

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2021113 DECEMBER 30, 2021

Coverage and billing information for the 2022 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2022 annual Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after Jan. 1, 2022, unless otherwise specified.

For claims with an earlier effective date, providers have 90 days from the date of the publication for managed care claim submission, or 180 days from the date of publication for fee-for-service (FFS) claim submission, in order to bypass timely filing limits. 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 alphanumeric codes included in the 2022 annual HCPCS update
- [Table 2](#): New HCPCS codes for testing and vaccination administration of COVID-19
- [Table 3](#): Pricing for newly covered procedure codes that are manually priced
- [Table 4](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [Table 5](#): Newly covered procedure codes linked to revenue code 636
- [Table 6](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA
- [Table 7](#): Newly covered procedure codes carved out of managed care
- [Table 8](#): Newly covered procedure code separately reimbursable from the inpatient Diagnosis-Related Group (DRG)
- [Table 9](#): Procedure code included in the renal dialysis composite rate
- [Table 10](#): Durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
- [Table 11](#): New HCPCS modifiers effective Jan. 1, 2022

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²CDT copyright 2021 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.

Discontinued codes included in the 2022 annual HCPCS code updates, along with alternate code considerations, are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](#) at cms.gov. The IHCP will publish alternate code considerations in a future publication. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers for coverage information.

The 2022 annual HCPCS, CPT, and CDT codes will be added to the claim-processing system. Established pricing will be posted on the appropriate [IHCP Fee Schedule](#) and updates will be made to the following code table documents on the [Code Sets](#) page at in.gov/medicaid/providers:

- *Dental Services Codes*
- *Durable and Home Medical Equipment and Supplies Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG*
- *Podiatry Services Codes*
- *Procedure Code Modifiers for Professional Claims*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Renal Dialysis Services Codes*
- *Revenue Codes With Special Procedure Code Linkages*



The LTC DME Per Diem Table, accessible from the [Long-Term Care Per Diem Table](#) page at in.gov/medicaid/providers, will also be updated.

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA and billing information apply to services delivered under the FFS delivery system. Questions about FFS reimbursement, PA and billing should be directed to Gainwell Technologies at 800-457-4584, option 7. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing information within the managed care delivery system. Questions about managed care reimbursement, PA and billing should be directed to the MCE with which the member is enrolled. Note that the procedure codes carved out of managed care ([Table 3](#)) will follow FFS guidance.

The 2022 annual HCPCS update also includes modifications to descriptions for some existing HCPCS codes. These modifications are available for reference or download from the [CMS website](#) at cms.gov. Any modifications to descriptions that affect IHCP reimbursement will be announced at a later date.

Providers may submit, resubmit or adjust FFS claims that they feel were impacted by the delay in publication.

QUESTIONS?

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

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

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Table 1 – New codes included in the 2022 annual HCPCS update, effective for DOS on or after Jan. 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
01937	Anesthesia for injection, drainage or aspiration procedures on spine or spinal cord of neck or upper back accessed through skin using imaging guidance	Covered	No	No	Allowed for Certified Registered Nurse Anesthetist (provider specialty 094)
01938	Anesthesia for injection, drainage or aspiration procedures on spine or spinal cord of lower back accessed through skin using imaging guidance	Covered	No	No	Allowed for Certified Registered Nurse Anesthetist (provider specialty 094)
01939	Anesthesia for nerve destruction procedures on spine or spinal cord of neck or upper back accessed through skin using imaging guidance	Covered	No	No	Allowed for Certified Registered Nurse Anesthetist (provider specialty 094)
01940	Anesthesia for nerve destruction procedures on spine or spinal cord of lower back accessed through skin using imaging guidance	Covered	No	No	Allowed for Certified Registered Nurse Anesthetist (provider specialty 094)
01941	Anesthesia for nerve modulation procedure spinal cord or repair of bone of spine of neck or upper back accessed through skin using imaging guidance	Covered	No	No	Allowed for Certified Registered Nurse Anesthetist (provider specialty 094)
01942	Anesthesia for nerve modulation procedure spinal cord or repair of bone of spine of lower back accessed through skin using imaging guidance	Covered	No	No	Allowed for Certified Registered Nurse Anesthetist (provider specialty 094)
33267	Exclusion of appendage of left upper chamber of heart	Covered	No	No	None
33268	Exclusion of appendage of left upper chamber of heart performed during other procedure on chest	Covered	No	No	None
33269	Exclusion of appendage of left upper chamber of heart using an endoscope	Covered	No	No	None
33370	Placement and subsequent removal of device to protect brain from embolism through catheter using imaging guidance	Covered	No	No	None
33509	Harvest of artery from arm for heart bypass graft using an endoscope	Covered	No	No	None
33894	Repair of aorta by insertion of stent across major side branches	Covered	No	No	None
33895	Repair of aorta by insertion of stent not crossing major side branches	Covered	No	No	None
33897	Balloon dilation of native or recurrent narrowing of heart blood vessel	Covered	No	No	None

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42975	Evaluation of sleep-disordered breathing by examination of upper airway using an endoscope	Covered	No	No	None
43497	Incision of muscle of lower esophagus using an endoscope	Covered	No	No	None
53451	Insertion of adjustable balloon continence device on both sides of urethra using imaging guidance	Covered	No	No	See Table 3
53452	Insertion of adjustable balloon continence device on one side of urethra using imaging guidance	Covered	No	No	See Table 3
53453	Removal of adjustable balloon continence device from beside urethra	Covered	No	No	See Table 3
53454	Adjustment of fluid volume in adjustable balloon continence device beside urethra	Covered	No	No	See Table 3
61736	Laser interstitial thermal therapy (LITT) of single, simple growth within skull	Covered	No	No	None
61737	Laser interstitial thermal therapy (LITT) of multiple or complex growth within skull	Covered	No	No	None
63052	Partial removal of bone of single segment of spine in lower back with release of spinal cord and/or nerves during fusion of spine in lower back	Covered	No	No	None
63053	Partial removal of bone of additional segment of spine in lower back with release of spinal cord and/or nerves during fusion of spine in lower back	Covered	No	No	None
64582	Insertion of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode	Covered	No	No	None
64583	Revision or replacement of hypoglossal nerve neurostimulator electrode and breathing sensor electrode with connection to existing generator	Covered	No	No	None
64584	Removal of hypoglossal nerve neurostimulator electrode and generator and breathing sensor electrode	Covered	No	No	None
64628	Heat destruction of intraosseous basivertebral nerve in bones of spine in lower back, first two bones	Noncovered	N/A	N/A	N/A
64629	Heat destruction of intraosseous basivertebral nerve in additional bone of spine in lower back	Noncovered	N/A	N/A	N/A
66989	Complex extracapsular removal of cataract with insertion of artificial lens and insertion of drainage device in front chamber of eye	Covered	No	No	None
66991	Extracapsular removal of cataract with insertion of artificial lens and insertion of drainage device in front chamber of eye	Covered	No	No	None
68841	Insertion of drug delivery implant into tear duct of eye	Covered	No	No	None
69716	Implantation of cochlear stimulating system into skull with magnetic attachment to external speech processor	Covered	No	No	None
69719	Revision or replacement of cochlear stimulating system into skull with magnetic attachment to external speech processor	Covered	No	No	None
69726	Removal of cochlear stimulating system from skull with attachment through skin to external speech processor	Covered	No	No	None
69727	Removal of cochlear stimulating system from skull with magnetic attachment to external speech processor	Covered	No	No	None

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77089	Calculation of trabecular bone score (TBS) using imaging data with interpretation and report on fracture risk	Covered	No	No	None
77090	Technical preparation and transmission of imaging data for analysis of trabecular bone score (TBS) performed elsewhere	Covered	No	No	None
77091	Technical calculation of trabecular bone score (TBS)	Covered	No	No	None
77092	Interpretation of trabecular bone score (TBS) and report on fracture risk	Covered	No	No	None
80220	Measurement of hydroxychloroquine	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
80503	Pathology clinical consultation for clinical problem, 5 - 20 minutes	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
80504	Pathology clinical consultation for moderately complex clinical problem, 21 - 40 minutes	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
80505	Pathology clinical consultation for complex clinical problem, 41 - 60 minutes	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
80506	Pathology clinical consultation, additional 30 minutes	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
81349	Genome-wide microarray analysis for copy number and loss-of-heterozygosity variants	Noncovered	N/A	N/A	N/A
81523	Next-generation sequencing of breast cancer profiling 70 content genes and 31 housekeeping genes	Noncovered	N/A	N/A	N/A
81560	Measurement of donor and third-party memory cells for transplantation medicine	Noncovered	N/A	N/A	N/A
82653	Measurement of pancreatic elastase (enzyme) in stool	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
83521	Measurement of immunoglobulin light chains	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
83529	Measurement of interleukin-6	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86015	Measurement of Actin (smooth muscle) antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)

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86036	Screening test for antineutrophil cytoplasmic antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86037	Antineutrophil cytoplasmic antibody titer	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86051	ELISA detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86052	Cell-based immunofluorescence (CBA) detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86053	Flow cytometry detection of aquaporin-4 (neuromyelitis optica [NMO]) antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86231	Detection of endomysial antibody (EMA)	Covered	No	No	Allowed for Podiatrists (provider specialty 140)
86258	Detection of gliadin (deamidated) (DGP) antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86362	Cell-based immunofluorescence (CBA) detection of myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86363	Flow cytometry detection of myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86364	Measurement of tissue transglutaminase	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86381	Measurement of mitochondrial antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
86596	Measurement of voltage-gated calcium channel antibody	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
87154	Amplified nucleic acid probe typing of disease agent in blood culture specimen	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
90759	Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, 10 mcg dosage	Noncovered	N/A	N/A	N/A

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91113	Imaging of colon using capsule endoscope, with interpretation and report	Covered	No	No	None
93319	3D ultrasound imaging of heart for evaluation of heart structure performed during ultrasound imaging of congenital heart defects	Covered	No	No	None
93593	Insertion of catheter into right side of heart for evaluation of congenital heart defect in heart with normal native blood vessel connections, using imaging guidance	Covered	No	No	None
93594	Insertion of catheter into right side of heart for evaluation of congenital heart defect in heart with abnormal native blood vessel connections, using imaging guidance	Covered	No	No	None
93595	Insertion of catheter into left side of heart for evaluation of congenital heart defect, using imaging guidance	Covered	No	No	None
93596	Insertion of catheter into right and left sides of heart for evaluation of congenital heart defect in heart with abnormal native blood vessel connections, using imaging guidance	Covered	No	No	None
93597	Insertion of catheter into right and left sides of heart for evaluation of congenital heart defect in heart with normal native blood vessel connections, using imaging guidance	Covered	No	No	None
93598	Measurement of output of blood from heart, performed during cardiac catheterization for evaluation of congenital heart defects	Covered	No	No	None
94625	Professional services for outpatient pulmonary rehabilitation, per session	Covered	Yes	No	See Table 6
94626	Professional services for outpatient pulmonary rehabilitation with continuous monitoring of blood oxygen, per session	Covered	Yes	No	See Table 6
98975	Set-up and patient education for remote monitoring of therapy	Covered	Yes	No	See Table 6
98976	Device supply with schedule recording and transmission for remote monitoring of respiratory system, per 30 days	Covered	Yes	No	See Table 6
98977	Device supply with schedule recording and transmission for remote monitoring of musculoskeletal system, per 30 days	Covered	Yes	No	See Table 6
98980	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 20 minutes per calendar month	Covered	Yes	No	See Table 6
98981	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, each additional 20 minutes per calendar month	Covered	Yes	No	See Table 6
99424	Principal care management services for a single high-risk disease, first 30 minutes provided personally by qualified health care professional, per calendar month	Noncovered	N/A	N/A	N/A

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99425	Principal care management services for a single high-risk disease, each additional 30 minutes provided personally by qualified health care professional, per calendar month	Noncovered	N/A	N/A	N/A
99426	Principal care management services for a single high-risk disease, first 30 minutes of clinical staff time directed by health care professional, per calendar month	Noncovered	N/A	N/A	N/A
99427	Principal care management services for a single high-risk disease, each additional 30 minutes of clinical staff time directed by health care professional, per calendar month	Noncovered	N/A	N/A	N/A
99437	Chronic care management services for two or more chronic conditions, additional 30 minutes provided personally by health care professional, per calendar month	Noncovered	N/A	N/A	N/A
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Noncovered	N/A	N/A	N/A
0286U	Cep72 (centrosomal protein, 72-kda), nudt15 (nudix hydrolase 15) and TPMT (thiopurine s-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Noncovered	N/A	N/A	N/A
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	Noncovered	N/A	N/A	N/A
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (bag1, brca1, cdc6, cdk2ap1, erbb3, fut3, il11, lck, rnd3, sh3bgr, wnt3a) and 3 reference genes (esd, tbp, yap1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	Noncovered	N/A	N/A	N/A
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	Noncovered	N/A	N/A	N/A
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	Noncovered	N/A	N/A	N/A
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing 144 genes, whole blood, algorithm reported as predictive risk score	Noncovered	N/A	N/A	N/A
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	Noncovered	N/A	N/A	N/A
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	Noncovered	N/A	N/A	N/A

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0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	Noncovered	N/A	N/A	N/A
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (cox2, foxa1, her2, ki-67, p16, pr, siah2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score	Noncovered	N/A	N/A	N/A
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	Noncovered	N/A	N/A	N/A
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	Noncovered	N/A	N/A	N/A
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	Noncovered	N/A	N/A	N/A
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	Noncovered	N/A	N/A	N/A
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	Noncovered	N/A	N/A	N/A
0301U	Infectious agent detection by nucleic acid (DNA or RNA), bartonella henselae and bartonella quintana, droplet digital PCR (DDPCR)	Noncovered	N/A	N/A	N/A
0302U	Infectious agent detection by nucleic acid (DNA or RNA), bartonella henselae and bartonella quintana, droplet digital PCR (DDPCR); following liquid enrichment	Noncovered	N/A	N/A	N/A
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic	Noncovered	N/A	N/A	N/A
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic	Noncovered	N/A	N/A	N/A

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0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	Noncovered	N/A	N/A	N/A
0671T	Insertion of drainage device into drainage tissue within eye (trabecular meshwork)	Covered	No	No	See Table 3
0672T	Radiofrequency remodeling of tissues surrounding female bladder neck and proximal urethra for urinary incontinence	Noncovered	N/A	N/A	N/A
0673T	Laser destruction of benign growth of thyroid using imaging guidance	Covered	Yes	No	See Table 3 See Table 6
0674T	Insertion of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, including an implantable pulse generator and diaphragmatic leads, using a laparoscope	Covered	No	No	See Table 3
0675T	Insertion of first lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	Covered	No	No	See Table 3
0676T	Insertion of additional lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	Covered	No	No	See Table 3
0677T	Repositioning of first lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	Covered	No	No	See Table 3
0678T	Repositioning of additional lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	Noncovered	N/A	N/A	N/A
0679T	Removal of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function using a laparoscope	Noncovered	N/A	N/A	N/A
0680T	Insertion or replacement of pulse generator only of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead	Noncovered	N/A	N/A	N/A
0681T	Relocation of pulse generator only of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	Noncovered	N/A	N/A	N/A
0682T	Removal of pulse generator only of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Noncovered	N/A	N/A	N/A
0683T	In-person programming device evaluation of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function with analysis, review and report by qualified health care professional	Noncovered	N/A	N/A	N/A

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0684T	In-person programming device evaluation and programming of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function before procedure	Noncovered	N/A	N/A	N/A
0685T	In-person interrogation device evaluation of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function with analysis, review and report by qualified health care professional	Noncovered	N/A	N/A	N/A
0686T	Acoustic energy destruction of malignant liver tissue using imaging guidance	Noncovered	N/A	N/A	N/A
0687T	Device supply, educational set-up, and initial session for online digital treatment of amblyopia	Noncovered	N/A	N/A	N/A
0688T	Assessment of patient performance and program data for online digital treatment of amblyopia by healthcare professional with report, per calendar month	Noncovered	N/A	N/A	N/A
0689T	Quantitative ultrasound tissue characterization with interpretation and report	Noncovered	N/A	N/A	N/A
0690T	Quantitative ultrasound tissue characterization with interpretation and report, obtained with diagnostic ultrasound examination of same anatomy	Noncovered	N/A	N/A	N/A
0691T	Automated analysis of existing CT study for fracture of spine, with data preparation, interpretation, and report	Noncovered	N/A	N/A	N/A
0692T	Therapeutic ultrafiltration	Noncovered	N/A	N/A	N/A
0693T	Comprehensive full body computer-based markerless 3D motion analysis and report	Noncovered	N/A	N/A	N/A
0694T	Real-time 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue in surgical specimen, with interpretation and report	Noncovered	N/A	N/A	N/A
0695T	Body surface-activation mapping of cardiac resynchronization therapy device, with review, and report, at time of implant or replacement	Noncovered	N/A	N/A	N/A
0696T	Body surface-activation mapping of cardiac resynchronization therapy device, with review, and report, at time of follow-up device evaluation	Noncovered	N/A	N/A	N/A
0697T	Quantitative magnetic resonance for analysis of tissue composition of multiple organs, with interpretation and report	Noncovered	N/A	N/A	N/A
0698T	Quantitative magnetic resonance for analysis of tissue composition of multiple organs obtained with diagnostic MRI of same anatomy, with interpretation and report	Noncovered	N/A	N/A	N/A
0699T	Injection of medication into posterior chamber of eye	Covered	No	No	See Table 3
0700T	Molecular fluorescent imaging of first suspicious mole	Noncovered	N/A	N/A	N/A
0701T	Molecular fluorescent imaging of additional suspicious mole	Noncovered	N/A	N/A	N/A
0702T	Supply and technical support for remote therapeutic monitoring of standardized online digital cognitive behavioral therapy program, per 30 days	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0703T	Management services for remote therapeutic monitoring of standardized online digital cognitive behavioral therapy program, per 30 days	Noncovered	N/A	N/A	N/A
0704T	Device supply, initial set-up, and patient education for remote treatment of amblyopia using eye tracking device	Noncovered	N/A	N/A	N/A
0705T	Surveillance center technical support for remote treatment of amblyopia using eye tracking device, at least 18 training hours, each 30 days	Noncovered	N/A	N/A	N/A
0706T	Health care professional interpretation and report of remote treatment of amblyopia using eye tracking device, per 30 days	Noncovered	N/A	N/A	N/A
0707T	Injection of bone-substitute material into defect of bone using imaging guidance and endoscope	Noncovered	N/A	N/A	N/A
0708T	Preparation and initial injection of cancer immunotherapy into skin	Noncovered	N/A	N/A	N/A
0709T	Additional injection of cancer immunotherapy into skin	Noncovered	N/A	N/A	N/A
0710T	Noninvasive analysis of plaque in artery using software processing of CT data, with data preparation and transmission, interpretation and report	Noncovered	N/A	N/A	N/A
0711T	Preparation and transmission of data for noninvasive analysis of plaque in artery using software processing of CT data	Noncovered	N/A	N/A	N/A
0712T	Evaluation of artery wall and plaque to assess stability of plaque noninvasive analysis of plaque in artery using software processing of CT data	Noncovered	N/A	N/A	N/A
0713T	Data review, interpretation and report for noninvasive analysis of plaque in artery using software processing of CT data	Noncovered	N/A	N/A	N/A
A2001	InnovaMatrix AC, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10
A2002	Mirragen advanced wound matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10
A2003	Bio-ConneKt wound matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10

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A2004	XCelliStem, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10
A2005	Microlyte matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10
A2006	NovoSorb SynPath dermal matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10
A2007	Restrata, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10
A2008	TheraGenesis, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10
A2009	Symphony, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10
A2010	Apis, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5 See Table 10

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A4436	Irrigation supply; sleeve, reusable, per month	Covered	No	No	Allowed for Durable Medical Equipment (DME)/Medical Supply Dealer (provider specialty 250) Available only through contracted vendors (for FFS members) See Table 10
A4437	Irrigation supply; sleeve, disposable, per month	Covered	No	No	Allowed for Durable Medical Equipment (DME)/Medical Supply Dealer (provider specialty 250) Available only through contracted vendors (for FFS members) See Table 10
A9595	Pifflufolastat F-18, diagnostic, 1 millicurie	Noncovered	N/A	N/A	N/A
C1832	Autograft suspension, including cell processing and application, and all system components	Covered	No	No	None
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Noncovered	N/A	N/A	N/A
C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	Covered	No	Yes	See Table 5
C9086	Injection, anifrolumab-fnia, 1 mg	Covered	No	Yes	See Table 5
C9087	Injection, cyclophosphamide, (AuroMedics), 10 mg	Covered	No	Yes	See Table 5
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Covered	No	Yes	None
C9089	Bupivacaine, collagen-matrix implant, 1 mg	Noncovered	N/A	N/A	N/A
D0606	Molecular testing for a public health-related pathogen, including coronavirus	Covered	No	No	Restricted to Dentist (provider type 27) See Table 2 See Table 3 See Table 7
D1701	Pfizer-BioNTech COVID-19 vaccine administration – first dose	Covered	No	No	Restricted to Dentist (provider type 27) See Table 2 See Table 3 See Table 7

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose	Covered	No	No	Restricted to Dentist (provider type 27) See Table 2 See Table 3 See Table 7
D1703	Moderna COVID-19 vaccine administration – first dose	Covered	No	No	Restricted to Dentist (provider type 27) See Table 2 See Table 3 See Table 7
D1704	Moderna COVID-19 vaccine administration – second dose	Covered	No	No	Restricted to Dentist (provider type 27) See Table 2 See Table 3 See Table 7
D1705	AstraZeneca COVID-19 vaccine administration – first dose	Noncovered	N/A	N/A	N/A
D1706	AstraZeneca COVID-19 vaccine administration – second dose	Noncovered	N/A	N/A	N/A
D1707	Janssen (Johnson & Johnson) COVID-19 vaccine administration	Covered	No	No	Restricted to Dentist (provider type 27) See Table 2 See Table 3 See Table 7
D3911	Intraorifice barrier	Covered	No	No	See Table 3
D3921	Decoronation or submergence of an erupted tooth	Covered	No	No	Requires tooth number Limit to once per lifetime per tooth See Table 3
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	Covered	No	No	See Table 3
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	Covered	No	No	See Table 3
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Covered	No	No	Limit age 21-999 years See Table 3
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Covered	No	No	Limit age 21-999 years See Table 3
D5725	Rebase hybrid prosthesis	Noncovered	N/A	N/A	N/A
D5765	Soft liner for complete or partial removable denture - indirect	Covered	No	No	Limit one unit per day See Table 3
D6198	Remove interim implant component	Noncovered	N/A	N/A	N/A

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D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	Noncovered	N/A	N/A	N/A
D7299	Removal of temporary anchorage device, requiring flap	Noncovered	N/A	N/A	N/A
D7300	Removal of temporary anchorage device without flap	Noncovered	N/A	N/A	N/A
D9912	Pre-visit patient screening	Noncovered	N/A	N/A	N/A
D9947	Custom sleep apnea appliance fabrication and placement	Covered	Yes	No	See Table 3 See Table 6
D9948	Adjustment of custom sleep apnea appliance	Covered	No	No	See Table 3
D9949	Repair of custom sleep apnea appliance	Covered	No	No	See Table 3
E1629	Tablo hemodialysis system for the billable dialysis service	Covered	No	No	Allowed for Home Medical Equipment (HME) (provider specialty 251) See Table 9 See Table 10
G0028	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	Noncovered	N/A	N/A	N/A
G0029	Tobacco screening not performed or tobacco cessation intervention not provided on the date of the encounter or within the previous 12 months, reason not otherwise specified	Noncovered	N/A	N/A	N/A
G0030	Patient screened for tobacco use and received tobacco cessation intervention on the date of the encounter or within the previous 12 months (counseling, pharmacotherapy, or both), if identified as a tobacco user	Noncovered	N/A	N/A	N/A
G0031	Palliative care services given to patient any time during the measurement period	Noncovered	N/A	N/A	N/A
G0032	Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (IPSD) for antipsychotics	Noncovered	N/A	N/A	N/A
G0033	Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines	Noncovered	N/A	N/A	N/A
G0034	Patients receiving palliative care during the measurement period	Noncovered	N/A	N/A	N/A
G0035	Patient has any emergency department encounter during the performance period with place of service indicator 23	Noncovered	N/A	N/A	N/A
G0036	Patient or care partner decline assessment	Noncovered	N/A	N/A	N/A

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G0037	On date of encounter, patient is not able to participate in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available	Noncovered	N/A	N/A	N/A
G0038	Clinician determines patient does not require referral	Noncovered	N/A	N/A	N/A
G0039	Patient not referred, reason not otherwise specified	Noncovered	N/A	N/A	N/A
G0040	Patient already receiving physical/occupational/speech/recreational therapy during the measurement period	Noncovered	N/A	N/A	N/A
G0041	Patient and/or care partner decline referral	Noncovered	N/A	N/A	N/A
G0042	Referral to physical, occupational, speech, or recreational therapy	Noncovered	N/A	N/A	N/A
G0043	Patients with mechanical prosthetic heart valve	Noncovered	N/A	N/A	N/A
G0044	Patients with moderate or severe mitral stenosis	Noncovered	N/A	N/A	N/A
G0045	Clinical follow-up and MRS score assessed at 90 days following endovascular stroke intervention	Noncovered	N/A	N/A	N/A
G0046	Clinical follow-up and MRS score not assessed at 90 days following endovascular stroke intervention	Noncovered	N/A	N/A	N/A
G0047	Pediatric patient with minor blunt head trauma and PECARN prediction criteria are not assessed	Noncovered	N/A	N/A	N/A
G0048	Patients who receive palliative care services any time during the intake period through the end of the measurement year	Noncovered	N/A	N/A	N/A
G0049	With maintenance hemodialysis (in-center and home HD) for the complete reporting month	Noncovered	N/A	N/A	N/A
G0050	Patients with a catheter that have limited life expectancy	Noncovered	N/A	N/A	N/A
G0051	Patients under hospice care in the current reporting month	Noncovered	N/A	N/A	N/A
G0052	Patients on peritoneal dialysis for any portion of the reporting month	Noncovered	N/A	N/A	N/A
G0053	Advancing rheumatology patient care MIPS value pathways	Noncovered	N/A	N/A	N/A
G0054	Coordinating stroke care to promote prevention and cultivate positive outcomes MIPS value pathways	Noncovered	N/A	N/A	N/A
G0055	Advancing care for heart disease MIPS value pathways	Noncovered	N/A	N/A	N/A
G0056	Optimizing chronic disease management MIPS value pathways	Noncovered	N/A	N/A	N/A
G0057	Proposed adopting best practices and promoting patient safety within emergency medicine MIPS value pathways	Noncovered	N/A	N/A	N/A
G0058	Improving care for lower extremity joint repair MIPS value pathways	Noncovered	N/A	N/A	N/A
G0059	Patient safety and support of positive experiences with anesthesia MIPS value pathways	Noncovered	N/A	N/A	N/A
G0060	Allergy/immunology MIPS specialty set	Noncovered	N/A	N/A	N/A
G0061	Anesthesiology MIPS specialty set	Noncovered	N/A	N/A	N/A
G0062	Audiology MIPS specialty set	Noncovered	N/A	N/A	N/A
G0063	Cardiology MIPS specialty set	Noncovered	N/A	N/A	N/A
G0064	Certified nurse midwife MIPS specialty set	Noncovered	N/A	N/A	N/A

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G0065	Chiropractic medicine MIPS specialty set	Noncovered	N/A	N/A	N/A
G0066	Clinical social work MIPS specialty set	Noncovered	N/A	N/A	N/A
G0067	Dentistry MIPS specialty set	Noncovered	N/A	N/A	N/A
G0465	Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)	Noncovered	N/A	N/A	Effective 4/13/2021
G1024	Clinical decision support mechanism radrite, as defined by the Medicare appropriate use criteria program	Noncovered	N/A	N/A	N/A
G1025	Patient-months where there are more than one Medicare capitated payment (MCP) provider listed for the month	Noncovered	N/A	N/A	N/A
G1026	The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for three months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month	Noncovered	N/A	N/A	N/A
G1027	The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than three months	Noncovered	N/A	N/A	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Noncovered	N/A	N/A	N/A
G4000	Dermatology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4001	Diagnostic radiology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4002	Electrophysiology cardiac specialist MIPS specialty set	Noncovered	N/A	N/A	N/A
G4003	Emergency medicine MPS specialty set	Noncovered	N/A	N/A	N/A
G4004	Endocrinology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4005	Family medicine MIPS specialty set	Noncovered	N/A	N/A	N/A
G4006	Gastro-enterology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4007	General surgery MIPS specialty set	Noncovered	N/A	N/A	N/A
G4008	Geriatrics MIPS specialty set	Noncovered	N/A	N/A	N/A
G4009	Hospitalists MIPS specialty set	Noncovered	N/A	N/A	N/A
G4010	Infectious disease MIPS specialty set	Noncovered	N/A	N/A	N/A
G4011	Internal medicine MIPS specialty set	Noncovered	N/A	N/A	N/A
G4012	Interventional radiology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4013	Mental/behavioral health MIPS specialty set	Noncovered	N/A	N/A	N/A
G4014	Nephrology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4015	Neurology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4016	Neurosurgical MIPS specialty set	Noncovered	N/A	N/A	N/A
G4017	Nutrition/dietician MIPS specialty set	Noncovered	N/A	N/A	N/A
G4018	Obstetrics/gynecology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4019	Oncology/hematology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4020	Ophthalmology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4021	Orthopedic surgery MIPS specialty set	Noncovered	N/A	N/A	N/A

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G4022	Otolaryngology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4023	Pathology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4024	Pediatrics MIPS specialty set	Noncovered	N/A	N/A	N/A
G4025	Physical medicine MIPS specialty set	Noncovered	N/A	N/A	N/A
G4026	Physical therapy/occupational therapy MIPS specialty set	Noncovered	N/A	N/A	N/A
G4027	Plastic surgery MIPS specialty set	Noncovered	N/A	N/A	N/A
G4028	Podiatry MIPS specialty set	Noncovered	N/A	N/A	N/A
G4029	Preventive medicine MIPS specialty set	Noncovered	N/A	N/A	N/A
G4030	Pulmonology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4031	Radiation oncology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4032	Rheumatology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4033	Skilled nursing facility MIPS specialty set	Noncovered	N/A	N/A	N/A
G4034	Speech language pathology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4035	Thoracic surgery MIPS specialty set	Noncovered	N/A	N/A	N/A
G4036	Urgent care MIPS specialty set	Noncovered	N/A	N/A	N/A
G4037	Urology MIPS specialty set	Noncovered	N/A	N/A	N/A
G4038	Vascular surgery MIPS specialty set	Noncovered	N/A	N/A	N/A
G9988	Palliative care services provided to patient any time during the measurement period	Noncovered	N/A	N/A	N/A
G9989	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., adverse reaction to vaccine)	Noncovered	N/A	N/A	N/A
G9990	Pneumococcal vaccine was not administered on or after patient's 60th birthday and before the end of the measurement period, reason not otherwise specified	Noncovered	N/A	N/A	N/A
G9991	Pneumococcal vaccine administered on or after patient's 60th birthday and before the end of the measurement period	Noncovered	N/A	N/A	N/A
G9992	Palliative care services used by patient any time during the measurement period	Noncovered	N/A	N/A	N/A
G9993	Patient was provided palliative care services any time during the measurement period	Noncovered	N/A	N/A	N/A
G9994	Patient is using palliative care services any time during the measurement period	Noncovered	N/A	N/A	N/A
G9995	Patients who use palliative care services any time during the measurement period	Noncovered	N/A	N/A	N/A
G9996	Documentation stating the patient has received or is currently receiving palliative or hospice care	Noncovered	N/A	N/A	N/A
G9997	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	Noncovered	N/A	N/A	N/A
G9998	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer, hereditary colorectal cancer syndromes])	Noncovered	N/A	N/A	N/A

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G9999	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)	Noncovered	N/A	N/A	N/A
J0172	Injection, aducanumab-avwa, 2 mg	Covered	Yes	Yes	Limited to age 50 through 85 years Restricted to the following physicians: <ul style="list-style-type: none"> • Geriatric Practitioner (provider specialty 320) • Neurological Surgeon (provider specialty 325) • Neurologist (provider specialty 326) • Psychiatrist (provider specialty 339) See Table 5 See Table 6
J1952	Leuprolide injectable, camcevi, 1 mg	Noncovered	N/A	N/A	N/A
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Covered	No	Yes	See Table 5
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Covered	No	Yes	See Table 5
J9061	Injection, amivantamab-vmjw, 2 mg	Covered	No	Yes	See Table 5
J9272	Injection, dostarlimab-gxly, 10 mg	Covered	No	Yes	See Table 5
M1072	Radiation therapy for anal cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1073	Radiation therapy for anal cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1074	Radiation therapy for bladder cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1075	Radiation therapy for bladder cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1076	Radiation therapy for bone metastases under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1077	Radiation therapy for bone metastases under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1078	Radiation therapy for brain metastases under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A

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M1079	Radiation therapy for brain metastases under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1080	Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1081	Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1082	Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1083	Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1084	Radiation therapy for CNS tumors under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1085	Radiation therapy for CNS tumors under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1086	Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1087	Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1088	Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1089	Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1094	Radiation therapy for lung cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1095	Radiation therapy for lung cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1096	Radiation therapy for lymphoma under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1097	Radiation therapy for lymphoma under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1098	Radiation therapy for pancreatic cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1099	Radiation therapy for pancreatic cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1100	Radiation therapy for prostate cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A

* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

"Noncovered" indicates that the IHCP does not cover the service for any programs.

Table 1 – New codes included in the 2022 annual HCPCS update, effective for DOS on or after Jan. 1, 2022, unless otherwise stated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1101	Radiation therapy for prostate cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1102	Radiation therapy for upper GI cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1103	Radiation therapy for upper GI cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
M1104	Radiation therapy for uterine cancer under the radiation oncology model, 90 day episode, professional component	Noncovered	N/A	N/A	N/A
M1105	Radiation therapy for uterine cancer under the radiation oncology model, 90 day episode, technical component	Noncovered	N/A	N/A	N/A
Q2055	Idecabtagene vicleuce ^l , up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	See Table 5 See Table 6 See Table 7 See Table 8
Q4199	Cygnus matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 4 See Table 5

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
“Noncovered” indicates that the IHCP does not cover the service for any programs.

Table 2 – New HCPCS codes for testing and vaccination administration of COVID-19

Procedure code	Description
D0606	Molecular testing for a public health-related pathogen, including coronavirus
D1701	Pfizer-BioNTech COVID-19 vaccine administration – first dose
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose
D1703	Moderna COVID-19 vaccine administration – first dose
D1704	Moderna COVID-19 vaccine administration – second dose
D1705	AstraZeneca COVID-19 vaccine administration – first dose
D1706	AstraZeneca COVID-19 vaccine administration – second dose
D1707	Janssen (Johnson & Johnson) COVID-19 vaccine administration

Table 3 – Pricing for newly covered procedure codes that are manually priced

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a professional or dental claim	Amount reimbursed as % of billed charges when billed on an outpatient claim
53451	Insertion of adjustable balloon continence device on both sides of urethra using imaging guidance	35%	TBD
53452	Insertion of adjustable balloon continence device on one side of urethra using imaging guidance	35%	TBD
53453	Removal of adjustable balloon continence device from beside urethra	35%	TBD
53454	Adjustment of fluid volume in adjustable balloon continence device beside urethra	35%	TBD
0671T	Insertion of drainage device into drainage tissue within eye (trabecular meshwork)	90%	TBD
0673T	Laser destruction of benign growth of thyroid using imaging guidance	90%	TBD
0674T	Insertion of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, including an implantable pulse generator and diaphragmatic leads, using a laparoscope	90%	TBD
0675T	Insertion of first lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	90%	TBD
0676T	Insertion of additional lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	90%	TBD
0677T	Repositioning of first lead of permanent implantable synchronized diaphragmatic stimulation system for augmentation of heart function, with connection to existing pulse generator, using a laparoscope	90%	TBD
0699T	Injection of medication into posterior chamber of eye	90%	TBD
D0606	Molecular testing for a public health-related pathogen, including coronavirus	90%	N/A
D1701	Pfizer-BioNTech COVID-19 vaccine administration – first dose	90%	N/A
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose	90%	N/A
D1703	Moderna COVID-19 vaccine administration – first dose	90%	N/A
D1704	Moderna COVID-19 vaccine administration – second dose	90%	N/A
D1707	Janssen (Johnson & Johnson) COVID-19 vaccine administration	90%	N/A

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a professional or dental claim	Amount reimbursed as % of billed charges when billed on an outpatient claim
D3911	Intraorifice barrier	90%	N/A
D3921	Decoronation or submergence of an erupted tooth	90%	N/A
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	90%	N/A
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	90%	N/A
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	90%	N/A
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	90%	N/A
D5765	Soft liner for complete or partial removable denture - indirect	90%	N/A
D9947	Custom sleep apnea appliance fabrication and placement	90%	N/A
D9948	Adjustment of custom sleep apnea appliance	90%	N/A
D9949	Repair of custom sleep apnea appliance	90%	N/A

Table 4 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
A2001	InnovaMatrix AC, per square centimeter
A2002	Mirragen advanced wound matrix, per square centimeter
A2003	Bio- ConneKt wound matrix, per square centimeter
A2004	XCelliStem, per square centimeter
A2005	Microlyte matrix, per square centimeter
A2006	NovoSorb SynPath dermal matrix, per square centimeter
A2007	Restrata, per square centimeter
A2008	TheraGenesis, per square centimeter
A2009	Symphony, per square centimeter
A2010	Apis, per square centimeter
Q4199	Cygnus matrix, per square centimeter

Table 5 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
A2001	InnovaMatrix AC, per square centimeter
A2002	Mirragen advanced wound matrix, per square centimeter
A2003	Bio-ConneKt wound matrix, per square centimeter
A2004	XCelliStem, per square centimeter
A2005	Microlyte matrix, per square centimeter
A2006	NovoSorb SynPath dermal matrix, per square centimeter
A2007	Restrata, per square centimeter
A2008	TheraGenesis, per square centimeter
A2009	Symphony, per square centimeter
A2010	Apis, per square centimeter
C9085	Injection, avalglucosidase alfa-ngpt, 4 mg
C9086	Injection, anifrolumab-fria, 1 mg
C9087	Injection, cyclophosphamide, (AuroMedics), 10 mg
J0172	Injection, aducanumab-avwa, 2 mg
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg
J9061	Injection, amivantamab-vmjw, 2 mg
J9272	Injection, dostarlimab-gxly, 10 mg

Procedure code	Description
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4199	Cygnus matrix, per square centimeter

Table 6 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
0673T	Laser destruction of benign growth of thyroid using imaging guidance	Refer to nationally recognized care guidelines.
94625	Professional services for outpatient pulmonary rehabilitation, per session	<p>Programs must provide a comprehensive, evidence-based multidisciplinary intervention for patients with chronic respiratory impairment. Medicare will pay for up to two one-hour sessions per day, for up to 36 lifetime sessions (in some cases, up to 72 lifetime sessions) for Pulmonary Rehabilitation Program services when documentation supports that all of the following program requirements are met:</p> <ul style="list-style-type: none"> • Patient has a diagnosis of moderate to very severe chronic obstructive pulmonary disease (COPD) or other condition. • Physician has ordered and prescribed exercise and aerobic exercise is provided at each treatment session. • An individualized plan of care is initially established by the physician as well as reviewed and signed by the physician every 30 days. • Program services are physician-supervised with documentation supporting initial direct patient contact prior to treatment and at least one direct contact within each 30-day period. • Services must be provided only in the following place of service (POS): <ul style="list-style-type: none"> - 11 (physician's office) - 22 (hospital outpatient) • All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times when program services are being furnished. • Formal education must be thorough and ongoing with appropriate follow-up. The education requirement is not met by: <ul style="list-style-type: none"> - Handing out a booklet on how to stop smoking with no additional follow-up - Having the patient take an assessment at the beginning and end of the program - Documenting sporadic and/or vague instruction provided; for example, "discussed self-management techniques" • Psychosocial assessment and reassessment must be thorough and occur at periodic intervals. • Significant outcomes assessment with clinical measures (initial/ending) must be evident in the medical record.
94626	Professional services for outpatient pulmonary rehabilitation with continuous monitoring of blood oxygen, per session	
98975	Set-up and patient education for remote monitoring of therapy	Refer to nationally recognized care guidelines.
98976	Device supply with schedule recording and transmission for remote monitoring of respiratory system, per 30 days	Refer to nationally recognized care guidelines.

Procedure code	Description	PA criteria
98977	Device supply with schedule recording and transmission for remote monitoring of musculoskeletal system, per 30 days	Refer to nationally recognized care guidelines.
98980	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 20 minutes per calendar month	Refer to nationally recognized care guidelines.
98981	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, each additional 20 minutes per calendar month	Refer to nationally recognized care guidelines.
D9947	Custom sleep apnea appliance fabrication and placement	Refer to the <i>Maxillofacial Prosthesis</i> section of the Dental Services provider reference module.
J0172	Injection, aducanumab-avwa, 2 mg	<p>Initial Authorization</p> <p>Must meet all the following:</p> <ul style="list-style-type: none"> • Age 50 through 85 years • Diagnosis of Alzheimer's disease as determined by both of the following: <ul style="list-style-type: none"> - One of the following: <ul style="list-style-type: none"> ▪ Presence of amyloid beta plaque levels confirmed by an amyloid-positron emission tomography (PET) scan, (CPT code 78814) (documentation required) ▪ Presence of amyloid proteins in Cerebral Spinal Fluid (CSF) obtained from a lumbar puncture (documentation required) - Mild cognitive impairment or mild dementia, consistent with stages 3 or 4 of Alzheimer's disease, assessed using at least one of the following: <ul style="list-style-type: none"> ▪ A Clinical Dementia Rating (CDR) global score of 0.5 ▪ A Repeatable Battery for Assessment of Neuropsychological Status (RBANS) delayed memory index score of less than or equal to 85 ▪ A Mini-Mental State Examination (MMSE) score of greater than or equal to 24 • Baseline magnetic resonance imaging (MRI) of the brain has been obtained within the past year that confirms the following amyloid-related imaging abnormalities (ARIA) parameters (documentation required) <ul style="list-style-type: none"> - No focal areas of superficial siderosis - Less than 10 microhemorrhages - No brain hemorrhage greater than 1 cm • Prescribed by, or in consultation with, a neurologist, geriatric psychiatrist, or a geriatrician • Quantity limit based upon documented weight relative to the dose schedule <p>Exclusion Criteria</p> <ul style="list-style-type: none"> • Diagnosed concurrently with another potentially contributory medical, neurological or psychiatric condition • Stroke or transient ischemic attack (TIA) within the past 12 months or any relevant: <ul style="list-style-type: none"> - Brain hemorrhage - Cerebrovascular abnormalities

Procedure code	Description	PA criteria
		<ul style="list-style-type: none"> • Cardiovascular disease • Bleeding disorders • Clinically significant hepatic disease • Clinically significant renal disease • Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection • Concurrent utilization of an antithrombotic agent other than low-dose aspirin <p>Reauthorization Prior authorization for continuation of therapy may be requested if subsequent clinical evaluation and brain MRI results demonstrate stabilization. The patient must meet all the following PA criteria:</p> <ul style="list-style-type: none"> • History of requested agent within the past 60 days • Prescriber has provided updated documentation of clinical improvement or stabilization when compared to previous Clinical Dementia Rating (CDR) global score, Repeatable Battery for Assessment of Neuropsychological Status (RBANS) delayed memory index score, or Mini-Mental State Examination (MMSE) score. • Prescriber provides updated brain MRI results (performed prior to seventh and twelfth doses) that demonstrates the following amyloid-related imaging abnormalities (ARIA) parameters (documentation required): <ul style="list-style-type: none"> - Less than 10 microhemorrhages - Less than or equal to two focal areas of superficial siderosis • Quantity limit based upon documented weight • For continuation of therapy beyond the first 12 months, provide documentation of decreases (or at a minimum, no increases) in amyloid beta plaque levels, confirmed by an amyloid-positron emission tomography (PET) scan performed after the seventh dose
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<ul style="list-style-type: none"> • Member has not previously received the specified chimeric antigen receptor T-Cell (CAR-T) treatment • Member will be administered the specified CAR-T treatment: <ul style="list-style-type: none"> - At a facility that is Risk Evaluation and Mitigation Strategy (REMS) Program-certified for the specified CAR-T treatment - By healthcare providers that have successfully completed the specified CAR-T REMS Program Knowledge Assessment • Member is: <ul style="list-style-type: none"> - At least 18 years of age with a diagnosis of relapsed or refractory multiple myeloma after four or more prior lines of therapy, including the following: <ul style="list-style-type: none"> ▪ Immunomodulatory agent ▪ Proteasome inhibitor ▪ Anti-CD38 monoclonal antibody

Table 7 – Newly covered procedure codes carved out of managed care

Procedure code	Description
D0606	Molecular testing for a public health-related pathogen, including coronavirus
D1701	Pfizer-BioNTech COVID-19 vaccine administration – first dose
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose
D1703	Moderna COVID-19 vaccine administration – first dose
D1704	Moderna COVID-19 vaccine administration – second dose
D1707	Janssen (Johnson & Johnson) COVID-19 vaccine administration
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Table 8 – Newly covered procedure codes reimbursable outside the inpatient DRG

Procedure code	Description
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Table 9 – Procedure code included in the renal dialysis composite rate

Procedure code	Description
E1629	Tablo hemodialysis system for the billable dialysis service

Table 10 – LTC DME and supply codes included in the LTC facility per diem rate

Procedure code	Description
A2001	InnovaMatrix AC, per square centimeter
A2002	Mirragen advanced wound matrix, per square centimeter
A2003	Bio-ConneKt wound matrix, per square centimeter
A2004	XCelliStem, per square centimeter
A2005	Microlyte matrix, per square centimeter
A2006	NovoSorb SynPath dermal matrix, per square centimeter
A2007	Restrata, per square centimeter
A2008	TheraGenesis, per square centimeter
A2009	Symphony, per square centimeter
A2010	Apis, per square centimeter
A4436	Irrigation supply; sleeve, reusable, per month
A4437	Irrigation supply; sleeve, disposable, per month
E1629	Tablo hemodialysis system for the billable dialysis service

Table 11 – New HCPCS modifiers effective Jan. 1, 2022

Modifier	Description
FQ	The service was furnished using audio-only communication technology
FR	The supervising practitioner was present through two-way, audio/video communication technology
FS	Split (or shared) evaluation and management visit
FT	Unrelated evaluation and management (E/M) visit during a postoperative period, or on the same day as a procedure or another E/M visit. (report when an E/M visit is furnished within the global period but is unrelated, or when one or more additional E/M visits furnished on the same day are unrelated)