

IHCP bulletin

This bulletin has been updated. The procedure code 22860 is not linked to spinal stenosis devices. That information has been removed from Table 3.

INDIANA HEALTH COVERAGE PROGRAMS

BT2022121

DECEMBER 29, 2022

Coverage and billing information for the 2023 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2023 annual 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 Jan. 1, 2023.

The IHCP is awaiting the final posting of the CMS fee schedules affecting pricing for select procedure codes. The IHCP will issue a publication detailing the additional pricing information after final calculations are completed. Providers have 90 days from the date of this publication for managed care claim submission, or 180 days from the date of publication for fee-for service (FFS) claim submission, 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), Current Dental Terminology (CDT[®]²) and other HCPCS procedure codes included in the 2023 annual 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 newly covered procedure codes that require PA
- [Table 4](#): Procedure code included in the renal dialysis composite rate
- [Table 5](#): New procedure codes linked to revenue code 636
- [Table 6](#): New procedure code modifiers included in the 2023 HCPCS update
- [Table 7](#): Procedure codes that were discontinued in the 2023 annual HCPCS update, along with alternate code considerations

Note: 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 page at in.gov/medicaid/providers, for coverage information. Codes that were discontinued effective Dec. 31, 2022, for which no alternative codes were identified, are not listed but are available for reference or download from the [HCPCS Quarterly Update](http://www.cms.gov) page of the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

¹CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

²CDT copyright 2022 American Dental Association. All rights reserved. CPT is a registered trademark of the American Dental Association.

The 2023 annual HCPCS, CPT and CDT codes will be added to the claim-processing system. Established pricing will be posted as appropriate on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedule](#) page at [in.gov/medicaid/providers](#).

Updates will also be made to the following code table documents, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](#):

- *Dental Services Codes*
- *Durable and Home Medical Equipment and Supplies Codes*
- *Family Planning Eligibility Program Codes*
- *Injections, Vaccines and Other Physician-Administered Drugs*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG*
- *Podiatry Services Codes*
- *Procedure Code Modifiers for Professional Claims*
- *Procedure Codes That Require Attachments*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Renal Dialysis Service Codes*
- *Revenue Codes With Special Procedure Code Linkages*
- *Telehealth and Virtual Services Codes*
- *Vision Services Codes*



The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA and billing information apply to services delivered under the FFS delivery system.

Questions about FFS reimbursement, PA and billing should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing information within the managed care delivery system. Questions about managed care reimbursement, PA and billing 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
15778	Implantation of artificial material for delayed closure of defects due to soft tissue infection or trauma	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Outpatient pricing to be determined
15853	Removal of sutures or staples	Covered	No	No	Outpatient pricing to be determined See Table 7
15854	Removal of sutures and staples	Covered	No	No	Outpatient pricing to be determined See Table 7
22860	Insertion of artificial disc between bones of lower spine, additional space	Covered	Yes	No	See Table 3 Outpatient pricing to be determined
30469	Repair of collapsed nasal valve	Covered	No	No	Outpatient pricing to be determined
33900	Placement of stent in pulmonary artery with normal anatomical connections, on one side of body	Covered	No	No	Outpatient pricing to be determined
33901	Placement of stent in pulmonary arteries with normal anatomical connections, on both sides of body	Covered	No	No	Outpatient pricing to be determined
33902	Placement of stent in pulmonary artery with abnormal anatomical connections, on one side of body	Covered	No	No	Outpatient pricing to be determined
33903	Placement of stent in pulmonary arteries with abnormal anatomical connections, on both sides of body	Covered	No	No	Outpatient pricing to be determined
33904	Placement of additional stent in pulmonary artery	Covered	No	No	Outpatient pricing to be determined
36836	Creation of opening between artery and vein in arm with single access to both blood vessels	Covered	No	No	Outpatient pricing to be determined
36837	Creation of opening between artery and vein in arm with separate access to each blood vessel	Covered	No	No	Outpatient pricing to be determined
43290	Placement of balloon in stomach for weight loss using flexible endoscope	Covered	Yes	No	See Table 3 Restricted to ages 18 years and older Outpatient pricing to be determined
43291	Removal of balloon in stomach for weight loss using flexible endoscope	Covered	Yes	No	See Table 3 Restricted to ages 18 years and older Outpatient pricing to be determined
49591	Initial repair of sliding hernia of abdomen, less than 3 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49592	Initial repair of entrapped hernia of abdomen, less than 3 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49593	Initial repair of sliding hernia of abdomen, 3-10 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
49594	Initial repair of entrapped hernia of abdomen, 3-10 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49595	Initial repair of sliding hernia of abdomen, more than 10 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49596	Initial repair of entrapped hernia of abdomen, more than 10 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49613	Repair of recurrent sliding hernia of abdomen, less than 3 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49614	Repair of recurrent entrapped hernia of abdomen, less than 3 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49615	Repair of recurrent sliding hernia of abdomen, 3-10 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49616	Repair of recurrent entrapped hernia of abdomen, 3-10 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49617	Repair of recurrent sliding hernia of abdomen, more than 10 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49618	Repair of recurrent entrapped hernia of abdomen, more than 10 cm in length	Covered	No	No	Outpatient pricing to be determined See Table 7
49621	Repair of sliding hernia next to stoma	Covered	No	No	Outpatient pricing to be determined See Table 7
49622	Repair of entrapped hernia next to stoma	Covered	No	No	Outpatient pricing to be determined See Table 7
49623	Removal of mesh at same time as hernia repair	Covered	No	No	Outpatient pricing to be determined
55867	Simple surgical subtotal removal of prostate using laparoscope	Covered	No	No	Outpatient pricing to be determined
69728	Removal of entire cochlear stimulating system from outside mastoid bone of skull with magnetic attachment to external speech processor	Covered	No	No	Outpatient pricing to be determined
69729	Implantation of cochlear stimulating system outside mastoid bone of skull with magnetic attachment to external speech processor	Covered	No	No	Outpatient pricing to be determined
69730	Replacement of cochlear stimulating system outside mastoid bone of skull with magnetic attachment to external speech processor	Covered	No	No	Outpatient pricing to be determined
76883	Comprehensive ultrasound scan of entire length of nerves in extremity	Covered	No	No	Outpatient pricing to be determined
81418	Genomic sequence analysis panel of at least 6 genes associated with drug metabolism	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
81441	Gene sequence analysis panel at least 30 genes associated with inherited bone marrow failure syndromes	Noncovered	N/A	N/A	N/A
81449	Targeted genomic sequence analysis panel of RNA of 5-50 genes associated with solid organ neoplasm	Noncovered	N/A	N/A	N/A
81451	Targeted genomic sequence analysis panel of RNA of 5-50 genes associated with blood and lymphatic system disorders	Noncovered	N/A	N/A	N/A
81456	Targeted genomic sequence analysis panel of RNA of 51 or greater genes associated with blood and lymphatic system disorders	Noncovered	N/A	N/A	N/A
84433	Evaluation of thiopurine S-methyltransferase (TPMT)	Noncovered	N/A	N/A	N/A
87467	Measurement of Hepatitis B surface antigen (HBsAg)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Pricing to be determined
87468	Detection of Anaplasma phagocytophilum by amplified nucleic acid probe technique	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Pricing to be determined
87469	Detection of Babesia microti by amplified nucleic acid probe technique	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Pricing to be determined
87478	Detection of Babesia Borrelia miyamotoi by amplified nucleic acid probe technique	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Pricing to be determined
87484	Detection of Ehrlichia chaffeensis by amplified nucleic acid probe technique	Covered	No	No	Allowed for Podiatrist (provider specialty 140) Pricing to be determined
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	Noncovered	N/A	N/A	N/A
92066	Eye training exercise under supervision of health care professional	Covered	No	No	Allowed for Optometrist (provider specialty 180) Outpatient pricing to be determined
93569	Injection for selective imaging of pulmonary artery during heart catheterization, on one side of body	Covered	No	No	Outpatient pricing to be determined
93573	Injection for selective imaging of pulmonary artery during heart catheterization, on both sides of body	Covered	No	No	Outpatient pricing to be determined
93574	Injection for selective imaging of pulmonary vein during heart catheterization	Covered	No	No	Outpatient pricing to be determined

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
93575	Injection for selective imaging of major aortopulmonary collateral arteries during heart catheterization	Covered	No	No	Outpatient pricing to be determined
95919	Measurement of pupil with healthcare professional interpretation and report	Noncovered	N/A	N/A	N/A
96202	Multiple-family group behavior management/modification training, face-to-face, initial 60 minutes	Noncovered	N/A	N/A	N/A
96203	Multiple-family group behavior management/modification training, face-to-face, each additional 15 minutes	Noncovered	N/A	N/A	N/A
98978	Device supply with scheduled recording and transmission for remote monitoring of cognitive behavioral therapy, per 30 days	Noncovered	N/A	N/A	N/A
99418	Prolonged inpatient or observation service, each 15 minutes of total time beyond required time of primary service	Covered	No	No	Pricing to be determined See Table 7
0355U	Apol1 (apolipoprotein I1) (eg, chronic kidney disease), risk variants (g1, g2)	Noncovered	N/A	N/A	N/A
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital CR(DDPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Noncovered	N/A	N/A	N/A
0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	Noncovered	N/A	N/A	N/A
0358U	Neurology (mild cognitive impairment), analysis of b-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	Noncovered	N/A	N/A	N/A
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Noncovered	N/A	N/A	N/A
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	Noncovered	N/A	N/A	N/A
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Noncovered	N/A	N/A	N/A
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0363U	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	Noncovered	N/A	N/A	N/A
0738T	Treatment planning for destruction of prostate cancer by magnetic field induction, using data from previously performed MRI	Noncovered	N/A	N/A	N/A
0739T	Destruction of prostate cancer by magnetic field induction	Covered	Yes	No	See Table 3 Outpatient pricing to be determined
0740T	Set-up and patient education for remote autonomous algorithm-based recommendation system for insulin dose calculation and titration	Noncovered	N/A	N/A	N/A
0741T	Provision of software, data collection, transmission, and storage for remote autonomous algorithm-based recommendation system for insulin dose calculation and titration, each 30 days	Noncovered	N/A	N/A	N/A
0742T	SPECT measurement of blood flow to heart muscle	Covered	No	No	Outpatient pricing to be determined
0743T	Bone strength and fracture-risk assessment with assessment for broken spine bones	Covered	No	No	Outpatient pricing to be determined
0744T	Insertion of bioprosthetic valve in vein of thigh (femoral vein)	Noncovered	N/A	N/A	N/A
0745T	Noninvasive localization and mapping of heart tissue causing abnormal heart rhythm for radiation treatment for focal destruction of arrhythmia site	Covered	No	No	Outpatient pricing to be determined
0746T	Conversion of localization and mapping of heart tissue causing abnormal heart rhythm into a multidimensional radiation treatment plan for focal destruction of arrhythmia site	Covered	No	No	Outpatient pricing to be determined
0747T	Radiation treatment for focal destruction of arrhythmia site causing abnormal heart rhythm	Noncovered	N/A	N/A	N/A
0748T	Injections of stem cell product into soft tissue around abnormal drainage tract next to anus	Noncovered	N/A	N/A	N/A
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD)	Covered	No	No	Outpatient pricing to be determined
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) with single-view digital X-ray of hand	Covered	No	No	Outpatient pricing to be determined
0751T	Digitization of glass microscope slides for level II surgical pathology	Noncovered	N/A	N/A	N/A
0752T	Digitization of glass microscope slides for level III surgical pathology	Noncovered	N/A	N/A	N/A
0753T	Digitization of glass microscope slides for level IV surgical pathology	Noncovered	N/A	N/A	N/A
0754T	Digitization of glass microscope slides for level V surgical pathology	Noncovered	N/A	N/A	N/A
0755T	Digitization of glass microscope slides for level VI surgical pathology	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0756T	Digitization of glass microscope slides for Group I special stain for microorganisms	Noncovered	N/A	N/A	N/A
0757T	Digitization of glass microscope slides for Group II special stain	Noncovered	N/A	N/A	N/A
0758T	Digitization of glass microscope slides for histochemical special stain on frozen tissue block	Noncovered	N/A	N/A	N/A
0759T	Digitization of glass microscope slides for Group III special stain	Noncovered	N/A	N/A	N/A
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, initial single antibody stain procedure	Noncovered	N/A	N/A	N/A
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, each additional single antibody stain procedure	Noncovered	N/A	N/A	N/A
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, each multiplex antibody stain procedure	Noncovered	N/A	N/A	N/A
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry, each manual single antibody stain procedure	Noncovered	N/A	N/A	N/A
0764T	Assistive algorithmic EKG risk-based assessment for heart dysfunction based on EKG performed at same time	Noncovered	N/A	N/A	N/A
0765T	Assistive algorithmic EKG risk-based assessment for heart dysfunction based on previous EKG	Noncovered	N/A	N/A	N/A
0766T	Transcutaneous magnetic stimulation of peripheral nerve by focused low-frequency electromagnetic pulse, initial treatment on first nerve	Noncovered	N/A	N/A	N/A
0767T	Transcutaneous magnetic stimulation of peripheral nerve by focused low-frequency electromagnetic pulse, initial treatment on additional nerve	Noncovered	N/A	N/A	N/A
0768T	Transcutaneous magnetic stimulation of peripheral nerve by focused low-frequency electromagnetic pulse, subsequent treatment on first nerve	Noncovered	N/A	N/A	N/A
0769T	Transcutaneous magnetic stimulation of peripheral nerve by focused low-frequency electromagnetic pulse, subsequent treatment on additional nerve	Noncovered	N/A	N/A	N/A
0770T	Virtual reality technology to assist therapy	Noncovered	N/A	N/A	N/A
0771T	Virtual reality (VR) procedural dissociation services provided by same health care professional performing diagnostic or therapeutic procedure VR procedural dissociation supports, initial 15 minutes, patient age 5 years or older	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0772T	Virtual reality (VR) procedural dissociation services provided by same health care professional performing diagnostic or therapeutic procedure VR procedural dissociation supports, additional 15 minutes	Noncovered	N/A	N/A	N/A
0773T	Virtual reality (VR) procedural dissociation services provided by different health care professional than health care professional performing diagnostic or therapeutic procedure VR procedural dissociation supports, initial 15 minutes, patient age 5 years or older	Noncovered	N/A	N/A	N/A
0774T	Virtual reality (VR) procedural dissociation services provided by different health care professional than health care professional performing diagnostic or therapeutic procedure VR procedural dissociation supports, additional 15 minutes	Noncovered	N/A	N/A	N/A
0775T	Fusion of sacroiliac joint between spine and pelvis with bone graft, accessed through skin using imaging guidance	Noncovered	N/A	N/A	N/A
0776T	Therapeutic induction of low temperature in brain, 30 minutes of treatment	Noncovered	N/A	N/A	N/A
0777T	Real-time pressure-sensing epidural guidance system	Covered	No	No	Outpatient pricing to be determined
0778T	Surface mechanomyography (sMMG) with application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	Noncovered	N/A	N/A	N/A
0779T	Study of gastrointestinal muscle electric activity of stomach through large intestine	Noncovered	N/A	N/A	N/A
0780T	Instillation of stool microorganism suspension via rectal enema into lower digestive tract	Noncovered	N/A	N/A	N/A
0781T	Insertion of protection device in esophagus and radiofrequency destruction of nerves to lung in mainstem airway on one side of body using endoscope	Noncovered	N/A	N/A	N/A
0782T	Insertion of protection device in esophagus and radiofrequency destruction of nerves to lung in both mainstem airways using endoscope	Noncovered	N/A	N/A	N/A
0783T	Set-up, calibration, and patient education on use of equipment or stimulation of nerve to external ear and surrounding area (auricular nerve) through skin	Noncovered	N/A	N/A	N/A
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	Covered	No	No	Pricing to be determined
C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	Covered	No	No	Pricing to be determined
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	Noncovered	N/A	N/A	N/A
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s)	Covered	No	No	Pricing to be determined
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)	Covered	No	No	Pricing to be determined
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)	Covered	No	No	Pricing to be determined
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (eg, mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed	Covered	No	No	Pricing to be determined
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	Covered	No	No	Pricing to be determined
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	Covered	No	No	Pricing to be determined
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation	Covered	No	No	Pricing to be determined
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Noncovered	N/A	N/A	N/A
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Noncovered	N/A	N/A	N/A
C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	Covered	No	No	Pricing to be determined
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	Covered	No	No	Pricing to be determined

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	Covered	No	No	Pricing to be determined
C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed	Covered	No	No	Pricing to be determined
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	Covered	No	No	Pricing to be determined
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	Covered	No	No	Pricing to be determined
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report	Covered	No	No	Pricing to be determined
C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, 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	Covered	No	No	Pricing to be determined

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	Noncovered	N/A	N/A	N/A
C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography 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	Covered	No	No	Pricing to be determined
C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Covered	No	No	Pricing to be determined
C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization 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	Covered	No	No	Pricing to be determined
C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Covered	No	No	Pricing to be determined
C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, 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	Covered	No	No	Pricing to be determined
C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Covered	No	No	Pricing to be determined
C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography 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	Covered	No	No	Pricing to be determined

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Covered	No	No	Pricing to be determined
C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, 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	Covered	No	No	Pricing to be determined
C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Covered	No	No	Pricing to be determined
C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Covered	No	No	Pricing to be determined

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report	Covered	No	No	Pricing to be determined
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Covered	No	No	Pricing to be determined
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Covered	No	No	Pricing to be determined
C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy	Covered	No	No	Pricing to be determined
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Covered	No	No	Pricing to be determined
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Covered	No	No	Pricing to be determined

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Covered	No	No	Pricing to be determined
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Covered	No	No	Pricing to be determined
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Covered	No	No	Pricing to be determined
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Covered	No	No	Pricing to be determined
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Covered	No	No	Pricing to be determined
C7542	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Covered	No	No	Pricing to be determined
C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Covered	No	No	Pricing to be determined
C7544	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Covered	No	No	Pricing to be determined
C7545	Percutaneous exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Covered	No	No	Pricing to be determined

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7546	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation	Covered	No	No	Pricing to be determined
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Covered	No	No	Pricing to be determined
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Covered	No	No	Pricing to be determined
C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Covered	No	No	Pricing to be determined
C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent	Covered	No	No	Pricing to be determined
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle	Covered	No	No	Pricing to be determined
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel	Covered	No	No	Pricing to be determined
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	Covered	No	No	Pricing to be determined
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	Covered	No	No	Pricing to be determined

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	Covered	No	No	Pricing to be determined
C7900	Service for diagnosis, evaluation, or treatment of a mental or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	Noncovered	N/A	N/A	N/A
C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	Noncovered	N/A	N/A	N/A
C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service)	Noncovered	N/A	N/A	N/A
C9143	Cocaine hydrochloride nasal solution (numbrino), 1 mg	Covered	No	No	Pricing to be determined
C9144	Injection, bupivacaine (posimir), 1 mg	Noncovered	N/A	N/A	N/A
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	Noncovered	N/A	N/A	N/A
D0373	Intraoral tomosynthesis - bitewing radiographic image	Noncovered	N/A	N/A	N/A
D0374	Intraoral tomosynthesis - periapical radiographic image	Noncovered	N/A	N/A	N/A
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	Noncovered	N/A	N/A	N/A
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	Noncovered	N/A	N/A	N/A
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only	Noncovered	N/A	N/A	N/A
D0801	3D dental surface scan - direct	Noncovered	N/A	N/A	N/A
D0802	3D dental surface scan - indirect	Noncovered	N/A	N/A	N/A
D0803	3D facial surface scan - direct	Noncovered	N/A	N/A	N/A
D0804	3D facial surface scan - indirect	Noncovered	N/A	N/A	N/A
D1781	Vaccine administration - human papillomavirus - dose 1	Covered	No	No	Restricted to ages 9 through 45 years
D1782	Vaccine administration - human papillomavirus - dose 2	Covered	No	No	Restricted to ages 9 through 45 years
D1783	Vaccine administration - human papillomavirus - dose 3	Covered	No	No	Restricted to ages 15 through 26 years
D4286	Removal of non-resorbable barrier	Noncovered	N/A	N/A	N/A
D6105	Removal of implant body not requiring bone removal or flap elevation	Noncovered	N/A	N/A	N/A
D6106	Guided tissue regeneration - resorbable barrier, per implant	Noncovered	N/A	N/A	N/A
D6107	Guided tissue regeneration - non-resorbable barrier, per 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 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Noncovered	N/A	N/A	N/A
D7509	Marsupialization of odontogenic cyst	Covered	No	No	None
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Noncovered	N/A	N/A	N/A
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Noncovered	N/A	N/A	N/A
D9953	Reline custom sleep apnea appliance (indirect)	Covered	No	No	None
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	Covered	No	No	Allowed for Durable Medical Equipment (DME) provider (provider specialty 250) Pricing to be determined
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418, 99415, 99416). (Do not report G0316 for any time unit less than 15 minutes)	Noncovered	N/A	N/A	N/A
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes)	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management 99358, 99359, 99417). (Do not report G0318 for any time unit less than 15 minutes)	Noncovered	N/A	N/A	N/A
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system	Noncovered	N/A	N/A	N/A
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	Noncovered	N/A	N/A	N/A
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	Noncovered	N/A	N/A	N/A
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month (these services include 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, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	Noncovered	N/A	N/A	N/A
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	Covered	No	No	Pricing to be determined

* “**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care, e.g. physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month (When using G3002, 30 minutes must be met or exceeded.)	Noncovered	N/A	N/A	N/A
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded.)	Noncovered	N/A	N/A	N/A
J0134	Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg	Covered	No	Yes	None
J0136	Injection, acetaminophen (B Braun) not therapeutically equivalent to J0131, 10 mg	Covered	No	Yes	None
J0173	Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg	Noncovered	N/A	N/A	N/A
J0225	Injection, vutrisiran, 1 mg	Covered	No	Yes	None
J0283	Injection, amiodarone hydrochloride (Nexterone), 30 mg	Covered	No	Yes	See Table 4
J0611	Injection, calcium gluconate (WG critical care), per 10 ml	Covered	No	Yes	None
J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	Covered	No	Yes	None
J0701	Injection, cefepime hydrochloride (Baxter), not therapeutically equivalent to maxipime, 500 mg	Covered	No	Yes	None
J0703	Injection, cefepime hydrochloride (B Braun), not therapeutically equivalent to maxipime, 500 mg	Covered	No	Yes	None
J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	Covered	No	Yes	None
J0891	Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	Covered	No	Yes	None
J0892	Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	Covered	No	Yes	None
J0893	Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg	Covered	No	Yes	None
J0898	Injection, argatroban (Auromedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	Covered	No	Yes	None

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
J0899	Injection, argatroban (Auromedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	Covered	No	Yes	None
J1456	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg	Covered	No	Yes	None
J1574	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg	Covered	No	Yes	None
J1611	Injection, glucagon hydrochloride (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg	Covered	No	Yes	None
J1643	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	Covered	No	Yes	See Table 4
J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg	Noncovered	N/A	N/A	N/A
J2021	Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg	Covered	No	Yes	None
J2184	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg	Covered	No	Yes	None
J2247	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg	Covered	No	Yes	None
J2251	Injection, midazolam hydrochloride (WG critical care) not therapeutically equivalent to J2250, per 1 mg	Covered	No	Yes	None
J2272	Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg	Covered	No	Yes	None
J2281	Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg	Covered	No	Yes	None
J2311	Injection, naloxone hydrochloride (Zimhi), 1 mg	Covered	No	Yes	None
J2327	Injection, risankizumab-RZAA, intravenous, 1 mg	Covered	No	Yes	None
J2401	Injection, chloroprocaine hydrochloride, per 1 mg	Covered	No	Yes	None
J2402	Injection, chloroprocaine hydrochloride (Clorotekal), per 1 mg	Covered	No	Yes	None
J3244	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg	Covered	No	Yes	None
J3371	Injection, vancomycin HCL (Mylan) not therapeutically equivalent to J3370, 500 mg	Covered	No	Yes	None
J3372	Injection, vancomycin HCL (Xellia) not therapeutically equivalent to J3370, 500 mg	Covered	No	Yes	None
J9046	Injection, bortezomib, (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	Covered	No	Yes	None
J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	Covered	No	Yes	None
J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	Covered	No	Yes	None
J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg	Covered	No	Yes	None
J9393	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg	Covered	No	Yes	None
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	Covered	No	Yes	None
M0001	Advancing cancer care MIPS value pathways	Noncovered	N/A	N/A	N/A
M0002	Optimal care for kidney health MIPS value pathways	Noncovered	N/A	N/A	N/A
M0003	Optimal care for patients with episodic neurological conditions MIPS value pathways	Noncovered	N/A	N/A	N/A
M0004	Supportive care for neurodegenerative conditions MIPS value pathways	Noncovered	N/A	N/A	N/A
M0005	Promoting wellness MIPS value pathways	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1150	Left ventricular ejection fraction (LVEF) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	Noncovered	N/A	N/A	N/A
M1151	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)	Noncovered	N/A	N/A	N/A
M1152	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)	Noncovered	N/A	N/A	N/A
M1153	Patient with diagnosis of osteoporosis on date of encounter	Noncovered	N/A	N/A	N/A
M1154	Hospice services provided to patient any time during the measurement period	Noncovered	N/A	N/A	N/A
M1155	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Noncovered	N/A	N/A	N/A
M1156	Patient received active chemotherapy any time during the measurement period	Noncovered	N/A	N/A	N/A
M1157	Patient received bone marrow transplant any time during the measurement period	Noncovered	N/A	N/A	N/A
M1158	Patient had history of immunocompromising conditions prior to or during the measurement period	Noncovered	N/A	N/A	N/A
M1159	Hospice services provided to patient any time during the measurement period	Noncovered	N/A	N/A	N/A
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	Noncovered	N/A	N/A	N/A
M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Noncovered	N/A	N/A	N/A
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Noncovered	N/A	N/A	N/A
M1163	Patient had anaphylaxis due to the HPV vaccine any time on or before the patient's 13th birthday	Noncovered	N/A	N/A	N/A
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	Noncovered	N/A	N/A	N/A
M1165	Patients who use hospice services any time during the measurement period	Noncovered	N/A	N/A	N/A
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	Noncovered	N/A	N/A	N/A
M1167	In hospice or using hospice services during the measurement period	Noncovered	N/A	N/A	N/A
M1168	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	Noncovered	N/A	N/A	N/A
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	Noncovered	N/A	N/A	N/A
M1170	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	Noncovered	N/A	N/A	N/A
M1171	Patient received at least one TD vaccine or one TDAP vaccine between nine years prior to the encounter and the end of the measurement period	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1172	Documentation of medical reason(s) for not administering TD or TDAP vaccine (e.g., prior anaphylaxis due to the TD or TDAP vaccine or history of encephalopathy within seven days after a previous dose of a TD-containing vaccine)	Noncovered	N/A	N/A	N/A
M1173	Patient did not receive at least one TD vaccine or one TDAP vaccine between nine years prior to the encounter and the end of the measurement period	Noncovered	N/A	N/A	N/A
M1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Noncovered	N/A	N/A	N/A
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	Noncovered	N/A	N/A	N/A
M1176	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Noncovered	N/A	N/A	N/A
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	Noncovered	N/A	N/A	N/A
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	Noncovered	N/A	N/A	N/A
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	Noncovered	N/A	N/A	N/A
M1180	Patients on immune checkpoint inhibitor therapy	Noncovered	N/A	N/A	N/A
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	Noncovered	N/A	N/A	N/A
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (IBD) (e.g., ulcerative colitis, Crohn's disease)	Noncovered	N/A	N/A	N/A
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	Noncovered	N/A	N/A	N/A
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	Noncovered	N/A	N/A	N/A
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	Noncovered	N/A	N/A	N/A
M1186	Patients who have an order for or are receiving hospice or palliative care	Noncovered	N/A	N/A	N/A

* “**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1187	Patients with a diagnosis of end stage renal disease (ESRD)	Noncovered	N/A	N/A	N/A
M1188	Patients with a diagnosis of chronic kidney disease (CKD) stage 5	Noncovered	N/A	N/A	N/A
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) performed	Noncovered	N/A	N/A	N/A
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR)	Noncovered	N/A	N/A	N/A
M1191	Hospice services provided to patient any time during the measurement period	Noncovered	N/A	N/A	N/A
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	Noncovered	N/A	N/A	N/A
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both	Noncovered	N/A	N/A	N/A
M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	Noncovered	N/A	N/A	N/A
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both, reason not given	Noncovered	N/A	N/A	N/A
M1196	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4	Noncovered	N/A	N/A	N/A
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	Noncovered	N/A	N/A	N/A
M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	Noncovered	N/A	N/A	N/A
M1199	Patients receiving RRT	Noncovered	N/A	N/A	N/A
M1200	ACE inhibitor (ACE-I) or ARB therapy prescribed during the measurement period	Noncovered	N/A	N/A	N/A
M1201	Documentation of medical reason(s) for not prescribing ace inhibitor (ACE-I) or ARB therapy during the measurement period (e.g., pregnancy, history of angioedema to ACE-I, other allergy to ACE-I and ARB, hyperkalemia or history of hyperkalemia while on ACE-I or ARB therapy, acute kidney injury due to ACE-I or ARB therapy), other medical reasons)	Noncovered	N/A	N/A	N/A
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or ARB therapy during the measurement period, (e.g., patient declined, other patient reasons)	Noncovered	N/A	N/A	N/A

* “Covered” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2023 annual HCPCS update, effective for DOS on or after Jan. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M1203	Ace inhibitor or ARB therapy not prescribed during the measurement period, reason not given	Noncovered	N/A	N/A	N/A
M1204	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4	Noncovered	N/A	N/A	N/A
M1205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	Noncovered	N/A	N/A	N/A
M1206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	Noncovered	N/A	N/A	N/A
M1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Noncovered	N/A	N/A	N/A
M1208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Noncovered	N/A	N/A	N/A
M1209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Noncovered	N/A	N/A	N/A
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Noncovered	N/A	N/A	N/A
Q4262	Dual layer Impax membrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4263	SurGraft TL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q4264	Cocoon membrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 5
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Covered	No	Yes	None See Table 7

* “**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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
Q4262	Dual layer Impax membrane, per square centimeter
Q4263	SurGraft TL, per square centimeter
Q4264	Cocoon membrane, per square centimeter

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

Procedure code	Description	PA criteria
22860	Insertion of artificial disc between bones of lower spine, additional space	PA criteria as listed in the Surgical Services provider reference module
43290	Placement of balloon in stomach for weight loss using flexible endoscope	PA criteria as listed in the Surgical Services provider reference module for bariatric surgery
43291	Removal of balloon in stomach for weight loss using flexible endoscope	PA criteria as listed in the Surgical Services provider reference module for bariatric surgery
0739T	Destruction of prostate cancer by magnetic field induction	To be determined

Table 4 – Procedure codes included in the renal dialysis composite rate

Procedure code	Description
J0283	Injection, amiodarone hydrochloride (Nexterone), 30 mg
J1643	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units

Table 5 – New procedure codes linked to revenue code 636

Procedure code	Description
Q4262	Dual layer Impax membrane, per square centimeter
Q4263	SurGraft TL, per square centimeter
Q4264	Cocoon membrane, per square centimeter

Table 6 – New HCPCS modifiers effective Jan. 1, 2023

Modifier	Description
AB	Audiology service furnished personally by an audiologist without a physician/NPP order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
JZ	Zero drug amount discarded/not administered to any patient
LU	Fractionated payment of CAR-T therapy
N1	Group 1 oxygen coverage criteria met
N2	Group 2 oxygen coverage criteria met
N3	Group 3 oxygen coverage criteria met

Table 7 – Alternate procedure codes to be used in place of codes that have been end-dated

Discontinued procedure code	Description	Alternate code considerations
15850	Removal of sutures under anesthesia by same surgeon	15853, 15854
49590	Repair of hernia between abdominal muscles	49591, 49593, 49595
49572	Repair of trapped incisional or abdominal hernia in upper stomach area	49592, 49594, 49596

Table 7 – Alternate procedure codes to be used in place of codes that have been end-dated

Discontinued procedure code	Description	Alternate code considerations
49652	Repair of hernia using an endoscope	49613, 49615, 49617
49653	Repair of trapped hernia using an endoscope	49614, 49616, 49618
49654	Repair of incisional hernia using an endoscope	49621
49655	Repair of trapped incisional hernia using an endoscope	49622
99357	Extended inpatient or observation hospital service, each additional 30 minutes	99418
C9142	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Q5126