

# Q1 HCPCS Level I and II Update (January 1, 2023)

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Note: Please note that the general code descriptions included are provided to assist with interpreting and navigating the content; providers are responsible for referencing the appropriate codebooks for up-to-date full descriptions when considering which code is appropriate to bill for the services rendered.

## **Q1 Code Additions**

### **Cardiology**

The following cardiology codes have special billing policies:

**93569, 93573, 93574, 93575**

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers SA, U7, 53 and 99 are allowed.

### **Pathology**

The following pathology codes have special billing policies:

87467, 87469

Modifiers 33, 90 and 99 are allowed.

**87467**

This code is reimbursable for Presumptive Eligibility for Pregnant Women (PE4PW) services. Frequency is limited to twice per year.

Modifiers 33, 90 and 99 are allowed.

**87469**

This code is reimbursable for Presumptive Eligibility for Pregnant Women (PE4PW) services.

Modifiers 33, 90 and 99 are allowed.

### **Psychological Services**

The following psychological service codes have special billing policies:

96202, 96203, 98978

**96202, 96203**

Modifiers SA, U7 and 99 are allowed.

**98978**

Modifiers SA, U7 and 99 are allowed.

Frequency is limited to once per month.

### **Otorhinolaryngology**

The following otorhinolaryngology codes have special billing policies:

30469

### **30469**

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79 and 99 are allowed.

Assistant surgeon services are not reimbursable for this procedure.

### **Proprietary Laboratory Analyses (PLA)**

The following PLA code has special billing policies.

0359U

### **0359U**

Sex restriction is male only. Patient must be 40 years of age or older.

Modifiers 33, 90 and 99 are allowed.

Frequency is limited to twice per year.

Required ICD-10 Diagnosis Codes: N40.0, N40.1, N40.2, N40.3, Z12.5, Z80.42.

### **Radiology**

The following radiology codes have special billing policies:

0742T, 0743T, 0749T, 0750T, 76883

### **0742T**

Patient must be 18 years of age or older. Modifier 99 is allowed.

Required ICD-10 Diagnosis Codes: I21.A1, I21.4, I24.8, I25.10, I25.2, I25.5, I25.6, I25.89, I5A, P29.4

### **0743T, 0749T, 0750T**

Modifier 99 is allowed.

Required ICD-10 Diagnosis Codes: M81.0, M81.8

### **76883**

Modifier 99 is allowed.

Required ICD-10 Diagnosis Code: G90.09

### **Surgery**

The following surgery codes have special billing policies:

15778, 22860, 33900, 33901, 33902, 33903, 33904, 36836, 36837, 43290, 43291, 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618, 49621, 49622, 49623, 55867, 69728, 69729, 69730

**15778, 33900, 33901, 33902, 33903, 36836, 36837, , 49592, 49594, 49596, 49614, 49616, 49618, 49622**

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowed.

**22860, 33904, 49623**

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowed. These codes are exempt from the modifier 51 cutback.

**43290, 43291**

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowed. Assistant surgeon services are not reimbursable for these procedures.

**49591, 49593, 49595, 49613, 49615, 49617, 49621**

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowed.

**55867**

Sex restriction is male only. Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowed.

**69728, 69729, 69730**

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 50, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowed. Assistant surgeon services are not reimbursable for these procedures.

**Q1 Code Deletions**

**Table of HCPCS Q1 Code Deletions**

<b>Subject</b>	<b>Deleted Code</b>
Evaluation & Management	99217, 99241, 99251, 99318, 99324, 99334, 99335, 99336, 99337, 99354, 99355, 99356, 99357
Medical Services	99218, 99219, 99220, 99224, 99225, 99226,
Surgery	15850, 49560, 49561, 49565, 49566, 49568, 49570, 49580, 49585, 49590, 49652, 49653, 49654, 49655, 49656, 49657