

Coverage and billing information for the 2023 October HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2023 October quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after Oct. 1, 2023.

The IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules affecting pricing of the procedure codes. The IHCP will issue a publication detailing the coverage and pricing information after final review is completed.

The bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT^{®1}) and other HCPCS procedure codes included in the 2023 October HCPCS update
- [Table 2](#): New procedure codes related to coronavirus disease 2019 (COVID-19) vaccine and vaccine administration
- [Table 3](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [Table 4](#): New procedure codes linked to revenue code 636
- [Table 5](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA
- [Table 6](#): Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient diagnosis-related group (DRG)
- [Table 7](#): Durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
- [Table 8](#): Procedure codes that were end-dated in the 2023 October HCPCS update, along with alternate code considerations if applicable



Note: Inclusion of an alternate code on Table 8 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.

CPT and other HCPCS codes from the 2023 October quarterly update will be added to the claim-processing system. For more information about the October 2023 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at cms.gov.

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

- *Durable and Home Medical Equipment and Supplies Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG*
- *Podiatry 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. Reimbursement, PA and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS reimbursement and billing should be directed to Gainwell Technologies at 800-457-4584. Questions about PA for FFS services should be directed to Kepro Customer Service at 866-725-9991.

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.

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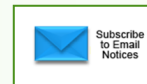


Table 1 – New codes included in the 2023 October HCPCS update, effective for DOS on or after Oct. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose	TBD	TBD	TBD	See Table 2
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	TBD	TBD	TBD	See Table 2
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	TBD	TBD	TBD	See Table 2
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	TBD	TBD	TBD	See Table 2
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 ml dosage, for intramuscular use	TBD	TBD	TBD	See Table 2
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 ml dosage, for intramuscular use	TBD	TBD	TBD	See Table 2
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk population	TBD	TBD	TBD	TBD
0402U	Infectious agent (sexually transmitted infection), chlamydia trachomatis, neisseria gonorrhoeae, trichomonas vaginalis, mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or not detected	TBD	TBD	TBD	TBD
0403U	Oncology (prostate), MRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	TBD	TBD	TBD	TBD
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	TBD	TBD	TBD	TBD
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	TBD	TBD	TBD	TBD
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-Tetra [4-carboxyphenyl] porphyrin CD cd19), algorithm reported as likelihood of lung cancer	TBD	TBD	TBD	TBD

* **“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 October HCPCS update, effective for DOS on or after Oct. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (STNFR1), soluble tumor necrosis receptor 2 (STNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	TBD	TBD	TBD	TBD
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19])	Noncovered	N/A	N/A	N/A
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	TBD	TBD	TBD	TBD
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	TBD	TBD	TBD	TBD
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	TBD	TBD	TBD	TBD
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative apoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology	TBD	TBD	TBD	TBD
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	TBD	TBD	TBD	TBD
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	TBD	TBD	TBD	TBD
0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, fas ligand, HGF CTACK, eotaxin, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS	TBD	TBD	TBD	TBD
0416U	Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	TBD	TBD	TBD	TBD

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants	TBD	TBD	TBD	TBD
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	TBD	TBD	TBD	TBD
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	TBD	TBD	TBD	TBD
A2022	InnovaBurn or InnovaMatrix XL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
A2023	InnovaMatrix PD, 1 mg	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
A2024	Resolve Matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
A2025	Miro3D, per cubic centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	TBD	TBD	TBD	TBD
A9268	Programmer for transient, orally ingested capsule	Noncovered	N/A	N/A	N/A
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month	Noncovered	N/A	N/A	N/A
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	Noncovered	N/A	N/A	N/A
A9573	Injection, gadopichlenol, 1 ml	Noncovered	N/A	N/A	N/A
A9603	Injection, pafolacianine, 0.1 mg	Noncovered	N/A	N/A	N/A

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Table 1 – New codes included in the 2023 October HCPCS update, effective for DOS on or after Oct. 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	TBD	TBD	TBD	TBD
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Covered	Yes	No	Allowed for Durable Medical Equipment (DME) provider (provider specialty 250) Restricted to 2 years of age and older See Table 5 See Table 7
C9152	Injection, aripiprazole, (Abilify Asimtufii), 1 mg	Covered	TBD	TBD	None
C9153	Injection, amisulpride, 1 mg	Covered	No	TBD	None
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	Covered	Yes	TBD	See Table 5
C9155	Injection, epcoritamab-bysp, 0.16 mg	Covered	No	TBD	None
C9156	Flotufolastat F 18, diagnostic, 1 millicurie	Covered	No	No	None
C9157	Injection, tofersen, 1 mg	Covered	TBD	TBD	None
C9158	Injection, risperidone, (Uzedy), 1 mg	Covered	TBD	TBD	None
C9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination	Noncovered	N/A	N/A	N/A
C9789	Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	Covered	No	No	None
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	Noncovered	N/A	N/A	N/A
C9791	Magnetic resonance imaging with inhaled hyperpolarized Xenon-129 contrast agent, chest, including preparation and administration of agent	Covered	Yes	No	See Table 5
C9792	Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) class II, III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., TEE or ICE ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (IDE) study)	Noncovered	N/A	N/A	N/A
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	Noncovered	N/A	N/A	N/A
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	Noncovered	N/A	N/A	N/A
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	Noncovered	N/A	N/A	N/A
J0349	Injection, rezafungin, 1 mg	Covered	No	TBD	None
J0801	Injection, corticotropin (Acthar gel), up to 40 units	Covered	TBD	TBD	See Table 8
J0802	Injection, corticotropin (Ani), up to 40 units	Covered	TBD	TBD	See Table 8
J0874	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	Covered	TBD	TBD	None
J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Covered	No	TBD	None
J2359	Injection, olanzapine, 0.5 mg	Covered	No	TBD	None
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Covered	No	TBD	See Table 8
J7214	Injection, factor VIII/Von Willebrand factor complex, recombinant (Altuviiio), per factor VIII I.U.	Covered	No	TBD	See Table 6
J7353	Anacaulase-BCDB, 8.8% gel, 1 gram	Noncovered	N/A	N/A	N/A
J7519	Injection, mycophenolate mofetil, 10 mg	Covered	No	TBD	None
J9051	Injection, bortezomib (Maia), not therapeutically equivalent to J9041, 0.1 mg	Noncovered	N/A	N/A	N/A
J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Noncovered	N/A	N/A	N/A
J9345	Injection, ritifanlimab-DLWR, 1 mg	Covered	No	TBD	None
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Covered	No	No	None
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	Yes	TBD	Allowed for DME provider (provider specialty 250) See Table 5
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	Covered	Yes	No	Allowed for DME provider (provider specialty 250) Restricted to ages 22 through 65 years of age See Table 5
Q4285	Nudyn DL or Nudyn DL mesh, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
Q4286	Nudyn SL or Nudyn SLW, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	Noncovered	N/A	N/A	N/A

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“Noncovered” indicates that the IHCP does not cover the service for any programs.

Table 2 – New procedure codes related to coronavirus disease 2019 (COVID-19) vaccine and vaccine administration

Procedure code	Description
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 ml dosage, for intramuscular use
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 ml dosage, for intramuscular use

Table 3 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
A2022	InnovaBurn or InnovaMatrix XL, per square centimeter
A2023	InnovaMatrix PD, 1 mg
A2024	Resolve Matrix, per square centimeter
A2025	Miro3D, per cubic centimeter
Q4285	Nudyn DL or Nudyn DL mesh, per square centimeter
Q4286	Nudyn SL or Nudyn SLW, per square centimeter

Table 4 – New procedure codes linked to revenue code 636

Procedure code	Description
A2022	InnovaBurn or InnovaMatrix XL, per square centimeter
A2023	InnovaMatrix PD, 1 mg
A2024	Resolve Matrix, per square centimeter
A2025	Miro3D, per cubic centimeter
Q4285	Nudyn DL or Nudyn DL mesh, per square centimeter
Q4286	Nudyn SL or Nudyn SLW, per square centimeter

Table 5 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	TBD
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	TBD
C9791	Magnetic resonance imaging with inhaled hyperpolarized Xenon-129 contrast agent, chest, including preparation and administration of agent	TBD
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	TBD
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	TBD

Table 6 – Newly covered procedure code carved out of managed care and reimbursable outside the inpatient DRG

Procedure code	Description
J7214	Injection, factor VIII/Von Willebrand factor complex, recombinant (Altuviiio), per factor VIII I.U.

Table 7 – DME and supply code included in the LTC facility per diem rate

Procedure code	Description
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape

Table 8 – Procedure codes that were end dated in the 2023 October quarterly HCPCS update, along with alternate code considerations if applicable

End-dated procedure code	Description	Alternate code considerations
0066U	Measurement of placental alpha-micro globulin-1 (PAMG-1) in cervical/vaginal fluid to evaluate risk of premature rupture of membranes	N/A
0357U	Artificial intelligence (AI)-enabled evaluation of 142 pairs of glycopeptide and product fragments in plasma to determine benefit from immunotherapy agents for skin cancer	N/A
0386U	Testing for risk of Barrett's esophagus progression to esophageal cancer	N/A
0397U	Cell-free DNA testing in plasma evaluating of at least 109 genes in non-small cell lung cancer	N/A
C9151	Injection, pegcetacoplan, 1 mg	J2781
J0800	Corticotropin injection	J0801, J0802