

HCPCS Procedure Code Changes effective January 1, 2017

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New Codes

1/1/16

- G9679** Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed once per day per beneficiary
- G9680** Onsite acute care treatment of a nursing facility resident with CHF. May only be billed once per day per beneficiary
- G9681** Onsite acute care treatment of a resident with COPD or asthma. May only be billed once per day per beneficiary
- G9682** Onsite acute care treatment of a nursing facility resident with a skin infection. May only be billed once per day per beneficiary.
- G9683** Onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder or dehydration (similar pattern). May only be billed once per day per beneficiary
- G9684** Onsite acute care treatment of a nursing facility resident for a UTI. May only be billed once per day per beneficiary
- G9685** Evaluation and management of a beneficiary's acute change in condition in a nursing facility

G9686 Onsite nursing facility conference, that is separate and distinct from an evaluation and management visit, including qualified practitioner and at least one member of the nursing facility interdisciplinary care team

7/1/16 / 12/1/16

C9476 Injection, daratumumab, 10 mg
C9477 Injection, elotuzumab, 1 mg
C9478 Injection, sebelipase alfa, 1 mg
C9479 Instillation, ciprofloxacin otic suspension, 6 mg
C9480 Injection, trabectedin, 0.1 mg
Q9981 Rolaptant, oral, 1 mg

7/1/16

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
S3854 Gene expression profiling panel for use in the management of breast cancer treatment

9/28/16

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)

10/1/16 / 12/31/16

C9139 Injection, Factor IX, albumin fusion protein (recombinant), Idelvion, 1 i.u.
C9481 Injection, reslizumab, 1 mg

10/1/16

C9482 Injection, sotalol hydrochloride, 1 mg
C9483 Injection, atezolizumab, 10 mg
C9744 Ultrasound, abdominal, with contrast

1/1/17

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
- 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
- C1842** Retinal prosthesis, includes all internal and external components; add-on to C1841
- C1889** Implantable/insertable device for device intensive procedure, not otherwise classified
- C9140** Injection, factor viii (antihemophilic factor, recombinant) (afstyla), 1 i.u.
- 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
- 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)
- 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
- G0659** Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes
- 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** Her-2/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)
J0570	Buprenorphine implant, 74.2 mg
J0883	Injection, argatroban, 1 mg (for non-esrd use)
J0884	Injection, argatroban, 1 mg (for esrd on dialysis)
J1130	Injection, diclofenac sodium, 0.5 mg
J1942	Injection, aripiprazole lauroxil, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2786	Injection, reslizumab, 1 mg
J2840	Injection, sebelipase alfa, 1 mg
J7175	Injection, factor x, (human), 1 i.u.
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7342	Installation, ciprofloxacin otic suspension, 6 mg
J8670	Rolapitant, oral, 1 mg
J9034	Injection, bendamustine hcl (bendeka), 1 mg
J9145	Injection, daratumumab, 10 mg
J9176	Injection, elotuzumab, 1 mg
J9205	Injection, irinotecan liposome, 1 mg
J9295	Injection, necitumumab, 1 mg

J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
J9352	Injection, trabectedin, 0.1 mg
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
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 square centimeter
Q4173	Palingen or palingen xplus, per square centimeter
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc
Q4175	Miroderm, per square centimeter
T1040	Medicaid certified community behavioral health clinic services, per diem
T1041	Medicaid certified community behavioral health clinic services, per month

Deleted Codes

6/30/16

C9458	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries
C9459	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries
C9743	Injection/implantation of bulking or spacer material (any type) with or without image guidance (not to be used if a more specific code applies)

9/30/16

G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes

S8032 Low-dose computed tomography for lung cancer screening

12/31/16

- A4466** Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each
- A9544** Iodine I-131 tositumomab, diagnostic, per study dose
- A9545** Iodine I-131 tositumomab, therapeutic, per treatment dose
- B9000** Enteral nutrition infusion pump - without alarm
- C9121** Injection, argatroban, per 5 mg
- C9137** Injection, Factor VIII (antihemophilic factor, recombinant) pegylated, 1 I.U.
- C9138** Injection, Factor VIII (antihemophilic factor, recombinant) (Nuwiq), 1 I.U.
- C9139** Injection, Factor IX, albumin fusion protein (recombinant), Idelvion, 1 i.u.
- C9349** PuraPly, and PuraPly Antimicrobial, any type, per square centimeter
- C9461** Choline C 11, diagnostic, per study dose
- C9470** Injection, aripiprazole lauroxil, 1 mg
- C9471** Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
- C9472** Injection, talimogene laherparepvec, 1 million plaque forming units (PFU)
- C9473** Injection, mepolizumab, 1 mg
- C9474** Injection, irinotecan liposome, 1 mg
- C9475** Injection, necitumumab, 1 mg
- C9476** Injection, daratumumab, 10 mg
- C9477** Injection, elotuzumab, 1 mg
- C9478** Injection, sebelipase alfa, 1 mg
- C9479** Instillation, ciprofloxacin otic suspension, 6 mg
- C9480** Injection, trabectedin, 0.1 mg
- C9481** Injection, reslizumab, 1 mg
- C9742** Laryngoscopy, flexible fiberoptic, with injection into vocal cord(s), therapeutic, including diagnostic laryngoscopy, if performed
- C9800** Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies
- E0628** Separate seat lift mechanism for use with patient owned furniture-electric
- G0163** Skilled services of a licensed nurse (LPN or RN) for the observation & 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)

- G0164** Skilled services of a licensed nurse (LPN or RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
- G0389** Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening
- G0464** Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)
- G0477** 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
- G0478** 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
- G0479** Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, tof, maldi, ltd, desi, dart, ghpc, gc mass spectrometry), includes sample validation when performed, per date of service
- G3001** Administration and supply of tositumomab, 450 mg
- G8401** Clinician documented that patient was not an eligible candidate for screening
- G8458** Clinician documented that patient is not an eligible candidate for genotype testing; patient not receiving antiviral treatment for hepatitis C during the measurement period (e.g. genotype test done prior to the reporting period, patient declines, patient not a candidate for antiviral treatment)
- G8460** Clinician documented that patient is not an eligible candidate for quantitative RNA testing at week 12; patient not receiving antiviral treatment for hepatitis C
- G8461** Patient receiving antiviral treatment for hepatitis C during the measurement period
- G8485** I intend to report the Diabetes Mellitus (DM) measures group
- G8486** I intend to report the Preventive Care measures group
- G8487** I intend to report the Chronic Kidney Disease (CKD) measures group
- G8489** I intend to report the Coronary Artery Disease (CAD) Measures Group
- G8490** I intend to report the Rheumatoid Arthritis (RA) Measures Group
- G8491** I intend to report the HIV/AIDS Measures Group
- G8494** All quality actions for the applicable measures in the Diabetes Mellitus (DM) Measures Group have been performed for this patient
- G8495** All quality actions for the applicable measures in the Chronic Kidney Disease (CKD) Measures Group have been performed for this patient
- G8496** All quality actions for the applicable measures in the Preventive Care Measures Group have been performed for this patient
- G8497** All quality actions for the applicable measures in the Coronary Artery Bypass Graft (CABG) Measures Group have been performed for this patient

- G8498** All quality actions for the applicable measures in the Coronary Artery Disease (CAD) Measures Group have been performed for this patient
- G8499** All quality actions for the applicable measures in the Rheumatoid Arthritis (RA) Measures Group have been performed for this patient
- G8500** All quality actions for the applicable measures in the HIV/AIDS Measures Group have been performed for this patient
- G8544** I intend to report the Coronary Artery Bypass Graft (CABG) Measures Group
- G8545** I intend to report the Hepatitis C Measures Group
- G8548** I intend to report the Heart Failure (HF) Measures Group
- G8549** All quality actions for the applicable measures in the Hepatitis C Measures Group have been performed for this patient
- G8551** All quality actions for the applicable measures in the Heart Failure (HF) Measures Group have been performed for this patient
- G8634** Clinician documented patient not an eligible candidate to receive pharmacologic therapy for osteoporosis
- G8645** I intend to report the asthma measures group
- G8646** All quality actions for the applicable measures in the asthma measures group have been performed for this patient
- G8725** Fasting lipid profile performed (triglycerides, LDL-c, HDL-c and total cholesterol)
- G8726** Clinician has documented reason for not performing fasting lipid profile (e.g., patient declined, other patient reasons)
- G8728** Fasting lipid profile not performed, reason not given
- G8757** All quality actions for the applicable measures in the Chronic Obstructive Pulmonary Disease (COPD) Measures Group have been performed for this patient
- G8758** All quality actions for the applicable measures in the Inflammatory Bowel Disease (IBD) Measures Group have been performed for this patient
- G8759** All quality actions for the applicable measures in the Obstructive Sleep Apnea Measures Group have been performed for this patient
- G8761** All quality actions for the applicable measures in the Dementia Measures Group have been performed for this patient
- G8762** All quality actions for the applicable measures in the Parkinson's Disease Measures Group have been performed for this patient
- G8765** All quality actions for the applicable measures in the Cataract Measures Group have been performed for this patient
- G8784** Patient not eligible (e.g., documentation the patient is not eligible due to active diagnosis of hypertension, patient refuses, urgent or emergent situation)
- G8848** Mild obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of less than 15)
- G8853** Positive airway pressure therapy not prescribed
- G8868** Patients receiving a first course of anti-TNF therapy

- G8898** I intend to report the Chronic Obstructive Pulmonary Disease (COPD) Measures Group
- G8899** I intend to report the Inflammatory Bowel Disease (IBD) Measures Group
- G8900** I intend to report the Obstructive Sleep Apnea Measures Group
- G8902** I intend to report the Dementia Measures Group
- G8903** I intend to report the Parkinson's Disease Measures Group
- G8906** I intend to report the Cataract Measures Group
- G8927** Adjuvant chemotherapy referred, prescribed or previously received for AJCC Stage III, colon cancer
- G8928** Adjuvant chemotherapy not prescribed or previously received, for documented reasons (e.g., medical comorbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons, patient refusal, other patient reasons, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons)
- G8929** Adjuvant chemotherapy not prescribed or previously received, reason not given
- G8940** Screening for clinical depression documented as positive, a follow-up plan not documented, documentation stating the patient is not eligible
- G8948** No neuropsychiatric symptoms
- G8953** All quality actions for the applicable measures in the oncology measures group have been performed for this patient
- G8977** I intend to report the oncology measures group
- G9203** RNA testing for hepatitis C documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis C
- G9204** RNA testing for hepatitis C was not documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis C, reason not given
- G9205** Patient starting antiviral treatment for hepatitis C during the measurement period
- G9206** Patient starting antiviral treatment for hepatitis C during the measurement period
- G9207** Hepatitis c genotype testing documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis C
- G9208** Hepatitis C genotype testing was not documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis C, reason not given
- G9209** Hepatitis C quantitative RNA testing documented as performed between 4-12 weeks after the initiation of antiviral treatment
- G9210** Hepatitis C quantitative RNA testing not performed between 4-12 weeks after the initiation of antiviral treatment for documented reason(s) (e.g., patients whose treatment was discontinued during the testing period prior to testing, other medical reasons, patient declined, other patient reasons)
- G9211** Hepatitis C quantitative RNA testing was not documented as performed between 4-12 weeks after the initiation of antiviral treatment, reason not given

- G9217** PCP prophylaxis was not prescribed within 3 months of low CD4+ cell count below 200 cells/mm3, reason not given
- G9219** Pneumocystis jiroveci pneumonia prophylaxis not prescribed within 3 months of low CD4+ cell count below 200 cells/mm3 for medical reason (i.e., patient's CD4+ cell count above threshold within 3 months after CD4+ cell count below threshold, indicating that the patient's CD4+ levels are within an acceptable range and the patient does not require PCP prophylaxis)
- G9222** Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 200 cells/mm3
- G9233** All quality actions for the applicable measures in the Total Knee Replacement measures group have been performed for this patient
- G9234** I intend to report the Total Knee Replacement measures group
- G9235** All quality actions for the applicable measures in the General Surgery measures group have been performed for this patient
- G9236** All quality actions for the applicable measures in the Optimizing Patient Exposure to Ionizing Radiation measures group have been performed for this patient
- G9237** I intend to report the General Surgery measures group
- G9238** I intend to report the Optimizing Patient Exposure to Ionizing Radiation measures group
- G9244** Antiretroviral therapy not prescribed
- G9245** Antiretroviral therapy prescribed
- G9324** All necessary data elements not included, reason not given
- G9435** Aspirin prescribed at discharge
- G9436** Aspirin not prescribed for documented reasons (e.g., allergy, medical intolerance, history of bleed)
- G9437** Aspirin not prescribed at discharge
- G9438** P2Y inhibitor prescribed at discharge
- G9439** P2Y inhibitor not prescribed for documented reasons (e.g., allergy, medical intolerance, history of bleed)
- G9440** P2Y inhibitor not prescribed at discharge
- G9441** Statin prescribed at discharge
- G9442** Statin not prescribed for documented reasons (e.g., allergy, medical intolerance)
- G9443** Statin not prescribed at discharge
- G9463** I intend to report the Sinusitis Measures Group
- G9464** All quality actions for the applicable measures in the sinusitis measures group have been performed for this patient
- G9465** I intend to report the Acute Otitis Xxterna (AOE) Measures Group
- G9466** All quality actions for the applicable measures in the AOE Measures Group have been performed for this patient

- G9467** Patient who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills within the last twelve months
- G9499** Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period
- G9572** Index date PHQ-score greater than 9 documented during the twelve month denominator identification period
- G9581** Door to puncture time of greater than 2 hours for reasons documented by clinician (e.g., patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment; hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment)
- G9619** Documentation of reason(s) for not screening for uterine malignancy (e.g., prior hysterectomy)
- G9650** Documentation that the patient declined therapy change or has documented contraindications (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
- G9652** Patient has been treated with a systemic or biologic medication for psoriasis for at least six months
- G9653** Patient has not been treated with a systemic or biologic medication for psoriasis for at least six months
- G9657** Transfer of care during an anesthetic or to the intensive care unit
- G9667** 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 have an active diagnosis of pregnancy or who are breastfeeding, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease (ESRD), and patients with diabetes who have a fasting or direct LDL-C laboratory test result < 70 mg/dl and are not taking statin therapy)
- G9669** I intend to report the multiple chronic conditions measures group
- G9670** All quality actions for the applicable measures in the multiple chronic conditions measures group have been performed for this patient
- G9671** I intend to report the diabetic retinopathy measures group
- G9672** All quality actions for the applicable measures in the diabetic retinopathy measures group have been performed for this patient
- G9673** I intend to report the cardiovascular prevention measures group
- G9677** All quality actions for the applicable measures in the cardiovascular prevention measures group have been performed for this patient
- J0760** Injection, colchicine, per 1mg

- J1590** Injection, gatifloxacin, 10 mg
- K0901** 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
- K0902** 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
- Q4119** MatriStem wound matrix, per square centimeter
- Q4120** MatriStem burn matrix, per square centimeter
- Q4129** Unite Biomatrix, per square centimeter
- Q9980** Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg
- Q9981** Rolaptant, oral, 1 mg