

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201365 DECEMBER 31, 2013



Coverage and billing information for the 2014 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2014 annual Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. This bulletin serves as notice of the following information:

- **Table 1:** A list of the new alphanumeric and Current Procedural Terminology (CPT^{®1}) codes included in the 2014 annual HCPCS update, showing:
 - Procedure code
 - Description
 - Program coverage determination
 - Prior authorization (PA) requirements
 - National Drug Code (NDC) requirements
- **Table 2:** A list of the new modifier codes for the 2014 annual HCPCS update by modifier, description, type, and effective date.

IHCP coverage and billing information on the tables on the following pages is effective January 1, 2014. The 2014 annual HCPCS update also included modifications to descriptions for some existing HCPCS codes. These modifications have not been published in this bulletin but are available for download from the [Centers for Medicare & Medicaid Services \(CMS\) website](http://www.cms.gov) at cms.gov.

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A list of the deleted codes and the associated alternative codes effective January 1, 2014, will be released in an upcoming bulletin. The deleted codes are available for download from the CMS website at cms.gov. However, CMS has not published the associated alternative codes.

The 2014 annual HCPCS/CPT codes have been added to the IndianaAIM claims processing system and established pricing posted on the [Fee Schedule](#) and the list of [Procedure Codes that Require NDCs](#) at indianamedicaid.com. Providers should report using the appropriate modifiers by following CPT coding guidelines. Providers may report these codes for dates of service on or after January 1, 2014. The standard global billing procedures and edits apply when using the new codes.

QUESTIONS?

If you have questions about this information, contact the appropriate PA vendor or HP Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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Table 1 – New 2014 annual HCPCS codes, effective January 1, 2014

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	Noncovered for all programs, Noncovered for Package C	NA	NA
0336T	Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Noncovered for all programs, Noncovered for Package C	NA	NA
0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	Noncovered for all programs, Noncovered for Package C	NA	NA
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	Noncovered for all programs, Noncovered for Package C	NA	NA
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	Noncovered for all programs, Noncovered for Package C	NA	NA
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	Noncovered for all programs, Noncovered for Package C	NA	NA
0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral	Noncovered for all programs, Noncovered for Package C	NA	NA
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Noncovered for all programs, Noncovered for Package C	NA	NA
0343T	Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis	Noncovered for all programs, Noncovered for Package C	NA	NA
0344T	Additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Noncovered for all programs, Noncovered for Package C	NA	NA
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Noncovered for all programs, Noncovered for Package C	NA	NA
0346T	Ultrasound, elastography (List separately in addition to code for primary procedure)	Noncovered for all programs, Noncovered for Package C	NA	NA
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck); percutaneous	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19287	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
19288	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid component (eg, total shoulder)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Noncovered for all programs, Noncovered for Package C	NA	NA
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Noncovered for all programs, Noncovered for Package C	NA	NA
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Noncovered for all programs, Noncovered for Package C	NA	NA
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Noncovered for all programs, Noncovered for Package C	NA	NA
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Noncovered for all programs, Noncovered for Package C	NA	NA
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Noncovered for all programs, Noncovered for Package C	NA	NA
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Noncovered for all programs, Noncovered for Package C	NA	NA
37217	Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43194	Esophagoscopy, rigid, transoral; with removal of foreign body	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing, when performed (separate procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43211	Esophagoscopy, flexible, transnasal; with endoscopic mucosal resection	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43212	Esophagoscopy, flexible, transnasal; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43213	Esophagoscopy, flexible, transnasal; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43214	Esophagoscopy, flexible, transnasal; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43229	Esophagoscopy, flexible, transnasal; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43274	Endoscopic retrograde cholangiopancreatography (ERCP);with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including spinicterotomy, when performed, each stent	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43275	Endoscopic retrograde cholangiopancreatography (ERCP);with removal or foreign body(s) or stent(s) from biliary/pancreatic duct(s)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, include pre- and post-dilation guide wire passage, when performed, including spinicterotomy, when performed, each stent exchanged	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre-and post-dilation and guide wire passage, when performed	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
49405	Image guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
49406	Image guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
49407	Image guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
64644	Chemodenervation of one extremity; 5 or more muscle(s)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80155	Caffeine	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80159	Clozapine	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80169	Everolimus	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80171	Gabapentin	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80175	Lamotrigine	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80177	Levetiracetam	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80180	Mycophenolate (mycophenolic acid)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
80183	Oxcarbazepine	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80199	Tiagabine	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
80203	Zonisamide	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	Noncovered for all programs, Noncovered for Package C	NA	NA
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	Noncovered for all programs, Noncovered for Package C	NA	NA
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
88343	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	Noncovered for all programs, Noncovered for Package C	NA	NA
9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	Noncovered for all programs, Noncovered for Package C	NA	NA
9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	Noncovered for all programs, Noncovered for Package C	NA	NA
9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	Noncovered for all programs, Noncovered for Package C	NA	NA
9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)	Noncovered for all programs, Noncovered for Package C	NA	NA
9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)	Noncovered for all programs, Noncovered for Package C	NA	NA
9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke (NMA-No Measure Associated)	Noncovered for all programs, Noncovered for Package C	NA	NA
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
92524	Behavioral and qualitative analysis of voice and resonance	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
93582	Percutaneous transcatheter closure of patent ductus arteriosus	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
94669	Mechanical chest wall oscillation to facilitate lung function, per session	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
99446	Interprofessional telephone/Internet assessment and management services provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Noncovered for all programs, Noncovered for Package C	NA	NA
99447	Interprofessional telephone/Internet assessment and management services provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Noncovered for all programs, Noncovered for Package C	NA	NA
99448	Interprofessional telephone/Internet assessment and management services provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Noncovered for all programs, Noncovered for Package C	NA	NA
99449	Interprofessional telephone/Internet assessment and management services provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Noncovered for all programs, Noncovered for Package C	NA	NA
99481	Total body systemic hypothermia in a critically ill neonate per day (List separately in addition for code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
99482	Selective head hypothermia in a critically ill neonate per day (List separately in addition for code for primary procedure)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Noncovered for all programs, Noncovered for Package C	NA	NA
A7047	Oral interface used with respiratory suction pump, each	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
A9520	Technetium tc-99m, tilmanocept, diagnostic, up to 0.5 millicuries	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
A9575	Injection, gadoterate meglumine, 0.1 ml	Noncovered for all programs, Noncovered for Package C	NA	NA
A9599	Radiopharmaceutical, diagnostic, for beta-amyloid positron emission tomography (PET) imaging, per study dose	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Noncovered for all programs, Noncovered for Package C	NA	NA
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Noncovered for all programs, Noncovered for Package C	NA	NA
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Noncovered for all programs, Noncovered for Package C	NA	NA
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Noncovered for all programs, Noncovered for Package C	NA	NA
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Noncovered for all programs, Noncovered for Package C	NA	NA
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Noncovered for all programs, Noncovered for Package C	NA	NA
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Noncovered for all programs, Noncovered for Package C	NA	NA
C9133	Factor IX (antihemophilic factor, recombinant), rixibus, per I.U.	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
C9441	Injection, ferric carboxymaltose, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
C9497	Loxapine, inhalation powder, 10 mg	Covered for all programs, Covered for Package C	No for all programs, no for Package C	Yes
C9737	Laparoscopy, surgical, esophageal sphincter augmentation with device (eg, magnetic band)	Noncovered for all programs, Noncovered for Package C	NA	NA
D0393	Treatment simulation using 3D image volume	Noncovered for all programs, Noncovered for Package C	NA	NA
D0394	Digital subtraction of two or more images or image volumes of the same modality	Noncovered for all programs, Noncovered for Package C	NA	NA
D0395	Fusion of two or more 3D image volumes of one or more modalities	Noncovered for all programs, Noncovered for Package C	NA	NA
D0601	Caries risk assessment and documentation, with a finding of low risk	Noncovered for all programs, Noncovered for Package C	NA	NA
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Noncovered for all programs, Noncovered for Package C	NA	NA
D0603	Caries risk assessment and documentation, with a finding of high risk	Noncovered for all programs, Noncovered for Package C	NA	NA
D1999	Unspecified preventive procedure, by report	Covered for all programs, Covered for Package C	Yes for all programs, Yes for Package C	No
D2921	Reattachment of tooth fragment, incisal edge or cusp	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
D2941	Interim therapeutic restoration - primary dentition	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
D2949	Restorative foundation for an indirect restoration	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
D3355	Pulpal regeneration - initial visit	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
D3356	Pulpal regeneration - interim medication replacement	Noncovered for all programs, Noncovered for Package C	NA	NA
D3357	Pulpal regeneration - completion of treatment	Noncovered for all programs, Noncovered for Package C	NA	NA
D3427	Periradicular surgery without apicoectomy	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	Noncovered for all programs, Noncovered for Package C	NA	NA
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	Noncovered for all programs, Noncovered for Package C	NA	NA
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Noncovered for all programs, Noncovered for Package C	NA	NA
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Noncovered for all programs, Noncovered for Package C	NA	NA
D4921	Gingival irrigation - per quadrant	Noncovered for all programs, Noncovered for Package C	NA	NA
D5863	Overdenture - complete maxillary	Noncovered for all programs, Noncovered for Package C	NA	NA
D5864	Overdenture - partial maxillary	Noncovered for all programs, Noncovered for Package C	NA	NA
D5865	Overdenture - complete mandibular	Noncovered for all programs, Noncovered for Package C	NA	NA
D5866	Overdenture - partial mandibular	Noncovered for all programs, Noncovered for Package C	NA	NA
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	Noncovered for all programs, Noncovered for Package C	NA	NA
D6011	Second stage implant surgery	Noncovered for all programs, Noncovered for Package C	NA	NA
D6013	Surgical placement of mini implant	Noncovered for all programs, Noncovered for Package C	NA	NA
D6052	Semi-precision attachment abutment	Noncovered for all programs, Noncovered for Package C	NA	NA
D8694	Repair of fixed retainers, includes reattachment	Noncovered for all programs, Noncovered for Package C	NA	NA
D9985	Sales tax	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Noncovered for all programs, Noncovered for Package C	NA	NA
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
G0461	Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain	Noncovered for all programs, Noncovered for Package C	NA	NA
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)	Noncovered for all programs, Noncovered for Package C	NA	NA
G0463	Hospital outpatient clinic visit for assessment and management of a patient	Noncovered for all programs, Noncovered for Package C	NA	NA
G9188	Beta-blocker therapy not prescribed, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9189	Beta-blocker therapy prescribed or currently being taken	Noncovered for all programs, Noncovered for Package C	NA	NA
G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9193	Clinician documented that patient with a diagnosis of major depression was not an eligible candidate for antidepressant medication treatment or patient did not have a diagnosis of major depression	Noncovered for all programs, Noncovered for Package C	NA	NA
G9194	Patient with a diagnosis of major depression documented as being treated with antidepressant medication during the entire 180 day (6 month) continuation treatment phase	Noncovered for all programs, Noncovered for Package C	NA	NA
G9195	Patient with a diagnosis of major depression not documented as being treated with antidepressant medication during the entire 180 day (6 months) continuation treatment phase	Noncovered for all programs, Noncovered for Package C	NA	NA
G9196	Documentation of medical reason(s) for not ordering first or second generation cephalosporin for antimicrobial prophylaxis	Noncovered for all programs, Noncovered for Package C	NA	NA
G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis	Noncovered for all programs, Noncovered for Package C	NA	NA
G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9199	Venous thromboembolism (VTE) prophylaxis not administered the day of or the day after hospital admission for documented reasons (eg, patient is ambulatory, patient expired during inpatient stay, patient already on warfarin or another anticoagulant, other medical reason(s) or eg, patient left against medical advice, other patient reason(s))	Noncovered for all programs, Noncovered for Package C	NA	NA
G9200	Venous thromboembolism (VTE) prophylaxis was not administered the day of or the day after hospital admission, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9201	Venous thromboembolism (VTE) prophylaxis administered the day of or the day after hospital admission	Noncovered for all programs, Noncovered for Package C	NA	NA
G9202	Patients with a positive hepatitis C antibody test	Noncovered for all programs, Noncovered for Package C	NA	NA
G9203	RNA testing for hepatitis C documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis C	Noncovered for all programs, Noncovered for Package C	NA	NA
G9204	RNA testing for hepatitis C was not documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis C, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9205	Patient starting antiviral treatment for hepatitis C during the measurement period	Noncovered for all programs, Noncovered for Package C	NA	NA
G9206	Patient starting antiviral treatment for hepatitis C during the measurement period	Noncovered for all programs, Noncovered for Package C	NA	NA
G9207	Hepatitis C genotype testing documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis C	Noncovered for all programs, Noncovered for Package C	NA	NA
G9208	Hepatitis C genotype testing was not documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis C, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9209	Hepatitis C quantitative RNA testing documented as performed between 4-12 weeks after the initiation of antiviral treatment	Noncovered for all programs, Noncovered for Package C	NA	NA
G9210	Hepatitis C quantitative RNA testing not performed between 4-12 weeks after the initiation of antiviral treatment for reasons documented by clinician (eg, patients whose treatment was discontinued during the testing period prior to testing, other medical reasons, patient declined, other patient reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9211	Hepatitis C quantitative RNA testing was not documented as performed between 4-12 weeks after the initiation of antiviral treatment, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9212	DSM-IV-TR criteria for major depressive disorder documented at the initial evaluation	Noncovered for all programs, Noncovered for Package C	NA	NA
G9213	DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified	Noncovered for all programs, Noncovered for Package C	NA	NA
G9214	CD4+ cell count or CD4+ cell percentage results documented	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9215	CD4+ cell count or percentage not documented as performed, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9216	PCP prophylaxis was not prescribed at time of diagnosis of HIV, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9217	PCP prophylaxis was not prescribed within 3 months of low CD4+ cell count below 200 cells/mm ³ , reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9218	PCP prophylaxis was not prescribed within 3 months of low CD4+ cell count below 500 cells/mm ³ or a CD4 percentage below 15%, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9219	Pneumocystis jiroveci pneumonia prophylaxis not prescribed within 3 months of low CD4+ cell count below 200 cells/mm ³ for medical reason (i.e., patient's CD4+ cell count above threshold within 3 months after CD 4+ cell count below threshold, indicating that the patient's CD 4+ levels are within an acceptable range and the patient does not require PCP prophylaxis)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9220	Pneumocystis jiroveci pneumonia prophylaxis not prescribed within 3 months of low CD4+ cell count below 500 cells/mm ³ or a CD4 percentage below 15% for medical reason (i.e., patient's CD4+ cell count above threshold within 3 months after CD4+ cell count below threshold, indicating that the patient's CD4+ levels are within an acceptable range and the patient does not require PCP prophylaxis)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9221	Pneumocystis jiroveci pneumonia prophylaxis prescribed	Noncovered for all programs, Noncovered for Package C	NA	NA
G9222	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 200 cells/mm ³	Noncovered for all programs, Noncovered for Package C	NA	NA
G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 500 cells/mm ³ or a CD4 percentage below 15%	Noncovered for all programs, Noncovered for Package C	NA	NA
G9224	Documentation of medical reason for not performing foot exam (e.g., patient with bilateral foot/leg amputation)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9225	Foot exam was not performed, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9226	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when all of the 3 components are completed)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan	Noncovered for all programs, Noncovered for Package C	NA	NA
G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9229	Chlamydia, gonorrhea, and syphilis not screened, due to documented reason (patient refusal is the only allowed exclusion)	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9231	Documentation of end stage renal disease (ESRD), dialysis, renal transplant or pregnancy	Noncovered for all programs, Noncovered for Package C	NA	NA
G9232	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition for specified patient reason	Noncovered for all programs, Noncovered for Package C	NA	NA
G9233	All quality actions for the applicable measures in the total knee replacement measures group have been performed for this patient	Noncovered for all programs, Noncovered for Package C	NA	NA
G9234	I intend to report the total knee replacement measures group	Noncovered for all programs, Noncovered for Package C	NA	NA
G9235	All quality actions for the applicable measures in the general surgery measures group have been performed for this patient	Noncovered for all programs, Noncovered for Package C	NA	NA
G9236	All quality actions for the applicable measures in the optimizing patient exposure to ionizing radiation measures group have been performed for this patient	Noncovered for all programs, Noncovered for Package C	NA	NA
G9237	I intend to report the general surgery measures group	Noncovered for all programs, Noncovered for Package C	NA	NA
G9238	I intend to report the optimizing patient exposure to ionizing radiation measures group	Noncovered for all programs, Noncovered for Package C	NA	NA
G9239	Documentation of reasons for patient initiating maintenance hemodialysis with a catheter as the mode of vascular access (eg, patient has a maturing AVF/AVG, time-limited trial of hemodialysis, patients undergoing palliative dialysis, other medical reasons, patient declined AVF/AVG, other patient reasons, patient followed by reporting nephrologist for fewer than 90 days, other system reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9240	Patient whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated	Noncovered for all programs, Noncovered for Package C	NA	NA
G9241	Patient whose mode of vascular access is not a catheter at the time maintenance hemodialysis is initiated	Noncovered for all programs, Noncovered for Package C	NA	NA
G9242	Documentation of viral load equal to or greater than 200 copies/ml	Noncovered for all programs, Noncovered for Package C	NA	NA
G9243	Documentation of viral load less than 200 copies/ml	Noncovered for all programs, Noncovered for Package C	NA	NA
G9244	Antiretroviral therapy not prescribed	Noncovered for all programs, Noncovered for Package C	NA	NA
G9245	Antiretroviral therapy prescribed	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9246	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	Noncovered for all programs, Noncovered for Package C	NA	NA
G9247	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	Noncovered for all programs, Noncovered for Package C	NA	NA
G9248	Patient did not have a medical visit in the last 6 months	Noncovered for all programs, Noncovered for Package C	NA	NA
G9249	Patient had a medical visit in the last 6 months	Noncovered for all programs, Noncovered for Package C	NA	NA
G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment	Noncovered for all programs, Noncovered for Package C	NA	NA
G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment	Noncovered for all programs, Noncovered for Package C	NA	NA
G9252	Adenoma(s) or other neoplasm detected during screening colonoscopy	Noncovered for all programs, Noncovered for Package C	NA	NA
G9253	Adenoma(s) or other neoplasm not detected during screening colonoscopy	Noncovered for all programs, Noncovered for Package C	NA	NA
G9254	Documentation of patient discharged to home later than post-operative day 2 following CAS	Noncovered for all programs, Noncovered for Package C	NA	NA
G9255	Documentation of patient discharged to home no later than post operative day 2 following CAS	Noncovered for all programs, Noncovered for Package C	NA	NA
G9256	Documentation of patient death following CAS	Noncovered for all programs, Noncovered for Package C	NA	NA
G9257	Documentation of patient stroke following CAS	Noncovered for all programs, Noncovered for Package C	NA	NA
G9258	Documentation of patient stroke following CEA	Noncovered for all programs, Noncovered for Package C	NA	NA
G9259	Documentation of patient survival and absence of stroke following CAS	Noncovered for all programs, Noncovered for Package C	NA	NA
G9260	Documentation of patient death following CEA	Noncovered for all programs, Noncovered for Package C	NA	NA
G9261	Documentation of patient survival and absence of stroke following CEA	Noncovered for all programs, Noncovered for Package C	NA	NA
G9262	Documentation of patient death in the hospital following endovascular AAA repair	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9263	Documentation of patient survival in the hospital following endovascular AAA repair	Noncovered for all programs, Noncovered for Package C	NA	NA
G9264	Documentation of patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter for documented reasons (eg, patient is undergoing palliative dialysis with a catheter, patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons, patient declined AVF/AVG, other patient reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9265	Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter as the mode of vascular access	Noncovered for all programs, Noncovered for Package C	NA	NA
G9266	Patient receiving maintenance hemodialysis for greater than or equal to 90 days without a catheter as the mode of vascular access	Noncovered for all programs, Noncovered for Package C	NA	NA
G9267	Documentation of patient with one or more complications or mortality within 30 days	Noncovered for all programs, Noncovered for Package C	NA	NA
G9268	Documentation of patient with one or more complications within 90 days	Noncovered for all programs, Noncovered for Package C	NA	NA
G9269	Documentation of patient without one or more complications and without mortality within 30 days	Noncovered for all programs, Noncovered for Package C	NA	NA
G9270	Documentation of patient without one or more complications within 90 days	Noncovered for all programs, Noncovered for Package C	NA	NA
G9271	LDL value < 100	Noncovered for all programs, Noncovered for Package C	NA	NA
G9272	LDL value >= 100	Noncovered for all programs, Noncovered for Package C	NA	NA
G9273	Blood pressure has a systolic value of < 140 and a diastolic value of < 90	Noncovered for all programs, Noncovered for Package C	NA	NA
G9274	Blood pressure has a systolic value of =140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90	Noncovered for all programs, Noncovered for Package C	NA	NA
G9275	Documentation that patient is a current non-tobacco user	Noncovered for all programs, Noncovered for Package C	NA	NA
G9276	Documentation that patient is a current tobacco user	Noncovered for all programs, Noncovered for Package C	NA	NA
G9277	Documentation that the patient is on daily aspirin or has documentation of a valid contraindication to aspirin automatic contraindications include anti-coagulant use, allergy, and history of gastrointestinal bleed; additionally, any reason documented by the physician as a reason for not taking daily aspirin is acceptable (examples include non-steroidal anti-inflammatory agents, risk for drug interaction, or uncontrolled hypertension defined as > 180 systolic or > 110 diastolic)	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9278	Documentation that the patient is not on daily aspirin regimen	Noncovered for all programs, Noncovered for Package C	NA	NA
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge	Noncovered for all programs, Noncovered for Package C	NA	NA
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified	Noncovered for all programs, Noncovered for Package C	NA	NA
G9281	Screening performed and documentation that vaccination not indicated/patient refusal	Noncovered for all programs, Noncovered for Package C	NA	NA
G9282	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9283	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	Noncovered for all programs, Noncovered for Package C	NA	NA
G9284	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	Noncovered for all programs, Noncovered for Package C	NA	NA
G9285	Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer	Noncovered for all programs, Noncovered for Package C	NA	NA
G9286	Documentation of antibiotic regimen prescribed within 7 days of diagnosis or within 10 days after onset of symptoms	Noncovered for all programs, Noncovered for Package C	NA	NA
G9287	No antibiotic regimen prescribed within 7 days of diagnosis or within 10 days after onset of symptoms	Noncovered for all programs, Noncovered for Package C	NA	NA
G9288	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9289	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	Noncovered for all programs, Noncovered for Package C	NA	NA
G9290	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	Noncovered for all programs, Noncovered for Package C	NA	NA
G9291	Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as NSDC-NOS	Noncovered for all programs, Noncovered for Package C	NA	NA
G9292	Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9293	Pathology report does not include the PT category and a statement on thickness and ulceration and for PT1, mitotic rate	Noncovered for all programs, Noncovered for Package C	NA	NA
G9294	Pathology report includes the PT category and a statement on thickness and ulceration and for PT1, mitotic rate	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9295	Specimen site other than anatomic cutaneous location	Noncovered for all programs, Noncovered for Package C	NA	NA
G9296	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy prior to the procedure	Noncovered for all programs, Noncovered for Package C	NA	NA
G9297	Shared decision-making including discussion of conservative (non-surgical) therapy prior to the procedure not documented, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including history of DVT, PE, MI, arrhythmia and stroke	Noncovered for all programs, Noncovered for Package C	NA	NA
G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including history of DVT, PE, MI, arrhythmia and stroke, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9300	Documentation of medical reason(s) for not completely infusing the prophylactic antibiotic prior to the inflation of the proximal tourniquet (e.g., a tourniquet was not used)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9301	Patients who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	Noncovered for all programs, Noncovered for Package C	NA	NA
G9302	Prophylactic antibiotic not completely infused prior to the inflation of the proximal tourniquet, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9303	Operative report does not identify the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of the prosthetic implant, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9304	Operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of the prosthetic implant	Noncovered for all programs, Noncovered for Package C	NA	NA
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required	Noncovered for all programs, Noncovered for Package C	NA	NA
G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required	Noncovered for all programs, Noncovered for Package C	NA	NA
G9307	No return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure	Noncovered for all programs, Noncovered for Package C	NA	NA
G9308	Unplanned return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure	Noncovered for all programs, Noncovered for Package C	NA	NA
G9309	No unplanned hospital readmission within 30 days of principal procedure	Noncovered for all programs, Noncovered for Package C	NA	NA
G9310	Unplanned hospital readmission within 30 days of principal procedure	Noncovered for all programs, Noncovered for Package C	NA	NA
G9311	No surgical site infection	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9312	Surgical site infection	Noncovered for all programs, Noncovered for Package C	NA	NA
G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason (eg, cystic fibrosis, immotile cilia disorders, ciliary dyskinesia, immune deficiency, prior history of sinus surgery within the past 12 months, and anatomic abnormalities, such as deviated nasal septum, resistant organisms, allergy to medication, recurrent sinusitis, chronic sinusitis, or other reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9315	Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis	Noncovered for all programs, Noncovered for Package C	NA	NA
G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family	Noncovered for all programs, Noncovered for Package C	NA	NA
G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed	Noncovered for all programs, Noncovered for Package C	NA	NA
G9318	Imaging study named according to standardized nomenclature	Noncovered for all programs, Noncovered for Package C	NA	NA
G9319	Imaging study not named according to standardized nomenclature, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9320	Documentation of medical reason(s) for not naming CT studies according to a standardized nomenclature provided (eg, CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9321	Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study	Noncovered for all programs, Noncovered for Package C	NA	NA
G9322	Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9323	Documentation of medical reason(s) for not counting previous CT and cardiac nuclear medicine (myocardial perfusion) studies (eg, CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9324	All necessary data elements not included, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9325	CT studies not reported to a radiation dose index registry due to medical reasons (eg, CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9326	CT studies performed not reported to a radiation dose index registry, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9327	CT studies performed reported to a radiation dose index registry with all necessary data elements	Noncovered for all programs, Noncovered for Package C	NA	NA
G9328	Dicom format image data availability not documented in final report due to medical reasons (eg, CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9329	Dicom format image data available to non-affiliated external entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study not documented in final report, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9340	Final report documented that dicom format image data available to non-affiliated external entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study	Noncovered for all programs, Noncovered for Package C	NA	NA
G9341	Search conducted for prior patient CT imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed	Noncovered for all programs, Noncovered for Package C	NA	NA
G9342	Search conducted for prior patient imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed not completed, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9343	Search for prior patient completed dicom format images not completed due to medical reasons (eg, CT studies performed for radiation treatment planning or image-guided radiation treatment delivery)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9344	Search for prior patient completed dicom format images not completed due to system reasons (ie, facility does not have archival abilities through a shared archival system)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9345	Follow-up recommendations according to recommended guidelines for incidentally detected pulmonary nodules (eg, follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors documented	Noncovered for all programs, Noncovered for Package C	NA	NA
G9346	Follow-up recommendations according to recommended guidelines for incidentally detected pulmonary nodules not documented due to medical reasons (eg, patients with known malignant disease, patients with unexplained fever, CT studied performed for radiation treatment planning or image-guided radiation treatment delivery)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9347	Follow-up recommendations according to recommended guidelines for incidentally detected pulmonary nodules not documented, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9348	CT scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons (eg, persons with sinusitis symptoms lasting at least 7 to 10 days, antibiotic resistance, immunocompromised, recurrent sinusitis, acute frontal sinusitis, acute sphenoid sinusitis, periorbital cellulitis, or other medical)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9349	Documentation of a CT scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	Noncovered for all programs, Noncovered for Package C	NA	NA

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
G9350	CT scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis	Noncovered for all programs, Noncovered for Package C	NA	NA
G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis	Noncovered for all programs, Noncovered for Package C	NA	NA
G9352	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	Noncovered for all programs, Noncovered for Package C	NA	NA
G9353	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second CT obtained prior to surgery, other medical reasons)	Noncovered for all programs, Noncovered for Package C	NA	NA
G9354	More than one CT scan of the paranasal sinuses not ordered within 90 days after the date of diagnosis	Noncovered for all programs, Noncovered for Package C	NA	NA
G9355	Elective delivery or early induction not performed	Noncovered for all programs, Noncovered for Package C	NA	NA
G9356	Elective delivery or early induction performed	Noncovered for all programs, Noncovered for Package C	NA	NA
G9357	Post-partum screenings, evaluations and education performed	Noncovered for all programs, Noncovered for Package C	NA	NA
G9358	Post-partum screenings, evaluations and education not performed	Noncovered for all programs, Noncovered for Package C	NA	NA
G9359	Documentation of negative or managed positive TB screen with further evidence that TB is not active	Noncovered for all programs, Noncovered for Package C	NA	NA
G9360	No documentation of negative or managed positive TB screen	Noncovered for all programs, Noncovered for Package C	NA	NA
J0151	Injection, adenosine for diagnostic use, 1 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J0401	Injection, aripiprazole, extended release, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J1442	Injection, filgrastim (G-CSF), 1 microgram	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J1446	Injection, TBO-filgrastim, 5 micrograms	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J1556	Injection, immune globulin (bivigam), 500 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
J1602	Injection, golimumab, 1 mg, for intravenous use	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J3060	Injection, taliglucerase alfa, 10 units	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J3489	Injection, zoledronic acid, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J7316	Injection, ocriplasmin, 0.125 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J7508	Tacrolimus, extended release, oral, 0.1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J9047	Injection, carfilzomib, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J9306	Injection, pertuzumab, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J9354	Injection, ADO-trastuzumab emtansine, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J9371	Injection, vincristine sulfate liposome, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
J9400	Injection, ZIV-aflibercept, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
L8679	Implantable neurostimulator, pulse generator, any type	Covered for all programs, Covered for Package C	Yes for all Programs, Yes for Package C	No
Q0161	Chlorpromazine hydrochloride, 5 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	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
Q2028	Injection, sculptra, 0.5 mg	Noncovered for all programs, Noncovered for Package C	NA	NA
Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (IVIG) demonstration	Noncovered for all programs, Noncovered for Package C	NA	NA
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes

Procedure code	Description	Program coverage	Prior authorization requirements	NDC required
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Covered for all programs, Covered for Package C	No for all programs, No for Package C	Yes
Q4137	Amnioexcel or biodexcel, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4138	Biodfence dryflex, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4140	Biodfence, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4141	Alloskin AC, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4142	XCM biologic tissue matrix, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4143	Repriza, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4145	Epifix, injectable, 1 mg	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4146	Tensix, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4147	Architect extracellular matrix, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4148	Neox 1k, per square centimeter	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
Q4149	Excellagen, 0.1 cc	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Noncovered for all programs, Noncovered for Package C	NA	NA
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Noncovered for all programs, Noncovered for Package C	NA	NA
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	Covered for all programs, Covered for Package C	No for all programs, No for Package C	No

Table 2 – New modifier codes for the 2014 annual HCPCS update

Modifier code	Description	Type	Date Effective
PM	Post mortem	Informational	January 1, 2014