

Please see the coverage summary for Jan 2026 HCPCS Codes for Medicare Advantage as below:

Covered with prior authorized required for Medicare Advantage:

C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system
C1608	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)
C7570	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (list separately in addition to code for primary procedure)
C7571	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with percutaneous transluminal coronary lithotripsy
C9810	Water circulating motorized cold therapy device (e.g., iceman) including all system components (e.g. pads, console, disposable parts), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
C9811	Electronic ambulatory infusion pump (e.g. sapphire pump), including all pump components, including disposable components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
C9812	Echogenic nerve block needles (e.g. sonoplex, sonoblock, sonotap), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
C9813	Perforated continuous infusion catheter set (e.g. infilralong), including all components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
C9814	Continuous anesthesia echogenic conduction catheter set (e.g. sonolong), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
C9815	Linear peristaltic pain management infusion pump (e.g. cadd-solis ambulatory infusion pump), and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
C9816	Rotary peristaltic infusion pump (e.g., reusable ambit pump) including all disposable system components, reusable non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
C9817	Electronic cryo-pneumatic compression, pain management system (e.g. game ready grpro 2.1 system), including control unit, anatomically correct wrap(s), and other system component(s), non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)
G0571	Intraoperative nerve(s) cryoablation for post-surgical pain relief (list separately in addition to code for primary service)
Q4398	Summit ac, per square centimeter (add-on, list separately in addition to primary procedure)
Q4399	Summit fx, per square centimeter (add-on, list separately in addition to primary procedure)
Q4400	Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)
Q4401	Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)

Q4402	Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)
Q4403	Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)
Q4404	Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)
Q4405	Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)
Q4406	Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)
Q4407	Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)
Q4408	Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)
Q4409	Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4410	Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)
Q4411	Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4412	Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)
Q4413	Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)
Q4414	Simplichor, per square centimeter (add-on, list separately in addition to primary procedure)
Q4415	Alexiguard sl-t, per square centimeter (add-on, list separately in addition to primary procedure)
Q4416	Alexiguard tl-t, per square centimeter (add-on, list separately in addition to primary procedure)
Q4417	Alexiguard dl-t, per square centimeter (add-on, list separately in addition to primary procedure)
Q4420	Nuform, per square centimeter (add-on, list separately in addition to primary procedure)
Q4431	Pma skin substitute product, not otherwise specified (list in addition to primary procedure)
Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)
Q4433	361 hct/p skin substitute product, not otherwise specified (list in addition to primary procedure)

Covered with no prior authorization required for Medicare Advantage:

A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each
A4296	Intermittent urinary catheter; coude (curved) tip, hydrophilic coating, each
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies
C7567	Bronchoscopy, rigid or flexible, including fluoroscopic guidance when performed, with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i), with computer-assisted image-guided navigation
C7568	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress
C7569	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report
C9176	Tc-99m from domestically produced non-heu mo-99, [minimum 50 percent], full cost recovery add-on, per study dose
G0568	Initial psychiatric collaborative care management, 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 (list separately in addition to the advanced primary care management code)
G0569	Subsequent psychiatric collaborative care management, 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 (list separately in addition to advanced primary care management code)
G0570	Care management services for behavioral health conditions, 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 (list separately in addition to advanced primary care management code)
G9871	Behavioral counseling for diabetes prevention, online, 60 minutes

Reportable only, not reimbursable for Medicare Advantage:

G0660	Team remote e/m new pt 10mins
G0661	Team remote e/m new pt 20mins
G0662	Team remote e/m new pt 30 mins
G0663	Team remote e/m new pt 45mins
G0664	Team remote e/m new pt 60mins
G0665	Team remote e/m est. pt 10mins
G0666	Team remote e/m est. pt 15mins
G0667	Team remote e/m est. pt 25mins
G0668	Team remote e/m est. pt 40mins
M1426	Encounters conducted via telehealth
M1427	Documentation of medical reason(s) for performing a bone scan (including documented pain related to prostate cancer, salvage therapy, other medical reasons)
M1428	Patients who have bilateral absence of eyes any time during the patient's history through the end of the measurement period
M1429	Retinal exam finding with evidence of retinopathy in left, right or both eyes with severity level documented
M1430	Retinal exam finding without evidence of retinopathy in both eyes with severity level documented (in measurement year or in the prior year)
M1431	Encounters conducted via telehealth
M1432	Encounters conducted via telehealth
M1433	Patient on oral chemotherapy on or within 30 days before denominator eligible encounter

M1434	Patient on oral chemotherapy on or within 30 days after denominator eligible encounter
M1435	Patient on oral chemotherapy during the performance period
M1436	Encounters conducted via telehealth
M1437	Encounters conducted via telehealth
M1438	Time last known well to hospital arrival less than or equal to 3.5 hours (<= 210 minutes)
M1439	Significant ocular conditions that impact the visual outcome of surgery
M1440	Encounters conducted via telehealth
M1441	Encounter corresponds to initial diagnosis of sleep apnea or first contact with sleep apnea diagnosed patient
M1442	Encounters conducted via telehealth
M1443	Encounters conducted via telehealth
M1444	Delivery at < 39 weeks of gestation
M1445	Postpartum care visit before or at 12 weeks of giving birth
M1446	Patients who died any time prior to the end of the measure assessment period
M1447	Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period
M1448	Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period
M1449	Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period
M1450	Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period
M1451	Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period
M1452	Patient ever had a diagnosis of dementia
M1453	Patients with a pre-operative visual acuity better than 20/40
M1454	New cied
M1455	Replaced or revised cied
M1456	Patient had a heart transplant
M1457	Patient had a diagnosis of asthma with any contact during the current or prior performance period or had asthma present on an active problem list any time during the performance period
M1458	Patient died prior to the end of the performance period
M1459	Patient was in hospice or receiving palliative care services at any time during the performance period
M1460	Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure
M1461	Patient diagnosis for chronic hepatitis c
M1462	Patients with clinical indications for imaging of the head
M1463	Documentation of at least two attempts to follow up with patient within 180 days of treatment
M1464	No documentation of at least two attempts to follow up with patient within 180 days of treatment
M1465	Patient follow up more than 180 days after treatment

M1466	Patient had a lumbar fusion on the same date as the discectomy/laminectomy procedure
M1467	Patients with an existing diagnosis of lynch syndrome
M1468	Patient received recommended doses of hepatitis b vaccination based on age
M1469	Patient has a history of hepatitis b illness or received a hepatitis b surface antigen, hepatitis b surface antibody, or total antibody to hepatitis b core antigen test with a positive result any time before or during the measurement period
M1470	Documentation of medical reason(s) for not administering hepatitis b vaccine (e.g., prior anaphylaxis due to the hepatitis b vaccine)
M1471	Documentation that patient is a medicare fee-for-service beneficiary and without additional supplementary insurance coverage for whom hep b vaccination is not reimbursable under current medicare part b coverage rules
M1472	Patient did not receive recommended doses of hepatitis b vaccination based on age
M1473	Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools, such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders
M1474	Patients with diagnosis of dementia
M1475	Patients with diagnosis of huntington's disease
M1476	Patients with diagnosis of cognitive impairment or alzheimer's disease
M1477	Diagnosis of delirium
M1478	Psychoactive substance abuse
M1479	Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders
M1480	Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders
M1481	Patients receiving hospice or palliative care or who died during the measurement period
M1482	Positive/detectable hepatitis c virus quantitative or qualitative rna test result during the denominator identification period
M1483	Patients who achieve sustained virological response as identified by an hcv rna test (cpt 87522) or (cpt 87521) with a negative/undetectable hcv rna result that occurred 20 weeks to 12 months after the first positive/detectable hcv rna test result within the denominator identification period
M1484	Patients who did not have a repeat hcv rna labs performed for medical reasons documented by clinician (e.g., patient with limited life expectancy, delay in treatment of hcv related to treatment of hiv, hbv, hepatocellular carcinoma, decompensated cirrhosis)
M1485	Patients who did not achieve sustained virological response as identified by an hcv rna test (cpt 87522) or (cpt 87521) with a negative/undetectable hcv rna result that occurred 20 weeks to 12 months after the first positive/detectable hcv rna test result within the denominator identification period
M1486	Patients admitted to a skilled nursing facility (snf) during the period of evaluation
M1487	Patients in hospice in the year before or during the period of evaluation

M1488	Patients with a diagnosis for dementia in the year before or during the period of evaluation
M1489	Patient status documented
M1490	Patient status not documented
M1491	Receiving esrd mcp dialysis services by the provider during the performance period
M1492	Patients who did not report a fall
M1493	Documentation of falls not performed due to medical reasons (e.g., syncope, vertigo and related disorders, restless leg syndrome, tourette syndrome/tic disorder, back pain, concussion/mild traumatic brain injury (mtbi), cervical dystonia, or epilepsy)
M1494	Patients that reported a fall since the last visit
M1495	Patients that reported a fall occurred who had a plan of care for falls documented or patients that did not report a fall
M1496	Patients that had a fall who did not have a plan of care for falls documented or do not have documentation of being assessed for falls
M1497	Documentation of falls not performed due to medical reasons (e.g., syncope, vertigo and related disorders, restless leg syndrome, tourette syndrome/tic disorder, back pain, concussion/mild traumatic brain injury (mtbi), cervical dystonia, or epilepsy)
M1498	Diagnostic radiology mips value pathway
M1499	Interventional radiology mips value pathway
M1500	Neuropsychology mips value pathway
M1501	Pathology mips value pathway
M1502	Podiatry mips value pathway
M1503	Vascular surgery mips value pathway