERVASIVE AND SPECIFIC DEVELOPMENT DISORDERS
M1481	PATIENTS RECEIVING HOSPICE OR PALLIATIVE CARE OR WHO DIED DURING THE MEASUREMENT PERIOD
M1482	POSITIVE/DETECTABLE HEPATITIS C VIRUS QUANTITATIVE OR QUALITATIVE RNA TEST RESULT DURING THE DENOMINATOR IDENTIFICATION PERIOD

Code	Description
M1483	PTS WHO ACHIEVE SUSTAINED VIROLOGICAL RESPONSE AS IDENTIFIED BY AN HCV RNA TEST (CPT 87522) OR (CPT 87521) W/ A NEG/UNDETECTABLE HCV RNA RESULT THAT OCCURRED 20 WKS TO 12 MTHS AFTER THE FIRST POS/DETECTABLE HCV RNA TEST RESULT
M1484	PATIENTS WHO DID NOT HAVE A REPEAT HCV RNA LABS PERFORMED FOR MEDICAL REASONS DOCUMENTED BY CLINICIAN
M1485	PTS WHO DID NOT ACHIEVE SUSTAINED VIROLOGICAL RESPONSE AS IDENTIFIED BY AN HCV RNA TEST (CPT 87522) OR (CPT 87521) W/ A NEG/UNDETECTABLE HCV RNA RESULT THAT OCCURRED 20 WKS TO 12 MTHS AFTER THE FIRST POS/DETECTABLE HCV RNA TEST
M1486	PATIENTS ADMITTED TO A SKILLED NURSING FACILITY (SNF) DURING THE PERIOD OF EVALUATION
M1487	PATIENTS IN HOSPICE IN THE YEAR BEFORE OR DURING THE PERIOD OF EVALUATION
M1488	PATIENTS WITH A DIAGNOSIS FOR DEMENTIA IN THE YEAR BEFORE OR DURING THE PERIOD OF EVALUATION
M1489	PATIENT STATUS DOCUMENTED
M1490	PATIENT STATUS NOT DOCUMENTED
M1491	RECEIVING ESRD MCP DIALYSIS SERVICES BY THE PROVIDER DURING THE PERFORMANCE PERIOD
M1492	PATIENTS WHO DID NOT REPORT A FALL
M1493	DOCUMENTATION OF FALLS NOT PERFORMED DUE TO MEDICAL REASONS
M1494	PATIENTS THAT REPORTED A FALL SINCE THE LAST VISIT
M1495	PATIENTS THAT REPORTED A FALL OCCURRED WHO HAD A PLAN OF CARE FOR FALLS DOCUMENTED OR PATIENTS THAT DID NOT REPORT A FALL
M1496	PATIENTS THAT HAD A FALL WHO DID NOT HAVE A PLAN OF CARE FOR FALLS DOCUMENTED OR DO NOT HAVE DOCUMENTATION OF BEING ASSESSED FOR FALLS
M1497	DOCUMENTATION OF FALLS NOT PERFORMED DUE TO MEDICAL REASONS
M1498	DIAGNOSTIC RADIOLOGY MIPS VALUE PATHWAY
M1499	INTERVENTIONAL RADIOLOGY MIPS VALUE PATHWAY
M1500	NEUROPSYCHOLOGY MIPS VALUE PATHWAY
M1501	PATHOLOGY MIPS VALUE PATHWAY

Code	Description
M1502	PODIATRY MIPS VALUE PATHWAY
M1503	VASCULAR SURGERY MIPS VALUE PATHWAY
Q4398	SUMMIT AC, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4399	SUMMIT FX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4400	POLYGON3 MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4401	ABSOLV3 MEMBRANE, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4402	XWRAP 2.0, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4403	XWRAP DUAL PLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4404	XWRAP HYDRO PLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4405	XWRAP FENESTRA PLUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4406	XWRAP FENESTRA, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4407	XWRAP TRIBUS, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4408	XWRAP HYDRO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4409	AMNIOMATRIXF3X, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4410	AMCHOMATRIXDL, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4411	AMNIOMATRIXF4X, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

Code	Description
Q4412	CHORIOFIX, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4413	CYGNUS SOLO, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4414	SIMPLICHOR, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4415	ALEXIGUARD SL-T, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4416	ALEXIGUARD TL-T, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4417	ALEXIGUARD DL-T, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4420	NUFORM, PER SQUARE CENTIMETER (ADD-ON, LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4431	PMA SKIN SUBSTITUTE PRODUCT, NOT OTHERWISE SPECIFIED (LIST IN ADDITION TO PRIMARY PROCEDURE)
Q4432	510(K) SKIN SUBSTITUTE PRODUCT, NOT OTHERWISE SPECIFIED (LIST IN ADDITION TO PRIMARY PROCEDURE)
Q4433	361 HCT/P SKIN SUBSTITUTE PRODUCT, NOT OTHERWISE SPECIFIED (LIST IN ADDITION TO PRIMARY PROCEDURE)

Table 6 – Deleted Codes

Code	Description
27445	Knee joint replacement using hinged prosthesis
27468	Lengthening and shortening of thigh bone
33884	Repair of descending aorta, each additional extension
33889	Transfer of chest artery to neck artery and repair of descending aorta
33891	Bypass graft of neck artery and repair of descending aorta

Code	Description
37220	Balloon dilation of groin artery, initial vessel
37221	Insertion of stent in groin artery, initial vessel
37222	Balloon dilation of groin artery, each additional vessel
37223	Insertion of stent in groin artery, additional vessel
37224	Balloon dilation of artery of leg
37225	Removal of plaque in arteries of leg
37226	Insertion of stent in arteries of leg
37227	Removal of plaque and insertion of stents in arteries of leg
37228	Balloon dilation of artery of leg, initial vessel
37229	Removal of plaque in artery of leg, initial vessel
37230	Insertion of stent in artery of leg, initial vessel
37231	Removal of plaque and insertion of stents in artery of leg, initial vessel
37232	Balloon dilation of artery of leg, each additional vessel
37233	Removal of plaque in artery of leg, each additional vessel
37234	Insertion of stent in artery of leg, each additional vessel
37235	Removal of plaque and insertion of stents in artery of leg, each additional vessel
37500	Tying of veins in leg muscles using an endoscope
52647	Complete laser destruction of prostate including control of bleeding using an endoscope
55700	Biopsy of prostate gland
75842	Review by radiologist of both adrenal gland veins image
75956	Review by radiologist of image for repair of descending aorta and subclavian artery with insertion of graft and extensions
75957	Review by radiologist of image for repair of descending aorta with insertion of graft and extensions
75958	Review by radiologist of image for insertion of extension
75959	Review by radiologist of image for insertion of extension after previous repair of descending aorta
77014	CT guidance for insertion of radiation therapy fields

Code	Description
77385	Delivery of simple high precision radiation treatment
77386	Delivery of complex high precision radiation treatment
77401	Superficial and/or low voltage radiation treatment delivery
91120	Test for tone and sensation of rectum and anus
91122	Study of rectum sensitivity and function
92590	Exam for hearing aid, 1 ear
92591	Exam for hearing aid, both ears
92592	Check of hearing aid, 1 ear
92593	Check of hearing aid, both ears
92594	Evaluation of hearing aid function, 1 ear
92595	Evaluation of hearing aid function, both ears
92921	Balloon dilation of coronary artery or branch, each additional artery or branch
92925	Removal of plaque with balloon dilation of coronary artery or branch, each additional artery or branch
92929	Insertion of stents with balloon dilation of coronary artery or branch, each additional artery or branch
92934	Removal of plaque, insertion of stent and balloon dilation of coronary artery or branch, each additional artery or branch
92938	Removal of plaque, insertion of stent and/or balloon dilation of coronary vessel with distal protection, each additional branch
92944	Removal of plaque, insertion of stent and/or balloon dilation, each additional coronary artery, branch, or vessel
92975	Removal of heart artery blood clot by dissolving using imaging guidance
92977	Removal of heart artery blood clot by dissolving
94662	Therapy procedure using a negative pressure ventilator
0033U	Gene analysis (5-hydroxytryptamine receptor 2A) for common variants
0042T	Computed tomography (CT) of brain blood flow, volume, and timing of flow analysis with contrast
0131U	Targeted mRNA sequence analysis of 13 genes associated with hereditary breast cancer and related disorders

Code	Description
0132U	Targeted mRNA sequence analysis of 17 genes associated with hereditary ovarian cancer and related disorders
0135U	Targeted mRNA sequence analysis of 12 genes associated with hereditary gynecological cancer
0266T	Insertion or replacement of carotid sinus baroreflex activation device
0267T	Implantation or replacement of carotid sinus baroreflex activation device lead on one side
0268T	Implantation or replacement of carotid sinus baroreflex activation device pulse generator
0269T	Revision or removal of carotid sinus baroreflex activation device
0270T	Revision or removal of carotid sinus baroreflex activation device lead on one side
0271T	Revision or removal of carotid sinus baroreflex activation device pulse generator
0272T	Interrogation device evaluation (in person) carotid sinus baroreflex activation system
0273T	Interrogation device evaluation (in person) carotid sinus baroreflex activation system, with programming
0275T	Removal of bone from lower spine for decompression of nerve tissue using imaging guidance, accessed through the skin
0361U	Digital immunoassay in plasma for neurofilament light chain
0394T	High dose rate electronic brachytherapy, external
0421T	Waterjet destruction of prostrate accessed through the urethra
0508U	Testing for quantification of donor-derived cell-free DNA using 40 single-nucleotide polymorphisms to determine risk for active transplant rejection
0509U	Testing for quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms to determine risk for active transplant rejection
0544U	Testing of 48 variants reported as risk for transplant rejection
0550U	Testing for prostate-specific antigen, reported as a risk score for the presence of high-grade prostate cancer
0551U	Testing for phosphorylated Tau (pTau217)
0619T	Examination of urethra and bladder with incision of opening of prostate gland and drug delivery using endoscope
0623T	Preparation, transmission and computerized analysis of CT angiography data on plaque in heart arteries, with review, interpretation, and report
0624T	Preparation and transmission of CT angiography data on plaque in heart arteries

Code	Description
0625T	Computerized analysis of CT angiography data on plaque in heart arteries
0626T	Review of computerized analysis of CT angiography data on plaque in heart arteries, with interpretation, and report
0631T	Measurement of oxygenation of limb using visible light imaging, with interpretation and report
0662T	Initial measurement and calibration of cap for mechanical cooling of scalp
0663T	Placement, monitoring, and removal of device for mechanical cooling of scalp
0720T	Electrical nerve field stimulation of cranial nerves through skin
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Code	Description
C9089	Bupivacaine, collagen-matrix implant, 1 mg
C9305	Injection, nipocalimab-aahu, 3 mg
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only
G0511	Rural health clinic or federally qualified health center (rhc or fqhc) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an rhc or fqhc practitioner (physician, np, pa, or cnm), per calendar month
G0512	Rural health clinic or federally qualified health center (rhc/fqhc) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an rhc or fqhc practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month
G6001	Ultrasonic guidance for placement of radiation therapy fields
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev

Code	Description
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment
G9604	Patient survey results not available
J0172	Injection, aducanumab-avwa, 2 mg
J0190	Injection, biperiden lactate, per 5 mg
J0200	Injection, alatrofloxacin mesylate, 100 mg
J0205	Injection, alglucerase, per 10 units

Code	Description
J0215	Injection, alefacept, 0.5 mg
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg
J0350	Injection, anistreplase, per 30 units
J0365	Injection, aprotonin, 10,000 kiu
J0380	Injection, metaraminol bitartrate, per 10 mg
J0395	Injection, arbutamine hcl, 1 mg
J0710	Injection, cephalirin sodium, up to 1 gm
J0715	Injection, ceftizoxime sodium, per 500 mg
J0795	Injection, corticorelin ovine triflutate, 1 microgram
J0889	Daprodustat, oral, 1 mg, (for esrd on dialysis)
J1267	Injection, doripenem, 10 mg
J1330	Injection, ergonovine maleate, up to 0.2 mg
J1443	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron
J1445	Injection, ferric pyrophosphate citrate solution (triferic avnu), 0.1 mg of iron
J1452	Injection, fomivirsin sodium, intraocular, 1.65 mg
J1457	Injection, gallium nitrate, 1 mg
J1562	Injection, immune globulin (vivaglobin), 100 mg
J1620	Injection, gonadorelin hydrochloride, per 100 mcg
J1655	Injection, tinzaparin sodium, 1000 iu
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1945	Injection, lepirudin, 50 mg
J2504	Injection, pegademase bovine, 25 iu
J2513	Injection, pentastarch, 10% solution, 100 ml
J2910	Injection, aurothioglucose, up to 50 mg
J2940	Injection, somatrem, 1 mg

Code	Description
J2995	Injection, streptokinase, per 250,000 iu
J3280	Injection, thiethylperazine maleate, up to 10 mg
J3305	Injection, trimetrexate glucuronate, per 25 mg
J3310	Injection, perphenazine, up to 5 mg
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm
J3355	Injection, urofollitropin, 75 iu
J3364	Injection, urokinase, 5000 iu vial
J3365	Injection, iv, urokinase, 250,000 i.u. vial
J3400	Injection, triflupromazine hcl, up to 20 mg
J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram
J7310	Ganciclovir, 4.5 mg, long-acting implant
J7505	Muromonab-cd3, parenteral, 5 mg
J7513	Daclizumab, parenteral, 25 mg
J8562	Fludarabine phosphate, oral, 10 mg
J8650	Nabilone, oral, 1 mg
J9019	Injection, asparaginase (erwinaze), 1,000 iu
J9020	Injection, asparaginase, not otherwise specified, 10,000 units
J9098	Injection, cytarabine liposome, 10 mg
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg
J9165	Injection, diethylstilbestrol diphosphate, 250 mg
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram
J9270	Injection, plicamycin, 2.5 mg
Q0174	Thiethylperazine maleate, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q2017	Injection, teniposide, 50 mg

Code	Description
Q4100	Skin substitute, not otherwise specified
Q4106	Dermagraft, per square centimeter
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg
Q9969	Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose
S0013	Esketamine, nasal spray, 1 mg
S0080	Injection, pentamidine isethionate, 300 mg