# Code updates

## January 2020 HCPCS codes

The following HCPCS codes are not covered as they are considered experimental/investigational:

| Code | Description |
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| C1734 | Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable) |
| C1824 | Generator, cardiac contractility modulation (implantable) |
| C1839 | Iris prosthesis |
| C1982 | Catheter, pressure generating, one-way valve, intermittently occlusive |
| C2596 | Probe, image guided, robotic, waterjet ablation |
| C9054 | Injection, lefamulin (Xenleta), 1 mg |
| 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 |
| C9758 | Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, transesophageal 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 |
| J0179 | Injection, brolucizumab-dbll, 1 mg |
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg |
| K1001 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type |
| K1002 | Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type |
| K1004 | Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories |
| L2006 | Knee-ankle-foot (KAF) 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 |

The following HCPCS codes are not covered per benefit:

| Code | Description |
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| G1000 | Clinical Decision Support Mechanism Applied Pathways, as defined by the Medicare Appropriate Use Criteria Program |
| G1001 | Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program |
| G1002 | Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program |

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| G1003 | Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program |
| G1004 | Clinical Decision Support Mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program |
| G1005 | Clinical Decision Support Mechanism National Imaging Associates, as defined by the Medicare Appropriate Use Criteria Program |
| G1006 | Clinical Decision Support Mechanism Test Appropriate, as defined by the Medicare Appropriate Use Criteria Program |
| G1007 | Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program |
| G1008 | Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program |
| G1009 | Clinical Decision Support Mechanism Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program |
| G1010 | Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program |
| G1011 | Clinical Decision Support Mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program |
| G2021 | Health care practitioners rendering treatment in place (TIP) |
| G2022 | A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place) |
| G2061 | Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| G2062 | Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |
| G2063 | Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |
| G2081 | Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period |
| K1003 | Whirlpool tub, walk in, portable |
| K1005 | Disposable collection and storage bag for breast milk, any size, any type, each |

The following HCPCS codes are for reporting purposes only; not reimbursable:

| Code | Description |
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| G2089 | Most recent hemoglobin A1c (HbA1c) level 7.0% to 9.0% |
| 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 |
| 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 |
| G2092 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken |

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| 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) |
| G2094 | Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons) |
| G2095 | Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons) |
| G2096 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given |
| G2097 | Children with a competing diagnosis for upper respiratory infection within 3 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| G2102 | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed |
| G2103 | Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed |
| G2104 | Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed |
| 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 |
| 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 |
| 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 |

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| | service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |
| 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 |
| 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 |
| 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 |
| G2112 | Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months |
| G2113 | Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity |
| 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 |
| 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 |
| 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 |
| 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 |
| G2118 | Patients 81 years of age and older with evidence of frailty during the measurement period |
| G2119 | Within the past 2 years, calcium and/or vitamin D optimization has been ordered or performed |
| G2120 | Within the past 2 years, calcium and/or vitamin D optimization has not been ordered or performed |
| G2121 | Psychosis, depression, anxiety, apathy, and impulse control disorder assessed |
| G2122 | Psychosis, depression, anxiety, apathy, and impulse control disorder not assessed |
| 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 |
| 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 |
| G2125 | Patients 81 years of age and older with evidence of frailty during the measurement period |

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| 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 |
| 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 |
| G2128 | Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period) |
| 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 |
| 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 |
| G2131 | Patients 81 years and older with a diagnosis of frailty |
| 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 |
| 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 |
| 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 |
| 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 |
| G2136 | Back pain measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater |
| G2137 | Back pain measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated a change of less than an improvement of 5.0 points |
| G2138 | Back pain as measured by the visual analog scale (VAS) at 1 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 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of 5.0 points or greater |
| G2139 | Back pain measured by the visual analog scale (VAS) pain at 1 year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) |

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| | within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of less than 5.0 |
| G2140 | Leg pain measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater |
| G2141 | Leg pain measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points |
| G2142 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of 30 points or greater |
| G2143 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of less than 30 points |
| G2144 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated a change of 30 points or greater |
| G2145 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated a change of less than 30 points |
| G2146 | Leg pain as measured by the visual analog scale (VAS) at 1 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 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater |
| G2147 | Leg pain measured by the visual analog scale (VAS) at 1 year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points |
| G2148 | Performance met: multimodal pain management was used |
| 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)) |
| G2150 | Performance not met: multimodal pain management was not used |
| 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 |
| G2152 | Performance met: the residual change score is equal to or greater than 0 |
| G2153 | In hospice or using hospice services during the measurement period |
| 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 |
| 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 |

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| | components; encephalopathy due to Tdap or Td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis) |
| 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) |
| 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 |
| G2158 | Patient had prior pneumococcal vaccine adverse reaction any time during or before the measurement period |
| 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 |
| 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 |
| G2161 | Patient had prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period |
| 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 |
| 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 |
| G2164 | Patient had a prior influenza virus vaccine adverse reaction any time before or during the measurement period |
| 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 |
| 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 |
| G2167 | Performance not met: the residual change score is less than 0 |
| M1106 | The start of an episode of care documented in the medical record |
| 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 |
| M1108 | Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only) |
| M1109 | Ongoing care not indicated, patient discharged after only one to two 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 |

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| M1110 | Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| M1111 | The start of an episode of care documented in the medical record |
| 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 |
| M1113 | Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only) |
| M1114 | Ongoing care not indicated, patient discharged after only one to two 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 |
| M1115 | Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| M1116 | The start of an episode of care documented in the medical record |
| 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 |
| M1118 | Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only) |
| M1119 | Ongoing care not indicated, patient discharged after only one to two 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 |
| M1120 | Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| M1121 | The start of an episode of care documented in the medical record |
| 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 |
| M1123 | Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only) |
| M1124 | Ongoing care not indicated, patient discharged after only one to two 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 |
| M1125 | Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| M1126 | The start of an episode of care documented in the medical record |
| 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 |
| M1128 | Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only) |
| M1129 | Ongoing care not indicated, patient discharged after only one to two 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 |
| M1130 | Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| 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 |
| M1132 | Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only) |

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| M1133 | Ongoing care not indicated, patient discharged after only one to two 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 |
| M1134 | Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown |
| M1135 | The start of an episode of care documented in the medical record |
| M1136 | The start of an episode of care documented in the medical record |
| 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 |
| M1138 | Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only) |
| M1139 | Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| M1140 | Ongoing care not indicated, patient discharged after only one to two 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 |
| M1141 | Functional status was not measured by the Oxford Knee Score (OKS) at 1 year (9 to 15 months) postoperatively |
| M1142 | Emergent cases |
| M1143 | Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment |
| M1144 | Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only |

The following HCPCS codes are covered when prior authorized:

| Code | Description |
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| A9590 | Iodine I-131, iobenguane, 1 mCi |
| B4187 | Omegaven, 10 g lipids |
| C9055 | Injection, brexanolone, 1 mg |

The following behavioral health HCPCS codes will redirected to Optum:

| Code | Description |
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| 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) |
| 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) |
| 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) |
| G2070 | Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and |

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| | toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) |
| 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) |
| 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) |
| 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) |
| 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) |
| 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) |
| 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 health care 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 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

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| 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) |