Please see the coverage summary for Jan 2025 HCPCS Codes for Medicare Advantage Plans below:

No prior authorization required for MEDICARE ADVANTAGE

C1739	Tissue marker, imaging and nonimaging device (implantable)
C7563	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 and all additional arteries
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation
C7565	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total noninfected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)
C9808	Nerve cryoablation probe (e.g., cryoICE, cryoSPHERE, cryoSPHERE MAX, cryo2), including probe and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
E1803	Dynamic adjustable elbow extension only device, includes soft interface material
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material
E1807	Dynamic adjustable wrist extension only device, includes soft interface material
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material
E1813	Dynamic adjustable knee extension only device, includes soft interface material
E1814	Dynamic adjustable knee flexion only device, includes soft interface material
E1822	Dynamic adjustable ankle extension only device, includes soft interface material
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material
E1826	Dynamic adjustable finger extension only device, includes soft interface material
E1827	Dynamic adjustable finger flexion only device, includes soft interface material
E1828	Dynamic adjustable toe extension only device, includes soft interface material
E1829	Dynamic adjustable toe flexion only device, includes soft interface material
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; 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)

G0537	Administration of a standardized, evidence-based atherosclerotic cardiovascular disease (ASCVD) risk assessment, 5-15 minutes, not more often than every 12 months
G0538	Atherosclerotic cardiovascular disease (ASCVD) risk management services; clinical staff time; per calendar month
G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes
G0540	Caregiver training in behavior management/modification for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; each additional 15 minutes
G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use G0542 in conjunction with G0541)
G0543	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers
G0544	Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, 4 calls per calendar month
G0545	Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation, analysis, testing, and complex antimicrobial therapy counseling and treatment (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, subsequent, or discharge)
G0555	Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring
G0556	Advanced primary care management services for a patient with one chronic condition [expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline], or fewer, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate:

G0557	Advanced primary care management services for a patient with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate:
G0558	Advanced primary care management services for a patient that is a qualified Medicare beneficiary with multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, which place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, provided by clinical staff and directed by a physician or other qualified health care professional who is responsible for all primary care and serves as the continuing focal point for all needed health care services, per calendar month, with the following elements, as appropriate:
G0559	Postoperative follow-up visit complexity inherent to evaluation and management services addressing surgical procedure(s), provided by a physician or qualified health care professional who is not the practitioner who performed the procedure (or in the same group practice) and is of the same or of a different specialty than the practitioner who performed the procedure, within the 90-day global period of the procedure(s), once per 90-day global period, when there has not been a formal transfer of care and requires the following required elements, when possible and applicable:
G0560	Safety planning interventions, each 20 minutes personally performed by the billing practitioner, including assisting the patient in the identification of the following personalized elements of a safety plan:
G0564	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training
G0565	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation
Q0521	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription
Q4346	Shelter DM Matrix, per sq cm
Q4347	Rampart DL Matrix, per sq cm
Q4348	Sentry SL Matrix, per sq cm
Q4349	Mantle DL Matrix, per sq cm
Q4350	Palisade DM Matrix, per sq cm
Q4351	Enclose TL Matrix, per sq cm
Q4352	Overlay SL Matrix, per sq cm
Q4353	Xceed TL Matrix, per sq cm

Prior authorization required for MEDICARE ADVANTAGE

A9615	Injection, pegulicianine, 1 mg
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single-use system components
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single-use system components
C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)
C1738	Powered, single-use (i.e., disposable) endoscopic ultrasound-guided biopsy device
C7562	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention
C8001	3D anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy)
C9610	Catheter, transluminal drug delivery with or without angioplasty, coronary, nonlaser (insertable)
C9804	Elastomeric infusion pump (e.g., On-Q* pump with bolus), including catheter and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
C9806	Rotary peristaltic infusion pump (e.g., ambIT pump), including catheter and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
G0561	Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583T)
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions

Redirect to Optum BH for MEDICARE ADVANTAGE

G0532	Take-home supply of nasal nalmefene HCl; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)
G0534	Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)
G0535	Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self advocacy and communication skills with care providers, and to promote patient-driven action plans and goals; each additional 30 minutes of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)
G0536	Peer recovery support services, provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet MOUD treatment and recovery goals; conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and proposing strategies to help meet person-centered treatment goals; assisting the patient in locating or navigating recovery support services; each additional 30 minutes of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)
G0546	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review
G0547	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review
G0548	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review
G0549	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered

	services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review
G0550	Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time
G0551	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes

Reportable Only Services for MEDICARE ADVANTAGE

M1371	Most recent glycemic status assessment (HbA1c or GMI) level < 7.0%
M1372	Most recent glycemic status assessment (HbA1c or GMI) level >= 7.0% and < 8.0%
M1373	Most recent glycemic status assessment (HbA1c or GMI) level >= 8.0% and <= 9.0%
M1374	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period
M1375	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period
M1376	An additional encounter with an RA diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an RA diagnosis during the performance period
M1377	Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient
M1378	Documentation of medical reason(s) for not recommending 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, other medical reasons)
M1379	A 10 year follow-up interval for colonoscopy not recommended reason not otherwise specified
M1380	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"
M1381	Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure
M1382	Patient encounter during the performance period with Place of Service code 11
M1383	Acute PVD

M1384	Patients who died during the performance period
M1385	Documentation of patient reasons for patients who were not seen for the second PAM survey (e.g., less than 4 months between baseline PAM assessment and follow-up)
M1386	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial AJCC staging of 0, I, or II at the start of the performance period
M1387	Patients who died during the performance period
M1388	Patients with documentation of an exam performed for recurrence of melanoma
M1389	Documentation of patient reasons for no examination, (i.e., refusal of examination or lost to follow-up) (documentation must include information that the clinician was unable to reach the patient by phone, mail, or secure electronic mail - at least one method must be documented)
M1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period
M1391	All patients who were diagnosed with recurrent melanoma during the current performance period
M1392	Documentation of patient reasons for no examination, (i.e., refusal of examination or lost to follow-up) (documentation must include information that the clinician was unable to reach the patient by phone, mail, or secure electronic mail - at least one method must be documented)
M1393	Patients who were not diagnosed with recurrent melanoma during the current performance period
M1394	Stages I-III breast cancer
M1395	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group
M1396	Patients on a therapeutic clinical trial
M1397	Patients with recurrence/disease progression
M1398	Patients with baseline and follow-up PROMIS surveys documented in the medical record
M1399	Patients who leave the practice during the follow-up period
M1400	Patients who died during the follow-up period
M1401	Stages I-III breast cancer
M1402	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group
M1403	Patients with baseline and follow-up PROMIS surveys documented in the medical record
M1404	Patients on a therapeutic clinical trial
M1405	Patients with recurrence/disease progression
M1406	Patients who leave the practice during the follow-up period
M1407	Patients who died during the follow-up period
M1408	Patients who have germline BRCA testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer
M1409	Patients who received germline testing for BRCA1 and BRCA2 or genetic counseling completed within 6 months of diagnosis

M1410	Patients who did not have germline testing for BRCA1 and BRCA2 or genetic counseling completed within 6 months of diagnosis
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy
M1412	Patients with metastatic NSCLC with epidermal growth factor receptor (EGFR) mutations, ALK genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as NSCLC with ROS1 rearrangement, BRAF V600E mutation, NTRK 1/2/3 gene fusion, METex14 skipping mutation, and RET rearrangement
M1413	Patients who had a positive PD-L1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy
M1414	Documentation of medical reason(s) for not performing the PD-L1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication)
M1415	Patients who did not have a positive PD-L1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy
M1416	Patient received hospice services any time during the performance period
M1417	Patients who are up to date on their COVID-19 vaccinations as defined by CDC recommendations on current vaccination
M1418	Patients who are not up to date on their COVID-19 vaccinations as defined by CDC recommendations on current vaccination because of a medical contraindication documented by clinician
M1419	Patients who are not up to date on their COVID-19 vaccinations as defined by CDC recommendations on current vaccination
M1420	Complete ophthalmologic care MIPS value pathway
M1421	Dermatological care MIPS value pathway
M1422	Gastroenterology care MIPS value pathway
M1423	Optimal care for patients with urologic conditions MIPS value pathway
M1424	Pulmonology care MIPS value pathway
M1425	Surgical care MIPS value pathway

Codes not valid for Medicare purposes for MEDICARE ADVANTAGE

H0052	Missing and murdered indigenous persons (MMIP) mental health and clinical care
H0053	Historical trauma (HT) mental health and clinical care for indigenous persons