IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202599 JULY 1, 2025

This bulletin has been updated. Procedure code 91323 in Table 1 has been determined noncovered. Two procedure codes, 0240U and 0241U, have been discontinued and are shown on Table 8.

Coverage and billing information for the July 2025 quarterly HCPCS update

The Indiana Health Coverage Programs (IHCP) has reviewed the July 2025 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after July 1, 2025.

The bulletin serves as a notice of the following information:

- Table 1: New Current Procedural Terminology (CPT®[1]) and other HCPCS codes included in the July 2025 quarterly HCPCS update
- Table 2: New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- Table 3: New procedure codes linked to revenue code 636
- Table 4: Available prior authorization (PA) criteria for the new procedure codes that require PA
- Table 5: New procedure codes carved out of managed care
- Table 6: New procedure codes reimbursable outside the inpatient diagnosis-related group (DRG)
- Table 7: New procedure codes included in the renal dialysis composite rate
- Table 8: Procedure codes that were discontinued in the July 2025 quarterly HCPCS update, along with alternate code considerations

  Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the IHCP Fee Schedules webpage at in.gov/medicaid/providers, for coverage information. Codes that were discontinued effective July 1, 2025, for which no alternative codes were identified, are not listed but are available for reference or download from the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

The procedure codes from the July 2025 quarterly HCPCS update will be added to the claim-processing system. For more information about the July 2025 quarterly HCPCS update, see the *HCPCS Quarterly Update* page of the CMS website at cms.gov.

Established pricing will be posted on the appropriate Professional Fee Schedule and Outpatient Fee Schedule, accessible from the *IHCP Fee Schedules* webpage at in.gov/medicaid/providers.

Updates will be made to the following code table documents, accessible from the *Code Sets* webpage at in.gov/medicaid/providers:

- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Podiatry Services Codes*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Renal Dialysis Services Codes*
- *Revenue Codes With Special Procedure Code Linkages*
- *Transportation Services Codes*

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. PA, billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system.

Questions about FFS PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant.

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own PA, billing and reimbursement information. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the *IHCP Bulletins* page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the IHCP provider website at in.gov/medicaid/providers.

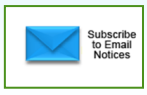

Table 1 – New codes included in the July quarterly HCPCS update, effective for DOS on or after July 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 ml, for intramuscular use	Noncovered	N/A	N/A	N/A
90612	Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-COV2) (coronavirus disease [COVID-19]) vaccine, mrna-lnp, 31.7 mcg/0.32 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
90613	Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-COV2) (coronavirus disease [COVID-19]) vaccine, mrna-lnp, 40 mcg/0.4 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
90635	Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use	Noncovered	N/A	N/A	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-COV2)(coronavirus disease [COVID-19]) vaccine, mrna-lnp, 10 mcg/0.2 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder	Noncovered	N/A	N/A	N/A
0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested	Noncovered	N/A	N/A	N/A
0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	Noncovered	N/A	N/A	N/A
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	Noncovered	N/A	N/A	N/A
0556U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	Noncovered	N/A	N/A	N/A

*"**Covered**" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
"**Noncovered**" indicates that the IHCP does not cover the service for any programs

Table 1 – New codes included in the July quarterly HCPCS update, effective for DOS on or after July 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0557U	Infectious disease (bacterial vaginosis and vaginitis), real-time amplification of DNA markers for atopobium vaginae, gardnerella vaginalis, megasphaera types 1 and 2, bacterial vaginosis associated bacteria-2 and -3 (BVAB-2, BVAB-3), mobiluncus species, trichomonas vaginalis, neisseria gonorrhoeae, candida species (C. albicans, C. tropicalis, C. parapsilosis, C. glabrata, C. krusei), herpes simplex viruses 1 and 2, vaginal fluid, reported as detected or not detected for each organism	Noncovered	N/A	N/A	N/A
0558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	Noncovered	N/A	N/A	N/A
0559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	Noncovered	N/A	N/A	N/A
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	Noncovered	N/A	N/A	N/A
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	Noncovered	N/A	N/A	N/A
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVS), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	Noncovered	N/A	N/A	N/A
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Noncovered	N/A	N/A	N/A
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Noncovered	N/A	N/A	N/A
0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as cancer signal detected or not detected	Noncovered	N/A	N/A	N/A
0566U	Oncology (lung), QPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8a, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, BR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	Noncovered	N/A	N/A	N/A

*"**Covered**" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
"**Noncovered**" indicates that the IHCP does not cover the service for any programs

Table 1 – New codes included in the July quarterly HCPCS update, effective for DOS on or after July 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial dna sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	Noncovered	N/A	N/A	N/A
0568U	Neurology (dementia), beta amyloid (AB40, AB42, AB42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NFL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for alzheimer pathology	Noncovered	N/A	N/A	N/A
0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	Noncovered	N/A	N/A	N/A
0570U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl-terminal hydrolase l1 (UCH-L1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-elevated based on threshold comparison	Noncovered	N/A	N/A	N/A
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	Noncovered	N/A	N/A	N/A
0572U	Oncology (prostate), high-throughput telomere length quantification by fish, whole blood, diagnostic algorithm reported as risk of prostate cancer	Noncovered	N/A	N/A	N/A
0573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	Noncovered	N/A	N/A	N/A
0574U	Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS)	Noncovered	N/A	N/A	N/A
0948T	Remote evaluation of cardiac contractility modulation system, with analysis, review and report(s) by a physician or other qualified healthcare professional	Noncovered	N/A	N/A	N/A
0949T	Remote evaluation of cardiac contractility modulation system, with data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Noncovered	N/A	N/A	N/A
0950T	Destruction of benign prostate tissue using high intensity-focused ultrasound (HIFU)	Noncovered	N/A	N/A	N/A
0951T	Initial placement of totally implantable active middle hearing implant	Noncovered	N/A	N/A	N/A

*"**Covered**" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
"**Noncovered**" indicates that the IHCP does not cover the service for any programs

Table 1 – New codes included in the July quarterly HCPCS update, effective for DOS on or after July 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0952T	Revision or replacement of totally implantable active middle hearing implant with mastoidectomy and replacement of sound processor	Noncovered	N/A	N/A	N/A
0953T	Revision or replacement of totally implantable active middle hearing implant, without mastoidectomy and replacement of sound processor	Noncovered	N/A	N/A	N/A
0954T	Replacement of totally implantable active middle hearing implant, sound processor only	Noncovered	N/A	N/A	N/A
0955T	Removal of totally implantable active middle hearing implant	Noncovered	N/A	N/A	N/A
0956T	Partial removal of skull for placement of continuous bilateral electroencephalography monitoring system	Noncovered	N/A	N/A	N/A
0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode for a continuous bilateral electroencephalography system	Noncovered	N/A	N/A	N/A
0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode for a continuous bilateral electroencephalography system	Noncovered	N/A	N/A	N/A
0959T	Removal or replacement of magnet from coil assembly connected to continuous bilateral electroencephalography system	Noncovered	N/A	N/A	N/A
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system	Noncovered	N/A	N/A	N/A
0961T	Shortwave infrared radiation imaging to assist in finding lymph nodes is connective tissue surgical pathology specimen	Noncovered	N/A	N/A	N/A
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction	Noncovered	N/A	N/A	N/A
0963T	Anoscopy injection of bulking agent into anal canal	Noncovered	N/A	N/A	N/A
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	Noncovered	N/A	N/A	N/A
0965T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism	Noncovered	N/A	N/A	N/A
0966T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism	Noncovered	N/A	N/A	N/A
0967T	Insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system	Noncovered	N/A	N/A	N/A
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array	Noncovered	N/A	N/A	N/A
0969T	Removal of epicranial neurostimulator system	Noncovered	N/A	N/A	N/A

*"**Covered**" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
"**Noncovered**" indicates that the IHCP does not cover the service for any programs

Table 1 – New codes included in the July quarterly HCPCS update, effective for DOS on or after July 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0970T	Destruction of benign breast tumor using laser	Noncovered	N/A	N/A	N/A
0971T	Destruction of malignant breast tumor(s) using laser	Noncovered	N/A	N/A	N/A
0972T	Assistive algorithmic classification of burn healing by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report	Noncovered	N/A	N/A	N/A
0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia, including patient monitoring, trunk, arms, legs, first 100 sq cm	Noncovered	N/A	N/A	N/A
0974T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia, including patient monitoring, trunk, arms, legs, each additional 100 sq cm	Noncovered	N/A	N/A	N/A
0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia, including patient monitoring, scalp, neck, hands, feet, and/or multiple digits, first 100 sq cm	Noncovered	N/A	N/A	N/A
0976T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia, including patient monitoring, scalp, neck, hands, feet, and/or multiple digits, each additional 100 sq cm	Noncovered	N/A	N/A	N/A
0977T	Detection of upper gastrointestinal blood with sensor capsule, with interpretation and report	Noncovered	N/A	N/A	N/A
0978T	Submucosal cryolysis therapy, soft palate, base of tongue, and lingual tonsil	Noncovered	N/A	N/A	N/A
0979T	Submucosal cryolysis therapy, soft palate only	Noncovered	N/A	N/A	N/A
0980T	Submucosal cryolysis therapy, base of tongue and lingual tonsil only	Noncovered	N/A	N/A	N/A
0981T	Implantation of wireless inferior vena cava sensor for long-term blood circulation monitoring	Noncovered	N/A	N/A	N/A
0982T	Initial set-up and patient education on use of equipment for remote monitoring of implantable inferior vena cava pressure sensor	Noncovered	N/A	N/A	N/A
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days with at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0984T	Intravascular imaging of initial extracranial cerebral vessel using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report	Noncovered	N/A	N/A	N/A
0985T	Intravascular imaging of each additional extracranial cerebral vessel using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report	Noncovered	N/A	N/A	N/A
0986T	Intravascular imaging of initial intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report	Noncovered	N/A	N/A	N/A

*"**Covered**" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
"**Noncovered**" indicates that the IHCP does not cover the service for any programs

Table 1 – New codes included in the July quarterly HCPCS update, effective for DOS on or after July 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0987T	Intravascular imaging of each additional intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report	Noncovered	N/A	N/A	N/A
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	Covered	No	Yes	See Table 3
C9175	Injection, treosulfan, 50 mg	Covered	No	Yes	See Table 3
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	Covered	No	Yes	See Table 7 See Table 8
J0166	Injection, epinephrine (BPI), not therapeutically equivalent to J0165, 0.1 mg	Noncovered	N/A	N/A	N/A
J0167	Injection, epinephrine (Hospira), not therapeutically equivalent to J0165, 0.1 mg	Covered	No	Yes	See Table 7 See Table 8
J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to J0165, 0.1 mg	Covered	No	Yes	See Table 7 See Table 8
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to J0165, 0.1 mg	Covered	No	Yes	See Table 7 See Table 8
J0616	Injection, metoprolol tartrate, 1 mg	Covered	No	Yes	See Table 7
J0618	Injection, calcium chloride, 2 mg	Covered	No	Yes	See Table 7
J1163	Injection, diltiazem hydrochloride, 0.5 mg	Covered	No	Yes	See Table 7
J1326	Injection, zolbetuximab-clzb, 2 mg	Covered	No	Yes	See Table 3 See Table 8
J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	Covered	No	Yes	Allowed for Ambulance (provider specialty 260) See Table 6 See Table 8
J2313	Injection, naloxone hydrochloride (Zimhi), 0.01 mg	Covered	No	Yes	Allowed for Ambulance (provider specialty 260) See Table 6 See Table 8
J3373	Injection, vancomycin hydrochloride, 10 mg	Covered	No	Yes	See Table 8
J3374	Injection, vancomycin hydrochloride (Mylan) not therapeutically equivalent to J3373, 10 mg	Covered	No	Yes	See Table 8
J3375	Injection, vancomycin hydrochloride (Xellia), not therapeutically equivalent to J3373, 10 mg	Covered	No	Yes	None
J3391	Injection, atidarsagene autotemcel, per treatment	Noncovered	N/A	N/A	N/A
J7172	Injection, marstacimab-hncq, 0.5 mg	Covered	No	Yes	See Table 3 See Table 5 See Table 6 See Table 8
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	Covered	No	Yes	None
J9174	Injection, docetaxel (Beizray), 1 mg	Noncovered	N/A	N/A	N/A
J9220	Injection, indigotindisulfonate sodium, 1 mg	Covered	No	Yes	See Table 3 See Table 8
J9275	Injection, cosibelimab-ipdl, 2 mg	Noncovered	N/A	N/A	N/A

*"**Covered**" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
"**Noncovered**" indicates that the IHCP does not cover the service for any programs

Table 1 – New codes included in the July quarterly HCPCS update, effective for DOS on or after July 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J9276	Injection, zanidatamab-hrii, 2 mg	Covered	No	Yes	See Table 3 See Table 8
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Covered	No	Yes	See Table 3
J9341	Injection, thiotepa (Tepylute), 1 mg	Covered	No	Yes	See Table 3 See Table 8
J9342	Injection, thiotepa, not otherwise specified, 1 mg	Covered	No	Yes	See Table 3 See Table 8
J9382	Injection, zenocutuzumab-zbco, 1 mg	Covered	No	Yes	See Table 3
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	Covered	Yes	Yes	See Table 3 See Table 4 See Table 5 See Table 6 See Table 8
Q4368	Amchothick, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4369	Amnioplast 3, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4370	Aeroguard, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4371	Neoguard, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4372	Amchoplast excel, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4373	Membrane wrap lite, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3

*"**Covered**" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
"**Noncovered**" indicates that the IHCP does not cover the service for any programs

Table 1 – New codes included in the July quarterly HCPCS update, effective for DOS on or after July 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q4375	Duograft AC, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4376	Duograft AA, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4377	Trigraft FT, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4378	Renew FT matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4379	Amniodefend FT matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4380	Advograft one, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4382	Advograft dual, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q5098	Injection, ustekinumab-srlf (Imuldosa), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg	Covered	Yes	Yes	See Table 3 See Table 4
Q5100	Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg	Covered	Yes	Yes	See Table 3 See Table 4
Q5153	Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A

*"**Covered**" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
"**Noncovered**" indicates that the IHCP does not cover the service for any programs

Table 2 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
Q4368	Amchothick, per square centimeter
Q4369	Amnioplast 3, per square centimeter
Q4370	Aeroguard, per square centimeter
Q4371	Neoguard, per square centimeter
Q4372	Amchoplast excel, per square centimeter
Q4373	Membrane wrap lite, per square centimeter
Q4375	Duograft AC, per square centimeter
Q4376	Duograft AA, per square centimeter
Q4377	Trigraft FT, per square centimeter
Q4378	Renew FT matrix, per square centimeter
Q4379	Amniodefend FT matrix, per square centimeter
Q4380	Advograft one, per square centimeter
Q4382	Advograft dual, per square centimeter

Table 3 – New procedure codes linked to revenue code 636

Procedure code	Description
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg
C9175	Injection, treosulfan, 50 mg
J1326	Injection, zolbetuximab-clzb, 2 mg
J7172	Injection, marstacimab-hncq, 0.5 mg
J9220	Injection, indigotindisulfonate sodium, 1 mg
J9276	Injection, zanidatamab-hrii, 2 mg
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy
J9341	Injection, thiotepa (Tepylute), 1 mg
J9342	Injection, thiotepa, not otherwise specified, 1 mg
J9382	Injection, zenocutuzumab-zbco, 1 mg
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion
Q4368	Amchothick, per square centimeter
Q4369	Amnioplast 3, per square centimeter
Q4370	Aeroguard, per square centimeter
Q4371	Neoguard, per square centimeter
Q4372	Amchoplast excel, per square centimeter
Q4373	Membrane wrap lite, per square centimeter
Q4375	Duograft AC, per square centimeter
Q4376	Duograft AA, per square centimeter
Q4377	Trigraft FT, per square centimeter
Q4378	Renew FT matrix, per square centimeter
Q4379	Amniodefend FT matrix, per square centimeter
Q4380	Advograft one, per square centimeter
Q4382	Advograft dual, per square centimeter
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg
Q5100	Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg

Table 4 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	To be determined
Q5099	Injection, ustekinumab-stba (Steqeyma), biosimilar, 1 mg	See Targeted Immunomodulators PA Criteria
Q5100	Injection, ustekinumab-kfce (Yesintek), biosimilar, 1 mg	See Targeted Immunomodulators PA Criteria

Table 5 – New procedure codes carved out of managed care

Procedure code	Description
J7172	Injection, marstacimab-hncq, 0.5 mg
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion

Table 6 – New procedure codes reimbursable outside the inpatient DRG

Procedure code	Description
J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg
J2313	Injection, naloxone hydrochloride (Zimhi), 0.01 mg
J7172	Injection, marstacimab-hncq, 0.5 mg
Q2058	Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion

Table 7 – New procedure codes included in the renal dialysis composite rate

Procedure code	Description
J0165	Injection, epinephrine, not otherwise specified, 0.1 mg
J0167	Injection, epinephrine (Hospira), not therapeutically equivalent to J0165, 0.1 mg
J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to J0165, 0.1 mg
J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to J0165, 0.1 mg
J0616	Injection, metoprolol tartrate, 1 mg
J0618	Injection, calcium chloride, 2 mg
J1163	Injection, diltiazem hydrochloride, 0.5 mg

Table 8 – Procedure codes that were discontinued in the July 2025 quarterly HCPCS update, along with alternate code considerations

Discontinued procedure code	Description	Alternate code considerations
0240U	Respiratory infectious agent detection by RNA for severe acute respiratory syndrome coronavirus 2 (COVID-19), influenza A, and influenza B) in upper respiratory specimen, each reported as detected or not detected	87636
0241U	Respiratory infectious agent detection by RNA for severe acute respiratory syndrome coronavirus 2 (COVID 19), influenza A, influenza B, and respiratory syncytial virus, upper respiratory specimen, each reported as detected or not detected	87637

Table 8 – Procedure codes that were discontinued in the July 2025 quarterly HCPCS update, along with alternate code considerations

Discontinued procedure code	Description	Alternate code considerations
C9300	Injection, indigotindisulfonate sodium, 1 mg	J9220
C9301	Obecabtagene autoleucel, up to 400 million CD19 CAR-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2058
C9302	Injection, zanidatamab-hrii, 2 mg	J9276
C9303	Injection, zolbetuximab-clzb, 1 mg	J1326
C9304	Injection, marstacimab-hncq, 0.5 mg	J7172
J0171	Injection, adrenalin, epinephrine, 0.1 mg	J0165
J2310	Injection, naloxone hydrochloride, per 1 mg	J2312
J2311	Injection, naloxone hydrochloride (Zimhi), 1 mg	J2313
J3370	Injection, vancomycin HCl, 500 mg	J3373
J3371	Injection, vancomycin HCl (Mylan), not therapeutically equivalent to J3370, 500 mg	J3374
J3372	Injection, vancomycin HCl (Xellia), not therapeutically equivalent to J3370, 500 mg	J3374
J9340	Injection, thiotepa, 15 mg	J9341, J9342