

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024211    DECEMBER 19, 2024

## Coverage and billing information for the 2025 annual HCPCS code update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2025 annual Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after Jan. 1, 2025, unless otherwise specified.

For codes with an effective date earlier than Jan. 1, 2025, providers have 90 days from the date of this publication for managed care claim submission, or 180 days from the date of publication for fee-for service (FFS) claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

The IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules affecting pricing of the procedure codes. The IHCP will issue a publication detailing the coverage and pricing information after final review is completed.



The bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT<sup>®1</sup>), Current Dental Terminology (CDT<sup>®2</sup>) and other HCPCS codes included in the 2025 annual HCPCS update
- [Table 2](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [Table 3](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA
- [Table 4](#): Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient diagnosis-related group (DRG)

The 2025 annual HCPCS and CPT codes will be added to the claim-processing system. For more information about the 2025 annual HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at cms.gov.

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. PA, billing and reimbursement information applies to services delivered under the FFS delivery system.

Questions about FFS PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS reimbursement and billing should be directed to Gainwell Technologies at 800-457-4584 or your [Provider Relations consultant](#). Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement information within the managed care delivery system. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

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<sup>2</sup>CDT copyright 2024 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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Table 1 – New codes included in the 2025 annual HCPCS update, effective for DOS on or after Jan. 1, 2025, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
15011	Harvest of skin for skin cell suspension self skin graft, first 25 sq cm or less	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
15012	Harvest of skin for skin cell suspension self skin graft, each additional 25 sq cm	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
15013	Preparation of skin cell suspension self skin graft, first 25 sq cm or less of harvested skin	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
15014	Preparation of skin cell suspension self skin graft, each additional 25 sq cm or less of harvested skin	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
15015	Application of skin cell suspension self skin graft to wound and donor sites to trunk, arms, legs, first 480 sq cm or less	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
15016	Application of skin cell suspension self skin graft to wound and donor sites to trunk, arms, legs, each additional 480 sq cm	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
15017	Application of skin cell suspension self skin graft to wound and donor sites to face, scalp, eyelids, mouth, neck, ears, eye sockets, genitalia, hands, feet, and/or multiple fingers/toes, first 480 sq cm or less	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
15018	Application of skin cell suspension self skin graft to wound and donor sites to face, scalp, eyelids, mouth, neck, ears, eye sockets, genitalia, hands, feet, and/or multiple fingers/toes, each additional 480 sq cm	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
25448	Replacement of joint between wrist and fingers using tendon or stitches	Covered	Yes	No	See <a href="#">Table 3</a>
38225	Harvesting of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy, per day	Covered	Yes	No	See <a href="#">Table 3</a>
38226	Preparation of blood-derived T white blood cells (T lymphocytes) for transportation for chimeric antigen receptor T-cell (CAR-T) therapy	Covered	Yes	No	See <a href="#">Table 3</a>
38227	Receipt and preparation of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy	Covered	Yes	No	See <a href="#">Table 3</a>
38228	Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy	Covered	Yes	No	See <a href="#">Table 3</a>
49186	Removal or destruction of growth(s) in the abdomen, 5.0 cm or less	Covered	No	No	None
49187	Removal or destruction of growth(s) in the abdomen, 5.1 to 10.0 cm	Covered	No	No	None
49188	Removal or destruction of growth(s) in the abdomen, 10.1 to 20.0 cm	Covered	No	No	None
49189	Removal or destruction of growth(s) in the abdomen, 20.1 to 30.0 cm	Covered	No	No	None

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49190	Removal or destruction of growth(s) in the abdomen, more than 30.0 cm	Covered	No	No	None
51721	Insertion of transducer through urethra for delivery of heat ultrasound for destruction of prostate tissue	Noncovered	N/A	N/A	N/A
53865	Insertion of a temporary device for pressure necrosis of bladder neck and prostate using an endoscope	Noncovered	N/A	N/A	N/A
53866	Removal of temporary device for pressure necrosis of bladder neck and prostate using catheterization	Noncovered	N/A	N/A	N/A
55881	Destruction of prostate tissue through urethra using heat ultrasound with MRI guidance	Noncovered	N/A	N/A	N/A
55882	Insertion of ultrasound transducer through urethra for delivery of heat ultrasound for destruction of prostate tissue using MRI guidance	Noncovered	N/A	N/A	N/A
60660	Destruction using heat of one or more nodules on one thyroid lobe	Noncovered	N/A	N/A	N/A
60661	Destruction using heat of one or more nodules on additional thyroid lobe	Noncovered	N/A	N/A	N/A
61715	MRI guided high intensity focused ultrasound, computer-assisted destruction of intracranial tissue	Covered	Yes	No	See <a href="#">Table 3</a>
64466	Unilateral thoracic fascial plane block by injection(s)	Covered	No	No	None
64467	Unilateral thoracic fascial plane block by continuous infusion(s)	Covered	No	No	None
64468	Bilateral thoracic fascial plane block by injection(s)	Covered	No	No	None
64469	Bilateral thoracic fascial plane block by infusion(s)	Covered	No	No	None
64473	Unilateral lower extremity fascial plane block by injection(s)	Covered	No	No	None
64474	Unilateral lower extremity fascial plane block by infusion(s)	Covered	No	No	None
66683	Implantation of iris prosthesis	Noncovered	N/A	N/A	N/A
76014	Assessment by trained clinical staff of implant and/or foreign body for MR safety, including identification and verification of implant components from appropriate sources, analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report, initial 15 minutes	Covered	Yes	No	See <a href="#">Table 3</a>
76015	Assessment by trained clinical staff of implant and/or foreign body for MR safety, including identification and verification of implant components from appropriate sources, analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report, each additional 30 minutes	Covered	Yes	No	See <a href="#">Table 3</a>
76016	Determination of MR safety by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Covered	Yes	No	See <a href="#">Table 3</a>

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76017	Medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert for MR safety, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	Covered	Yes	No	See <a href="#">Table 3</a>
76018	Preparation under supervision of physician or other qualified health care professional of electronics for MR safety, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	Covered	Yes	No	See <a href="#">Table 3</a>
76019	Implant positioning and/or immobilization under supervision of physician or other qualified health care professional for MR safety, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	Covered	Yes	No	See <a href="#">Table 3</a>
81195	Optical genome mapping for hematologic malignancy	Noncovered	N/A	N/A	N/A
81515	Test for detection of bacteria causing vaginosis and vaginitis	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
81558	Test for detecting 139 genes associated with kidney transplant rejection	Covered	Yes	No	None
82233	Test for beta-amyloid 1-40	Covered	TBD	No	None
82234	Test for beta-amyloid 1-42	Covered	TBD	No	None
83884	Test for neurofilament light chain	Noncovered	N/A	N/A	N/A
84393	Test for phosphorylated Tau protein	Noncovered	N/A	N/A	N/A
84394	Test for total Tau protein	Noncovered	N/A	N/A	N/A
86581	Test for streptococcus pneumonia antibody	Covered	No	No	None
87513	Detection test by nucleic acid for helicobacter pylori clarithromycin resistance, amplified probe technique	Covered	TBD	No	None
87564	Detection test by nucleic acid for mycobacterium tuberculosis rifampin resistance	Covered	TBD	No	Allowed for Podiatrist (provider specialty 140)
87594	Detection test by nucleic acid for pneumocystis jirovecii	Covered	TBD	No	None
87626	Detection test by nucleic acid for Human Papillomavirus (HPV), separately reported high-risk types	Covered	TBD	No	Allowed for Podiatrist (provider specialty 140)
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	Noncovered	N/A	N/A	N/A
90695	Influenza vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use	Noncovered	N/A	N/A	Effective for dates of service on or after <b>July 19, 2024</b>

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92137	Imaging of retina with optical coherence tomography angiography	Covered	Yes	No	Allowed for Optometrist (provider specialty 180) Allowed for Optician (provider specialty 190) See <a href="#">Table 3</a>
93896	Ultrasound of blood flow within brain to assess flexibility of vessels	Covered	No	No	None
93897	Ultrasound of vessels in brain for detection of blood clots	Covered	No	No	None
93898	Detection of abnormal blood flow in brain vessels using ultrasound with microbubble injection	Covered	No	No	None
96041	Counseling for genetic testing provided by a genetic counselor, each 30 minutes of total time on the date of encounter	Covered	No	No	None
98000	New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98001	New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98002	New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98003	New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98005	Established patient synchronous audio-video visit with low medical decision making, if using time 20 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98008	New patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 15 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)

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98009	New patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
98010	New patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 45 minutes or more	Noncovered	N/A	N/A	N/A
98011	New patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 60 minutes or more	Noncovered	N/A	N/A	N/A
98012	Established patient synchronous audio-only visit with straightforward medical decision making and 10 minutes or more of medical discussion, if using time 10 minutes or more	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140)
98013	Established patient synchronous audio-only visit with low medical decision making and 10 minutes or more of medical discussion, if using time 20 minutes or more	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140)
98014	Established patient synchronous audio-only visit with moderate medical decision making and 10 minutes or more of medical discussion, if using time 30 minutes or more	Noncovered	N/A	N/A	N/A
98015	Established patient synchronous audio-only visit with high medical decision making and 10 minutes or more of medical discussion, if using time 40 minutes or more	Noncovered	N/A	N/A	N/A
98016	Established patient brief communication technology-based service with 5-10 minutes of medical discussion	Noncovered	N/A	N/A	N/A
0521U	Rheumatoid factor IGA and IGM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor a (SR-A) by immunoassay, blood	Noncovered	N/A	N/A	N/A
0522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP-1), IGG, IGM, and IGA antibodies, chemiluminescence, semiquantitative, blood	Noncovered	N/A	N/A	N/A
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	Noncovered	N/A	N/A	N/A
0524U	Obstetrics (preeclampsia), sFlt-1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value	Noncovered	N/A	N/A	N/A
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	Noncovered	N/A	N/A	N/A
0526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/ml creatinine baseline and monitoring over time	Noncovered	N/A	N/A	N/A
0527U	Herpes simplex virus (HSV) types 1 and 2 and varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	N/A

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0528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobial-resistance genes, amplified probe technique, including reverse transcription for rna targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria	Noncovered	N/A	N/A	N/A
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and leiden variant, by microarray analysis, saliva, report as risk score for VTE	Noncovered	N/A	N/A	N/A
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	Noncovered	N/A	N/A	N/A
0901T	Placement of bone marrow sampling port	Noncovered	N/A	N/A	N/A
0902T	Augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device to derive QTc interval	Noncovered	N/A	N/A	N/A
0903T	Algorithmically generated 12-lead ECG from a reduced-lead ECG	Noncovered	N/A	N/A	N/A
0904T	Algorithmically generated 12-lead ECG from a reduced-lead ECG, tracing only	Noncovered	N/A	N/A	N/A
0905T	Algorithmically generated 12-lead ECG from a reduced-lead ECG, interpretation and report only	Noncovered	N/A	N/A	N/A
0906T	Wound assessment and dressing care using concurrent optical and magnetic stimulation therapy, first application, total wound(s) surface area less than or equal to 50 sq cm	Noncovered	N/A	N/A	N/A
0907T	Wound assessment and dressing care using concurrent optical and magnetic stimulation therapy, each additional application, total wound(s) surface area less than or equal to 50 sq cm	Noncovered	N/A	N/A	N/A
0908T	Implantation of integrated vagus nerve neurostimulator	Covered	Yes	No	See <a href="#">Table 3</a>
0909T	Replacement of integrated vagus nerve neurostimulator	Covered	Yes	No	See <a href="#">Table 3</a>
0910T	Removal of integrated vagus nerve neurostimulator	Covered	Yes	No	See <a href="#">Table 3</a>
0911T	Electronic analysis of implanted integrated vagus nerve neurostimulator without programming	Covered	Yes	No	See <a href="#">Table 3</a>
0912T	Electronic analysis of implanted integrated vagus nerve neurostimulator with simple programming	Covered	Yes	No	See <a href="#">Table 3</a>
0913T	Transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon, with imaging supervision, interpretation, and report, performed on a single major coronary artery or branch	Covered	Yes	No	See <a href="#">Table 3</a>
0914T	Transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon, performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy	Covered	Yes	No	See <a href="#">Table 3</a>
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), pulse generator and dual transvenous electrodes/leads	Noncovered	N/A	N/A	N/A
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), pulse generator only	Noncovered	N/A	N/A	N/A

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0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), single transvenous lead only	Noncovered	N/A	N/A	N/A
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), dual transvenous leads only	Noncovered	N/A	N/A	N/A
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s), pulse generator only	Noncovered	N/A	N/A	N/A
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s), single transvenous pacing lead only	Noncovered	N/A	N/A	N/A
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s), single transvenous defibrillation lead only	Noncovered	N/A	N/A	N/A
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s), dual transvenous leads only	Noncovered	N/A	N/A	N/A
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Noncovered	N/A	N/A	N/A
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s)	Noncovered	N/A	N/A	N/A
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Noncovered	N/A	N/A	N/A
0926T	In person programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis	Noncovered	N/A	N/A	N/A
0927T	In person interrogation device evaluation of implantable cardiac contractility modulation-defibrillation system with analysis, review, and report, per patient encounter	Noncovered	N/A	N/A	N/A
0928T	Remote interrogation device evaluation, up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s)	Noncovered	N/A	N/A	N/A
0929T	Remote interrogation device evaluation, up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Noncovered	N/A	N/A	N/A
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	Covered	Yes	No	See <a href="#">Table 3</a>
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	Covered	Yes	No	See <a href="#">Table 3</a>
0932T	Detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction	Noncovered	N/A	N/A	N/A
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring	Noncovered	N/A	N/A	N/A
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days	Noncovered	N/A	N/A	N/A
0935T	Bladder exam using a flexible scope with renal pelvic sympathetic denervation using heat	Noncovered	N/A	N/A	N/A

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0936T	Light therapy of retina, single session	Covered	Yes	No	See <a href="#">Table 3</a>
0937T	External electrocardiographic recording for more than 15 days up to 30 days by continuous rhythm recording and storage	Noncovered	N/A	N/A	N/A
0938T	External electrocardiographic recording for more than 15 days up to 30 days by continuous rhythm recording and storage; recording	Noncovered	N/A	N/A	N/A
0939T	External electrocardiographic recording for more than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report	Noncovered	N/A	N/A	N/A
0940T	External electrocardiographic recording for more than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0941T	Bladder exam using a flexible scope with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Covered	Yes	No	See <a href="#">Table 3</a>
0942T	Bladder exam of a flexible scope with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Covered	Yes	No	See <a href="#">Table 3</a>
0943T	Bladder exam using a flexible scope with removal of prostatic urethral scaffold	Covered	Yes	No	See <a href="#">Table 3</a>
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided microwave destruction through skin	Covered	No	No	None
0945T	Assessment for abnormal tissue, during surgery following partial mastectomy using computer-aided fluorescence imaging	Noncovered	N/A	N/A	N/A
0946T	Orthopedic implant movement analysis using paired CT examination of the target structure	Noncovered	N/A	N/A	N/A
0947T	Intracranial magnetic resonance image guided low intensity focused ultrasound, stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target	Covered	Yes	No	See <a href="#">Table 3</a>
A9615	Injection, pegulicanine, 1 mg	Noncovered	N/A	N/A	N/A
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	Noncovered	N/A	N/A	N/A
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	Noncovered	N/A	N/A	N/A
C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	Noncovered	N/A	N/A	N/A
C1738	Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device	Noncovered	N/A	N/A	N/A
C1739	Tissue marker, imaging and non-imaging device (implantable)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
C7562	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 with intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	Noncovered	N/A	N/A	N/A
C7563	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries	Noncovered	N/A	N/A	N/A
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Noncovered	N/A	N/A	N/A
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, total length of defect(s) less than 3 cm, reducible with removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair	Covered	No	No	None
C8001	3d anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy	Covered	No	No	None
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	Covered	No	No	None
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy)	Covered	No	No	None
C9173	Injection, filgrastim-txid (nypoz), biosimilar, 1 microgram	Noncovered	N/A	N/A	N/A
C9610	Catheter, transluminal drug delivery with or without angioplasty, coronary, non-laser (insertable)	Noncovered	N/A	N/A	N/A
C9804	Elastomeric infusion pump (e.g., on-q* pump with bolus), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
C9806	Rotary peristaltic infusion pump (e.g., ambit pump), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Covered	Yes	No	Allowed for ages 18 years and over See <a href="#">Table 3</a>
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA 2023)	Noncovered	N/A	N/A	N/A
D2956	Removal of an indirect restoration on a natural tooth	Noncovered	N/A	N/A	N/A
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	Noncovered	N/A	N/A	N/A
D6193	Replacement of an implant screw	Noncovered	N/A	N/A	N/A
D7252	Partial extraction for immediate implant placement	Noncovered	N/A	N/A	N/A
D7259	Nerve dissection	Covered	No	No	None
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Noncovered	N/A	N/A	N/A
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Noncovered	N/A	N/A	N/A
D9913	Administration of neuromodulators	Noncovered	N/A	N/A	N/A
D9914	Administration of dermal fillers	Noncovered	N/A	N/A	N/A
D9959	Unspecified sleep apnea services procedure, by report	Noncovered	N/A	N/A	N/A
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) See <a href="#">Table 3</a>
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) See <a href="#">Table 3</a>
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) See <a href="#">Table 3</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 3</a>
E1813	Dynamic adjustable knee extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 3</a>
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 3</a>
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 3</a>
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 3</a>
E1826	Dynamic adjustable finger extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 3</a>
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 3</a>
E1828	Dynamic adjustable toe extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 3</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) See <a href="#">Table 3</a>
G0532	Take-home supply of nasal nalmefene hydrochloride; 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)	Noncovered	N/A	N/A	N/A
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; 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)	Covered	Yes	No	See <a href="#">Table 3</a>
G0534	Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	Noncovered	N/A	N/A	N/A
G0535	Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self-advocacy and communication skills with care providers, and to promote patient-driven action plans and goals; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	Noncovered	N/A	N/A	N/A
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 out treatment and recovery goals; conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and proposing strategies to help meet person-centered treatment goals; assisting the patient in locating or navigating recovery support services; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	Noncovered	N/A	N/A	N/A
G0537	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ASCVD) risk assessment, 5-15 minutes, not more often than every 12 months	Noncovered	N/A	N/A	N/A
G0538	Atherosclerotic cardiovascular disease (ASCVD) risk management services; clinical staff time; per calendar month	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	Noncovered	N/A	N/A	N/A
G0540	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes	Noncovered	N/A	N/A	N/A
G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	Noncovered	N/A	N/A	N/A
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use G0542 in conjunction with G0541)	Noncovered	N/A	N/A	N/A
G0543	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	Noncovered	N/A	N/A	N/A
G0544	Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, 4 calls per calendar month	Noncovered	N/A	N/A	N/A
G0545	Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation, analysis, and testing, and complex antimicrobial therapy counseling and treatment (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, subsequent or discharge)	Noncovered	N/A	N/A	N/A
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review	Noncovered	N/A	N/A	N/A

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G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review	Noncovered	N/A	N/A	N/A
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review	Noncovered	N/A	N/A	N/A
G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review	Noncovered	N/A	N/A	N/A
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time	Noncovered	N/A	N/A	N/A
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes	Noncovered	N/A	N/A	N/A
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan	Noncovered	N/A	N/A	N/A
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the DMHT device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month	Noncovered	N/A	N/A	N/A
G0555	Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring	Noncovered	N/A	N/A	N/A
G0556	Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline], or fewer, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan with typical care plan elements when clinically relevant; ++ care plan is available timely within and outside the billing practice as appropriate to individuals involved in the beneficiary's care, can be routinely accessed and updated by care team/practitioner, and copy of care plan to patient/caregiver; coordination of care transitions between and among health care providers and settings, including referrals to other clinicians and follow-up after an emergency department visit and discharges from	Noncovered	N/A	N/A	N/A

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	hospitals, skilled nursing facilities or other health care facilities as applicable; ++ ensure timely exchange of electronic health information with other practitioners and providers to support continuity of care. ++ ensure timely follow-up communication (direct contact, telephone, electronic) with the patient and/or caregiver after an emergency department visit and discharges from hospitals, skilled nursing facilities, or other health care facilities, within 7 calendar days of discharge, as clinically indicated. ongoing communication and coordinating receipt of needed services from practitioners, home- and community-based service providers, community-based social service providers, hospitals, and skilled nursing facilities (or other health care facilities), and document communication regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors, in the patient's medical record; enhanced opportunities for the beneficiary and any caregiver to communicate with the care team/practitioner regarding the beneficiary's care through the use of asynchronous non-face-to-face consultation methods other than telephone, such as secure messaging, email, internet, or patient portal, and other communication-technology based services, including remote evaluation of pre-recorded patient information and interprofessional telephone/internet/ehr referral service(s), to maintain ongoing communication with patients, as appropriate; ++ ensure access to patient-initiated digital communications that require a clinical decision, such as virtual check-ins and digital online assessment and management and e/m visits (or e-visits); analyze patient population data to identify gaps in care and offer additional interventions, as appropriate; risk stratify the practice population based on defined diagnoses, claims, or other electronic data to identify and target services to patients; be assessed through performance measurement of primary care quality, total cost of care, and meaningful use of certified ehr technology				
G0557	Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
	<p>or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside the billing practice as appropriate to individuals involved in the beneficiary's care, can be routinely accessed and updated by care team/practitioner, and copy of care plan to patient/caregiver; coordination of care transitions between and among health care providers and settings, including referrals to other clinicians and follow-up after an emergency department visit and discharges from hospitals, skilled nursing facilities or other health care facilities as applicable; ++ ensure timely exchange of electronic health information with other practitioners and providers to support continuity of care. ++ ensure timely follow-up communication (direct contact, telephone, electronic) with the patient and/or caregiver after an emergency department visit and discharges from hospitals, skilled nursing facilities, or other health care facilities, within 7 calendar days of discharge, as clinically indicated. ongoing communication and coordinating receipt of needed services from practitioners, home- and community-based service providers, community-based social service providers, hospitals, and skilled nursing facilities (or other health care facilities), and document communication regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors, in the patient's medical record; enhanced opportunities for the beneficiary and any caregiver to communicate with the care team/practitioner regarding the beneficiary's care through the use of asynchronous non-face-to-face consultation methods other than telephone, such as secure messaging, email, internet, or patient portal, and other communication-technology based services, including remote evaluation of pre-recorded patient information and interprofessional telephone/internet/ehr referral service(s), to maintain ongoing communication with patients, as appropriate; ++ ensure access to patient-initiated digital communications that require a clinical decision, such as virtual check-ins and digital online assessment and management and e/m visits (or e-visits). analyze patient population data to</p>				

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
	identify gaps in care and offer additional interventions, as appropriate; risk stratify the practice population based on defined diagnoses, claims, or other electronic data to identify and target services to patients; be assessed through performance measurement of primary care quality, total cost of care, and meaningful use of certified ehr technology				
G0558	Advanced primary care management services for a patient that is a qualified medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate: consent; ++ inform the patient of the availability of the service; that only one practitioner can furnish and be paid for the service during a calendar month; of the right to stop the services at any time (effective at the end of the calendar month); and that cost sharing may apply. ++ document in patient's medical record that consent was obtained. initiation during a qualifying visit for new patients or patients not seen within 3 years; provide 24/7 access for urgent needs to care team/practitioner, including providing patients/caregivers with a way to contact health care professionals in the practice to discuss urgent needs regardless of the time of day or day of week; continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments; deliver care in alternative ways to traditional office visits to best meet the patient's needs, such as home visits and/or expanded hours; overall comprehensive care management; ++ systematic needs assessment (medical and psychosocial). ++ system-based approaches to ensure receipt of preventive services. ++ medication reconciliation, management and oversight of self-management. development, implementation, revision, and maintenance of an electronic patient-centered comprehensive care plan; ++ care plan is available timely within and outside the billing practice as appropriate to individuals involved in the beneficiary's care, can be routinely accessed and updated by care team/practitioner, and copy of care plan to patient/caregiver; coordination of care transitions between and among health care providers and settings, including referrals to other clinicians and follow-up after an emergency department visit and discharges from hospitals, skilled nursing facilities or other health care facilities as applicable; ++ ensure timely exchange of electronic health information with other practitioners and providers to support continuity of care. ++ ensure timely follow-up communication (direct contact, telephone, electronic) with the patient and/or caregiver after an emergency department visit and discharges from	Noncovered	N/A	N/A	N/A

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	hospitals, skilled nursing facilities, or other health care facilities, within 7 calendar days of discharge, as clinically indicated. ongoing communication and coordinating receipt of needed services from practitioners, home- and community-based service providers, community-based social service providers, hospitals, and skilled nursing facilities (or other health care facilities), and document communication regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors, in the patient's medical record; enhanced opportunities for the beneficiary and any caregiver to communicate with the care team/practitioner regarding the beneficiary's care through the use of asynchronous non-face-to-face consultation methods other than telephone, such as secure messaging, email, internet, or patient portal, and other communication-technology based services, including remote evaluation of pre-recorded patient information and interprofessional telephone/internet/ehr referral service(s), to maintain ongoing communication with patients, as appropriate; ++ ensure access to patient-initiated digital communications that require a clinical decision, such as virtual check-ins and digital online assessment and management and e/m visits (or e-visits). analyze patient population data to identify gaps in care and offer additional interventions, as appropriate; risk stratify the practice population based on defined diagnoses, claims, or other electronic data to identify and target services to patients; be assessed through performance measurement of primary care quality, total cost of care, and meaningful use of certified ehr technology				
G0559	Post-operative follow-up visit complexity inherent to evaluation and management services addressing surgical procedure(s), provided by a physician or qualified health care professional who is not the practitioner who performed the procedure (or in the same group practice) and is of the same or of a different specialty than the practitioner who performed the procedure, within the 90-day global period of the procedure(s), once per 90-day global period, when there has not been a formal transfer of care and requires the following required elements, when possible and applicable: reading available surgical note to understand the relative success of the procedure, the anatomy that was affected, and potential complications that could have arisen due to the unique circumstances of the patient's operation. research the procedure to determine expected post-operative course and potential complications (in the case of doing a post-op for a procedure outside the specialty). evaluate and physically examine the patient to determine whether the post-operative course is progressing appropriately. communicate with the practitioner who performed the procedure if any questions or concerns arise. (list separately in addition to office/outpatient evaluation and management visit, new or established)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0560	Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe	Noncovered	N/A	N/A	N/A
G0561	Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583T)	Covered	Yes	No	See <a href="#">Table 3</a>
G0562	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)	Covered	Yes	No	See <a href="#">Table 3</a>
G0563	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	Covered	Yes	No	See <a href="#">Table 3</a>
G0564	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training	Covered	Yes	No	See <a href="#">Table 3</a>
G0565	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation	Covered	Yes	No	See <a href="#">Table 3</a>
H0052	Missing and murdered indigenous persons (MMIP) mental health and clinical care	Covered	Yes	No	See <a href="#">Table 3</a>
H0053	Historical trauma (HT) mental health and clinical care for indigenous persons	Covered	Yes	No	See <a href="#">Table 3</a>
J0139	Injection, adalimumab, 1 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)	Covered	No	TBD	None
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis)	Covered	No	TBD	None
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)	Covered	No	TBD	None
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)	Covered	No	TBD	None
J0607	Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis)	Covered	No	TBD	None
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for ESRD on dialysis)	Covered	No	TBD	None
J0609	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)	Covered	No	TBD	None
J0615	Calcium acetate, oral, 23 mg (for ESRD on dialysis)	Covered	No	TBD	None
J0666	Injection, bupivacaine liposome, 1 mg	Covered	No	TBD	None
J0870	Injection, imetelstat, 1 mg	Covered	No	TBD	None
J0901	Vadadustat, oral, 1 mg (for ESRD on dialysis)	TBD	TBD	TBD	TBD
J1307	Injection, crovalimab-akkz, 10 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Covered	Yes	TBD	See <a href="#">Table 3</a> See <a href="#">Table 4</a>
J1552	Injection, immune globulin (alyglo), 500 mg	Covered	No	TBD	None
J2290	Injection, nafcillin sodium, 20 mg	Covered	No	TBD	None
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
J2802	Injection, romiplostim, 1 microgram	Covered	Yes	TBD	See <a href="#">Table 3</a>
J3392	Injection, exagamglogene autotemcel, per treatment	TBD	TBD	TBD	TBD
J7514	Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	Noncovered	N/A	N/A	N/A
J7601	Ensifentrine, inhalation suspension, FDA approved final product, non-compounded, administered through DME, unit dose form, 3 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
J9026	Injection, tarlatamab-dlle, 1 mg	Covered	No	TBD	None
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Covered	Yes	TBD	See <a href="#">Table 3</a>
J9076	Injection, cyclophosphamide (baxter), 5 mg	Covered	No	TBD	None
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg	TBD	TBD	TBD	TBD
M1371	Most recent glycemic status assessment (HbA1c or GMI) level < 7.0%	Noncovered	N/A	N/A	N/A
M1372	Most recent glycemic status assessment (HbA1c or GMI) level >= 7.0% and < 8.0%	Noncovered	N/A	N/A	N/A
M1373	Most recent glycemic status assessment HbA1c or GMI) level >= 8.0% and <= 9.0%	Noncovered	N/A	N/A	N/A
M1374	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period	Noncovered	N/A	N/A	N/A
M1375	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period	Noncovered	N/A	N/A	N/A
M1376	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period	Noncovered	N/A	N/A	N/A
M1377	Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient	Noncovered	N/A	N/A	N/A
M1378	Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical reasons)	Noncovered	N/A	N/A	N/A
M1379	A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	Noncovered	N/A	N/A	N/A
M1380	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M1381	Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure	Noncovered	N/A	N/A	N/A
M1382	Patient encounter during the performance period with place of service code 11	Noncovered	N/A	N/A	N/A
M1383	Acute PVD	Noncovered	N/A	N/A	N/A
M1384	Patients who died during the performance period	Noncovered	N/A	N/A	N/A
M1385	Documentation of patient reasons for patients who were not seen for the second PAM survey (e.g., less than four months between baseline PAM assessment and follow-up)	Noncovered	N/A	N/A	N/A
M1386	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II at the start of the performance period	Noncovered	N/A	N/A	N/A
M1387	Patients who died during the performance period	Noncovered	N/A	N/A	N/A
M1388	Patients with documentation of an exam performed for recurrence of melanoma	Noncovered	N/A	N/A	N/A
M1389	Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	Noncovered	N/A	N/A	N/A
M1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period	Noncovered	N/A	N/A	N/A
M1391	All patients who were diagnosed with recurrent melanoma during the current performance period	Noncovered	N/A	N/A	N/A
M1392	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	Noncovered	N/A	N/A	N/A
M1393	Patients who were not diagnosed with recurrent melanoma during the current performance period	Noncovered	N/A	N/A	N/A
M1394	Stages I-III breast cancer	Noncovered	N/A	N/A	N/A
M1395	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	Noncovered	N/A	N/A	N/A
M1396	Patients on a therapeutic clinical trial	Noncovered	N/A	N/A	N/A
M1397	Patients with recurrence/disease progression	Noncovered	N/A	N/A	N/A
M1398	Patients with baseline and follow-up promis surveys documented in the medical record	Noncovered	N/A	N/A	N/A
M1399	Patients who leave the practice during the follow-up period	Noncovered	N/A	N/A	N/A
M1400	Patients who died during the follow-up period	Noncovered	N/A	N/A	N/A
M1401	Stages I-III breast cancer	Noncovered	N/A	N/A	N/A
M1402	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	Noncovered	N/A	N/A	N/A
M1403	Patients with baseline and follow-up promis surveys documented in the medical record	Noncovered	N/A	N/A	N/A
M1404	Patients on a therapeutic clinical trial	Noncovered	N/A	N/A	N/A
M1405	Patients with recurrence/disease progression	Noncovered	N/A	N/A	N/A
M1406	Patients who leave the practice during the follow-up period	Noncovered	N/A	N/A	N/A
M1407	Patients who died during the follow-up period	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M1408	Patients who have germline BRCA testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer	Noncovered	N/A	N/A	N/A
M1409	Patients who received germline testing for BRCA1 and BRCA2 or genetic counseling completed within 6 months of diagnosis	Noncovered	N/A	N/A	N/A
M1410	Patients who did not have germline testing for BRCA1 and BRCA2 or genetic counseling completed within 6 months of diagnosis	Noncovered	N/A	N/A	N/A
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy	Noncovered	N/A	N/A	N/A
M1412	Patients with metastatic NSCLC with epidermal growth factor receptor (EGFR) mutations, ALK genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as NSCLC with ROS1 rearrangement, BRAF V600E mutation, NTRK 1/2/3 gene fusion, METex14 skipping mutation, and RET rearrangement	Noncovered	N/A	N/A	N/A
M1413	Patients who had a positive PD-L1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	Noncovered	N/A	N/A	N/A
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., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication)	Noncovered	N/A	N/A	N/A
M1415	Patients who did not have a positive PD-L1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	Noncovered	N/A	N/A	N/A
M1416	Patient received hospice services any time during the performance period	Noncovered	N/A	N/A	N/A
M1417	Patients who are up to date on their COVID-19 vaccinations as defined by CDC recommendations on current vaccination	Covered	No	No	None
M1418	Patients 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	Covered	No	No	None
M1419	Patients who are not up to date on their COVID-19 vaccinations as defined by CDC recommendations on current vaccination	Covered	No	No	None
M1420	Complete ophthalmologic care MIPS value pathway	Noncovered	N/A	N/A	N/A
M1421	Dermatological care MIPS value pathway	Noncovered	N/A	N/A	N/A
M1422	Gastroenterology care MIPS value pathway	Noncovered	N/A	N/A	N/A
M1423	Optimal care for patients with urologic conditions MIPS value pathway	Noncovered	N/A	N/A	N/A
M1424	Pulmonology care MIPS value pathway	Noncovered	N/A	N/A	N/A
M1425	Surgical care MIPS value pathway	Noncovered	N/A	N/A	N/A
Q0155	Dronabinol (syndros), 0.1 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	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q0521	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription	Noncovered	N/A	N/A	N/A
Q4346	Shelter DM matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a>
Q4347	Rampart DL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a>
Q4348	Sentry SL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a>
Q4349	Mantle DL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a>
Q4350	Palisade DM matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a>
Q4351	Enclose TL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a>
Q4352	Overlay SL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a>
Q4353	Xceed TL matrix, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a>
Q5139	Injection, eculizumab-aeab (bkemv), biosimilar, 10 mg	TBD	TBD	TBD	TBD
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Covered	Yes	TBD	See <a href="#">Table 3</a>
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	TBD	TBD	TBD	TBD

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<b>Procedure code</b>	<b>Description</b>	<b>Program coverage*</b>	<b>PA required</b>	<b>NDC required</b>	<b>Special billing information</b>
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	TBD	TBD	TBD	TBD
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	TBD	TBD	TBD	TBD
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	TBD	TBD	TBD	TBD

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Table 2 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
Q4346	Shelter DM matrix, per square centimeter
Q4347	Rampart DL matrix, per square centimeter
Q4348	Sentry SL matrix, per square centimeter
Q4349	Mantle DL matrix, per square centimeter
Q4350	Palisade DM matrix, per square centimeter
Q4351	Enclose TL matrix, per square centimeter
Q4352	Overlay SL matrix, per square centimeter
Q4353	Xceed TL matrix, per square centimeter

Table 3 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
25448	Replacement of joint between wrist and fingers using tendon or stitches	TBD
38225	Harvesting of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy, per day	TBD
38226	Preparation of blood-derived T white blood cells (T lymphocytes) for transportation for chimeric antigen receptor T-cell (CAR-T) therapy	TBD
38227	Receipt and preparation of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy	TBD
38228	Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy	TBD
61715	MRI guided high intensity focused ultrasound, computer-assisted destruction of intracranial tissue	TBD
76014	Assessment by trained clinical staff of implant and/or foreign body for MR safety, including identification and verification of implant components from appropriate sources, analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report, initial 15 minutes	TBD
76015	Assessment by trained clinical staff of implant and/or foreign body for MR safety, including identification and verification of implant components from appropriate sources, analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report, each additional 30 minutes	TBD
76016	Determination of MR safety by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	TBD
76017	Medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert for MR safety, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	TBD
76018	Preparation under supervision of physician or other qualified health care professional of electronics for MR safety, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	TBD

Table 3 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
76019	Implant positioning and/or immobilization under supervision of physician or other qualified health care professional for MR safety, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	TBD
92137	Imaging of retina with optical coherence tomography angiography	TBD
0908T	Implantation of integrated vagus nerve neurostimulator	TBD
0909T	Replacement of integrated vagus nerve neurostimulator	TBD
0910T	Removal of integrated vagus nerve neurostimulator	TBD
0911T	Electronic analysis of implanted integrated vagus nerve neurostimulator without programming	TBD
0912T	Electronic analysis of implanted integrated vagus nerve neurostimulator with simple programming	TBD
0913T	Transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon, with imaging supervision, interpretation, and report, performed on a single major coronary artery or branch	TBD
0914T	Transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon, performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy	TBD
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	TBD
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	TBD
0936T	Light therapy of retina, single session	TBD
0941T	Bladder exam using a flexible scope with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	TBD
0942T	Bladder exam of a flexible scope with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	TBD
0943T	Bladder exam using a flexible scope with removal of prostatic urethral scaffold	TBD
0947T	Intracranial magnetic resonance image guided low intensity focused ultrasound, stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target	TBD
C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	TBD
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module

Table 3 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1813	Dynamic adjustable knee extension only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1826	Dynamic adjustable finger extension only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1828	Dynamic adjustable toe extension only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	See the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; 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)	TBD
G0561	Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583T)	TBD
G0562	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)	TBD
G0563	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	TBD
G0564	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training	TBD
G0565	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation	TBD
H0052	Missing and murdered indigenous persons (MMIP) mental health and clinical care	TBD
H0053	Historical trauma (HT) mental health and clinical care for indigenous persons	TBD
J0139	Injection, adalimumab, 1 mg	<a href="#">Targeted Immunomodulators PA Criteria*</a>
J1307	Injection, crovalimab-akkz, 10 mg	<a href="#">Complement Inhibitor Agents PA Criteria*</a>

Table 3 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	<a href="#">Hemophilia B Gene Therapy Agents PA Criteria*</a>
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	<a href="#">Proton Pump Inhibitors PA Criteria*</a>
J2802	Injection, romiplostim, 1 microgram	<a href="#">Thrombopoetin Receptor Agonist Agents PA Criteria*</a>
J7601	Ensifentrine, inhalation suspension, FDA approved final product, non-compounded, administered through DME, unit dose form, 3 mg	TBD
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	TBD
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	<a href="#">Targeted Immunomodulators PA Criteria*</a>
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	<a href="#">Targeted Immunomodulators PA Criteria*</a>
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	<a href="#">Targeted Immunomodulators PA Criteria*</a>
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	<a href="#">Targeted Immunomodulators PA Criteria*</a>
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	<a href="#">Targeted Immunomodulators PA Criteria*</a>
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	<a href="#">Targeted Immunomodulators PA Criteria*</a>

\*Note: This PA criteria can be found on the PA Criteria and Administrative Forms page of the Optum Rx Indiana Medicaid website (accessible from the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)).

Table 4 – Newly covered procedure code carved out of managed care and reimbursable outside the inpatient DRG

Procedure code	Description
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose