17-17  Change in State of Utah Email Encryption Product

In December 2016, the Utah Department of Health transitioned to Virtru for email encryption. This change affects how recipients of a secure message from a utah.gov email address will access the encrypted content.

Virtru secure email encryption works transparently with your existing email. No installation is needed, although free plug-ins are available for Chrome, Firefox, and Outlook. Recipients will not need to login to another website to retrieve encrypted content or use a password.

More information from Virtru on how to access secure content can be found at https://www.virtru.com/faq/how-do-i-read-and-reply-to-a-message-secured-by-virtru-if-i-do-not-have-virtru-installed/.

17-18  Recent Drug Utilization Review Board Activity

Prior authorization (PA) criteria have been modified for Buprenorphine containing medications for the treatment of opiate dependence. The PA criteria is available online at: https://medicaid.utah.gov/pharmacy/prior-authorization.

17-19  Laboratory Policy Revised

Manual review requirements for substance abuse testing have been removed.

Please reference the January 2017 MIB, Article 17-07.

Additional Medicaid Information
Salt Lake City Area: (801) 538-6155
Other States: (801) 538-6155

Request a Medicaid Publication
Send a Publication Request form:
By Fax: (801) 536-0476
By Mail: Division of Medicaid and Health Financing
PO Box 143106, Salt Lake City, UT 84114
17-20  

**Code Coverage for January 1, 2017**

**Current Code Updates**

**Open to Provider Type 55**

37184  Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel

37241  Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g. congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)

37242  Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)

47562  Laparoscopy, surgical; cholecystectomy

47564  Laparoscopy, surgical; cholecystectomy with exploration of common duct

**Open to Provider Type 47**

93000  Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

**Non-Covered Code**

G0257  Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility

**New Code Coverage - CPT**

**Prior Authorization Required**

31574  Laryngoscopy, flexible; with injections for augmentation (percutaneous, transoral), unilateral

**Covered Codes**

22853  Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)

22854  Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies)
(vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

22859 Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)

27197 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation

27198 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (i.e., general anesthesia, moderate sedation, spinal/epidural)

28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant

28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method

31551 Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age

31552 Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older

31553 Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age

31554 Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

31572 Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral

31573 Laryngoscopy, flexible; with therapeutic injection(s) (e.g., chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral

33340 Percutaneous transcatheter closure of left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

33390 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (e.g., valvotomy, debridement, debulking, and/or simple commissural resuspension)

33391 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (e.g. leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)

36456 Partial exchange transfusion, blood, plasma, or crystalloid necessitating the skill of a physician, newborn

36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary
imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report

36902 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

36903 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment

36904 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopy guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s)

36905 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

36906 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)

36908 Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)

36909 Dialysis circuit permanent vascular embolization or occlusion (including main circuit or accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention
Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)

Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)

Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)

Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)

Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)

Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)
including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)

76706 Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)

77065 Diagnostic mammography, including computer aided detection (CAD) when performed; unilateral

77066 Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral

77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

80305 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service

80306 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); read by instrument assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service

80307 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

81539 Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score

87483 Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (e.g., Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

92242 Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

96161 Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

97161 Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family
97162 Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97163 Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.

97164 Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome typically, 20 minutes are spent face-to-face with the patient and/or family.

97165 Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97166 Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.

97167 Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g.,...
physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.

97168 Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.

99151 Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age.

99152 Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older.

99153 Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service).

99155 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age.

99156 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older.

99157 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service).

Non-Covered Codes

22867 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

22868 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level

22869 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
22870  Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level

31591  Laryngoplasty; medialization, unilateral

31592  Cricotracheal resection

36473  Endovascular ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated

36474  Endovascular ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites

43284  Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (e.g., magnetic band) including cruroplasty when performed

43285  Removal of esophageal sphincter augmentation device

58674  Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency

62380  Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar

81327  SEPT9 (Septin9) (e.g., colorectal cancer) methylation analysis

81413  Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A

81414  Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1

81422  Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood

81439  Inherited cardiomyopathy (e.g., hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN

84410  Testosterone; bioavailable, direct measurement (e.g., differential precipitation)

93590  Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve

93591  Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve

93592  Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
96160  Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument

96377  Application of on-body injector (includes cannula insertion) for timed subcutaneous injection

97169  Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family

97170  Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family

97171  Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family

97172  Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and a revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family

New Code Coverage - HCPCS

Covered Codes

G0499  Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)

G0500  Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient’s level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)
Non-Covered Codes

A9515 Choline C-11, diagnostic, per study dose up to 20 millicuries
A9587 Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9588 Fluciclovine f-18, diagnostic, 1 millicurie
A9597 Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598 Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
G0491 Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD
G0492 Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD
G0493 Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0494 Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient’s need for possible modification of treatment in the home health or hospice setting)
G0495 Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G0496 Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G0501 Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service)
G0502 Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies
G0503 Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

G0504 Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure); (use G0504 in conjunction with G0502, G0503)

G0505 Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, in office or other outpatient setting or home or domiciliary or rest home.

G0506 Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service).

G0507 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.

G0508 Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth.

G0509 Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth.

G9481 Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement Model, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology.

G9482 Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-approved Comprehensive Care for Joint Replacement Model, which requires these 3 key components: An
expanded problem focused history; An expanded problem focused examination; Straightforward medical
decision making, furnished in real time using interactive audio and video technology. Counseling and
coordination of care with other physicians, other qualified health care professionals or agencies are
provided consistent with the nature of the problem(s) and the needs of the patient or the family or both.
Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with
the patient or family or both via real time, audio and video intercommunications technology

G9483 Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-
approved Comprehensive Care for Joint Replacement Model, which requires these 3 key components: A
detailed history; A detailed examination; Medical decision making of low complexity, furnished in real time
using interactive audio and video technology. Counseling and coordination of care with other physicians,
other qualified health care professionals or agencies are provided consistent with the nature of the
problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of
moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio
and video intercommunications technology

G9484 Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-
approved Comprehensive Care for Joint Replacement Model, which requires these 3 key components: A
comprehensive history; A comprehensive examination; Medical decision making of moderate complexity,
furnished in real time using interactive audio and video technology. Counseling and coordination of care
with other physicians, other qualified health care professionals or agencies are provided consistent with
the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting
problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or
both via real time, audio and video intercommunications technology

G9485 Remote in-home visit for the evaluation and management of a new patient for use only in the Medicare-
approved Comprehensive Care for Joint Replacement Model, which requires these 3 key components: A
comprehensive history; A comprehensive examination; Medical decision making of high complexity,
furnished in real time using interactive audio and video technology. Counseling and coordination of care
with other physicians, other qualified health care professionals or agencies are provided consistent with
the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting
problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or
both via real time, audio and video intercommunications technology

G9486 Remote in-home visit for the evaluation and management of an established patient for use only in the
Medicare-approved Comprehensive Care for Joint Replacement Model, which requires at least 2 of the
following 3 key components: A problem focused history; A problem focused examination; Straightforward
medical decision making, furnished in real time using interactive audio and video technology. Counseling
and coordination of care with other physicians, other qualified health care professionals or agencies are
provided consistent with the nature of the problem(s) and the needs of the patient or the family or both.
Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the
patient or family or both via real time, audio and video intercommunications technology

G9487 Remote in-home visit for the evaluation and management of an established patient for use only in the
Medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the
following 3 key components: an expanded problem focused history; an expanded problem focused
examination; medical decision making of low complexity, furnished in real time using interactive audio and
video technology. Counseling and coordination of care with other physicians, other qualified health care
professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the
patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity.
Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology

G9488 Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology

G9489 Remote in-home visit for the evaluation and management of an established patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology

G9490 Comprehensive Care for Joint Replacement Model, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services (for use only in the Medicare-approved Comprehensive Care for Joint Replacement Model); may not be billed for a 30 day period covered by a transitional care management code

G9687 Hospice services provided to patient any time during the measurement period

G9688 Patients using hospice services any time during the measurement period

G9689 Patient admitted for performance of elective carotid intervention

G9690 Patient receiving hospice services any time during the measurement period

G9691 Patient had hospice services any time during the measurement period

G9692 Hospice services received by patient any time during the measurement period

G9693 Patient use of hospice services any time during the measurement period

G9694 Hospice services utilized by patient any time during the measurement period

G9695 Long-acting inhaled bronchodilator prescribed

G9696 Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator

G9697 Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator
G9698 Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator

G9699 Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified

G9700 Patients who use hospice services any time during the measurement period

G9701 Children who are taking antibiotics in the 30 days prior to the date of the encounter during which the diagnosis was established

G9702 Patients who use hospice services any time during the measurement period

G9703 Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis

G9704 AJCC breast cancer stage I: T1 mic or T1a documented

G9705 AJCC breast cancer stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented

G9706 Low (or very low) risk of recurrence, prostate cancer

G9707 Patient received hospice services any time during the measurement period

G9708 Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy

G9709 Hospice services used by patient any time during the measurement period

G9710 Patient was provided hospice services any time during the measurement period

G9711 Patients with a diagnosis or past history of total colectomy or colorectal cancer

G9712 Documentation of medical reason(s) for prescribing or dispensing antibiotic (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/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/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis

G9713 Patients who use hospice services any time during the measurement period

G9714 Patient is using hospice services any time during the measurement period

G9715 Patients who use hospice services any time during the measurement period

G9716 BMI is documented as being outside of normal limits, follow-up plan is not completed for documented reason

G9717 Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required
G9718 Hospice services for patient provided any time during the measurement period

G9719 Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair

G9720 Hospice services for patient occurred any time during the measurement period

G9721 Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair

G9722 Documented history of renal failure or baseline serum creatinine = 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the CR has been or is 4.0 or higher

G9723 Hospice services for patient received any time during the measurement period

G9724 Patients who had documentation of use of anticoagulant medications overlapping the measurement year

G9725 Patients who use hospice services any time during the measurement period

G9726 Patient refused to participate

G9727 Patient unable to complete the FOTO knee intake PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9728 Patient refused to participate

G9729 Patient unable to complete the FOTO hip intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9730 Patient refused to participate

G9731 Patient unable to complete the FOTO foot or ankle intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9732 Patient refused to participate

G9733 Patient unable to complete the FOTO lumbar intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9734 Patient refused to participate

G9735 Patient unable to complete the FOTO shoulder intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9736 Patient refused to participate

G9737 Patient unable to complete the FOTO elbow, wrist or hand intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available
G9738 Patient refused to participate

G9739 Patient unable to complete the FOTO general orthopedic intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9740 Hospice services given to patient any time during the measurement period

G9741 Patients who use hospice services any time during the measurement period

G9742 Psychiatric symptoms assessed

G9743 Psychiatric symptoms not assessed, reason not otherwise specified

G9744 Patient not eligible due to active diagnosis of hypertension

G9745 Documented reason for not screening or recommending a follow-up for high blood pressure

G9746 Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)

G9747 Patient is undergoing palliative dialysis with a catheter

G9748 Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant

G9749 Patient is undergoing palliative dialysis with a catheter

G9750 Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant

G9751 Patient died at any time during the 24-month measurement period

G9752 Emergency surgery

G9753 Documentation of medical reason for not conducting a search for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence)

G9754 A finding of an incidental pulmonary nodule

G9755 Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s)

G9756 Surgical procedures that included the use of silicone oil

G9757 Surgical procedures that included the use of silicone oil

G9758 Patient in hospice and in terminal phase
G9759 History of preoperative posterior capsule rupture

G9760 Patients who use hospice services any time during the measurement period

G9761 Patients who use hospice services any time during the measurement period

G9762 Patient had at least three HPV vaccines on or between the patient's 9th and 13th birthdays

G9763 Patient did not have at least three HPV vaccines on or between the patient's 9th and 13th birthdays

G9764 Patient has been treated with an oral systemic or biologic medication for psoriasis

G9765 Documentation that the patient declined therapy change, has documented contraindications, or has not been treated with an oral systemic or biologic for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI

G9766 Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment

G9767 Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment

G9768 Patients who utilize hospice services any time during the measurement period

G9769 Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months

G9770 Peripheral nerve block (PNB)

G9771 At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time

G9772 Documentation of one of the following medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)

G9773 At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time

G9774 Patients who have had a hysterectomy

G9775 Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively

G9776 Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)
G9777 Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively

G9778 Patients who have a diagnosis of pregnancy

G9779 Patients who are breastfeeding

G9780 Patients who have a diagnosis of rhabdomyolysis

G9781 Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease (ESRD))

G9782 History of or active diagnosis of familial or pure hypercholesterolemia

G9783 Documentation of patients with diabetes who have a most recent fasting or direct LDL-C laboratory test result < 70 mg/dl and are not taking statin therapy

G9784 Pathologists/dermatopathologists providing a second opinion on a biopsy

G9785 Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 business days from the time when the tissue specimen was received by the pathologist

G9786 Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) was not sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 business days from the time when the tissue specimen was received by the pathologist

G9787 Patient alive as of the last day of the measurement year

G9788 Most recent BP is less than or equal to 140/90 mm hg

G9789 Blood pressure recorded during inpatient stays, emergency room visits, urgent care visits, and patient self-reported BP’s (home and health fair BP results)

G9790 Most recent BP is greater than 140/90 mm hg, or blood pressure not documented

G9791 Most recent tobacco status is tobacco free

G9792 Most recent tobacco status is not tobacco free

G9793 Patient is currently on a daily aspirin or other antiplatelet

G9794 Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed or intra-cranial bleed or documentation of active anticoagulant use during the measurement period

G9795 Patient is not currently on a daily aspirin or other antiplatelet

G9796 Patient is currently on a statin therapy
G9797 Patient is not on a statin therapy

G9798 Discharge(s) for AMI between July 1 of the year prior measurement year to June 30 of the measurement period

G9799 Patients with a medication dispensing event indicator of a history of asthma any time during the patient's history through the end of the measure period

G9800 Patients who are identified as having an intolerance or allergy to beta-blocker therapy

G9801 Hospitalizations in which the patient was transferred directly to a non-acute care facility for any diagnosis

G9802 Patients who use hospice services any time during the measurement period

G9803 Patient prescribed a 180-day course of treatment with beta-blockers post discharge for AMI

G9804 Patient was not prescribed a 180-day course of treatment with beta-blockers post discharge for AMI

G9805 Patients who use hospice services any time during the measurement period

G9806 Patients who received cervical cytology or an HPV test

G9807 Patients who did not receive cervical cytology or an HPV test

G9808 Any patients who had no asthma controller medications dispensed during the measurement year

G9809 Patients who use hospice services any time during the measurement period

G9810 Patient achieved a PDC of at least 75% for their asthma controller medication

G9811 Patient did not achieve a PDC of at least 75% for their asthma controller medication

G9812 Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure

G9813 Patient did not die within 30 days of the procedure or during the index hospitalization

G9814 Death occurring during hospitalization

G9815 Death did not occur during hospitalization

G9816 Death occurring 30 days post procedure

G9817 Death did not occur 30 days post procedure

G9818 Documentation of sexual activity

G9819 Patients who use hospice services any time during the measurement period
G9820 Documentation of a chlamydia screening test with proper follow-up

G9821 No documentation of a chlamydia screening test with proper follow-up

G9822 Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date)

G9823 Endometrial sampling or hysteroscopy with biopsy and results documented

G9824 Endometrial sampling or hysteroscopy with biopsy and results not documented

G9825 HER2/neu negative or undocumented/unknown

G9826 Patient transferred to practice after initiation of chemotherapy

G9827 Her2-targeted therapies not administered during the initial course of treatment

G9828 Her2-targeted therapies administered during the initial course of treatment

G9829 Breast adjuvant chemotherapy administered

G9830 Her-2/neu positive

G9831 AJCC stage at breast cancer diagnosis = II or III

G9832 AJCC stage at breast cancer diagnosis = I (Ia or Ib) and T-stage at breast cancer diagnosis does not equal = T1, T1a, T1b

G9833 Patient transfer to practice after initiation of chemotherapy

G9834 Patient has metastatic disease at diagnosis

G9835 Trastuzumab administered within 12 months of diagnosis

G9836 Reason for not administering trastuzumab documented (e.g., patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation not complete)

G9837 Trastuzumab not administered within 12 months of diagnosis

G9838 Patient has metastatic disease at diagnosis

G9839 Anti-EGFR monoclonal antibody therapy

G9840 KRAS gene mutation testing performed before initiation of anti-EGFR MoAb

G9841 KRAS gene mutation testing not performed before initiation of anti-EGFR MoAb

G9842 Patient has metastatic disease at diagnosis

G9843 KRAS gene mutation
G9844 Patient did not receive anti-EGFR monoclonal antibody therapy
G9845 Patient received anti-EGFR monoclonal antibody therapy
G9846 Patients who died from cancer
G9847 Patient received chemotherapy in the last 14 days of life
G9848 Patient did not receive chemotherapy in the last 14 days of life
G9849 Patients who died from cancer
G9850 Patient had more than one emergency department visit in the last 30 days of life
G9851 Patient had one or less emergency department visits in the last 30 days of life
G9852 Patients who died from cancer
G9853 Patient admitted to the ICU in the last 30 days of life
G9854 Patient was not admitted to the ICU in the last 30 days of life
G9855 Patients who died from cancer
G9856 Patient was not admitted to hospice
G9857 Patient admitted to hospice
G9858 Patient enrolled in hospice
G9859 Patients who died from cancer
G9860 Patient spent less than three days in hospice care
G9861 Patient spent greater than or equal to three days in hospice care
G9862 Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is = 66 years old, or life expectancy < 10 years old, other medical reasons)
Q4166 Cytal, per square centimeter
Q4167 Truskin, per square centimeter
Q4168 Amnioband, 1 mg
Q4169 Artacent wound, per square centimeter
Q4170 Cygnus, per square centimeter
Q4171 Interfyl, 1 mg
Q4172 PuraPly or PuraPly AM, per sq cm
Q4173 PalinGen or PalinGen XPlus, per sq cm
Q4174 Palingen or promatrx, 0.36 mg per 0.25 cc
Q4175 Miroderm, per square centimeter
Q9982 Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries
Q9983 Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries
S0285 Colonoscopy consultation performed prior to a screening colonoscopy procedure
S0311 Comprehensive management and care coordination for advanced illness, per calendar month
T1040 Medicaid certified community behavioral health clinic services, per diem
T1041 Medicaid certified community behavioral health clinic services, per month

Dental Code Coverage

**Non-Covered Codes**

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0600 Nonionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum

D1575 Distal shoe space maintainer, fixed, unilateral

D4346 Scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation

D6081 Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure

D6085 Provisional implant crown

D9311 Consultation with a medical health care professional

D9991 Dental case management, addressing appointment compliance barriers

D9992 Dental case management, care coordination

D9993 Dental case management, motivational interviewing
D9994 Dental case management, patient education to improve oral health literacy

Medical Supplies and DME Code Coverage

Prior Authorization Required

L1851 Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf

L1852 Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf. This code replaces code K0902, which is being discontinued

Non-Covered Codes

A4224 Supplies for maintenance of insulin infusion catheter, per week
A4225 Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4467 Belt, strap, sleeve, garment, or covering, any type
A4553 Non-disposable underpads, all sizes
A9285 Inversion/eversion correction device
A9286 Hygienic item or device, disposable or non-disposable, any type, each

Codes with Quantity Limit Change or Addition

A6454 Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd
S5520 Home infusion therapy, all supplies (including catheter) necessary for peripherally inserted central venous catheter (PICC) line insertion. 1 per month
S5521 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion. 1 per month