IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202569 MAY 27, 2025

This bulletin has been updated. In Table 1, a 15-month capped rental period has been added to procedure codes E1022, E1023, E1032, E1033 and E1034, and a 10-month capped rental period has been added to procedure code E1832.

Updated coverage and billing information for the April 2025 quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the April 2025 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. This bulletin replaces the originally published April quarterly HCPCS update in *IHCP Bulletin* BT202546.

The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after **April 1, 2025**, unless otherwise specified.

If providers need to submit or resubmit claims for the codes in this bulletin retroactively, they can submit claims within 90 days from the date of this publication for managed care claims, or 180 days from the date of publication for fee-for-service (FFS) claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

The bulletin serves as a notice of the following information:

- Table 1: New Current Procedural Terminology (CPT®[1]) and other procedure codes included in the April 2025 quarterly HCPCS update
- Table 2: New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- Table 3: Available prior authorization (PA) criteria for the new procedure codes that require PA
- Table 4: New procedure codes linked to revenue code 274
- Table 5: New procedure codes linked to revenue code 636
- Table 6: New procedure codes carved out of managed care and separately reimbursable outside the inpatient diagnosis-related group (DRG)
- Table 7: New procedure code included in the renal dialysis composite rate
- Table 8: New durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
- Table 9: Procedure code revised during the April 2025 quarterly HCPCS update to allow modifier 26
- Table 10: Procedure codes that were discontinued in the April 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 March 31, 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.

[1]*CPT copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

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

Updates will be made to the LTC DME per diem table, accessible from the *Long-Term Care DME Per Diem Table* webpage at in.gov/medicaid/providers, as well as to the following code table documents accessible from the *Code Sets* webpage at in.gov/medicaid/providers:

- *Durable and Home Medical Equipment and Supplies Codes*
- *Family Planning Eligibility Program Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Podiatry Services Codes*
- *Procedure Codes That Require Attachments*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Renal Dialysis Services Codes*
- *Revenue Codes With Special Procedure Code Linkages*

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.

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Table 1 – New codes included in the April 2025 quarterly HCPCS update, effective for DOS on or after April 1, 2025, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next generation sequencing, plasm	Noncovered	N/A	N/A	N/A
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	Noncovered	N/A	N/A	N/A
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCD2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	Noncovered	N/A	N/A	N/A
0534U	Oncology (prostate), microrna, single-nucleotide polymorphisms (SNPS) analysis by RT-PCR of 32 variants, using buccal swab algorithm reported as a risk score	Noncovered	N/A	N/A	N/A
0535U	Perfluoroalkyl substances (PFAs) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative	Noncovered	N/A	N/A	N/A
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RhD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status	Noncovered	N/A	N/A	N/A
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative	Noncovered	N/A	N/A	N/A
0538U	Oncology (solid tumor), next generation targeted sequencing analysis, formalin-fixed paraffin embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	Noncovered	N/A	N/A	N/A
0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next generation sequencing, interrogation for single nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	Noncovered	N/A	N/A	N/A
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	Noncovered	N/A	N/A	N/A
0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, lc-ms/ms, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (PCAD) score	Noncovered	N/A	N/A	N/A

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0542U	Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of bk virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status	Noncovered	N/A	N/A	N/A
0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single- nucleotide variants, multinucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	Noncovered	N/A	N/A	N/A
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	Noncovered	N/A	N/A	N/A
0545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Noncovered	N/A	N/A	N/A
0546U	Low-density lipoprotein receptor-related protein 4 (lrp4), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Noncovered	N/A	N/A	N/A
0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	Noncovered	N/A	N/A	N/A
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma	Noncovered	N/A	N/A	N/A
0549U	Oncology (urothelial), DNA, quantitative methylated real-time PCR of tRNA-Cys, SIM2, and NJX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	Noncovered	N/A	N/A	N/A
0550U	Oncology (prostate), enzyme linked immunosorbent assays (ELISA) for total prostate specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer	Noncovered	N/A	N/A	N/A
0551U	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma	Noncovered	N/A	N/A	N/A
A2030	Miro 3D fibers, per milligram	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5 See Table 8
A2031	Mirodry wound matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5 See Table 8

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A2032	Myriad matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5 See Table 8
A2033	Myriad morcells, 4 milligrams	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5 See Table 8
A2034	Foundation DRS solo, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5 See Table 8
A2035	Corplex P or Theracor P or Allacor P, per milligram	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5 See Table 8 See Table 10
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Professional claim requires attachment of manufacturer's suggested retail price (MSRP) documentation, or cost invoice if no MSRP is available See Table 8

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A6516	Gradient compression wrap with adjustable straps, foot, each, custom	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Allowed for Durable Medical Equipment provider (provider specialty 250) Professional claim requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 8
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Professional claim requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 8
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Professional claim requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 8
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Professional claim requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 8

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A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Professional claim requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 8
A9154	Artificial saliva, 1 ml	Noncovered	N/A	N/A	N/A
A9611	Flurpiridaz F-18, diagnostic, 1 millicurie	Noncovered	N/A	N/A	N/A
C8004	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors	Covered	No	No	Professional claim requires attachment of MSRP documentation, or cost invoice if no MSRP is available
C8005	Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (PEF) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)	Noncovered	N/A	N/A	N/A
C9300	Injection, indigotindisulfonate sodium, 1 mg	Covered	No	Yes	See Table 5
C9301	Obecabtagene autoleucel, up to 410 million CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	See Table 3 See Table 5 See Table 6
C9302	Injection, zanidatamab-hrii, 2 mg	Covered	No	Yes	See Table 5
C9303	Injection, zolbetuximab-clzb, 1 mg	Covered	No	Yes	See Table 5
C9304	Injection, marstacimab-hncq, 0.5 mg	Covered	No	Yes	See Table 5 See Table 6
E0201	Penile contracture device, manual, greater than 3 lbs traction force	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
E1022	Wheelchair transportation securement system, any type includes all components and accessories	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) 15-month capped rental period Professional claim requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 3 See Table 8
E1023	Wheelchair transit securement system, includes all components and accessories	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) 15-month capped rental period Professional claim requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 3 See Table 8
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) 15-month capped rental period See Table 3 See Table 8

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) 15-month capped rental period See Table 3 See Table 8
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) 15-month capped rental period See Table 3 See Table 8
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Covered	Yes	No	Allowed for Durable Medical Equipment providers (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) 10-month capped rental period See Table 3 See Table 4 See Table 8
G0183	Quantitative software measurements of cardiac volume, cardiac chambers volumes and left ventricular wall mass derived from CT scan(s) data of the chest/heart (with or without contrast)	Noncovered	N/A	N/A	N/A
G0566	3D radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0567	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, screening, amplified probe technique	Covered, including for Family Planning Eligibility Program	No	No	Effective for DOS on or after June 27, 2024 Allowed for Podiatrist (provider specialty 140)
J0281	Injection, aminocaproic acid, 1 gram	Covered	No	Yes	None
J1072	Injection, testosterone cypionate (AXMIRO), 1 mg	Covered	Yes	Yes	See Table 3
J1271	Injection, doxycycline hyclate, 1 mg	Covered	No	Yes	None
J1299	Injection, eculizumab, 2 mg	Covered	No	Yes	See Table 5 See Table 10
J1308	Injection, famotidine, 0.25 mg	Covered	No	Yes	None
J1808	Injection, folic acid, 0.1 mg	Covered	No	Yes	None
J1938	Injection, furosemide, 1 mg	Covered	No	Yes	See Table 7 See Table 10
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	Covered	Yes	Yes	See Table 3 See Table 5
J2428	Injection, paliperidone palmitate extended release (ERZOFRI), 1 mg	Noncovered	N/A	N/A	N/A
J2804	Injection, rifampin, 1 mg	Covered	No	Yes	See Table 5
J2865	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	Covered	No	Yes	None
J7521	Tacrolimus, granules, oral suspension, 0.1 mg	Covered	No	Yes	None
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Covered	No	Yes	See Table 5
J9038	Injection, axatilimab-csfr, 0.1 mg	Noncovered	N/A	N/A	N/A
J9054	Injection, bortezomib (BORUZU), 0.1 mg	Covered	No	Yes	See Table 5
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Noncovered	N/A	N/A	N/A

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L0720	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) See Table 4
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Allowed for Durable Medical Equipment provider (provider specialty 250) See Table 4
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Allowed for Durable Medical Equipment provider (provider specialty 250) See Table 4
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) See Table 4
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 4
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 4

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L6030	Upper extremity addition, external frame, partial hand including fingers	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 4
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 4
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 4
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 4
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 4

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L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) See Table 3 See Table 4
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) See Table 4
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	TBD	Yes	See Table 5
Q4354	Palingen dual-layer membrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4357	Xwrap plus, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4358	Xwrap dual, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4359	Choriply, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5

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Q4360	Amchoplast FD, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4361	Epixpress, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4362	Cygnus disk, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4363	Cygnus disk, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4367	Amniocore SL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q5147	Injection, aflibercept-ayyh (PAVBLU), biosimilar, 1 mg	Covered	No	Yes	See Table 5

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Table 1 – New codes included in the April 2025 quarterly HCPCS update, effective for DOS on or after April 1, 2025, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q5148	Injection, filgrastim-txid (NYPOZI), biosimilar, 1 microgram	Noncovered	N/A	N/A	N/A
Q5149	Injection, aflibercept-abzv (ENZEEVU), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5150	Injection, aflibercept-mrbb (AHZANTIVE), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5151	Injection, eculizumab-aagh (EPYSQLI), biosimilar, 2 mg	Noncovered	N/A	N/A	N/A
Q5152	Injection, eculizumab-aeeb (BKEMV), biosimilar, 2 mg	Noncovered	N/A	N/A	N/A
Q9999	Injection, ustekinumab-aauz (OTULFI), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
S4024	Air polymer-type A intrauterine foam, per study dose	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
A2030	Miro3D fibers, per milligram
A2031	Mirodry wound matrix, per square centimeter
A2032	Myriad matrix, per square centimeter
A2033	Myriad morcells, 4 milligrams
A2034	Foundation drs solo, per square centimeter
A2035	Corplex P or Theracor P or Allacor P, per milligram
Q4354	Palingen dual-layer membrane, per square centimeter
Q4355	Abiomend xplus membrane and Abiomend xplus hydromembrane, per square centimeter
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter
Q4357	Xwrap plus, per square centimeter
Q4358	Xwrap dual, per square centimeter
Q4359	Choriply, per square centimeter
Q4360	Amchoplast FD, per square centimeter
Q4361	Epixpress, per square centimeter
Q4362	Cygnus disk, per square centimeter
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter
Q4365	Amnio burgeon dual-layer membrane, per square centimeter
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter
Q4367	Amniocore SL, per square centimeter

Table 3 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
C9301	Obecabtagene autoleucel, up to 410 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Coverage available for beneficiaries that meet the following criteria: • Is at least 18 years of age • Has a diagnosis of relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL) • Has not previously received the Aucatzyl treatment • Will be administered the Aucatzyl treatment at an Aucatzyl-certified facility
E1022	Wheelchair transportation securement system, any type includes all components and accessories	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1023	Wheelchair transit securement system, includes all components and accessories	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	See the *Durable and Home Medical Equipment and Supplies* provider reference module
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	See the *Durable and Home Medical Equipment and Supplies* provider reference module

Table 3 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	See the *Durable and Home Medical Equipment and Supplies* provider reference module
J1072	Injection, testosterone cypionate (azmiro), 1 mg	See Testosterones PA Criteria
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	See Multiple Sclerosis Agents PA Criteria
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	See the *Durable and Home Medical Equipment and Supplies* provider reference module

Table 4 – New procedure codes linked to revenue code 274

Procedure code	Description
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
L0720	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692
L6029	Upper extremity addition, test socket/interface, partial hand including fingers
L6030	Upper extremity addition, external frame, partial hand including fingers
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system

Table 5 – New procedure codes linked to revenue code 636

Procedure code	Description
A2030	Miro3D fibers, per milligram
A2031	Mirodry wound matrix, per square centimeter
A2032	Myriad matrix, per square centimeter
A2033	Myriad morcells, 4 milligrams
A2034	Foundation DRS solo, per square centimeter
A2035	Corplex P or Theracor P or Allacor P, per milligram

Table 5 – New procedure codes linked to revenue code 636

Procedure code	Description
C9300	Injection, indigotindisulfonate sodium, 1 mg
C9301	Obecabtagene autoleucel, up to 400 million CD19 CAR-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
C9302	Injection, zanidatamab-hrii, 2 mg
C9303	Injection, zolbetuximab-clzb, 1 mg
C9304	Injection, marstacimab-hncq, 0.5 mg
J1299	Injection, eculizumab, 2 mg
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
J2804	Injection, rifampin, 1 mg
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs
J9054	Injection, bortezomib (boruzu), 0.1 mg
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose
Q4354	Palingen dual-layer membrane, per square centimeter
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter
Q4357	Xwrap plus, per square centimeter
Q4358	Xwrap dual, per square centimeter
Q4359	Choriply, per square centimeter
Q4360	Amchoplast FD, per square centimeter
Q4361	Epixpress, per square centimeter
Q4362	Cygnus disk, per square centimeter
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter
Q4365	Amnio burgeon dual-layer membrane, per square centimeter
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter
Q4367	Amniocore SL, per square centimeter
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg

Table 6 – New procedure codes carved out of managed care and separately reimbursable outside the inpatient DRG

Procedure code	Description
C9301	Obecabtagene autoleucel, up to 410 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
C9304	Injection, marstacimab-hncq, 0.5 mg

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

Procedure code	Description
J1938	Injection, furosemide, 1 mg

Table 8 – New DME and supply codes included in the LTC facility per diem rate

Procedure code	Description
A2030	Miro3D fibers, per milligram
A2031	Mirodry wound matrix, per square centimeter
A2032	Myriad matrix, per square centimeter
A2033	Myriad morcells, 4 milligrams
A2034	Foundation DRS solo, per square centimeter
A2035	Corplex P or Theracor P or Allacor P, per milligram
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom
A6516	Gradient compression wrap with adjustable straps, foot, each, custom
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom
A6518	Gradient compression wrap with adjustable straps, arm, each, custom
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom
E1022	Wheelchair transportation securement system, any type includes all components and accessories
E1023	Wheelchair transit securement system, includes all components and accessories
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories

Table 9 – Procedure code revised during the April 2025 quarterly HCPCS update to allow modifier 26

Procedure code	Description	Update
61715	MRI guided high intensity focused ultrasound, computer-assisted destruction of intracranial tissue	Modifier 26 allowed effective April 1, 2025

Table 10 – Procedure codes that were discontinued in the April 2025 quarterly HCPCS update, along with alternate code considerations

Discontinued Procedure code	Description	Alternate code considerations
J1300	Injection, eculizumab, 10 mg	J1299
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	J1790
J1940	Injection, furosemide, up to 20 mg	J1938
Q4231	Corplex P, per cc	A2035