

IHCP *bulletin*

Note: This bulletin has been corrected. Procedure code C9153 is not linked to revenue code 636, so it was removed from Table 4. Information about VFC billing was added to page 2. Also, FQHC/RHC billing guidance was corrected according to IHCP Bulletin [BT202404](#). An update to this bulletin is included in [BT202407](#) and [BT202467](#).

INDIANA HEALTH COVERAGE PROGRAMS BT2023165 NOVEMBER 30, 2023

Updated coverage and billing information for the 2023 October HCPCS codes

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, unless otherwise specified, and replaces the information posted in *IHCP Bulletin* [BT2023123](#).

Providers have 90 days from the date of the publication for managed care claim submission, or 180 days from the date of publication for fee-for-service (FFS) claim submission, to bypass timely filing limits. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

The bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT^{®1}) and other 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](#): New procedure codes linked to revenue code 274
- [Table 6](#): Available prior authorization (PA) criteria for the new procedure codes that require PA
- [Table 7](#): New procedure codes carved out of managed care
- [Table 8](#): Durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
- [Table 9](#): 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 9 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 have been added to the claim-processing system. For more information about the October 2023 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) page of the Centers for Medicare & Medicaid Services (CMS) website at [cms.gov](#).



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Updates will be or have been 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:

- *COVID-19 Vaccination Codes*
- *Durable and Home Medical Equipment and Supplies Codes*
- *Family Planning Eligibility Program Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Podiatry Services Codes*
- *Preventive Care Services Excluded From Copay for Healthy Indiana Plan and Presumptive Eligibility – Adult*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*
- *Transportation Service Codes*



The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. PA, billing and reimbursement information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about PA for FFS services should be directed to Kepro Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies at 800-457- 4584.

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

Additional information for COVID-19 vaccination codes

As established in previous IHCP bulletins, Emergency Medical Services (EMS) providers ([BT2020129](#)), pharmacy providers ([BT2020127](#), [BT202102](#)), and federally qualified health center (FQHC) and rural health clinic (RHC) providers ([BT202112](#)) are allowed to bill for COVID-19 vaccine administration. In addition, Family Supports Waiver (FSW) and Community Integration and Habilitation (CIH) Waiver providers ([BT202129](#)) are allowed to bill COVID-19 vaccine and administration codes, with modifier U7 appended.

For FQHCs and RHCs, the new COVID-19 vaccine administration code is carved out of managed care and carved out of the prospective payment system (PPS) rate. The COVID vaccine administration code should be billed as FFS, using place of service (POS) code 71, and without a T1015 encounter code.

Because COVID-19 vaccine codes are carved out of managed care, there is an exception to billing for the Vaccines for Children (VFC) program. When billing for the COVID-19 vaccine and the COVID-19 vaccine administration as part of the VFC program, providers will need to bill these directly to Medicaid as an FFS claims using the SL modifier. For additional inquiries, please email: FSSA.IHCPReimbursement@fssa.in.gov.

COVID-19 vaccinations can be administered to all eligible IHCP members meeting vaccine Emergency Use Authorization (EUA) criteria and Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) age and dosing interval recommendations. Any additional requirements or limitations specified by the Indiana Department of Health (IDOH), CDC, or Health and Human Services (HHS) *Public Readiness and Emergency Preparedness (PREP) Act* must also be met.



COVID-19 vaccines are to be supplied free of charge, without copay, to all IHCP members, including members in limited benefit categories, such as Emergency Services Only (ESO). COVID-19 vaccination claims for IHCP members who are dually eligible for both Medicare and Medicaid must be billed to the member's Medicare plan provider. Prior authorization (PA) is not required for COVID-19 vaccination.

QUESTIONS?

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

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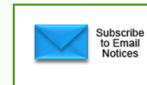


Table 1 – New codes included in the 2023 October HCPCS update, effective for DOS on or after Oct. 1, 2023, unless otherwise specified

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	Covered for all programs, including limited-benefit programs	No	No	Effective for DOS on or after Sept. 11, 2023 Allowed for Ambulance providers (provider specialty 260) Allowed for Vaccines for Children (VFC) providers when billed with modifier SL See Table 2 See Table 4 See Table 7
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	Covered for all programs that serve this age group, including limited-benefit programs	No	No	Effective for DOS on or after Sept. 11, 2023 Restricted to ages 6 months through 4 years See Table 2 See Table 4 See Table 7
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	Covered for all programs that serve this age group, including limited-benefit programs	No	No	Effective for DOS on or after Sept. 11, 2023 Restricted to ages 5 through 11 years See Table 2 See Table 4 See Table 7
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	Covered for all programs, including limited-benefit programs	No	No	Effective for DOS on or after Sept. 11, 2023 Restricted to ages 12 years and older See Table 2 See Table 4 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 October HCPCS update, effective for DOS on or after Oct. 1, 2023, unless otherwise specified

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
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	Covered for all programs that serve this age group, including limited-benefit programs	No	No	Effective for DOS on or after Sept. 11, 2023 Restricted to ages 6 months through 11 years See Table 2 See Table 4 See Table 7
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	Covered for all programs, including limited-benefit programs	No	No	Effective for DOS on or after Sept. 11, 2023 Restricted to ages 12 years and older See Table 2 See Table 4 See Table 7
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	Noncovered	N/A	N/A	N/A
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	Noncovered	N/A	N/A	N/A
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	Noncovered	N/A	N/A	N/A
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	Noncovered	N/A	N/A	N/A
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	Noncovered	N/A	N/A	N/A
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-Tetra [4-carboxyphenyl] porphyrin CD cd19), algorithm reported as likelihood of lung cancer	Noncovered	N/A	N/A	N/A
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (STNFR1), soluble tumor necrosis receptor 2 (STNFR 2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
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	Noncovered	N/A	N/A	N/A
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Noncovered	N/A	N/A	N/A
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Noncovered	N/A	N/A	N/A
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	Noncovered	N/A	N/A	N/A
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	Noncovered	N/A	N/A	N/A
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	Noncovered	N/A	N/A	N/A
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	Noncovered	N/A	N/A	N/A
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	Noncovered	N/A	N/A	N/A

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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	Noncovered	N/A	N/A	N/A
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	Noncovered	N/A	N/A	N/A
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Noncovered	N/A	N/A	N/A
A2022	InnovaBurn or InnovaMatrix XL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4 See Table 8
A2023	InnovaMatrix PD, 1 mg	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4 See Table 8
A2024	Resolve Matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4 See Table 8
A2025	Miro3D, per cubic centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4 See Table 8
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	Noncovered	N/A	N/A	N/A
A9268	Programmer for transient, orally ingested capsule	Noncovered	N/A	N/A	N/A
A9269	Programmable, 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

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
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
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	Covered	No	TBD	Allowed once per lifetime Restricted to ages 18 years and older Pricing 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 ages 2 years and older Pricing TBD See Table 6 See Table 8
C9152	Injection, aripiprazole, (Abilify Asimtufii), 1 mg	Covered	No	Yes	See Table 4
C9153	Injection, amisulpride, 1 mg	Covered	No	Yes	None
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	Covered	Yes	Yes	See Table 4 See Table 6
C9155	Injection, epcoritamab-bysp, 0.16 mg	Covered	No	Yes	See Table 4
C9156	Flotufolastat F 18, diagnostic, 1 millicurie	Covered	No	Yes	See Table 4
C9157	Injection, tofersen, 1 mg	Covered	No	Yes	See Table 4
C9158	Injection, risperidone, (Uzedy), 1 mg	Covered	No	Yes	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	Ambulatory surgical center (ASC) pricing for outpatient claims
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 6
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

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
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
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	Yes	See Table 4
J0801	Injection, corticotropin (Acthar gel), up to 40 units	Covered	No	Yes	See Table 9
J0802	Injection, corticotropin (Ani), up to 40 units	Covered	No	Yes	See Table 9
J0874	Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	Covered	No	Yes	None
J0889	Daprodustat, oral, 1 mg, (for ESRD on dialysis)	Covered	No	No	None
J2359	Injection, olanzapine, 0.5 mg	Covered	No	Yes	None
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Covered	No	Yes	State Maximum Allowable Cost (SMAC) pricing See Table 4 See Table 9
J7214	Injection, factor VIII/Von Willebrand factor complex, recombinant (Altuviiio), per factor VIII I.U.	Covered	No	Yes	See Table 4 See Table 7
J7353	Anacaulase-BCDB, 8.8% gel, 1 gram	Noncovered	N/A	N/A	N/A
J7519	Injection, mycophenolate mofetil, 10 mg	Covered	No	Yes	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, retifanlimab-DLWR, 1 mg	Covered	No	Yes	See Table 4
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Noncovered	N/A	N/A	N/A
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	No	Allowed for DME provider (provider specialty 250) See Table 5 See Table 6

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
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 See Table 5 See Table 6
Q4285	Nudyn DL or Nudyn DL mesh, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4
Q4286	Nudyn SL or Nudyn SLW, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 3 See Table 4

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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	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose
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
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose
91318	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose
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
A2022	InnovaBurn or InnovaMatrix XL, per square centimeter
A2023	InnovaMatrix PD, 1 mg
A2024	Resolve Matrix, per square centimeter
A2025	Miro3D, per cubic centimeter
C9152	Injection, aripiprazole, (Abilify Asimtufii), 1 mg
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg
C9155	Injection, epcoritamab-bysp, 0.16 mg
C9156	Flotufolastat F 18, diagnostic, 1 millicurie

Table 4 – New procedure codes linked to revenue code 636

Procedure code	Description
C9157	Injection, tofersen, 1 mg
J0349	Injection, rezafungin, 1 mg
J2781	Injection, pegcetacoplan, intravitreal, 1 mg
J7214	Injection, factor VIII/Von Willebrand factor complex, recombinant (Altuviiiio), per factor VIII I.U.
J9345	Injection, retifanlimab-DLWR, 1 mg
Q4285	Nudyn DL or Nudyn DL mesh, per square centimeter
Q4286	Nudyn SL or Nudyn SLW, per square centimeter

Table 5 – New procedure codes linked to revenue code 274

Procedure code	Description
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
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector

Table 6 – Available PA criteria for the new 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	All PA requests for medical equipment or supplies must include a written, signed prescription, as described in the <i>Documentation Required for Medical Equipment and Supplies and Equipment</i> section of the Durable and Home Medicaid Equipment and Supplies provider reference module.
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	This agent may be considered medically necessary when all the following criteria are met: <ul style="list-style-type: none"> • Member is 18 years of age or older. • One of the following has occurred: <ul style="list-style-type: none"> – Member has tried and failed each of the preferred agents listed on the pharmacy benefit Preferred Drug List (PDL) (submit chart notes that document failures). – Prescriber has provided documentation of member-specific medically justifiable reason(s) that all the pharmacy benefit preferred agents are not suitable for use for this member. • Initial doses of Brixadi will vary. • Doses should not exceed 32 mg/week or 128 mg/month.

Table 6 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
C9791	Magnetic resonance imaging with inhaled hyperpolarized Xenon-129 contrast agent, chest, including preparation and administration of agent	Medicaid reimbursement shall be available for medically necessary magnetic resonance imaging and magnetic resonance angiography exams (as stated in <i>Indiana Administrative Code 405 IAC 5-27-9</i>). Radiology services must be ordered in writing by a physician or other practitioner authorized to do so under state of Indiana law. The IHCP requires PA for any radiology services that exceed the parameters set out in the Radiology Services provider reference module.
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	All PA requests for medical equipment or supplies must include a written, signed prescription, as described in the <i>Documentation Required for Medical Equipment and Supplies and Equipment</i> section of the Durable and Home Medicaid Equipment and Supplies provider reference module.
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	Prosthetic devices require PA for medical necessity. When the basic prosthesis is approved, all customizing features are exempt from PA.

Table 7 – New procedure codes carved out of managed care

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	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose
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
J7214*	Injection, factor VIII/Von Willebrand factor complex, recombinant (Altuviiio), per factor VIII I.U.

* J7214 is reimbursable outside the inpatient diagnosis-related group (DRG) as well as being carved out of managed care.

Table 8 – DME and supply codes included in the LTC facility per diem 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
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape

Table 9 – 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