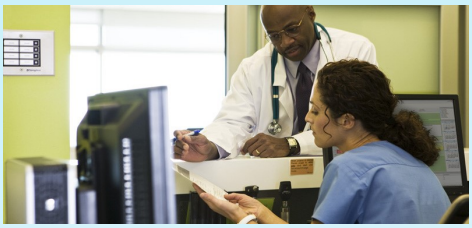
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201978 DECEMBER 31, 2019

Coverage and billing information for the 2020 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2020 annual Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective January 1, 2020. The bulletin serves as a notice of the following information:

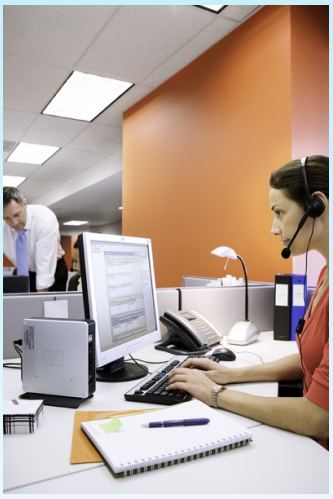


- Table 1: New alphanumeric, Current Procedural Terminology (CPT©[1]) and Current Dental Terminology (CDT©[2]) codes included in the 2020 annual HCPCS update. Coverage and billing information for these procedure codes applies to dates of service (DOS) on or after January 1, 2020.
- Table 2: New modifiers included in the 2020 annual HCPCS update effective January 1, 2020, showing the modifier code, description, and type. Providers should follow CPT coding guidelines for reporting services using appropriate modifiers. (*Note: These modifiers were incorrectly published with an October 1, 2019, effective date in IHCP Bulletin BT201955.)*
- Table 3: Pricing percentages for newly covered procedure codes from Table 1 that are manually priced codes.
- Table 4: Procedure codes linked to revenue code 636.
- Table 5: Procedure codes pending the posting of the Centers for Medicare & Medicaid Services (CMS) *Clinical Laboratory Fee Schedule*.

The 2020 annual HCPCS, CPT, and CDT codes will be added to the claim-processing system. Established pricing will be posted on the appropriate IHCP Fee Schedule and updates will be made to the following code table documents on the *Code Sets* page at in.gov/medicaid/providers:

- Anesthesia Services Codes
- Chiropractic Services Codes
- Dental Services Codes
- Durable and Home Medical Equipment and Supplies Codes
- Family Planning Eligibility Program Codes
- Family Planning Services Codes
- Inpatient Hospital Services Codes
- Podiatry Services Codes
- Procedure Code Modifiers for Professional Claims
- Procedure Codes That Require Attachments
- Procedure Codes That Require National Drug Codes (NDCs)
- Renal Dialysis Services Codes
- Revenue Codes with Special Procedure Code Linkages
- Telemedicine Services Codes
- Vision Services Codes

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, prior authorization (PA), and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to the DXC Prior Authorization Unit at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.



The 2020 annual HCPCS update also includes modifications to descriptions for some existing HCPCS codes. These modifications are available for reference or download from the CMS website at cms.gov. Any modifications to descriptions that affect IHCP reimbursement will be announced at a later date.

The 2020 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 this information is announced by the CMS, the IHCP will issue a publication listing any IHCP-covered codes that were deleted for which there are associated codes effective as of January 1, 2020.

The IHCP is awaiting the final posting of the CMS *Outpatient Fee Schedule and Clinical Laboratory Fee Schedule*, which could affect pricing for some codes. The IHCP will issue a publication detailing any additional pricing information after final calculations are completed.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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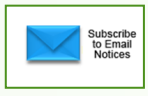

Table 1 – New codes included in the 2020 annual HCPCS update, effective for DOS on or after January 1, 2020

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
15769	Grafting of patient soft tissue, harvested by direct excision	Covered for all programs	Yes	No	None
15771	Grafting of patient fat, harvested by liposuction to trunk, breasts, scalp, arms, and/or legs; 50 cubic centimeters or less	Covered for all programs	Yes	No	None
15772	Grafting of patient fat, harvested by liposuction to trunk, breasts, scalp, arms, and/or legs; additional 50 cubic centimeters or less	Covered for all programs	Yes	No	None
15773	Grafting of patient fat, harvested by liposuction to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Covered for all programs	Yes	No	None
15774	Grafting of patient fat, harvested by liposuction to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc or less injectate	Covered for all programs	Yes	No	None
20560	Insertion of needle in 1 or 2 muscles	Noncovered for all programs	N/A	N/A	N/A
20561	Insertion of needle in 3 or more muscles	Noncovered for all programs	N/A	N/A	N/A
20700	Preparation and insertion of drug-delivery devices beneath fibrous covering of muscle	Covered for all programs	No	No	None
20701	Removal of drug-delivery devices from beneath fibrous covering of muscle	Covered for all programs	No	No	None
20702	Preparation and insertion of drug-delivery devices into marrow cavity of bone	Covered for all programs	No	No	None
20703	Removal of drug-delivery devices from marrow cavity of bone	Covered for all programs	No	No	None
20704	Preparation and insertion of drug-delivery devices into joint	Covered for all programs	No	No	None
20705	Removal of drug-delivery devices into joint	Covered for all programs	No	No	None
21601	Removal of tumor from chest wall including ribs	Covered for all programs	No	No	None
21602	Removal of tumor from chest wall including ribs with plastic reconstruction	Covered for all programs	No	No	None
21603	Removal of tumor from chest wall including ribs with plastic reconstruction and removal of lymph nodes from chest cavity	Covered for all programs	No	No	None
33016	Drainage of heart sac	Covered for all programs	No	No	None
33017	Drainage of heart sac with insertion of catheter accessed through skin, using fluoroscopy and/or ultrasound guidance imaging guidance, in patient 6 years or older	Covered for all programs	No	No	None
33018	Drainage of heart sac with insertion of catheter accessed through skin, using fluoroscopy and/or ultrasound guidance imaging guidance, in patient 5 years or older or any age with congenital heart defect	Covered for all programs	No	No	None
33019	Drainage of heart sac with insertion of catheter accessed through skin, using imaging guidance, using CT imaging guidance	Covered for all programs	No	No	None
33858	Repair of ascending aorta with graft on heart-lung machine, for separation of wall of aorta (dissection)	Covered for all programs	No	No	None

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
33859	Repair of ascending aorta with graft on heart-lung machine, for disease other than separation of wall of aorta (dissection)	Covered for all programs	No	No	None
33871	Repair of transverse arch of aorta with graft on heart-lung machine	Covered for all programs	No	No	None
34717	Repair of groin artery on one side with graft inserted through artery, performed at same time as repair of aorta	Covered for all programs	No	No	None
34718	Repair of groin artery on one side with graft inserted through artery, performed at same time as repair of aorta	Covered for all programs	No	No	None
35702	Exploration of artery of arm	Covered for all programs	No	No	None
35703	Exploration of artery of leg	Covered for all programs	No	No	None
46948	Tying of arteries to internal hemorrhoid	Covered for all programs	No	No	None
49013	Exploration and packing of wound in pelvic region	Covered for all programs	No	No	None
49014	Re-exploration of wound in pelvic region with removal of wound packing and repacking, if necessary	Covered for all programs	No	No	None
62328	Diagnostic spinal tap of lower spine using imaging guidance	Covered for all programs	No	No	None
62329	Therapeutic spinal tap of lower spine using imaging guidance	Covered for all programs	No	No	None
64451	Injection of anesthetic agent and/or steroid into nerves supplying joint between spine and pelvis using imaging guidance	Covered for all programs	No	No	Allowed for Certified Registered Nurse Anesthetist (CRNA) (provider specialty 094)
64454	Injection of anesthetic agent and/or steroid into genicular nerve branches of knee using imaging guidance	Covered for all programs	Yes	No	Allowed for CRNA (provider specialty 094)
64624	Destruction of genicular nerve branches of knee by injection using imaging guidance	Covered for all programs	No	No	None
64625	Radiofrequency destruction of nerves supplying joint between spine and pelvis using imaging guidance	Covered for all programs	No	No	None
66987	Complex removal of cataract with insertion of lens and laser treatment to decrease fluid production in eye	Covered for all programs	No	No	See Table 3
66988	Removal of cataract with insertion of lens and laser treatment to decrease fluid production in eye	Covered for all programs	No	No	See Table 3
74221	X-ray of esophagus with double contrast	Covered for all programs	No	No	None
74248	Follow-through X-ray of upper digestive tract with multiple serial films	Covered for all programs	No	No	None
78429	Single nuclear medicine study of heart muscle with metabolic evaluation and concurrently acquired CT transmission scan	Covered for all programs	Yes	No	None

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
78430	Single nuclear medicine study of blood flow in heart muscle with concurrently acquired CT transmission scan	Covered for all programs	Yes	No	None
78431	Multiple nuclear medicine studies of blood flow in heart muscle at rest and with stress, with concurrently acquired CT transmission scan	Covered for all programs	Yes	No	None
78432	Combined nuclear medicine study of blood flow in heart muscle with metabolic evaluation	Noncovered for all programs	N/A	N/A	N/A
78433	Combined nuclear medicine study of blood flow in heart muscle with metabolic evaluation and concurrently acquired CT transmission scan	Noncovered for all programs	N/A	N/A	N/A
78434	Nuclear medicine absolute quantification of blood flow in heart muscle	Noncovered for all programs	N/A	N/A	N/A
78830	SPECT nuclear medicine localization of tumor or inflammation or study of distribution of radioactive tracer in single area, with concurrently acquired CT transmission scan, 1 day of imaging	Covered for all programs	Yes	No	None
78831	SPECT nuclear medicine localization of tumor or inflammation or study of distribution of radioactive tracer in multiple areas, or in single area with imaging over multiple days	Covered for all programs	Yes	No	None
78832	SPECT nuclear medicine localization of tumor or inflammation or study of distribution of radioactive tracer in multiple areas, or in single area with imaging over multiple days, with concurrently acquired CT transmission scan, 1 day of imaging	Covered for all programs	Yes	No	None
78835	Quantification of radioactive tracer	Noncovered for all programs	N/A	N/A	N/A
80145	Measurement of adalimumab	Covered for all programs	No	No	See Table 5
80187	Measurement of posaconazole	Covered for all programs	No	No	See Table 5
80230	Measurement of infliximab	Covered for all programs	No	No	See Table 5
80235	Measurement of lacosamide	Covered for all programs	No	No	See Table 5
80280	Measurement of vedolizumab	Covered for all programs	No	No	See Table 5
80285	Measurement of voriconazole	Covered for all programs	No	No	See Table 5
81277	Cancer cytogenomic array gene analysis	Covered for all programs	Yes	No	See Table 5
81307	Gene analysis (partner and localizer of BRCA2) full sequence analysis	Covered for all programs	Yes	No	Limit 1 per lifetime
81308	Gene analysis (partner and localizer of BRCA2) for detection of known familial variant	Covered for all programs	Yes	No	Limit 1 per lifetime
81309	Gene analysis (partner and localizer of BRCA2) targeted sequence analysis	Covered for all programs	Yes	No	Limit 1 per lifetime
81522	mRNA gene expression analysis of 12 genes in breast tumor tissue	Covered for all programs	Yes	No	None
81542	mRNA gene expression analysis of 22 genes in prostate tumor tissue	Noncovered for all programs	N/A	N/A	N/A
81552	mRNA gene expression analysis of 15 genes in eye melanoma o tissue or fine needle aspirate	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
87563	Detection of Mycoplasma genitalium by DNA or RNA probe	Covered for all programs; allowed for Family Planning Eligibility Program	No	No	See Table 5
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, for injection into muscle, 0.5 ml dosage	Noncovered for all programs	N/A	N/A	N/A
90912	Biofeedback training for bowel or bladder control, initial 15 minutes	Noncovered for all programs	N/A	N/A	N/A
90913	Biofeedback training for bowel or bladder control, additional 15 minutes	Noncovered for all programs	N/A	N/A	N/A
92201	Extended examination of eye with drawing of retina	Covered for all programs	No	No	Allowed for Optometrist (provider specialty 180)
92202	Extended examination of eye with drawing of optic nerve and surrounding area (macula)	Covered for all programs	No	No	Allowed for Optometrist (provider specialty 180)
92549	Computerized dynamic assessment of balance and postural instability with motor control and adaptation test	Covered for all programs	No	No	None
93356	Heart muscle strain imaging	Covered for all programs	Yes	No	None
93985	Ultrasound scan of blood flow in extremity on one side for preoperative assessment of blood vessel for dialysis access	Noncovered for all programs	N/A	N/A	N/A
93986	Ultrasound scan of blood flow in extremity on both sides of body for preoperative assessment of blood vessel for dialysis access	Noncovered for all programs	N/A	N/A	N/A
95700	Continuous measurement of brain wave activity (EEG), administered in person by EEG technologist	Covered for all programs	No	No	See Table 3
95705	Measurement of brain wave activity (EEG), 2-12 hours, unmonitored	Covered for all programs	No	No	See Table 3
95706	Measurement of brain wave activity (EEG), 2-12 hours, with intermittent monitoring and maintenance	Covered for all programs	No	No	See Table 3
95707	Measurement of brain wave activity (EEG), 2-12 hours, with continuous, real-time monitoring and maintenance	Covered for all programs	No	No	See Table 3
95708	Measurement of brain wave activity (EEG), 12-26 hours, unmonitored	Covered for all programs	No	No	See Table 3
95709	Measurement of brain wave activity (EEG), 12-26 hours, with intermittent monitoring and maintenance	Covered for all programs	No	No	See Table 3
95710	Measurement of brain wave activity (EEG), 12-26 hours, with continuous, real-time monitoring and maintenance	Covered for all programs	No	No	See Table 3
95711	Measurement of brain wave activity with video (VEEG), 2-12 hours, unmonitored	Covered for all programs	No	No	See Table 3
95712	Measurement of brain wave activity with video (VEEG), 2-12 hours with intermittent monitoring and maintenance	Covered for all programs	No	No	See Table 3
95713	Measurement of brain wave activity with video (VEEG), 2-12 hours with continuous, real-time monitoring and maintenance	Covered for all programs	No	No	See Table 3

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
95714	Measurement of brain wave activity with video (VEEG), 12-26 hours, unmonitored	Covered for all programs	No	No	See Table 3
95715	Measurement of brain wave activity with video (VEEG), 12-26 hours, with intermittent monitoring and maintenance	Covered for all programs	No	No	See Table 3
95716	Measurement of brain wave activity with video (VEEG), 12-26 hours, with continuous, real-time monitoring and maintenance	Covered for all programs	No	No	See Table 3
95717	Continuous measurement of brain wave activity (EEG), 2-12 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95718	Continuous measurement of brain wave activity with video (VEEG), 2-12 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95719	Continuous measurement of brain wave activity (EEG), 12-26 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95720	Continuous measurement of brain wave activity with video (VEEG), 12-26 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95721	Continuous measurement of brain wave activity (EEG), 37-60 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95722	Continuous measurement of brain wave activity with video (VEEG), 37-60 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95723	Continuous measurement of brain wave activity (EEG), 61-84 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95724	Continuous measurement of brain wave activity with video (VEEG), 61-84 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95725	Continuous measurement of brain wave activity with (EEG), more than 84 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
95726	Continuous measurement of brain wave activity with video (VEEG), more than 84 hours, with health care professional analysis, interpretation and report	Covered for all programs	No	No	None
96156	Health behavior assessment, or re-assessment	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
96164	Health behavior intervention, group, face-to-face; initial 30 minutes	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service
96165	Health behavior intervention, group, face-to-face; each additional 15 minutes	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes	Covered for all programs	No	No	Telemedicine service; may be billed as a midlevel provider service
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Covered for all programs	Yes	No	None
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes	Covered for all programs	Yes	No	None
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Noncovered for all programs	N/A	N/A	N/A
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Noncovered for all programs	N/A	N/A	N/A
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Noncovered for all programs	N/A	N/A	N/A
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Noncovered for all programs	N/A	N/A	N/A
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Noncovered for all programs	N/A	N/A	N/A
99458	Remote physiologic monitoring treatment management services, health care professional time in a calendar month requiring interactive communication with the patient/caregiver; each additional 20 minute	Noncovered for all programs	N/A	N/A	N/A
99473	Self-measured blood pressure; patient education/training and device calibration	Covered for all programs	Yes	No	None
99474	Self-measured blood pressure measurements	Covered for all programs	Yes	No	None
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Covered for all programs	No	No	See Table 3 Allowed for Durable Medical Equipment (DME)/Medical Supply Dealer (provider specialty 250)
A9590	Iodine i-131, iobenguane, 1 millicurie	Noncovered for all programs	N/A	N/A	N/A
B4187	Omegaven, 10 grams lipids	Covered for all programs	Yes	No	See Table 3 Allowed for DME/Medical Supply Dealer (provider specialty 250)
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Noncovered for all programs	N/A	N/A	N/A
C1824	Generator, cardiac contractility modulation (implantable)	Noncovered for all programs	N/A	N/A	N/A
C1839	Iris prosthesis	Noncovered for all programs	N/A	N/A	N/A
C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive	Covered for all programs	No	No	See Table 3
C2596	Probe, image-guided, robotic, waterjet ablation	Covered for all programs	No	No	See Table 3
C9054	Injection, lefamulin (Xenleta), 1 mg	Covered for all programs	No	Yes	None
C9055	Injection, brexanolone, 1mg	Covered for all programs	No	Yes	None

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Covered for all programs	Yes	No	See Table 3
C9758	Blinded procedure for NYHA class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	Noncovered for all programs	N/A	N/A	N/A
D0419	Assessment of salivary flow by measurement	Noncovered for all programs	N/A	N/A	N/A
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	Covered for all programs	No	No	See Table 3 Requires tooth number Limit age 1-20
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	Covered for all programs	No	No	See Table 3 Requires tooth number Limit age 1-20
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	Covered for all programs	No	No	See Table 3 Limit age 1-20
D1556	Removal of fixed unilateral space maintainer - per quadrant	Covered for all programs	No	No	See Table 3
D1557	Removal of fixed bilateral space maintainer - maxillary	Covered for all programs	No	No	See Table 3
D1558	Removal of fixed bilateral space maintainer - mandibular	Covered for all programs	No	No	See Table 3
D2753	Crown - porcelain fused to titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	Covered for all programs	Yes for 21 and older	No	See Table 3
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	Covered for all programs	Yes for 21 and older	No	See Table 3
D6082	Implant supported crown - porcelain fused to predominantly base alloys	Noncovered for all programs	N/A	N/A	N/A
D6083	Implant supported crown - porcelain fused to noble alloys	Noncovered for all programs	N/A	N/A	N/A
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D6086	Implant supported crown - predominantly base alloys	Noncovered for all programs	N/A	N/A	N/A
D6087	Implant supported crown - noble alloys	Noncovered for all programs	N/A	N/A	N/A
D6088	Implant supported crown - titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	Noncovered for all programs	N/A	N/A	N/A
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	Noncovered for all programs	N/A	N/A	N/A
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D6121	Implant supported retainer for metal FPD - predominantly base alloys	Noncovered for all programs	N/A	N/A	N/A
D6122	Implant supported retainer for metal FPD - noble alloys	Noncovered for all programs	N/A	N/A	N/A
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D6243	Pontic - porcelain fused to titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D6784	Retainer crown 3/4 - titanium and titanium alloys	Noncovered for all programs	N/A	N/A	N/A
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Noncovered for all programs	N/A	N/A	N/A
D8696	Repair of orthodontic appliance - maxillary	Noncovered for all programs	N/A	N/A	N/A
D8697	Repair of orthodontic appliance - mandibular	Noncovered for all programs	N/A	N/A	N/A
D8698	Re-cement or re-bond fixed retainer - maxillary	Noncovered for all programs	N/A	N/A	N/A
D8699	Re-cement or re-bond fixed retainer - mandibular	Noncovered for all programs	N/A	N/A	N/A
D8701	Repair of fixed retainer, includes reattachment - maxillary	Noncovered for all programs	N/A	N/A	N/A
D8702	Repair of fixed retainer, includes reattachment - mandibular	Noncovered for all programs	N/A	N/A	N/A
D8703	Replacement of lost or broken retainer - maxillary	Noncovered for all programs	N/A	N/A	N/A
D8704	Replacement of lost or broken retainer - mandibular	Noncovered for all programs	N/A	N/A	N/A
D9997	Dental case management - patients with special health care needs	Noncovered for all programs	N/A	N/A	N/A
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Covered for all programs	Yes	No	See Table 3 Allowed for DME/Medical Supply Dealer (provider specialty 250)
E2398	Wheelchair accessory, dynamic positioning hardware for back	Covered for all programs	Yes	No	See Table 3 Allowed for DME/Medical Supply Dealer (provider specialty 250)
G1000	Clinical decision support mechanism applied pathways, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G1001	Clinical decision support mechanism evicore, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1002	Clinical decision support mechanism medcurrent, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1003	Clinical decision support mechanism medicalis, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1004	Clinical decision support mechanism national decision support company, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1005	Clinical decision support mechanism national imaging associates, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1006	Clinical decision support mechanism test appropriate, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1007	Clinical decision support mechanism aim specialty health, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1008	Clinical decision support mechanism cranberry peak, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1009	Clinical decision support mechanism sage health management solutions, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1010	Clinical decision support mechanism stanson, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G1011	Clinical decision support mechanism, qualified tool not otherwise specified, as defined by the Medicare appropriate use criteria program	Noncovered for all programs	N/A	N/A	N/A
G2021	Health care practitioners rendering treatment in place (tip)	Noncovered for all programs	N/A	N/A	N/A
G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	Noncovered for all programs	N/A	N/A	N/A
G2058	Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure). (Do not report g2058 for care management services of less than 20 minutes additional to the first 20 minutes of chronic care management services during a calendar month). (Use g2058 in conjunction with 99490). (Do not report 99490, g2058 in the same calendar month as 99487, 99489, 99491).	Noncovered for all programs	N/A	N/A	N/A
G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2062	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	Noncovered for all programs	N/A	N/A	N/A
G2063	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	Noncovered for all programs	N/A	N/A	N/A
G2064	Comprehensive care management services for a single high-risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	Noncovered for all programs	N/A	N/A	N/A
G2065	Comprehensive care management for a single high-risk disease services, e.g. principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	Noncovered for all programs	N/A	N/A	N/A
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Covered for all programs	N/A	N/A	See Table 3
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A
G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Noncovered for all programs	N/A	N/A	N/A
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
	education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure				
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Noncovered for all programs	N/A	N/A	N/A
G2078	Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Noncovered for all programs	N/A	N/A	N/A
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Noncovered for all programs	N/A	N/A	N/A
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Noncovered for all programs	N/A	N/A	N/A
G2081	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	Noncovered for all programs	N/A	N/A	N/A
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	Noncovered for all programs	N/A	N/A	N/A
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	Noncovered for all programs	N/A	N/A	N/A
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	Noncovered for all programs	N/A	N/A	N/A
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A
G2089	Most recent hemoglobin a1c (hba1c) level 7.0 to 9.0%	Noncovered for all programs	N/A	N/A	N/A
G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2092	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken	Noncovered for all programs	N/A	N/A	N/A
G2093	Documentation of medical reason(s) for not prescribing ace inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons)	Noncovered for all programs	N/A	N/A	N/A
G2094	Documentation of patient reason(s) for not prescribing ace inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons)	Noncovered for all programs	N/A	N/A	N/A
G2095	Documentation of system reason(s) for not prescribing ace inhibitor or ARB or ARNI therapy (e.g., other system reasons)	Noncovered for all programs	N/A	N/A	N/A
G2096	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given	Noncovered for all programs	N/A	N/A	N/A
G2097	Children with a competing diagnosis for upper respiratory infection within three days of diagnosis of pharyngitis (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2098	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2099	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2100	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2101	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2102	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed	Noncovered for all programs	N/A	N/A	N/A
G2103	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed	Noncovered for all programs	N/A	N/A	N/A
G2104	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed	Noncovered for all programs	N/A	N/A	N/A
G2105	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2106	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2107	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2108	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2109	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months	Noncovered for all programs	N/A	N/A	N/A
G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity	Noncovered for all programs	N/A	N/A	N/A
G2114	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2115	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2116	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2117	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2118	Patients 81 years of age and older with a evidence of frailty during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2119	Within the past 2 years, calcium and/or vitamin d optimization has been ordered or performed	Noncovered for all programs	N/A	N/A	N/A
G2120	Within the past 2 years, calcium and/or vitamin d optimization has not been ordered or performed	Noncovered for all programs	N/A	N/A	N/A
G2121	Psychosis, depression, anxiety, apathy, and impulse control disorder assessed	Noncovered for all programs	N/A	N/A	N/A
G2122	Psychosis, depression, anxiety, apathy, and impulse control disorder not assessed	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2123	Patients 66-80 years of age and had at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2124	Patients 66-80 years of age and had at least one claim/encounter for frailty during the measurement period and a dispensed dementia medication	Noncovered for all programs	N/A	N/A	N/A
G2125	Patients 81 years of age and older with evidence of frailty during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2126	Patients 66 years of age or older and had at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2127	Patients 66 years of age or older and had at least one claim/encounter for frailty during the measurement period and a dispensed dementia medication	Noncovered for all programs	N/A	N/A	N/A
G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)	Noncovered for all programs	N/A	N/A	N/A
G2129	Procedure-related BP's not taken during an outpatient visit. examples include same day surgery, ambulatory service center, GI lab, dialysis, infusion center, chemotherapy	Noncovered for all programs	N/A	N/A	N/A
G2130	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2131	Patients 81 years and older with a diagnosis of frailty	Noncovered for all programs	N/A	N/A	N/A
G2132	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2133	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2134	Patients 66 years of age or older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2135	Patients 66 years of age or older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2136	Back pain measured by the visual analog scale (vas) at three months (6-20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	Noncovered for all programs	N/A	N/A	N/A
G2137	Back pain measured by the visual analog scale (vas) at three months (6-20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated a change of less than an improvement of 5.0 points	Noncovered for all programs	N/A	N/A	N/A
G2138	Back pain as measured by the visual analog scale (vas) at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of 5.0 points or greater	Noncovered for all programs	N/A	N/A	N/A
G2139	Back pain measured by the visual analog scale (vas) pain at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of less than 5.0	Noncovered for all programs	N/A	N/A	N/A
G2140	Leg pain measured by the visual analog scale (vas) at three months (6-20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	Noncovered for all programs	N/A	N/A	N/A
G2141	Leg pain measured by the visual analog scale (vas) at three months (6-20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated less than an improvement of 5.0 points	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2142	Functional status measured by the oswestry disability index (ODI version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of 30 points or greater	Noncovered for all programs	N/A	N/A	N/A
G2143	Functional status measured by the oswestry disability index (ODI version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of less than 30 points	Noncovered for all programs	N/A	N/A	N/A
G2144	Functional status measured by the oswestry disability index (ODI version 2.1a) at three months (6-20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated a change of 30 points or greater	Noncovered for all programs	N/A	N/A	N/A
G2145	Functional status measured by the oswestry disability index (ODI version 2.1a) at three months (6-20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated a change of less than 30 points	Noncovered for all programs	N/A	N/A	N/A
G2146	Leg pain as measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater	Noncovered for all programs	N/A	N/A	N/A
G2147	Leg pain measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points	Noncovered for all programs	N/A	N/A	N/A
G2148	Performance met: multimodal pain management was used	Noncovered for all programs	N/A	N/A	N/A
G2149	Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s))	Noncovered for all programs	N/A	N/A	N/A
G2150	Performance not met: multimodal pain management was not used	Noncovered for all programs	N/A	N/A	N/A
G2151	Patients with diagnosis of a degenerative neurological condition such as ALS, MS, Parkinson's diagnosed at any time before or during the episode of care	Noncovered for all programs	N/A	N/A	N/A
G2152	Performance met: the residual change score is equal to or greater than 0	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2153	In hospice or using hospice services during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2154	Patient received at least one td vaccine or one TDAP vaccine between nine years prior to the start of the measurement period and the end of the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2155	Patient had history of at least one of the following contraindications any time during or before the measurement period: anaphylaxis due to TDAP vaccine, anaphylaxis due to td vaccine or its components; encephalopathy due to TDAP or TD vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis)	Noncovered for all programs	N/A	N/A	N/A
G2156	Patient did not receive at least one td vaccine or one TDAP vaccine between nine years prior to the start of the measurement period and the end of the measurement period; or have history of at least one of the following contraindications any time during or before the measurement period: anaphylaxis due to TDAP vaccine, anaphylaxis due to td vaccine or its components; encephalopathy due to TDAP or TD vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis)	Noncovered for all programs	N/A	N/A	N/A
G2157	Patients received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60 before or during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2158	Patient had prior pneumococcal vaccine adverse reaction any time during or before the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2159	Patient did not receive both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60 before or during measurement period; or have prior pneumococcal vaccine adverse reaction any time during or before the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2160	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2161	Patient had prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2162	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period; or have prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G2163	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2164	Patient had a prior influenza virus vaccine adverse reaction any time before or during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2165	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period; or did not have a prior influenza virus vaccine adverse reaction any time before or during the measurement period	Noncovered for all programs	N/A	N/A	N/A
G2166	Patient refused to participate at admission and/or discharge; patient unable to complete the neck fs prom at admission or discharge due to cognitive deficit, visual deficit, motor deficit, language barrier, or low reading level, and a suitable proxy/recorder is not available; patient self-discharged early; medical reason	Noncovered for all programs	N/A	N/A	N/A
G2167	Performance not met: the residual change score is less than 0	Noncovered for all programs	N/A	N/A	N/A
J0179	Injection, brolucizumab-dbll, 1 mg	Covered for all programs	No	Yes	None
J9199	Injection, gemcitabine hydrochloride (Infugem), 200 mg	Covered for all programs	No	Yes	None
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Covered for all programs	No	Yes	None
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Noncovered for all programs	N/A	N/A	N/A
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	Noncovered for all programs	N/A	N/A	N/A
K1003	Whirlpool tub, walk-in, portable	Noncovered for all programs	N/A	N/A	N/A
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Noncovered for all programs	N/A	N/A	N/A
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	Noncovered for all programs	N/A	N/A	N/A
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Covered for all programs	Yes	No	See Table 3 Allowed for Podiatrist (provider specialty 140) Allowed for DME/Medical Supply Dealer (provider specialty 250)
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	Noncovered for all programs	N/A	N/A	N/A
M1106	The start of an episode of care documented in the medical record	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1107	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Noncovered for all programs	N/A	N/A	N/A
M1108	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	Noncovered for all programs	N/A	N/A	N/A
M1109	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	Noncovered for all programs	N/A	N/A	N/A
M1110	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Noncovered for all programs	N/A	N/A	N/A
M1111	The start of an episode of care documented in the medical record	Noncovered for all programs	N/A	N/A	N/A
M1112	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Noncovered for all programs	N/A	N/A	N/A
M1113	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	Noncovered for all programs	N/A	N/A	N/A
M1114	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	Noncovered for all programs	N/A	N/A	N/A
M1115	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Noncovered for all programs	N/A	N/A	N/A
M1116	The start of an episode of care documented in the medical record	Noncovered for all programs	N/A	N/A	N/A
M1117	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Noncovered for all programs	N/A	N/A	N/A
M1118	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	Noncovered for all programs	N/A	N/A	N/A
M1119	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	Noncovered for all programs	N/A	N/A	N/A
M1120	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1121	The start of an episode of care documented in the medical record	Noncovered for all programs	N/A	N/A	N/A
M1122	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Noncovered for all programs	N/A	N/A	N/A
M1123	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	Noncovered for all programs	N/A	N/A	N/A
M1124	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	Noncovered for all programs	N/A	N/A	N/A
M1125	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Noncovered for all programs	N/A	N/A	N/A
M1126	The start of an episode of care documented in the medical record	Noncovered for all programs	N/A	N/A	N/A
M1127	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Noncovered for all programs	N/A	N/A	N/A
M1128	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	Noncovered for all programs	N/A	N/A	N/A
M1129	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	Noncovered for all programs	N/A	N/A	N/A
M1130	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Noncovered for all programs	N/A	N/A	N/A
M1131	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Noncovered for all programs	N/A	N/A	N/A
M1132	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	Noncovered for all programs	N/A	N/A	N/A
M1133	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	Noncovered for all programs	N/A	N/A	N/A
M1134	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown	Noncovered for all programs	N/A	N/A	N/A
M1135	The start of an episode of care documented in the medical record	Noncovered for all programs	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1136	The start of an episode of care documented in the medical record	Noncovered for all programs	N/A	N/A	N/A
M1137	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Noncovered for all programs	N/A	N/A	N/A
M1138	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	Noncovered for all programs	N/A	N/A	N/A
M1139	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Noncovered for all programs	N/A	N/A	N/A
M1140	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery for surgery or hospitalized	Noncovered for all programs	N/A	N/A	N/A
M1141	Functional status was not measured by the oxford knee score (oks) at one year (9 to 15 months) postoperatively	Noncovered for all programs	N/A	N/A	N/A
M1142	Emergent cases	Noncovered for all programs	N/A	N/A	N/A
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	Noncovered for all programs	N/A	N/A	N/A
M1144	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only	Noncovered for all programs	N/A	N/A	N/A
P9099	Blood component or product not otherwise classified	Covered for all programs	No	No	See Table 3
3051F	Most recent hemoglobin a1c (hba1c) level greater than or equal to 7.0% and less than 8.0% (dm)	Noncovered for all programs	N/A	N/A	N/A
3052F	Most recent hemoglobin a1c (hba1c) level greater than or equal to 8.0% and less than or equal to 9.0% (dm)	Noncovered for all programs	N/A	N/A	N/A
0563T	Evacuation of meibomian tear glands of eyelids of both eyes	Noncovered for all programs	N/A	N/A	N/A
0564T	Evaluation of toxicity of chemotherapy drugs on cancer stem cells	Noncovered for all programs	N/A	N/A	N/A
0565T	Harvesting of fatty tissue and creation of cellular implant for treatment of osteoarthritis	Noncovered for all programs	N/A	N/A	N/A
0566T	Injection of fatty tissue cellular implant for treatment of osteoarthritis in knee, using ultrasound guidance	Noncovered for all programs	N/A	N/A	N/A
0567T	Blockage of fallopian tubes with implants inserted through cervix	Covered for all programs; Covered for Family Planning Eligibility Program	No	No	See Table 3 Sterilization; requires attachment (Sterilization Consent Form) Limited to age 21 and older
0568T	Introduction of saline and air into fallopian tubes to test for blockage	Noncovered for all programs	N/A	N/A	N/A

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0569T	Repair of valve between upper right and lower right chambers of heart (tricuspid valve) using prosthesis delivered via catheter, accessed through skin; initial prosthesis	Noncovered for all programs	N/A	N/A	N/A
0570T	Repair of valve between upper right and lower right chambers of heart (tricuspid valve) using prosthesis delivered via catheter, accessed through skin; each additional prosthesis	Noncovered for all programs	N/A	N/A	N/A
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with electrodes under breastbone	Covered for all programs	Yes	No	See Table 3
0572T	Insertion of implantable defibrillator electrode under breastbone	Covered for all programs	Yes	No	See Table 3
0573T	Removal of implantable defibrillator electrode from under breastbone	Covered for all programs	Yes	No	See Table 3
0574T	Repositioning of previously implanted defibrillator electrode under breastbone	Covered for all programs	Yes	No	See Table 3
0575T	In-person programming device evaluation of implantable cardioverter-defibrillator system with electrode under breastbone, with analysis, review and report	Covered for all programs	Yes	No	See Table 3
0576T	In-person interrogation device evaluation of implantable cardioverter-defibrillator system with electrode under breastbone, with analysis, review and report	Covered for all programs	Yes	No	See Table 3
0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with electrode under breastbone, with analysis, review and report	Covered for all programs	Yes	No	See Table 3
0578T	Remote interrogation device evaluation of implantable cardioverter-defibrillator system with lead under breastbone, with analysis, review and report by healthcare professional	Covered for all programs	Yes	No	See Table 3
0579T	Remote interrogation device evaluation of implantable cardioverter-defibrillator system with lead under breastbone, with remote data acquisitions, receipt of transmissions and technician review, technical support and distribution of results	Covered for all programs	Yes	No	See Table 3
0580T	Removal of implantable defibrillator pulse generator from under breastbone	Covered for all programs	No	No	See Table 3
0581T	Freezing destruction of malignant breast tumors in one breast, accessed through skin	Noncovered for all programs	N/A	N/A	N/A
0582T	High-energy water vapor heat destruction of malignant prostate tissue, including imaging and needle guidance	Covered for all programs	No	No	See Table 3
0583T	Insertion of ventilating tube in eardrum using an automated tube delivery system under local anesthesia	Covered for all programs	Yes	No	See Table 3
0584T	Transplantation of insulin-producing cells, via catheter accessed through skin using imaging guidance	Noncovered for all programs	N/A	N/A	N/A
0585T	Transplantation of insulin-producing cells using endoscope inserted through wall of abdomen	Noncovered for all programs	N/A	N/A	N/A
0586T	Transplantation of insulin-producing cells, open procedure	Noncovered for all programs	N/A	N/A	N/A
0587T	Implantation of nerve-stimulating device in posterior tibial nerve, accessed through skin	Covered for all programs	Yes	No	See Table 3

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0588T	Revision or removal of nerve-stimulating device in posterior tibial nerve	Covered for all programs	Yes	No	See Table 3
0589T	Electronic analysis with simple programming of nerve-stimulating device in posterior tibial nerve	Covered for all programs	Yes	No	See Table 3
0590T	Electronic analysis with complex programming of nerve-stimulating device in posterior tibial nerve	Covered for all programs	Yes	No	See Table 3
0591T	Face-to-face health and well-being coaching of individual, initial assessment	Noncovered for all programs	N/A	N/A	N/A
0592T	Face-to-face health and well-being coaching of individual, follow-up session, at least 30 minutes	Noncovered for all programs	N/A	N/A	N/A
0593T	Face-to-face health and well-being coaching of group, at least 30 minutes	Noncovered for all programs	N/A	N/A	N/A
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive abolic subtypes of ASD)	Noncovered for all programs	N/A	N/A	N/A
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Noncovered for all programs	N/A	N/A	N/A
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Noncovered for all programs	N/A	N/A	N/A
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan candida target), amplified probe technique, each target reported as detected or not detected	Noncovered for all programs	N/A	N/A	N/A
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Noncovered for all programs	N/A	N/A	N/A
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Noncovered for all programs	N/A	N/A	N/A
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Noncovered for all programs	N/A	N/A	N/A

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0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Noncovered for all programs	N/A	N/A	N/A
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Noncovered for all programs	N/A	N/A	N/A
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Noncovered for all programs	N/A	N/A	N/A
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Noncovered for all programs	N/A	N/A	N/A
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Noncovered for all programs	N/A	N/A	N/A
0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	Noncovered for all programs	N/A	N/A	N/A
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Noncovered for all programs	N/A	N/A	N/A
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Noncovered for all programs	N/A	N/A	N/A
0154U	Fgfr3 (fibroblast growth factor receptor 3) gene analysis (ie, p.r248c [c.742c>t], p.s249c [c.746c>g], p.g370c [c.1108g>t], p.y373c [c.1118a>g], fgfr3-tacc3v1, and fgfr3-tacc3v3)	Noncovered for all programs	N/A	N/A	N/A

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Table 1 – New codes included in the 2020 annual HCPCS update, effective for DOS on or after January 1, 2020

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0155U	Pik3ca (phosphatidylinositol-4,5bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.c420r, p.e542k, p.e545a, p.e545d [g.1635g>t only], p.e545g, p.e545k, p.q546e, p.q546r, p.h1047l, p.h1047r, p.h1047y)	Noncovered for all programs	N/A	N/A	N/A
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Noncovered for all programs	N/A	N/A	N/A
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (list separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A
0158U	Mlh1 (mutl homolog 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) mRNA sequence analysis (list separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A
0159U	Msh2 (muts homolog 2) (eg, hereditary colon cancer, lynch syndrome) mRNA sequence analysis (list separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A
0160U	Msh6 (muts homolog 6) (eg, hereditary colon cancer, lynch syndrome) mRNA sequence analysis (list separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A
0161U	Pms2 (pms1 homolog 2, mismatch repair system component) (eg, hereditary nonpolyposis colorectal cancer, lynch syndrome) mRNA sequence analysis (list separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A
0162U	Hereditary colon cancer (lynch syndrome), targeted mRNA sequence analysis panel (mlh1, msh2, msh6, pms2) (list separately in addition to code for primary procedure)	Noncovered for all programs	N/A	N/A	N/A

* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package. "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 2 – New modifiers included in the 2020 annual HCPCS updates, effective January 1, 2020

Modifier	Description	Type
MA	Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition	Informational
MB	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access	Informational
MC	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues	Informational
MD	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances	Informational
ME	The order for this service adheres to appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional	Informational
MF	The order for this service does not adhere to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional	Informational
MG	The order for this service does not have applicable appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional	Informational
MH	Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider	Informational

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

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a ***CMS-1500*** claim
66987	Complex removal of cataract with insertion of lens and laser treatment to decrease fluid production in eye	20%
66988	Removal of cataract with insertion of lens and laser treatment to decrease fluid production in eye	20%
95700	Continuous measurement of brain wave activity (EEG), administered in person by EEG technologist	40%
95705	Measurement of brain wave activity (EEG, 2-12 hours, unmonitored	40%
95706	Measurement of brain wave activity (EEG), 2-12 hours, with intermittent monitoring and maintenance	40%
95707	Measurement of brain wave activity (EEG), 2-12 hours, with continuous, real-time monitoring and maintenance	40%
95708	Measurement of brain wave activity (EEG), 12-26 hours, unmonitored	40%
95709	Measurement of brain wave activity (EEG), 12-26 hours, with intermittent monitoring and maintenance	40%
95710	Measurement of brain wave activity (EEG), 12-26 hours, with continuous, real-time monitoring and maintenance	40%
97511	Measurement of brain wave activity with video (VEEG), 2-12 hours, unmonitored	40%

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

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a *CMS-1500* claim
95712	Measurement of brain wave activity with video (VEEG), 2-12 hours with intermittent monitoring and maintenance	40%
95713	Measurement of brain wave activity with video (VEEG), 2-12 hours with continuous, real-time monitoring and maintenance	40%
95714	Measurement of brain wave activity with video (VEEG), 12-26 hours, unmonitored	40%
95715	Measurement of brain wave activity with video (VEEG), 12-26 hours, with intermittent monitoring and maintenance	40%
95716	Measurement of brain wave activity with video (VEEG), 12-26 hours, with continuous, real-time monitoring and maintenance	40%
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	75% of manufacturer's suggested retail price (MSRP) or 120% of cost invoice
B4187	Omegaven, 10 grams lipids	75% MSRP or 120% of cost invoice
C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive	90%
C2596	Probe, image-guided, robotic, waterjet ablation	90%
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	90%
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	90%
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	90%
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	90%
D1556	Removal of fixed unilateral space maintainer - per quadrant	90%
D1557	Removal of fixed bilateral space maintainer - maxillary	90%
D1558	Removal of fixed bilateral space maintainer - mandibular	90%
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	90%
D5256	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	90%
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	75% MSRP or 120% of cost invoice
E2398	Wheelchair accessory, dynamic positioning hardware for back	75% MSRP or 120% of Cost invoice
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	90%
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	75% MSRP or 120% of cost invoice

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

Procedure code	Description	Amount reimbursed as % of billed charges when billed on a *CMS-1500* claim
P9099	Blood component or product not otherwise classified	90%
0567T	Blockage of fallopian tubes with implants inserted through cervix	90%
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with electrodes under breastbone	90%
0572T	Insertion of implantable defibrillator electrode under breastbone	90%
0573T	Removal of implantable defibrillator electrode from under breastbone	90%
0574T	Repositioning of previously implanted defibrillator electrode under breastbone	90%
0575T	In-person programming device evaluation of implantable cardioverter-defibrillator system with electrode under breastbone, with analysis, review and report	90%
0576T	In-person interrogation device evaluation of implantable cardioverter-defibrillator system with electrode under breastbone, with analysis, review and report	90%
0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with electrode under breastbone, with analysis, review and report	90%
0578T	Remote interrogation device evaluation of implantable cardioverter-defibrillator system with lead under breastbone, with analysis, review and report by healthcare professional	90%
0579T	Remote interrogation device evaluation of implantable cardioverter-defibrillator system with lead under breastbone, with remote data acquisitions, receipt of transmissions and technician review, technical support and distribution of results	90%
0580T	Removal of implantable defibrillator pulse generator from under breastbone	90%
0582T	High-energy water vapor heat destruction of malignant prostate tissue, including imaging and needle guidance	90%
0583T	Insertion of ventilating tube in eardrum using an automated tube delivery system under local anesthesia	90%
0587T	Implantation of nerve-stimulating device in posterior tibial nerve, accessed through skin	90%
0588T	Revision or removal of nerve-stimulating device in posterior tibial nerve	90%
0589T	Electronic analysis with simple programming of nerve-stimulating device in posterior tibial nerve	90%
0590T	Electronic analysis with complex programming of nerve-stimulating device in posterior tibial nerve	90%

Table 4 – Procedure codes to be linked to 636 revenue code

Procedure code	Description
C9054	Injection, lefamulin (Xenleta), 1 mg
C9055	Injection, brexanolone, 1mg
J0179	Injection, brolucizumab-dbll, 1 mg
J9199	Injection, gemcitabine hydrochloride (Infugem), 200 mg
J9309	Injection, polatuzumab vedotin-piiq, 1 mg

Table 5 – Laboratory codes pending posting of the CMS Clinical Laboratory Fee Schedule

Procedure code	Description
80145	Measurement of adalimumab
80187	Measurement of posaconazole
80230	Measurement of infliximab
80235	Measurement of lacosamide
80280	Measurement of vedolizumab
80285	Measurement of voriconazole
81277	Cancer cytogenomic array gene analysis
81307	Gene analysis (partner and localizer of BRCA2) full sequence analysis
81308	Gene analysis (partner and localizer of BRCA2) for detection of known familial variant
81309	Gene analysis (partner and localizer of BRCA2) targeted sequence analysis
81522	mRNA gene expression analysis of 12 genes in breast tumor tissue
87563	Detection of Mycoplasma genitalium by DNA or RNA probe