

AUTHORIZATION GRID UPDATE

Changes in Alterwood Authorization Requirements, effective 4/1/2024

NEW Codes Effective 4/1/2024 that DO require Prior Authorization:

CPT/HCPS	Full Description
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden
0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)
0849T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography
93153	Interrogation without programming of implanted phrenic nerve stimulator system
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers
99459	Pelvic examination (List separately in addition to code for primary procedure)
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)
C1601	Endoscope, single-use (i.e., disposable), pulmonary, imaging/illumination device (insertable)
C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components
C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and 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
C7558	Catheter placement in coronary artery(s) 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, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed
C7560	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of foreign body(ies) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service
C9161	Injection, aflibercept HD, 1 mg
C9162	Injection, avacincaptad pegol, 0.1 mg
C9163	Injection, talquetamab-tgvs, 0.25 mg
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
C9165	Injection, elranatamab-bcmm, 1 mg
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report
C9794	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)
C9795	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
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type
E0678	Nonpneumatic sequential compression garment, full leg
E0679	Nonpneumatic sequential compression garment, half leg
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
E0681	Nonpneumatic compression controller without calibrated gradient pressure
E0682	Nonpneumatic sequential compression garment, full arm
E0732	Cranial electrotherapy stimulation (CES) system, any type
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist
E0735	Noninvasive vagus nerve stimulator
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system
E3000	Speech volume modulation system, any type, including all components and accessories
G0011	Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk HIV risk reduction and medication adherence, 15 to 30 minutes
G0012	Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle
G0013	Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)
G0019	Certified or trained auxiliary personnel provide community health integration services to address social determinants of health (SDOH) with a patient under the direction of a physician or other qualified health care professional. SDOH can limit the provider's ability to diagnose or treat a condition and the patient's ability to follow the prescribed treatment plan. The provider performs a person-centered assessment to identify the SDOH needs and the problems that need to be addressed in an initiating E/M service. This service may include information about the patient such as their life story, strengths, goals, preferences, and cultural and linguistic factors. After setting goals with the patient and developing an action plan, support is provided to the patient to continue the desired treatment plan. The provider also coordinates care with other health care professionals, facilities, and caregivers as necessary, including referrals to specialists or follow-up visits after care in a facility such as an emergency room or skilled nursing facility. The patient may require community-based social services specific to their SDOH needs (e.g., food assistance, transportation). Additional services may be necessary to support the patient in accomplishing the treatment goals. Report G0019 for the first 60 minutes of community health integration services per calendar month and G0022 for each additional 30 minutes per calendar month.
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019)

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
G0023	Principal Illness Navigation (PIN) services are performed by certified or trained auxiliary personnel under the direction of a physician or other practitioner. PIN services are provided to Medicare patients with high-risk conditions who receive a patient-centered assessment to better identify their needs and connect them to clinical and support resources. High-risk conditions for which PIN services are provided include, but are not limited to, congestive heart failure (CHF), chronic kidney disease (CKD), dementia, cancer, HIV/AIDS, organ failure, substance use disorder (SUD), and mental health conditions. PIN services are provided during an initial visit and in subsequent visits to establish ongoing support and direction as the patient connects to disease-specific resources related to their high-risk condition. Examples of PIN services include establishing a comprehensive record of the patient's health history along with their cultural and linguistic identities, aligning care coordination, targeting illness-specific health education, providing health-care system navigation, building patient self-advocacy skills, and enabling access to services that address unmet social determinations of health (SDOH) needs. Report G0023 for the first 60 minutes of PIN services provided per calendar month. Report G0024 for each additional 30 minutes of PIN services provided per calendar month; list separately in addition to G0023.
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes
G0140	Principal Illness Navigation (PIN) services are performed with peer support (PIN-PS) from certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist. Peer support specialists may include individuals who have experience with the patient's shared high-risk illness. Principles of peer support specialists include empathy and shared personal experience, focus on individual patient strengths, and provision of support to patients as they work toward recovery and/or management of their illness within their plan of care. PIN services are provided to Medicare patients with high-risk conditions who receive a patient-centered assessment to better identify their needs and connect them to clinical and support resources. High-risk conditions for which PIN-PS services are given include behavioral health conditions that otherwise satisfy the definition of a high-risk condition(s). PIN-PS services are provided during an initial visit and in subsequent visits to establish ongoing support and direction as the patient connects to disease-specific resources related to their high-risk condition. Examples of PIN services include establishing a comprehensive record of the patient's health history along with their cultural and linguistic identities, aligning care coordination, targeting illness-specific health education, providing health-care system navigation, building patient self-advocacy skills, and enabling access to services that address unmet social determinations of health (SDOH) needs. Report G0140 for the first 60 minutes of PIN-PS services provided per calendar month. Report G0146 for each additional 30 minutes of PIN-PS services provided per calendar month; list separately in addition to G0140.
G0146	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140)
J0217	Injection, velmanase alfa-tycv, 1 mg
J1304	Injection, tofersen, 1 mg
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2×10^{13} vector genomes
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose

NEW Codes Effective 4/1/2024 that DO require Prior Authorization (continued):

CPT/HCPS	Full Description
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml
J9286	Injection, glofitamab-gxbm, 2.5 mg
J9333	Injection, rozanolixizumab-noli, 1 mg
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
L3161	Foot, adductus positioning device, adjustable
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Q4279	Vendaje AC, per sq cm
Q4287	DermaBind DL, per sq cm
Q4288	DermaBind CH, per sq cm
Q4289	RevoShield+ Amniotic Barrier, per sq cm
Q4290	Membrane Wrap-Hydro(TM), per sq cm
Q4291	Lamellas XT, per sq cm
Q4292	Lamellas, per sq cm
Q4293	Acesso DL, per sq cm
Q4294	Amnio Quad-Core, per sq cm
Q4295	Amnio Tri-Core Amniotic, per sq cm
Q4296	Rebound Matrix, per sq cm
Q4297	Emerge Matrix, per sq cm
Q4298	AmniCore Pro, per sq cm
Q4299	AmniCore Pro+, per sq cm
Q4300	Acesso TL, per sq cm
Q4301	Activate Matrix, per sq cm
Q4302	Complete ACA, per sq cm
Q4303	Complete AA, per sq cm
Q4304	GRAFIX PLUS, per sq cm
Q5132	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg

NEW Codes Effective 4/1/2024 that DO NOT require Prior Authorization:

CPT/HCPS	Full Description
C9159	Injection, prothrombin complex concentrate (human), Balfaxar, per IU of Factor IX activity
J0184	Injection, amisulpride, 1 mg
J0391	Injection, artesunate, 1 mg
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg
J0576	Injection, buprenorphine extended-release (Brixadi), 1 mg
J0688	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg
J0873	Injection, daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg
J1596	Injection, glycopyrrolate, 0.1 mg
J1939	Injection, bumetanide, 0.5 mg
J2404	Injection, nicardipine, 0.1 mg
J2679	Injection, fluphenazine HCl, 1.25 mg
J2799	Injection, risperidone (Uzedy), 1 mg
J3425	Injection, hydroxocobalamin, 10 mcg
J9052	Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg
J9072	Injection, cyclophosphamide, (Dr. Reddy's), 5 mg
J9172	Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg
J9255	Injection, methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg
J9258	Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg

NEW Codes Effective 4/1/2024 that are NOT COVERED by Medicare/Alterwood:

CPT/HCPS	Full Description
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years
82166	Anti-mullerian hormone (AMH)
86041	Acetylcholine receptor (AChR); binding antibody
86042	Acetylcholine receptor (AChR); blocking antibody
86043	Acetylcholine receptor (AChR); modulating antibody
86366	Muscle-specific kinase (MuSK) antibody
87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction
A4287	Disposable collection and storage bag for breast milk, any size, any type, each
A4457	Enema tube, with or without adapter, any type, replacement only, each

NEW Codes Effective 4/1/2024 that are NOT COVERED by Medicare/Alterwood (continued):

CPT/HCPS	Full Description
A4468	Exsufflation belt, includes all supplies and accessories
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm
A4541	Monthly supplies for use of device coded at E0733
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist
A6520	Gradient compression garment, glove, padded, for nighttime use, each
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each
A6522	Gradient compression garment, arm, padded, for nighttime use, each
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6528	Gradient compression garment, bra, for nighttime use, each
A6529	Gradient compression garment, bra, for nighttime use, custom, each
A6552	Gradient compression stocking, below knee, 30-40 mm Hg, each
A6553	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each
A6554	Gradient compression stocking, below knee, 40 mm Hg or greater, each
A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each
A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each
A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each
A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each
A6559	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each
A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each

NEW Codes Effective 4/1/2024 that are NOT COVERED by Medicare/Alterwood (continued):

CPT/HCPS	Full Description
A6565	Gradient compression gauntlet, custom, each
A6566	Gradient compression garment, neck/head, each
A6567	Gradient compression garment, neck/head, custom, each
A6568	Gradient compression garment, torso and shoulder, each
A6569	Gradient compression garment, torso/shoulder, custom, each
A6570	Gradient compression garment, genital region, each
A6571	Gradient compression garment, genital region, custom, each
A6572	Gradient compression garment, toe caps, each
A6573	Gradient compression garment, toe caps, custom, each
A6574	Gradient compression arm sleeve and glove combination, custom, each
A6575	Gradient compression arm sleeve and glove combination, each
A6576	Gradient compression arm sleeve, custom, medium weight, each
A6577	Gradient compression arm sleeve, custom, heavy weight, each
A6578	Gradient compression arm sleeve, each
A6579	Gradient compression glove, custom, medium weight, each
A6580	Gradient compression glove, custom, heavy weight, each
A6581	Gradient compression glove, each
A6582	Gradient compression gauntlet, each
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each
A6584	Gradient compression wrap with adjustable straps, not otherwise specified
A6585	Gradient pressure wrap with adjustable straps, above knee, each
A6586	Gradient pressure wrap with adjustable straps, full leg, each
A6587	Gradient pressure wrap with adjustable straps, foot, each
A6588	Gradient pressure wrap with adjustable straps, arm, each
A6589	Gradient pressure wrap with adjustable straps, bra, each
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each

NEW Codes Effective 4/1/2024 that are NOT COVERED by Medicare/Alterwood (continued):

CPT/HCPS	Full Description
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each
A6596	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each
A6597	Gradient compression bandage roll, elastic long stretch, linear yd, any width, each
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any width, each
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each
A6605	Gradient compression bandaging supply, padded foam, per linear yd, any width, each
A6606	Gradient compression bandaging supply, padded textile, per linear yd, any width, each
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each
A6609	Gradient compression bandaging supply, not otherwise specified
A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical
A9608	Flotufolastat F18, diagnostic, 1 mCi
A9609	Fludeoxyglucose F18, up to 15 mCi
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
E1301	Whirlpool tub, walk-in, portable
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes

NEW Codes Effective 4/1/2024 that are NOT COVERED by Medicare/Alterwood (continued):

CPT/HCPS	Full Description
G9888	Maintenance 5% WL from baseline weight in months 7-12
J0750	Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)
J0751	Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)
J0799	FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified
J1105	Dexmedetomidine, oral, 1 mcg
Q0516	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 30-days
Q0517	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 60-days
Q0518	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 90-days