IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202520 FEBRUARY 6, 2025

Updated 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. This bulletin replaces the originally published annual HCPCS update in *IHCP Bulletin* BT2024211.

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 the covered codes in Table 1 of this bulletin, providers can submit claims for the codes in this bulletin up to 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 bulletin serves as a notice of the following information:

- Table 1: New Current Procedural Terminology (CPT®[1]), Current Dental Terminology (CDT®[2]) 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: New durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
- Table 4: Available prior authorization (PA) criteria for the new procedure codes that require PA
- Table 5: New procedure code carved out of managed care and reimbursable outside the inpatient diagnosis-related group (DRG)
- Table 6: New procedure code included in the renal dialysis composite rate
- Table 7: New procedure codes included in the Indiana add-on code logic, with the corresponding primary procedure code
- Table 8: New procedure codes linked to revenue code 274
- Table 9: New procedure codes linked to revenue code 636
- Table 10: New procedure codes linked to revenue code 920

- Table 11: New procedure codes linked to revenue code 929
- Table 12: New procedure codes for telehealth and virtual services
- Table 13: Procedure codes that were discontinued in the 2025 annual HCPCS update, along with alternate code considerations
  Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the IHCP Fee Schedules page at in.gov/medicaid/providers, for coverage information. Codes that were discontinued effective Dec. 31, 2024, for which no alternative codes were identified, are not listed but are available for reference or download from the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

The 2025 annual HCPCS update 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.

Established pricing will be posted on the appropriate Professional Fee Schedule and Outpatient Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

Updates will be made to the LTC DME per diem table, accessible from the *Long-Term Care DME Per Diem Table* page at in.gov/medicaid/providers, as well as to the following code table documents accessible from the *Code Sets* page at in.gov/medicaid/providers:

- *Behavioral Health Services Codes*
- *Durable and Home Medical Equipment and Supplies Codes*
- *Family Planning Eligibility Program Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Podiatry Services Codes*
- *Procedure Code Modifiers for Professional Claims*
- *Procedure Codes That Require Attachments*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*
- *Renal Dialysis Services Codes*
- *Telehealth and Virtual Services Codes*
- *Vision Services Codes*

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 billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant.

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own billing and reimbursement information. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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

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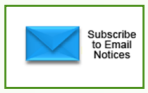

Table 1 – New codes included in the 2025 annual HCPCS update, effective for DOS on or after Jan. 1, 2025, unless otherwise stated

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) See Table 7
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) See Table 7
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) See Table 7
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) See Table 7
25448	Replacement of joint between wrist and fingers using tendon or stitches	Covered	Yes	No	See Table 4
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 Table 4 See Table 13
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 Table 4 See Table 13
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 Table 4 See Table 13
38228	Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy	Covered	Yes	No	See Table 4 See Table 13
49186	Removal or destruction of growth(s) in the abdomen, 5.0 cm or less	Covered	No	No	See Table 13
49187	Removal or destruction of growth(s) in the abdomen, 5.1 to 10.0 cm	Covered	No	No	See Table 13
49188	Removal or destruction of growth(s) in the abdomen, 10.1 to 20.0 cm	Covered	No	No	See Table 13
49189	Removal or destruction of growth(s) in the abdomen, 20.1 to 30.0 cm	Covered	No	No	See Table 13
49190	Removal or destruction of growth(s) in the abdomen, more than 30.0 cm	Covered	No	No	See Table 13

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
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 Table 4 See Table 13
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 Table 4 See Table 7
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 Table 4 See Table 7
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 Table 4

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
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 Table 4
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 Table 4
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 Table 4
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, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140)
81558	Test for detecting 139 genes associated with kidney transplant rejection	Covered	Yes	No	See Table 4
82233	Test for beta-amyloid 1-40	Covered	No	No	None
82234	Test for beta-amyloid 1-42	Covered	No	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	No	No	None
87564	Detection test by nucleic acid for mycobacterium tuberculosis rifampin resistance	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
87594	Detection test by nucleic acid for pneumocystis jirovecii	Covered	No	No	None

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
87626	Detection test by nucleic acid for Human Papillomavirus (HPV), separately reported high-risk types	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 13
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 DOS on or after July 19, 2024
92137	Imaging of retina with optical coherence tomography angiography	Covered	Yes	No	Allowed for Optometrists (provider specialty 180) Allowed for Opticians (provider specialty 190) See Table 4
93896	Ultrasound of blood flow withing brain to assess flexibility of vessels	Covered	No	No	See Table 13
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	See Table 12 See Table 13
98000	New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12
98001	New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12

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98002	New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12
98003	New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12
98005	Established patient synchronous audio-video visit with low medical decision making, if using time 20 minutes or more	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more	Covered, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12
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, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12 See Table 13
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, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12 See Table 13
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

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
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, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12 See Table 13
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, including for Family Planning Eligibility Program	No	No	Allowed for Podiatrist (provider specialty 140) See Table 12 See Table 13
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, semiqualitative, 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/PlGF 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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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
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 Table 4
0909T	Replacement of integrated vagus nerve neurostimulator	Covered	Yes	No	See Table 4
0910T	Removal of integrated vagus nerve neurostimulator	Covered	Yes	No	See Table 4
0911T	Electronic analysis of implanted integrated vagus nerve neurostimulator without programming	Covered	Yes	No	See Table 4 See Table 10 See Table 11

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0912T	Electronic analysis of implanted integrated vagus nerve neurostimulator with simple programming	Covered	Yes	No	See Table 4 See Table 10 See Table 11
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 Table 4
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 Table 4
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
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

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
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 Table 4
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 Table 4
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
0936T	Light therapy of retina, single session	Covered	Yes	No	See Table 4
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 Table 4
0942T	Bladder exam of a flexible scope with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Covered	Yes	No	See Table 4
0943T	Bladder exam using a flexible scope with removal of prostatic urethral scaffold	Covered	Yes	No	See Table 4
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided microwave destruction though skin	Covered	Yes	No	See Table 4

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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 Table 4
A9615	Injection, pegulicianine, 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
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	Requires attachment of manufacturer's suggested retail price (MSRP) documentation, or cost invoice if no MSRP is available

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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	Requires attachment of MSRP documentation, or cost invoice if no MSRP is available
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	Requires attachment of MSRP documentation, or cost invoice if no MSRP is available
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	Requires attachment of MSRP documentation, or cost invoice if no MSRP is available
C9173	Injection, filgrastim-txid (nypozi), 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
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)	Noncovered	N/A	N/A	N/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

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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) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) See Table 3 See Table 4 See Table 8
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) See Table 3 See Table 4 See Table 8
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8

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E1813	Dynamic adjustable knee extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
E1826	Dynamic adjustable finger extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8
E1828	Dynamic adjustable toe extension only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	Covered	Yes	No	Allowed for Home Medical Equipment providers (provider specialty 251) Included in DME rental for 10 months continuous services See Table 3 See Table 4 See Table 8
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

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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	Allowed for Opioid Treatment Program (provider specialty 835) See Table 4 See Table 12
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 oud 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
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

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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
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

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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
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	Noncovered	N/A	N/A	N/A

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	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 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				

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	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 HER 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 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,	Noncovered	N/A	N/A	N/A

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	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 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	Noncovered	N/A	N/A	N/A

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	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 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,				

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	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
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

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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 Table 4
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 Table 4 See Table 13
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 Table 4 See Table 13
G0564	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training	Covered	Yes	No	See Table 4
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 Table 4
H0052	Missing and murdered indigenous persons (MMIP) mental health and clinical care	Noncovered	N/A	N/A	N/A
H0053	Historical trauma (HT) mental health and clinical care for indigenous persons	Noncovered	N/A	N/A	N/A
J0139	Injection, adalimumab, 1 mg	Covered	Yes	Yes	See Table 4 See Table 9
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)	Covered	No	Yes	See Table 6 See Table 9
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis)	Covered	No	Yes	See Table 6 See Table 9
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)	Covered	No	Yes	See Table 6 See Table 9
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)	Covered	No	Yes	See Table 9
J0607	Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis)	Covered	No	Yes	See Table 6 See Table 9
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for ESRD on dialysis)	Covered	No	Yes	See Table 6 See Table 9
J0609	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)	Covered	No	Yes	See Table 9
J0615	Calcium acetate, oral, 23 mg (for ESRD on dialysis)	Covered	No	Yes	See Table 6 See Table 9
J0666	Injection, bupivacaine liposome, 1 mg	Covered	No	Yes	None
J0870	Injection, imetelstat, 1 mg	Covered	No	Yes	See Table 9
J0901	Vadadustat, oral, 1 mg (for ESRD on dialysis)	Noncovered	N/A	N/A	N/A
J1307	Injection, crovalimab-akkz, 10 mg	Covered	Yes	Yes	See Table 4 See Table 9

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J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Covered	Yes	Yes	See Table 4 See Table 5 See Table 9 See Table 13
J1552	Injection, immune globulin (alyglo), 500 mg	Covered	No	Yes	See Table 9
J2290	Injection, nafcillin sodium, 20 mg	Covered	No	Yes	None
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	Covered	Yes	Yes	See Table 4
J2802	Injection, romiplostim, 1 microgram	Covered	Yes	Yes	See Table 4 See Table 9
J3392	Injection, exagamglogene autotemcel, per treatment	Noncovered	N/A	N/A	N/A
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	Yes	See Table 4 See Table 9
J9026	Injection, tarlatamab-dlle, 1 mg	Covered	No	Yes	See Table 9 See Table 13
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Covered	Yes	Yes	See Table 4 See Table 9 See Table 13
J9076	Injection, cyclophosphamide (baxter), 5 mg	Covered	No	Yes	See Table 9
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to J9305, 10 mg	Noncovered	N/A	N/A	N/A
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

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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
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

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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
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

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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
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 Table 2 See Table 9
Q4347	Rampart DL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 9
Q4348	Sentry SL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 9
Q4349	Mantle DL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 9
Q4350	Palisade DM matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 9
Q4351	Enclose TL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 9
Q4352	Overlay SL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 9
Q4353	Xceed TL matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 9
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Noncovered	N/A	N/A	N/A

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Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 9
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 9
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 9
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 9
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 9 See Table 13
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 9 See Table 13
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Noncovered	N/A	N/A	N/A
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	Noncovered	N/A	N/A	N/A
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Noncovered	N/A	N/A	N/A
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	Noncovered	N/A	N/A	N/A

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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 – New durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate

Procedure code	Description
E1803	Dynamic adjustable elbow extension only device, includes soft interface material
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material
E1807	Dynamic adjustable wrist extension only device, includes soft interface material
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material
E1813	Dynamic adjustable knee extension only device, includes soft interface material
E1814	Dynamic adjustable knee flexion only device, includes soft interface material
E1822	Dynamic adjustable ankle extension only device, includes soft interface material
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material
E1826	Dynamic adjustable finger extension only device, includes soft interface material
E1827	Dynamic adjustable finger flexion only device, includes soft interface material
E1828	Dynamic adjustable toe extension only device, includes soft interface material
E1829	Dynamic adjustable toe flexion only device, includes soft interface material

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
25448	Replacement of joint between wrist and fingers using tendon or stitches	Milliman Care Guidelines (MCG): S-1210 Wrist Arthroplasty
38225	Harvesting of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy, per day	MCG Medicare Coverage Database (MCD) National Coverage Determination (NCD): Chimeric Antigen Receptor (CAR) T-Cell Therapy (110.24) Version 1
38226	Preparation of blood-derived T white blood cells (T lymphocytes) for transportation for chimeric antigen receptor T-cell (CAR-T) therapy	MCG MCD NCD: Chimeric Antigen Receptor (CAR) T-Cell Therapy (110.24) Version 1
38227	Receipt and preparation of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy	MCG MCD NCD: Chimeric Antigen Receptor (CAR) T-Cell Therapy (110.24) Version 1
38228	Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell (CAR-T) therapy	MCG MCD NCD: Chimeric Antigen Receptor (CAR) T-Cell Therapy (110.24) Version 1
61715	MRI guided high intensity focused ultrasound, computer-assisted destruction of intracranial tissue	See the *Radiology Services* provider reference module PA criteria for magnetic resonance imaging (MRI) services.

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
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	See the *Radiology Services* provider reference module PA criteria for MRI services.
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	See the *Radiology Services* provider reference module PA criteria for MRI services.
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	See the *Radiology Services* provider reference module PA criteria for MRI services.
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	See the *Radiology Services* provider reference module PA criteria for MRI services.
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	See the *Radiology Services* provider reference module PA criteria for MRI services.
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	See the *Radiology Services* provider reference module PA criteria for MRI services.
81558	Test for detecting 139 genes associated with kidney transplant rejection	The test must provide information about at least one of the two following clinical status determinations: • Active rejection (AR) status • Acute-cellular rejection (ACR) or antibody-mediated rejection (AMR) status The intended use of the test must be as follows: • The test applies to at least one of the following: ➢ To assist in the evaluation of adequacy of immunosuppression, wherein a noninvasive or minimally invasive test can be used in lieu of a tissue biopsy in a patient for whom information from a tissue biopsy would be used to make a management decision regarding immunosuppression

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
		➢ As a rule-out test for AR in validated populations of patients with clinical suspicion of rejection with a noninvasive or minimally invasive test to make a clinical decision regarding obtaining a biopsy ➢ For further evaluation of allograft status for the probability of allograft rejection after a physician-assessed pretest ➢ To assess rejection status in patients that have received a biopsy, but the biopsy results are inconclusive or limited by insufficient material. • The test demonstrates analytical validity (AV), including an analytical and clinical validation for any given measured analytes, and has demonstrated equivalence or superiority for sensitivity or specificity (depending on intended use) of detecting allograft rejection to other already-accepted tests for the same intended use measuring the same or directly comparable analytes. • Clinical validity (CV) of any analytes (or expression profiles) measured must be established through a study published in the peer-reviewed literature for the intended use of the test in the intended population. The degree of validity must be similar or superior to established and covered tests (see associated articles in MCD Local Coverage Determination [LCD] : MolDX: Molecular Testing for Solid Organ Allograft Rejection [L38629]). If conducted with concordance to tissue histologic evaluation, the Banff Classification for renal allografts or other accepted criteria (if existing) for other organs must be used. • The test is being used in a patient who is part of the population in which the test was analytically validated and has demonstrated CV. • For a given patient encounter, only one molecular test for assessing allograft status may be performed unless a second test, meeting all the criteria established herein, is reasonable and necessary as an adjunct to the first test. • For minimally or noninvasive tests, the benefit to risk profile of the molecular test is considered by the ordering clinician to be more favorable than the benefit to risk profile of a tissue biopsy, or a tissue biopsy cannot be obtained. For example, this may be the case if a biopsy is considered medically contraindicated in a patient. • The test successfully completes a technical assessment that will ensure that AV, CV and clinical utility criteria set in this policy are met to establish the test as reasonable and necessary. Covered tests with AV that is significantly below similar services may have coverage rescinded.
92137	Imaging of retina with optical coherence tomography angiography	See the *Radiology Services* provider reference module PA criteria for computerized tomography.
0908T	Implantation of integrated vagus nerve neurostimulator	See the *Surgical Services* provider reference module PA criteria listed out for vagus nerve stimulator (VNS)

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
0909T	Replacement of integrated vagus nerve neurostimulator	See the *Surgical Services* provider reference module PA criteria listed out for VNS
0910T	Removal of integrated vagus nerve neurostimulator	See the *Surgical Services* provider reference module PA criteria listed out for VNS
0911T	Electronic analysis of implanted integrated vagus nerve neurostimulator without programming	See the *Surgical Services* provider reference module PA criteria listed out for VNS
0912T	Electronic analysis of implanted integrated vagus nerve neurostimulator with simple programming	See the *Surgical Services* provider reference module PA criteria listed out for VNS
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	The IN.PACT Admiral paclitaxel-coated PTA balloon catheter is indicated for: • Percutaneous transluminal angioplasty, after appropriate vessel preparation, of de novo, restenotic or in-stent restenotic lesions with lengths up to 360 mm in superficial femoral or popliteal arteries with reference vessel diameters of 4-7 mm The IN.PACT Admiral drug-coated balloon (DCB) is contraindicated for use in: • Coronary arteries, renal arteries and supra-aortic/cerebrovascular arteries • Patients who cannot receive recommended antiplatelet and/or anticoagulant therapy • Patients judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the delivery system • Patients with known allergies or sensitivities to paclitaxel • Women who are breastfeeding, pregnant, or are intending to become pregnant, or men intending to father children
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	The IN.PACT Admiral paclitaxel-coated PTA balloon catheter is indicated for: • Percutaneous transluminal angioplasty, after appropriate vessel preparation, of de novo, restenotic or in-stent restenotic lesions with lengths up to 360 mm in superficial femoral or popliteal arteries with reference vessel diameters of 4-7 mm The IN.PACT Admiral DCB is contraindicated for use in: • Coronary arteries, renal arteries and supra-aortic/cerebrovascular arteries • Patients who cannot receive recommended antiplatelet and/or anticoagulant therapy • Patients judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the delivery system • Patients with known allergies or sensitivities to paclitaxel • Women who are breastfeeding, pregnant, or are intending to become pregnant, or men intending to father children

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
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	The Optimizer® Smart and Optimizer ® Smart Mini system is indicated for • New York Heart Association (NYHA) class III heart failure patients who remain symptomatic despite guideline directed medical therapy • Patients with both of the following: ➢ Are not receiving cardiac resynchronization therapy (CRT) ➢ Have a left ventricular ejection fraction ranging from 25% to 45% **Contraindications and Precautions** Use of the Optimizer Smart system is contraindicated in: • Patients with permanent or long-standing persistent atrial fibrillation or flutter • Patients with a mechanical tricuspid valve • Patients in whom vascular access for implantation of the leads cannot be obtained
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	The Optimizer® Smart and ® Smart Mini system is indicated for • New York Heart Association (NYHA) class III heart failure patients who remain symptomatic despite guideline directed medical therapy • Patients with both of the following: ➢ Are not receiving cardiac resynchronization therapy (CRT) ➢ Have a left ventricular ejection fraction ranging from 25% to 45% **Contraindications and Precautions** Use of the Optimizer Smart system is contraindicated in: • Patients with permanent or long-standing persistent atrial fibrillation or flutter • Patients with a mechanical tricuspid valve • Patients in whom vascular access for implantation of the leads cannot be obtained
0936T	Light therapy of retina, single session	MCG NCD: Photodynamic Therapy Ocular Photodynamic Therapy (OPT) (80.2) Version 3

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
0941T	Bladder exam using a flexible scope with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Per MCG: Clinical indications for procedure: • Surgery or other procedure covered by this guideline is indicated for ***one or more*** of the following: ➢ Renal, genital or urinary system procedure needed ➢ Fournier gangrene ➢ Congenital anomaly requiring surgical correction ➢ Simple prostatectomy needed • Focal subtotal prostate ablation (such as cryosurgery, high-intensity focused ultrasound) appropriate, as indicated by ***all*** the following: ➢ Recurrent prostate cancer following radiation therapy ➢ Absence of metastatic disease ➢ Genital or perineal repair or reconstruction needed ➢ Trauma repair of renal, genital, or urologic system needed ➢ Lithotripsy procedure needed (such as extracorporeal shock wave lithotripsy (ESWL), endoscopic lithotripsy) ➢ Urologic device procedure needed (such as bladder stimulator, penile implant) ➢ Penile procedure needed (such as ischemic priapism, paraphimosis) ➢ Scrotal, testicular or epididymal procedure needed ➢ Benign prostatic hyperplasia requiring a procedure The UroLift System should not be used if the patient has: • Prostate volume of >80 cc • An obstructive or protruding median lobe of the prostate • A urinary tract infection • Urethra conditions that may prevent insertion of delivery system into bladder • Urinary incontinence • Current gross hematuria • A known allergy to nickel

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
0942T	Bladder exam of a flexible scope with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Per MCG: Clinical indications for procedure: • Surgery or other procedure covered by this guideline is indicated for ***one or more*** of the following: ➢ Renal, genital or urinary system procedure needed ➢ Fournier gangrene ➢ Congenital anomaly requiring surgical correction ➢ Simple prostatectomy needed • Focal subtotal prostate ablation (such as cryosurgery, high-intensity focused ultrasound) appropriate, as indicated by ***all*** the following: ➢ Recurrent prostate cancer following radiation therapy ➢ Absence of metastatic disease ➢ Genital or perineal repair or reconstruction needed ➢ Trauma repair of renal, genital, or urologic system needed ➢ Lithotripsy procedure needed (such as extracorporeal shock wave lithotripsy (ESWL), endoscopic lithotripsy) ➢ Urologic device procedure needed (such as bladder stimulator, penile implant) ➢ Penile procedure needed (such as ischemic priapism, paraphimosis) ➢ Scrotal, testicular or epididymal procedure needed ➢ Benign prostatic hyperplasia requiring a procedure The UroLift System should not be used if the patient has: • Prostate volume of >80 cc • An obstructive or protruding median lobe of the prostate • A urinary tract infection • Urethra conditions that may prevent insertion of delivery system into bladder • Urinary incontinence • Current gross hematuria • A known allergy to nickel

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
0943T	Bladder exam using a flexible scope with removal of prostatic urethral scaffold	Per MCG: Clinical indications for procedure: • Surgery or other procedure covered by this guideline is indicated for ***one or more*** of the following: ➢ Renal, genital or urinary system procedure needed ➢ Fournier gangrene ➢ Congenital anomaly requiring surgical correction ➢ Simple prostatectomy needed • Focal subtotal prostate ablation (such as cryosurgery, high-intensity focused ultrasound) appropriate, as indicated by ***all*** the following: ➢ Recurrent prostate cancer following radiation therapy ➢ Absence of metastatic disease ➢ Genital or perineal repair or reconstruction needed ➢ Trauma repair of renal, genital, or urologic system needed ➢ Lithotripsy procedure needed (such as extracorporeal shock wave lithotripsy (ESWL), endoscopic lithotripsy) ➢ Urologic device procedure needed (such as bladder stimulator, penile implant) ➢ Penile procedure needed (such as ischemic priapism, paraphimosis) ➢ Scrotal, testicular or epididymal procedure needed ➢ Benign prostatic hyperplasia requiring a procedure The UroLift System should not be used if the patient has: • Prostate volume of >80 cc • An obstructive or protruding median lobe of the prostate • A urinary tract infection • Urethra conditions that may prevent insertion of delivery system into bladder • Urinary incontinence • Current gross hematuria • A known allergy to nickel

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided microwave destruction though skin	Microwave ablation (MWA) for primary or metastatic hepatic tumors or lesions may be considered medically necessary under ***one*** of the following conditions: • The tumor/lesion is unresectable due to location of lesions • The individual has a comorbid condition that is contraindicative to surgery and ***one*** of the following: ➢ A single tumor/lesion of less than or equal to 5 cm in size ➢ Three or fewer nodules/lesions of less than or equal to 3 cm in size **Documentation requirements** Office visit notes that contain the relevant history and physical demonstrating the tumor type and appropriateness to this code (i.e. liver), indicating that the tumor is unresectable with the rationale why the tumor is unresectable, and the size of the tumors or lesions.
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	See the *Radiology Services* provider reference module PA criteria for MRI services
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	See the Durable and Home Medical Equipment and Supplies provider module
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1813	Dynamic adjustable knee extension only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1826	Dynamic adjustable finger extension only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1828	Dynamic adjustable toe extension only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	See the *Durable and Home Medical Equipment and Supplies* 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)	See the *Behavioral Health Services* provider reference module PA criteria for medication-assisted treatment (MAT)
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)	MCG Myringotomy with Tympanostomy Tube Insertion A-0178

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
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)	IHCP reimbursement is available for radionuclide bone scans when performed for the detection and evaluation of suspected or documented bone disease (as stated in the IHCP *Radiology Services* provider reference module).
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	MCG Local Coverage Determination (LCD) Stereotactic Radiation Therapy: Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiation Therapy (SBRT) (L35076) Revision 14
G0564	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training	Type 1 or type 2 diabetes mellitus • Prescription for implantable continuous glucose monitor (I-CGM) provided by treating practitioner • I-CGM prescribed in accordance with U.S. Food and Drug Administration (FDA) indications for use • Appropriate clinical condition, as indicated by one or more of the following: ➢ Beneficiary is insulin-treated. ➢ Beneficiary with history of problematic hypoglycemia and one or more of the following: ○ Recurrent (more than one) level 2 hypoglycemic events (glucose < 54 mg/dL (3.0 mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify diabetes treatment plan ○ History of one level 3 hypoglycemic event (glucose < 54 mg/dL (3.0 mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia • Beneficiary has previously met criteria for nonimplantable therapeutic CGM through Medicare DME and subsequently chooses to switch to implantable device.

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
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	Type 1 or type 2 diabetes mellitus • Prescription for I-CGM provided by treating practitioner • I-CGM prescribed in accordance with FDA indications for use • Appropriate clinical condition, as indicated by one or more of the following: ➢ Beneficiary is insulin-treated. ➢ Beneficiary with history of problematic hypoglycemia and 1 or more of the following: ○ Recurrent (more than one) level 2 hypoglycemic events (glucose < 54 mg/dL (3.0 mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify diabetes treatment plan ○ History of one level 3 hypoglycemic event (glucose < 54 mg/dL (3.0 mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia • Beneficiary has previously met criteria for nonimplantable therapeutic CGM through Medicare DME and subsequently chooses to switch to implantable device.
J0139	Injection, adalimumab, 1 mg	Targeted Immunimodulators PA Criteria
J1307	Injection, crovalimab-akkz, 10 mg	Complement Inhibitor Agents PA Criteria
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Hemophilia B Gene Therapy Agents PA Criteria
J2472	Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	Proton Pump Inhibitors PA Criteria
J2802	Injection, romiplostim, 1 microgram	Thrombopoetin Receptor Agonist Agents PA Criteria
J7601	Ensifentrine, inhalation suspension, FDA approved final product, non-compounded, administered through DME, unit dose form, 3 mg	Criteria for Indiana Medicaid Phosphodiesterase Inhibitors for COPD
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Criteria for Indiana Medicaid Intravesical Immunotherapy Agents PA
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	Targeted Immunimodulators PA Criteria
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Targeted Immunimodulators PA Criteria
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	Targeted Immunimodulators PA Criteria
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	Targeted Immunimodulators PA Criteria
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Targeted Immunimodulators PA Criteria
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	Targeted Immunimodulators PA Criteria

Table 5 – New procedure code carved out of managed care and reimbursable outside the inpatient DRG

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

Table 6 – New procedure codes included in the renal dialysis composite rate

Procedure code	Description
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis)
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)
J0607	Lanthanum carbona7e, oral, 5 mg (for ESRD on dialysis)
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for ESRD on dialysis)
J0615	Calcium acetate, oral, 23 mg (for ESRD on dialysis)

Table 7 – New procedure codes included in the Indiana add-on code logic, with the corresponding primary procedure code

Procedure code	Description	Primary procedure code
15012	Harvest of skin for skin cell suspension self skin graft, each additional 25 sq cm	15011
15014	Preparation of skin cell suspension self skin graft, each additional 25 sq cm or less of harvested skin	15013
15016	Application of skin cell suspension self skin graft to wound and donor sites to trunk, arms, legs, each additional 480 sq cm	15015
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	15017
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	76014

Table 8 – New procedure codes linked to revenue code 274

Procedure code	Description
E1803	Dynamic adjustable elbow extension only device, includes soft interface material
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material
E1807	Dynamic adjustable wrist extension only device, includes soft interface material
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material
E1813	Dynamic adjustable knee extension only device, includes soft interface material
E1814	Dynamic adjustable knee flexion only device, includes soft interface material
E1822	Dynamic adjustable ankle extension only device, includes soft interface material
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material
E1826	Dynamic adjustable finger extension only device, includes soft interface material
E1827	Dynamic adjustable finger flexion only device, includes soft interface material
E1828	Dynamic adjustable toe extension only device, includes soft interface material
E1829	Dynamic adjustable toe flexion only device, includes soft interface material

Table 9 – New procedure codes linked to revenue code 636

Procedure code	Description
J0139	Injection, adalimumab, 1 mg
J0601	Sevelamer carbonate (renvela or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)
J0602	Sevelamer carbonate (renvela or therapeutically equivalent), oral, powder, 20 mg (for ESRD on dialysis)
J0603	Sevelamer hydrochloride (renagel or therapeutically equivalent), oral, 20 mg (for ESRD on dialysis)
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)
J0607	Lanthanum carbonate, oral, 5 mg (for ESRD on dialysis)
J0608	Lanthanum carbonate, oral, powder, 5 mg, not therapeutically equivalent to J0607 (for ESRD on dialysis)
J0609	Ferric citrate, oral, 3 mg ferric iron, (for ESRD on dialysis)
J0615	Calcium acetate, oral, 23 mg (for ESRD on dialysis)
J0870	Injection, imetelstat, 1 mg
J1307	Injection, crovalimab-akkz, 10 mg
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose
J1552	Injection, immune globulin (alyglo), 500 mg
J2802	Injection, romiplostim, 1 microgram
J7601	Ensifentrine, inhalation suspension, FDA approved final product, non-compounded, administered through DME, unit dose form, 3 mg
J9026	Injection, tarlatamab-dlle, 1 mg
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
J9076	Injection, cyclophosphamide (baxter), 5 mg
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
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg

Table 10 – New procedure codes linked to revenue code 920

Procedure code	Description
0911T	Electronic analysis of implanted integrated vagus nerve neurostimulator without programming
0912T	Electronic analysis of implanted integrated vagus nerve neurostimulator with simple programming

Table 11 – New procedure codes linked to revenue code 274

Procedure code	Description
0911T	Electronic analysis of implanted integrated vagus nerve neurostimulator without programming
0912T	Electronic analysis of implanted integrated vagus nerve neurostimulator with simple programming

Table 12 – New procedure codes for telehealth and virtual services

Procedure code	Description	Allowable as audio-only (modifier 93)
96041	Counseling for genetic testing provided by a genetic counselor, each 30 minutes of total time on the date of encounter	Yes
98000	New patient synchronous audio-video visit with straightforward medical decision making, if using time 15 minutes or more	Yes
98001	New patient synchronous audio-video visit with low medical decision making, if using time 30 minutes or more	Yes
98002	New patient synchronous audio-video visit with moderate medical decision making, if using time 45 minutes or more	Yes
98003	New patient synchronous audio-video visit with high medical decision making, if using time 60 minutes or more	Yes
98004	Established patient synchronous audio-video visit with straightforward medical decision making, if using time 10 minutes or more	Yes
98005	Established patient synchronous audio-video visit with low medical decision making, if using time 20 minutes or more	Yes
98006	Established patient synchronous audio-video visit with moderate medical decision making, if using time 30 minutes or more	Yes
98007	Established patient synchronous audio-video visit with high medical decision making, if using time 40 minutes or more	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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)	Yes (modifier 93 not required for nonhealthcare virtual services)

Table 13 – Procedure codes that were discontinued in the 2025 annual HCPCS update, along with alternate code considerations

Discontinued procedure code	Description	Alternate code considerations
49203	Removal or destruction of cysts or growths of abdominal cavity, 5.0 cm or less	49186
49204	Removal or destruction of cysts or growths of abdominal cavity, 5.1 to 10.0 cm	49187
49205	Removal or destruction of cysts or growths of abdominal cavity, more than 10.0 cm	49188, 49189, 49190

Table 13 – Procedure codes that were discontinued in the 2025 annual HCPCS update, along with alternate code considerations

Discontinued procedure code	Description	Alternate code considerations
81433	Gene analysis (breast and related cancers), duplication or deletion variants	81479
81436	Test for detecting genes associated with colon cancer, duplication/deletion analysis panel, at least 5 genes	81479
81438	Gene analysis (neuroendocrine tumors), duplication and deletion variants	81479
90630	Influenza vaccine, quadrivalent	90653, 90655, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90694, 90756, 90656
90654	Influenza vaccine, trivalent, split virus, preservative-free	90653, 90655, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90694, 90756, 90656
93890	Ultrasound of within the brain blood flow following medication	93896
96040	Counseling for genetic testing	96041
99441	Telephone medical discussion with physician, 5-10 minutes	98008, 98009, 98012, 98013
99442	Telephone medical discussion with physician, 11-20 minutes	98008, 98009, 98012, 98013
99443	Telephone medical discussion with physician, 21-30 minutes	98008, 98009, 98012, 98013
0398T	Destruction of tissue of brain using MRI guidance	61715
0500T	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV)	87624, 87625, 87626
0537T	Harvesting of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy, per day	38225
0538T	Preparation of blood-derived T white blood cells (T lymphocytes) for transportation for chimeric antigen receptor T-cell therapy	38226
0539T	Receipt and preparation of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy	38227
0540T	Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy	38228
0567T	Blockage of fallopian tubes with implants inserted through cervix	58999
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	J9028
C9170	Injection, tarlatamab-dlle, 1 mg	J9026
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	J1414
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	G0562
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	G0563
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	G0104
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.	G0105
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	Q5144
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	Q5145