IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201588 DECEMBER 31, 2015

Coverage and billing information for the 2016 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2016 annual Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. IHCP coverage and billing information provided in this bulletin is effective January 1, 2016. This bulletin serves as notice of the following information:

- Table 1: New alphanumeric and Current Procedural Terminology (CPT®[1]) codes included in the 2016 annual HCPCS update, showing:
  - Procedure code
  - Description
  - Program coverage determination
  - Prior authorization (PA) requirement
  - National Drug Code (NDC) requirement
  - Special billing information, including revenue code 636 linkage information
- Table 2: Pricing percentages for newly covered codes from Table 1 that are manually priced codes.

- Table 3: New modifiers included in the 2016 annual HCPCS update showing the modifier code, description, and type. Providers should follow CPT coding guidelines for reporting services using appropriate modifiers.

The 2016 annual HCPCS codes will be added to the Indiana*AIM* claims processing system. Established pricing will be posted on the Fee Schedule, and codes will be added to the following code tables on the *Code Sets* page at indianamedicaid.com:

- Chiropractic Code Set
- Durable Medical Equipment (DME) Code Set
- Hearing Services Code Set
- Optometrist Code Set
- Procedure codes payable as an inpatient service when delivered in an inpatient setting for stays less than 24 hours
- Procedure codes that require National Drug Codes (NDCs)

Providers may report these codes for dates of service (DOS) on or after January 1, 2016. The standard global billing procedures and edits apply when using the new codes.

The 2016 annual HCPCS update also includes modifications to descriptions for some existing HCPCS codes. These modifications are available for reference or download from the Centers for Medicare & Medicaid Services (CMS) website at cms.gov. Any modifications to descriptions that affect reimbursement will be announced at a later date.

The 2016 annual HCPCS update also includes a list of deleted codes. These codes are available for reference or download from the CMS website at cms.gov. The CMS has not yet published the alternative codes associated with the deleted codes. After the CMS publishes the alternative codes, the IHCP will publish a list of IHCP-covered codes that were deleted and for which there are associated alternative codes effective January 1, 2016.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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Table 1 − New codes included in the 2016 annual HCPCS update, effective for DOS on or after January 1, 2016

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	Covered for all programs	No	No	No
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Covered for all programs	No	No	No
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stat transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Covered for all programs	No	No	No
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stat transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Covered for all programs	Yes	No	Inpatient-only procedure

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
39401	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (list separately in addition to code for primary procedure)	Covered for all programs	No	No	No
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	Covered for all programs	No	No	No
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Noncovered for all programs	NA	NA	NA
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	Covered for all programs	No	No	No
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	Covered for all programs	No	No	No
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	Covered for all programs	No	No	No
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Covered for all programs	No	No	No
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Covered for all programs	No	No	No
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Covered for all programs	No	No	No
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	Covered for all programs	No	No	No
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	Covered for all programs	No	No	No
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	Covered for all programs	No	No	No
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	Covered for all programs	No	No	No
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Covered for all programs	No	No	No
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Covered for all programs	No	No	No
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Covered for all programs	No	No	No
50433	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Covered for all programs	No	No	No
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Covered for all programs	No	No	No
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Covered for all programs	No	No	No
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy new access, without separate nephrostomy catheter	Covered for all programs	No	No	No
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
54437	Repair of traumatic corporeal tear(s)	Covered for all programs	No	No	Limited to males only
54438	Replantation, penis, complete amputation including urethral repair	Covered for all programs	No	No	Inpatient-only procedure; limited to males only
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Covered for all programs	No	No	See Table 2 for manual pricing percentage
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Covered for all programs	No	No	Inpatient-only procedure
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Inpatient-only procedure
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	Covered for all programs	No	No	No
69209	Removal impacted cerumen using irrigation/lavage, unilateral	Covered for all programs	No	No	No
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	Covered for all programs	No	No	No
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	Covered for all programs	No	No	No
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	Noncovered for all programs	NA	NA	NA
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	Noncovered for all programs	NA	NA	NA
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	Covered for all programs	No	No	No
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	Covered for all programs	No	No	No
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	Covered for all programs	No	No	No
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	Covered for all programs	No	No	No
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	Covered for all programs	No	No	No
73551	Radiologic examination, femur; 1 view	Covered for all programs	No	No	No
73552	Radiologic examination, femur; 2 views	Covered for all programs	No	No	No
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Covered for all programs	No	No	Limited to females only
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Limited to females only
77767	Remote after loading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	Covered for all programs	No	No	No
77768	Remote after loading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	Covered for all programs	No	No	No
77770	Remote after loading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Covered for all programs	No	No	No
77771	Remote after loading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2 - 12 channels	Covered for all programs	No	No	No
77772	Remote after loading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Covered for all programs	No	No	No
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Covered for all programs	No	No	No
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small and colon bowel transit, multiple days	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
80081	Obstetric panel (includes HIV testing); This panel must include the following: blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) blood typing, ABO (86900) AND blood typing, Rh (D) (86901)	Covered for all programs	No	No	Limited to females only
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	Covered for all programs	Yes	NA	Limited to once per lifetime
81170	ABL1 (ABL-proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance) gene analysis, variants in the kinase domain	Noncovered for all programs	NA	NA	NA
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Noncovered for all programs	NA	NA	NA
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Covered for all programs	Yes	No	Limited to once per lifetime
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Covered for all programs	Yes	No	Limited to once per lifetime
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Noncovered for all programs	NA	NA	NA
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Covered for all programs	Yes	No	Limited to once per lifetime
81311	NRAS (neuroblastoma RAS viral [V-RAS] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	Covered for all programs	Yes	No	Limited to once per lifetime
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Noncovered for all programs	NA	NA	NA
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1, including ASPA	Noncovered for all programs	NA	NA	NA
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	Noncovered for all programs	NA	NA	NA
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	Noncovered for all programs	NA	NA	NA
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	Noncovered for all programs	NA	NA	NA
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD	Noncovered for all programs	NA	NA	NA
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	Noncovered for all programs	NA	NA	NA
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Noncovered for all programs	NA	NA	NA
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Noncovered for all programs	NA	NA	NA
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	Noncovered for all programs	NA	NA	NA
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Noncovered for all programs	NA	NA	NA
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (list separately in addition to code for primary procedure)	Noncovered for all programs	NA	NA	NA
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Noncovered for all programs	NA	NA	NA
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing probability of a predicted main cancer type and subtype	Noncovered for all programs	NA	NA	NA
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Noncovered for all programs	NA	NA	NA
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	Covered for all programs	No	No	Not separately reimbursable in the outpatient setting
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use	Noncovered for all programs	NA	NA	NA
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	Noncovered for all programs	NA	NA	NA
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	Noncovered for all programs	NA	NA	NA
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	Covered for all programs	No	No	No
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	Covered for all programs	No	No	No
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Noncovered for all programs	NA	NA	NA
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Noncovered for all programs	NA	NA	NA
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to code for primary procedure)	Noncovered for all programs	NA	NA	NA
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for primary procedure)	Noncovered for all programs	NA	NA	NA
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)	Noncovered for all programs	NA	NA	NA
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	Covered for all programs	No	No	See Table 2 for manual pricing percentage
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for outpatient Evaluation and Management service)	Noncovered for all programs	NA	NA	NA
99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (list separately in addition to code for prolonged service)	Noncovered for all programs	NA	NA	NA
A4337	Incontinence supply, rectal insert, any type, each	Noncovered for all programs	NA	NA	NA
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Noncovered for all programs	NA	NA	NA
C2645	Brachytherapy planar source, palladium-103, per square millimeter	Noncovered for all programs	NA	NA	NA
C9458	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C9459	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries	Noncovered for all programs	NA	NA	NA
C9460	Injection, Cangrelor, 1 mg	Covered for all programs	No	Yes	Linked to revenue code 636
D0251	Extra-oral posterior dental radiographic image	Covered for all programs including Emergency Services Package E	No	No	See Table 2 for manual pricing percentage
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Noncovered for all programs	NA	NA	NA
D0423	Genetic test for susceptibility to diseases - specimen analysis	Noncovered for all programs	NA	NA	NA
D1354	Interim caries arresting medicament application	Covered for all programs	No	No	See Table 2 for manual pricing percentage; requires indication of tooth number; limited to ages 0 through 20 years; limited to 1 per tooth per 6 months
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Noncovered for all programs	NA	NA	NA
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Noncovered for all programs	NA	NA	NA
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	Noncovered for all programs	NA	NA	NA
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	Noncovered for all programs	NA	NA	NA
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	Noncovered for all programs	NA	NA	NA
D7881	Occlusal orthotic device adjustment	Noncovered for all programs	NA	NA	NA
D8681	Removable orthodontic retainer adjustment	Noncovered for all programs	NA	NA	NA
D9223	Deep sedation/general anesthesia - each 15 minute increment	Covered for all programs including Emergency Services Package E	Yes	No	Limited to ages 0 through 20 years
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	Covered for all programs including Emergency Services Package E	Yes, for ages 21 year and over	No	No
D9932	Cleaning and inspection of removable complete denture, maxillary	Noncovered for all programs	NA	NA	NA
D9933	Cleaning and inspection of removable complete denture, mandibular	Noncovered for all programs	NA	NA	NA
D9934	Cleaning and inspection of removable partial denture, maxillary	Noncovered for all programs	NA	NA	NA
D9935	Cleaning and inspection of removable partial denture, mandibular	Noncovered for all programs	NA	NA	NA
D9943	Occlusal guard adjustment	Noncovered for all programs	NA	NA	NA
E0465	Home ventilator, any type, used with invasive interface, (eg, tracheostomy tube)	Covered for all programs	Yes	No	Requires use of RR modifier
E0466	Home ventilator, any type, used with non-invasive interface, (eg, mask, chest shell)	Covered for all programs	Yes	No	Requires use of RR modifier
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Covered for all programs	Yes	No	Requires use of RR modifier
G0296	Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)	Noncovered for all programs	NA	NA	NA
G0297	Low dose CT scan (LDCT) for lung cancer screening	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA
G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Covered for all programs	No	No	No
G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Covered for all programs	No	No	No
G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	Covered for all programs	No	No	No
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed	Covered for all programs	No	No	No

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed	Covered for all programs	No	No	No
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed	Covered for all programs	No	No	No
G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed	Covered for all programs	No	No	No
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	Noncovered for all programs	NA	NA	NA
G9480	Admission to Medicare care choice model program (MCCM)	Noncovered for all programs	NA	NA	NA
G9496	Documentation of reason for not detecting adenoma(s) or other neoplasm (eg, neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma	Noncovered for all programs	NA	NA	NA
G9497	Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	Noncovered for all programs	NA	NA	NA
G9498	Antibiotic regimen prescribed	Noncovered for all programs	NA	NA	NA
G9499	Patient did not start or is not receiving antiviral treatment for hepatitis C during the measurement period	Noncovered for all programs	NA	NA	NA
G9500	Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented	Noncovered for all programs	NA	NA	NA
G9501	Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9502	Documentation of medical reason for not performing foot exam (ie, patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)	Noncovered for all programs	NA	NA	NA
G9503	Patient taking tamsulosin hydrochloride	Noncovered for all programs	NA	NA	NA
G9504	Documented reason for not assessing hepatitis B virus (HBV) status (eg patient not receiving a first course of anti-TNF therapy, patient declined) within one year prior to first course of anti-TNF therapy	Noncovered for all programs	NA	NA	NA
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	Noncovered for all programs	NA	NA	NA
G9506	Biologic immune response modifier prescribed	Noncovered for all programs	NA	NA	NA
G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myostitis or toxic myopathy related to drugs)	Noncovered for all programs	NA	NA	NA
G9508	Documentation that the patient is not on a statin medication	Noncovered for all programs	NA	NA	NA
G9509	Remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than 5	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9510	Remission at twelve months not demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five; either PHQ-9 score was not assessed or is greater than or equal to 5	Noncovered for all programs	NA	NA	NA
G9511	Index date PHQ-9 score greater than 9 documented during the twelve month denominator identification period	Noncovered for all programs	NA	NA	NA
G9512	Individual had a PDC of 0.8 or greater	Noncovered for all programs	NA	NA	NA
G9513	Individual did not have a PDC of 0.8 or greater	Noncovered for all programs	NA	NA	NA
G9514	Patient required a return to the operating room within 90 days of surgery	Noncovered for all programs	NA	NA	NA
G9515	Patient did not require a return to the operating room within 90 days of surgery	Noncovered for all programs	NA	NA	NA
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	Noncovered for all programs	NA	NA	NA
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	Noncovered for all programs	NA	NA	NA
G9518	Documentation of active injection drug use	Noncovered for all programs	NA	NA	NA
G9519	Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	Noncovered for all programs	NA	NA	NA
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery, reason not given	Noncovered for all programs	NA	NA	NA
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	Noncovered for all programs	NA	NA	NA
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9523	Patient discontinued from hemodialysis or peritoneal dialysis	Noncovered for all programs	NA	NA	NA
G9524	Patient was referred to hospice care	Noncovered for all programs	NA	NA	NA
G9525	Documentation of patient reason(s) for not referring to hospice care (eg, patient declined, other patient reasons)	Noncovered for all programs	NA	NA	NA
G9526	Patient was not referred to hospice care, reason not given	Noncovered for all programs	NA	NA	NA
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head CT	Noncovered for all programs	NA	NA	NA
G9530	Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider	Noncovered for all programs	NA	NA	NA
G9531	Patient has a valid reason for a head CT for trauma being ordered, regardless of indications (ie, ventricular shunt, brain tumor, multisystem trauma, pregnancy, or currently taking an antiplatelet medication including: ASA/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor or cilstazol)	Noncovered for all programs	NA	NA	NA
G9532	Patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a GCS score less than 15, or had a head CT for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	Noncovered for all programs	NA	NA	NA
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT	Noncovered for all programs	NA	NA	NA
G9534	Advanced brain imaging (CTA, CT, MRA, or MRI) was not ordered	Noncovered for all programs	NA	NA	NA
G9535	Patients with a normal neurological examination	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9536	Documentation of medical reason(s) for ordering an advanced brain imaging study (ie, patient has an abnormal neurological examination; patient has the coexistence of seizures, or both; recent onset of severe headache; change in the type of headache; signs of increased intracranial pressure (eg, papilledema, absent venous pulsations on funduscopic examination, altered mental status, focal neurologic deficits, signs of meningeal irritation); HIV-positive patients with a new type of headache; immunocompromised patient with unexplained headache symptoms; patient on coagulopathy/anti-coagulation or anti-platelet therapy; very young patients with unexplained headache symptoms)	Noncovered for all programs	NA	NA	NA
G9537	Documentation of system reason(s) for ordering an advanced brain imaging study (ie, needed as part of a clinical trial; other clinician ordered the study)	Noncovered for all programs	NA	NA	NA
G9538	Advanced brain imaging (CTA, CT, MRA, or MRI) was ordered	Noncovered for all programs	NA	NA	NA
G9539	Intent for potential removal at time of placement	Noncovered for all programs	NA	NA	NA
G9540	Patient alive 3 months post procedure	Noncovered for all programs	NA	NA	NA
G9541	Filter removed within 3 months of placement	Noncovered for all programs	NA	NA	NA
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	Noncovered for all programs	NA	NA	NA
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9544	Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	Noncovered for all programs	NA	NA	NA
G9547	Incidental CT finding: liver lesion = 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion = 1.0 cm	Noncovered for all programs	NA	NA	NA
G9548	Final reports for abdominal imaging studies with follow-up imaging recommended	Noncovered for all programs	NA	NA	NA
G9549	Documentation of medical reason(s) that follow-up imaging is not indicated (eg, patient has a known malignancy that can metastasize, other medical reason(s)	Noncovered for all programs	NA	NA	NA
G9550	Final reports for abdominal imaging studies with follow-up imaging not recommended	Noncovered for all programs	NA	NA	NA
G9551	Final reports for abdominal imaging studies without a liver lesion < 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion < 1.0 cm noted	Noncovered for all programs	NA	NA	NA
G9552	Incidental thyroid nodule < 1.0 cm noted in report	Noncovered for all programs	NA	NA	NA
G9553	Prior thyroid disease diagnosis	Noncovered for all programs	NA	NA	NA
G9554	Final reports for CT or MRI of the chest or neck or ultrasound of the neck with follow-up imaging recommended	Noncovered for all programs	NA	NA	NA
G9555	Documentation of medical reason(s) for not including documentation that follow up imaging is not needed (eg, patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))	Noncovered for all programs	NA	NA	NA
G9556	Final reports for CT or MRI of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	Noncovered for all programs	NA	NA	NA
G9557	Final reports for CT or MRI studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9558	Patient treated with a beta-lactam antibiotic as definitive therapy	Noncovered for all programs	NA	NA	NA
G9559	Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (eg, allergy, intolerance to beta -lactam antibiotics)	Noncovered for all programs	NA	NA	NA
G9560	Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given	Noncovered for all programs	NA	NA	NA
G9561	Patients prescribed opiates for longer than six weeks	Noncovered for all programs	NA	NA	NA
G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy	Noncovered for all programs	NA	NA	NA
G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy	Noncovered for all programs	NA	NA	NA
G9572	Index date PHQ-score greater than 9 documented during the twelve month denominator identification period	Noncovered for all programs	NA	NA	NA
G9573	Remission at six months as demonstrated by a six month (+/-30 days) phq-9 score of less than five	Noncovered for all programs	NA	NA	NA
G9577	Patients prescribed opiates for longer than six weeks	Noncovered for all programs	NA	NA	NA
G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy	Noncovered for all programs	NA	NA	NA
G9579	No documentation of signed an opioid treatment agreement at least once during opioid therapy	Noncovered for all programs	NA	NA	NA
G9580	Door to puncture time of less than 2 hours	Noncovered for all programs	NA	NA	NA
G9581	Door to puncture time of greater than 2 hours for reasons documented by clinician (eg, patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment; hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment)	Noncovered for all programs	NA	NA	NA
G9582	Door to puncture time of greater than 2 hours, no reason given	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9583	Patients prescribed opiates for longer than six weeks	Noncovered for all programs	NA	NA	NA
G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (eg, opioid risk tool, SOAAP-R) or patient interviewed at least once during opioid therapy	Noncovered for all programs	NA	NA	NA
G9585	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (eg, opioid risk tool, SOAAP-R) or patient not interviewed at least once during opioid therapy	Noncovered for all programs	NA	NA	NA
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules	Noncovered for all programs	NA	NA	NA
G9594	Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider	Noncovered for all programs	NA	NA	NA
G9595	Patient has a valid reason for a head CT for trauma being ordered, regardless of indications (ie, ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia)	Noncovered for all programs	NA	NA	NA
G9596	Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a GCS score less than 15, or had a head CT for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	Noncovered for all programs	NA	NA	NA
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules	Noncovered for all programs	NA	NA	NA
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	Noncovered for all programs	NA	NA	NA
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9600	Symptomatic AAAS that required urgent/emergent (non-elective) repair	Noncovered for all programs	NA	NA	NA
G9601	Patient discharge to home no later than post-operative day #7	Noncovered for all programs	NA	NA	NA
G9602	Patient not discharged to home by post-operative day #7	Noncovered for all programs	NA	NA	NA
G9603	Patient survey score improved from baseline following treatment	Noncovered for all programs	NA	NA	NA
G9604	Patient survey results not available	Noncovered for all programs	NA	NA	NA
G9605	Patient survey score did not improve from baseline following treatment	Noncovered for all programs	NA	NA	NA
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	Noncovered for all programs	NA	NA	NA
G9607	Patient is not eligible (eg, patient death during procedure, absent urethra or an otherwise inaccessible bladder)	Noncovered for all programs	NA	NA	NA
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	Noncovered for all programs	NA	NA	NA
G9609	Documentation of an order for anti-platelet agents or p2y12 antagonists	Noncovered for all programs	NA	NA	NA
G9610	Documentation of medical reason(s) for not ordering anti-platelet agents or p2y12 antagonists (eg, patients with known intolerance to anti-platelet agents such as aspirin or aspirin-like agents, or p2y12 antagonists, or those on or other intravenous anti-coagulants; patients with active bleeding or undergoing urgent or emergent operations or endarterectomy combined with cardiac surgery, other medical reason(s))	Noncovered for all programs	NA	NA	NA
G9611	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	Noncovered for all programs	NA	NA	NA
G9612	Photodocumentation of one or more cecal landmarks to establish a complete examination	Noncovered for all programs	NA	NA	NA
G9613	Documentation of post-surgical anatomy (eg, right hemicolectomy, ileocecal resection, etc.)	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9614	No photodocumentation of cecal landmarks to establish a complete examination	Noncovered for all programs	NA	NA	NA
G9615	Preoperative assessment documented	Noncovered for all programs	NA	NA	NA
G9616	Documentation of reason(s) for not documenting a preoperative assessment (eg, patient with a gynecologic or other pelvic malignancy noted at the time of surgery)	Noncovered for all programs	NA	NA	NA
G9617	Preoperative assessment not documented, reason not given	Noncovered for all programs	NA	NA	NA
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	Noncovered for all programs	NA	NA	NA
G9619	Documentation of reason(s) for not screening for uterine malignancy (eg, prior hysterectomy)	Noncovered for all programs	NA	NA	NA
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	Noncovered for all programs	NA	NA	NA
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	Noncovered for all programs	NA	NA	NA
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Noncovered for all programs	NA	NA	NA
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (eg, limited life expectancy, other medical reasons)	Noncovered for all programs	NA	NA	NA
G9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	Noncovered for all programs	NA	NA	NA
G9625	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9626	Patient is not eligible (eg, gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)	Noncovered for all programs	NA	NA	NA
G9627	Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	Noncovered for all programs	NA	NA	NA
G9628	Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	Noncovered for all programs	NA	NA	NA
G9629	Patient is not eligible (eg, gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)	Noncovered for all programs	NA	NA	NA
G9630	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	Noncovered for all programs	NA	NA	NA
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	Noncovered for all programs	NA	NA	NA
G9632	Patient is not eligible (eg, gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)	Noncovered for all programs	NA	NA	NA
G9633	Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery	Noncovered for all programs	NA	NA	NA
G9634	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9635	Health-related quality of life not assessed with tool for documented reason(s) (eg, patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the HRQOL survey, patient has the inability to read and/or write in order to complete the HRQOL questionnaire)	Noncovered for all programs	NA	NA	NA
G9636	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined	Noncovered for all programs	NA	NA	NA
G9637	Final reports with documentation of one or more dose reduction techniques (eg, automated exposure control, adjustment of the MA and/or KV according to patient size, use of iterative reconstruction technique)	Noncovered for all programs	NA	NA	NA
G9638	Final reports without documentation of one or more dose reduction techniques (eg, automated exposure control, adjustment of the MA and/or KV according to patient size, use of iterative reconstruction technique)	Noncovered for all programs	NA	NA	NA
G9639	Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure	Noncovered for all programs	NA	NA	NA
G9640	Documentation of planned hybrid or staged procedure	Noncovered for all programs	NA	NA	NA
G9641	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure	Noncovered for all programs	NA	NA	NA
G9642	Current cigarette smokers	Noncovered for all programs	NA	NA	NA
G9643	Elective surgery	Noncovered for all programs	NA	NA	NA
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	Noncovered for all programs	NA	NA	NA
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	Noncovered for all programs	NA	NA	NA
G9646	Patients with 90 day MRS score of 0 to 2	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9647	Patients in whom MRS score could not be obtained at 90 day follow-up	Noncovered for all programs	NA	NA	NA
G9648	Patients with 90 day MRS score greater than 2	Noncovered for all programs	NA	NA	NA
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (eg, (PGA; 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI))	Noncovered for all programs	NA	NA	NA
G9650	Documentation that the patient declined therapy change or has documented contraindications (eg, experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI	Noncovered for all programs	NA	NA	NA
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (eg, (PGA; 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI)) or psoriasis assessment tool not documented	Noncovered for all programs	NA	NA	NA
G9652	Patient has been treated with a systemic or biologic medication for psoriasis for at least six months	Noncovered for all programs	NA	NA	NA
G9653	Patient has not been treated with a systemic or biologic medication for psoriasis for at least six months	Noncovered for all programs	NA	NA	NA
G9654	Monitored anesthesia care (MAC)	Noncovered for all programs	NA	NA	NA
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	Noncovered for all programs	NA	NA	NA
G9656	Patient transferred directly from anesthetizing location to PACU	Noncovered for all programs	NA	NA	NA
G9657	Transfer of care during an anesthetic or to the intensive care unit	Noncovered for all programs	NA	NA	NA
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9659	Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (ie, regional enteritis), familial adenomatous polyposis, Lynch syndrome (ie, hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits	Noncovered for all programs	NA	NA	NA
G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (eg, last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (ie, regional enteritis), familial history of adenomatous polyposis, Lynch syndrome (ie, hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)	Noncovered for all programs	NA	NA	NA
G9661	Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of GI tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnoses advance lesions	Noncovered for all programs	NA	NA	NA
G9662	Previously diagnosed or have an active diagnosis of clinical ASCVD	Noncovered for all programs	NA	NA	NA
G9663	Any fasting or direct LDL-C laboratory test result = 190 mg/dl	Noncovered for all programs	NA	NA	NA
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	Noncovered for all programs	NA	NA	NA
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G9667	Documentation of medical reason (s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (eg, patient with adverse effect, allergy or intolerance to statin medication therapy, patients who have an active diagnosis of pregnancy or who are breastfeeding, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease (ESRD), and patients with diabetes who have a fasting or direct LDL-C laboratory test result < 70 mg/dl and are not taking statin therapy)	Noncovered for all programs	NA	NA	NA
G9669	I intend to report the multiple chronic conditions measures group	Noncovered for all programs	NA	NA	NA
G9670	All quality actions for the applicable measures in the multiple chronic conditions measures group have been performed for this patient	Noncovered for all programs	NA	NA	NA
G9671	I intend to report the diabetic retinopathy measures group	Noncovered for all programs	NA	NA	NA
G9672	All quality actions for the applicable measures in the diabetic retinopathy measures group have been performed for this patient	Noncovered for all programs	NA	NA	NA
G9673	I intend to report the cardiovascular prevention measures group	Noncovered for all programs	NA	NA	NA
G9674	Patients with clinical ASCVD diagnosis	Noncovered for all programs	NA	NA	NA
G9675	Patients who have ever had a fasting or direct laboratory result of LDL-C = 190 mg/dl	Noncovered for all programs	NA	NA	NA
G9676	Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period	Noncovered for all programs	NA	NA	NA
G9677	All quality actions for the applicable measures in the cardiovascular prevention measures group have been performed for this patient	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
J0202	Injection, alemtuzumab, 1 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Covered for all programs	No	Yes	Linked to revenue code 636
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	Covered for all programs	No	Yes	No
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Covered for all programs	No	Yes	No
J0875	Injection, dalbavancin, 5mg	Covered for all programs	No	Yes	No
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Noncovered for all programs	NA	NA	NA
J1447	Injection, tbo-filgrastim, 1 microgram	Covered for all programs	No	Yes	Linked to revenue code 636
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	Covered for all programs	No	Yes	Linked to revenue code 636
J1833	Injection, isavuconazonium, 1 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J2407	Injection, oritavancin, 10 mg	Covered for all programs	No	Yes	No
J2502	Injection, pasireotide long acting, 1 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J2547	Injection, peramivir, 1 mg	Covered for all programs	No	Yes	No
J2860	Injection, siltuximab, 10 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J3090	Injection, tedizolid phosphate, 1 mg	Covered for all programs	No	Yes	No
J3380	Injection, vedolizumab, 1 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	Noncovered for all programs	NA	NA	NA
J7188	Injection, factor VIII (antihemophilic factor, recombinant), (obizur), per i.u.	Covered for all programs	No	Yes	Linked to revenue code 636
J7205	Injection, factor VIII fc fusion protein (recombinant), per iu	Covered for all programs	No	Yes	Linked to revenue code 636

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration	Covered for all programs including Family Planning Eligibility Program	No	Yes	Limited to female only; coverage limited to Liletta only
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	Covered for all programs including Family Planning Eligibility Program	No	Yes	Limited to female only; coverage limited to Mirena only
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Covered for all programs	No	Yes	Coverage limited to Iluvien only; linked to revenue code 636
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Noncovered for all programs	NA	NA	NA
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension	Covered for all programs	Yes for over 100 units	Yes	No
J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	Covered for all programs	Yes for over 80 units	Yes	No
J7999	Compounded drug, not otherwise classified	Noncovered for all programs	NA	NA	NA
J8655	Netupitant 300 mg and palonosetron 0.5 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J9032	Injection, belinostat, 10 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J9039	Injection, blinatumomab, 1 microgram	Covered for all programs	No	Yes	Linked to revenue code 636
J9271	Injection, pembrolizumab, 1 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J9299	Injection, nivolumab, 1 mg	Covered for all programs	No	Yes	Linked to revenue code 636
J9308	Injection, ramucirumab, 5 mg	Covered for all programs	No	Yes	Linked to revenue code 636
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	Covered for all programs	No	No	See Table 2 for manual pricing percentage
P9071	Plasma (single donor), pathogen reduced, frozen, each unit	Covered for all programs	No	No	See Table 2 for manual pricing percentage
P9072	Platelets, pheresis, pathogen reduced, each unit	Covered for all programs	No	No	See Table 2 for manual pricing percentage
Q4161	Bio-connekt wound matrix, per square centimeter	Noncovered for all programs	NA	NA	NA
Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	Noncovered for all programs	NA	NA	NA
Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	Noncovered for all programs	NA	NA	NA
Q4164	Helicoll, per square centimeter	Noncovered for all programs	NA	NA	NA
Q4165	Keramatrix, per square centimeter	Noncovered for all programs	NA	NA	NA
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Noncovered for all programs	NA	NA	NA
Q9980	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Noncovered for all programs	NA	NA	NA
0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (list separately in addition to code for primary procedure)	Noncovered for all programs	NA	NA	NA
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (list separately in addition to code for primary procedure)	Noncovered for all programs	NA	NA	NA
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (list separately in addition to code for primary procedure)	Noncovered for all programs	NA	NA	NA
0400T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions	Noncovered for all programs	NA	NA	NA
0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions	Noncovered for all programs	NA	NA	NA
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	Noncovered for all programs	NA	NA	NA
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day	Noncovered for all programs	NA	NA	NA
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	Noncovered for all programs	NA	NA	NA
0405T	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time	Noncovered for all programs	NA	NA	NA
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant	Noncovered for all programs	NA	NA	NA
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Noncovered for all programs	NA	NA	NA
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Noncovered for all programs	NA	NA	NA
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	Noncovered for all programs	NA	NA	NA
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	Noncovered for all programs	NA	NA	NA
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Noncovered for all programs	NA	NA	NA
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode	Noncovered for all programs	NA	NA	NA
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Noncovered for all programs	NA	NA	NA
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)	Noncovered for all programs	NA	NA	NA
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	Noncovered for all programs	NA	NA	NA
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	Noncovered for all programs	NA	NA	NA
0419T	Destruction neurofibromata, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata	Noncovered for all programs	NA	NA	NA
0420T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata	Noncovered for all programs	NA	NA	NA
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Noncovered for all programs	NA	NA	NA
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Noncovered for all programs	NA	NA	NA
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	Noncovered for all programs	NA	NA	NA
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	Noncovered for all programs	NA	NA	NA
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Noncovered for all programs	NA	NA	NA

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Noncovered for all programs	NA	NA	NA
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Noncovered for all programs	NA	NA	NA
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Noncovered for all programs	NA	NA	NA
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Noncovered for all programs	NA	NA	NA
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Noncovered for all programs	NA	NA	NA
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Noncovered for all programs	NA	NA	NA
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Noncovered for all programs	NA	NA	NA
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Noncovered for all programs	NA	NA	NA
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Noncovered for all programs	NA	NA	NA
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Noncovered for all programs	NA	NA	NA
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	Noncovered for all programs	NA	NA	NA

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Table 2 − Pricing percentages for newly covered codes that are manually priced

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a *CMS-1500* claim	Amount reimbursed as % of billed charges when billed on a *UB-04* claim
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	20%	15%
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	40%	15%
D0251	Extra-oral posterior dental radiographic image	90%	90%
D1354	Interim caries arresting medicament application	90%	90%
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	90%	90%
P9071	Plasma (single donor), pathogen reduced, frozen, each unit	90%	90%
P9072	Platelets, pheresis, pathogen reduced, each unit	90%	90%

Table 3 − New modifiers included in the 2016 annual HCPCS update effective January 1, 2016

Modifier code	Description	Type
CP	Adjunctive service related to a procedure assigned to a comprehensive ambulatory payment classification (C-APC) procedure, but reported on a different claim	Informational
CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard	Informational
ZA	Novartis/Sandoz	Informational