

## Coverage and billing information for the 2023 July quarterly HCPCS codes update

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

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

The bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT<sup>®1</sup>) and other HCPCS codes included in the 2023 July quarterly HCPCS update
- [Table 2](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [Table 3](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA
- [Table 4](#): New procedure codes linked to revenue code 636
- [Table 5](#): Newly covered procedure code carved out of managed care and separately reimbursable outside the inpatient diagnosis-related group (DRG)
- [Table 6](#): Newly covered procedure codes included in the renal dialysis composite rate
- [Table 7](#): Procedure codes that were end dated in the 2023 July quarterly 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 and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](#), for coverage information. Codes that were discontinued effective July 1, 2023, for which no alternative codes were identified, are not listed but are available for reference or download from the [HCPCS Quarterly Update](#) page of the CMS website at [cms.gov](#).

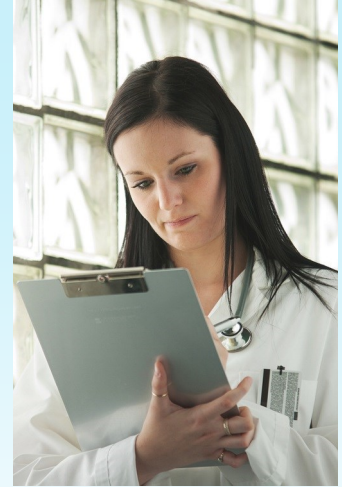
The 2023 July quarterly CPT and other HCPCS codes will be added to the claim-processing system. Established pricing will be posted as appropriate on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](#).

<sup>1</sup>CPT copyright 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

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

- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG*
- *Podiatry Services Codes*
- *Renal Dialysis Services Codes*
- *Revenue Codes With Special Procedure Code Linkages*
- *Transportation Services Codes*

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA and billing information apply to services delivered under the FFS delivery system. Questions about FFS reimbursement and billing should be directed to Gainwell Technologies at 800-457-4584. After July 1, 2023, questions about FFS PA 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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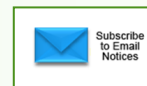


Table 1 – New procedure codes included in the 2023 July quarterly HCPCS update, effective for DOS on or after July 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0387U	Tissue evaluation for proteins to report risk of skin cancer progression	Noncovered	N/A	N/A	N/A
0388U	Next-generation sequencing in plasma of 37 cancer-related genes, with report for alteration detection in non-small cell lung cancer	Noncovered	N/A	N/A	N/A
0389U	Reverse transcription polymerase chain reaction (RT-qPCR) testing of blood for proteins, reported as a risk score for Kawasaki disease	Noncovered	N/A	N/A	N/A
0390U	Immunoassay of serum for proteins, reported as a risk score for preeclampsia	Noncovered	N/A	N/A	N/A
0391U	DNA and RNA next-generation sequencing of tissue for 437 genes with algorithm quantifying immunotherapy response score	Noncovered	N/A	N/A	N/A
0392U	Evaluation of gene-drug interactions for 16 genes reported as impact of gene-drug interaction for each drug for depression, anxiety, attention deficit disorder	Noncovered	N/A	N/A	N/A
0393U	Detection of protein by seed amplification assay for neurological disorders	Noncovered	N/A	N/A	N/A
0394U	Testing of plasma or serum for 16 perfluoroalkyl substances (PFAS) compounds	Noncovered	N/A	N/A	N/A
0395U	Multi-omics testing of plasma reported as risk of malignancy for lung nodules in early-stage lung cancer	Noncovered	N/A	N/A	N/A
0396U	Microarray testing of embryonic tissue for 300000 DNA single-nucleotide polymorphisms (SNPs), reported as a probability for single-gene germline conditions in pre-implantation genetic testing	Noncovered	N/A	N/A	N/A
0397U	Cell-free DNA testing in plasma evaluating of at least 109 genes in non-small cell lung cancer	Noncovered	N/A	N/A	N/A
0398U	DNA methylation analysis using polymerase chain reaction testing of tissue for genes specific to Barrett esophagus, reported as a risk score for progression to high grade dysplasia or cancer	Noncovered	N/A	N/A	N/A
0399U	Enzyme-linked assay detection in serum of IgG-binding antibody and blocking autoantibodies, using a functional blocking assay for IgG or IgM reported as positive or not detected in cerebral folate deficiency	Noncovered	N/A	N/A	N/A
0400U	Next-generation sequencing of DNA for 145 genes reported as carrier positive or negative in expanded carrier screening	Noncovered	N/A	N/A	N/A
0401U	Targeted variant genotyping using blood, saliva, or buccal swab of 9 genes for coronary heart disease reported as a risk score for a coronary event	Noncovered	N/A	N/A	N/A
0791T	Semi-immersive virtual reality-facilitated, motor-cognitive training for walking, each 15 minutes	Noncovered	N/A	N/A	N/A
0792T	Application of 38% silver diamine fluoride by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0793T	Percutaneous transcatheter thermal ablation of pulmonary artery nerves, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Noncovered	N/A	N/A	N/A

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Table 1 – New procedure codes included in the 2023 July quarterly HCPCS update, effective for DOS on or after July 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0794T	Patient-specific, assistive, rules-based algorithm for ranking cancer drug treatment options based on the patient's tumor-specific cancer marker information obtained from previous laboratory testing which have been previously interpreted and reported separately	Noncovered	N/A	N/A	N/A
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial and right ventricular pacemaker components	Noncovered	N/A	N/A	N/A
0796T	Transcatheter insertion of permanent dual-chamber pacemaker using fluoroscopy and device interrogation of right atrial pacemaker component	Noncovered	N/A	N/A	N/A
0797T	Transcatheter insertion of a permanent dual chamber leadless pacemaker using fluoroscopy and device interrogation of right ventricular pacemaker component	Noncovered	N/A	N/A	N/A
0798T	Transcatheter removal of the right atrial and right ventricular components of a permanent dual-chamber leadless pacemaker using fluoroscopy	Noncovered	N/A	N/A	N/A
0799T	Transcatheter removal of the right atrial component of a permanent dual-chamber leadless pacemaker using fluoroscopy	Noncovered	N/A	N/A	N/A
0800T	Transcatheter removal of the right ventricular component of a permanent dual-chamber leadless pacemaker using fluoroscopy	Noncovered	N/A	N/A	N/A
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial and right ventricular components	Noncovered	N/A	N/A	N/A
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial component	Noncovered	N/A	N/A	N/A
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right ventricular component	Noncovered	N/A	N/A	N/A
0804T	In-person programming device evaluation of dual-chamber leadless pacemaker with adjustment of the device to test function and to select optimal permanent values, with analysis, review and report by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0807T	Analysis of lung tissue ventilation using software-based processing of cinefluorography images and previously acquired CT images, including data preparation and transmission, evaluation of lung tissue ventilation data, review, interpretation, and report	Noncovered	N/A	N/A	N/A
0808T	Analysis of lung tissue ventilation using software-based processing of cinefluorography images and CT images taken for the purpose of lung tissue ventilation analysis, including data preparation and transmission, evaluation of lung tissue ventilation data, review, interpretation, and report	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0809T	Sacroiliac joint fusion, with image guidance, placement of transfixing device(s) and intra-articular implant(s), including tissue graft or synthetic device(s), through the skin	Noncovered	N/A	N/A	N/A
0810T	Subretinal injection of a drug, including vitrectomy and retinotomy	Noncovered	N/A	N/A	N/A
C9150	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose	Noncovered	N/A	N/A	N/A
C9151	Injection, pegcetacoplan, 1 mg	Covered	No	TBD	Pricing to be determined
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Noncovered	N/A	N/A	N/A
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Noncovered	N/A	N/A	N/A
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	Noncovered	N/A	N/A	N/A
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling	Noncovered	N/A	N/A	N/A
J0137	Injection, acetaminophen (hikma) not therapeutically equivalent to J0131, 10 mg	Covered	No	Yes	Pricing to be determined
J0206	Injection, allopurinol sodium, 1 mg	Covered	No	Yes	Pricing to be determined
J0216	Injection, alfentanil hydrochloride, 500 micrograms	Covered	No	Yes	Pricing to be determined
J0457	Injection, aztreonam, 100 mg	Covered	No	Yes	Pricing to be determined
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	Covered	No	Yes	Pricing to be determined
J0736	Injection, clindamycin phosphate, 300 mg	Covered	No	Yes	Pricing to be determined
J0737	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to J0736, 300 mg	Covered	No	Yes	Pricing to be determined
J1440	Fecal microbiota, live-jslm, 1 ml	Covered	No	Yes	Pricing to be determined
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Covered	No	Yes	Pricing to be determined
J1805	Injection, esmolol hydrochloride, 10 mg	Covered	No	Yes	Pricing to be determined
J1806	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to J1805, 10 mg	Covered	No	Yes	Pricing to be determined
J1811	Insulin (fiasp) for administration through DME (i.e., insulin pump) per 50 units	Covered	Yes	Yes	Pricing to be determined See <a href="#">Table 3</a>
J1812	Insulin (fiasp), per 5 units	Covered	Yes	Yes	Pricing to be determined See <a href="#">Table 3</a>

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Table 1 – New procedure codes included in the 2023 July quarterly HCPCS update, effective for DOS on or after July 1, 2023

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
J1813	Insulin (lyumjev) for administration through DME (i.e., insulin pump) per 50 units	Covered	Yes	Yes	Pricing to be determined See <a href="#">Table 3</a>
J1814	Insulin (lyumjev), per 5 units	Covered	Yes	Yes	Pricing to be determined See <a href="#">Table 3</a>
J1836	Injection, metronidazole, 10 mg	Covered	No	Yes	Pricing to be determined
J1920	Injection, labetalol hydrochloride, 5 mg	Covered	No	Yes	Pricing to be determined See <a href="#">Table 6</a>
J1921	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to J1820, 5 mg	Covered	No	Yes	Pricing to be determined See <a href="#">Table 6</a>
J1941	Injection, furosemide (furoscix), 20 mg	Covered	No	Yes	Pricing to be determined See <a href="#">Table 6</a>
J1961	Injection, lenacapavir, 1 mg	Covered	No	Yes	Pricing to be determined
J2249	Injection, remimazolam, 1 mg	Covered	No	Yes	Pricing to be determined
J2305	Injection, nitroglycerin, 5 mg	Covered	No	Yes	Pricing to be determined
J2329	Injection, ublituximab-xiiy, 1 mg	Covered	Yes	Yes	Allowed for Ambulance (provider specialty 260)  Pricing to be determined See <a href="#">Table 3</a>
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	Covered	No	Yes	Allowed for Ambulance (provider specialty 260)  Pricing to be determined See <a href="#">Table 6</a>
J2372	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	Covered	No	Yes	Allowed for Ambulance (provider specialty 260)  Pricing to be determined See <a href="#">Table 6</a>
J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	Covered	No	Yes	Pricing to be determined
J2561	Injection, phenobarbital sodium (sezaby), 1 mg	Covered	No	Yes	Pricing to be determined
J2598	Injection, vasopressin, 1 unit	Covered	No	Yes	Pricing to be determined

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
J2599	Injection, vasopressin (american reagent) not therapeutically equivalent to J2598, 1 unit	Covered	No	Yes	Pricing to be determined
J2806	Injection, sincalide (maia) not therapeutically equivalent to J2805, 5 micrograms	Noncovered	N/A	N/A	N/A
J7213	Injection, coagulation factor IX (recombinant), ixinity, 1 i.u.	Covered	No	Yes	Pricing to be determined See <a href="#">Table 5</a>
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Noncovered	N/A	N/A	N/A
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Covered	No	Yes	Pricing to be determined
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	Noncovered	N/A	N/A	N/A
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	Covered	No	Yes	Pricing to be determined
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Covered	No	Yes	Pricing to be determined See <a href="#">Table 7</a>
J9259	Injection, paclitaxel protein-bound particles (american reagent) not therapeutically equivalent to J9264, 1 mg	Noncovered	N/A	N/A	N/A
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg	Covered	No	Yes	Pricing to be determined
J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg	Covered	No	Yes	Pricing to be determined
J9347	Injection, tremelimumab-actl, 1 mg	Covered	No	Yes	Pricing to be determined
J9350	Injection, mosunetuzumab-axgb, 1 mg	Covered	No	Yes	Pricing to be determined
J9380	Injection, teclistamab-cqyv, 0.5 mg	Covered	No	Yes	Pricing to be determined See <a href="#">Table 7</a>
J9381	Injection, teplizumab-mzww, 5 mcg	Covered	Yes	Yes	Pricing to be determined See <a href="#">Table 3</a> See <a href="#">Table 7</a>
Q4272	Esano A, per square centimeter	Covered	Yes	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4273	Esano AAA, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4274	Esano AC, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
Q4275	Esano ACA, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4276	Orion, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4277	Woundplus membrane or e-graft, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4278	Epieffect, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4280	Xcell amnio matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4281	Barrera SL or barrera DL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4282	Cygnus dual, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q4283	Biovance tri-layer or biovance 3L, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
Q4284	Dermabind SL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 4</a>
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	Noncovered	N/A	N/A	N/A

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

Procedure code	Description
Q4272	Esano A, per square centimeter
Q4273	Esano AAA, per square centimeter
Q4274	Esano AC, per square centimeter
Q4275	Esano ACA, per square centimeter
Q4276	Orion, per square centimeter
Q4277	Woundplus membrane or e-graft, per square centimeter
Q4278	Epieffect, per square centimeter
Q4280	Xcell amnio matrix, per square centimeter
Q4281	Barrera SL or barrera DL, per square centimeter
Q4282	Cygnus dual, per square centimeter
Q4283	Biovance tri-layer or biovance 3L, per square centimeter
Q4284	Dermabind SL, per square centimeter

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

Procedure code	Description	PA criteria
J1811	Insulin (fiasp) for administration through DME (i.e., insulin pump) per 50 units	To be determined
J1812	Insulin (fiasp), per 5 units	To be determined
J1813	Insulin (lyumjev) for administration through DME (i.e., insulin pump) per 50 units	To be determined
J1814	Insulin (lyumjev), per 5 units	To be determined
J2329	Injection, ublituximab-xiyy, 1mg	To be determined
J9381	Injection, teplizumab-mzww, 5 mcg	<p>Must meet all the following:</p> <ul style="list-style-type: none"> <li>• Member is 8 years of age or older</li> <li>• Diagnosis of Stage 2 type 1 diabetes (T1D) with documentation of all the following: <ul style="list-style-type: none"> <li>- Development of at least two of the following pancreatic islet cell autoantibodies: <ul style="list-style-type: none"> <li>➢ Glutamic acid decarboxylase 65 (GAD) autoantibodies</li> <li>➢ Insulin autoantibody (IAA)</li> <li>➢ Insulinoma-associated antigen 2 autoantibody (IA-2A)</li> <li>➢ Zinc transporter 8 autoantibody (ZnT8A)</li> <li>➢ Islet cell autoantibody (ICA)</li> </ul> </li> <li>- Dysglycemia without overt hyperglycemia using an oral glucose tolerance test (OGTT) or an alternative method for diagnosis of dysglycemia without overt hyperglycemia</li> <li>- Patient history does not suggest type 2 diabetes (T2D)</li> </ul> </li> <li>• Documentation of complete blood count (CBC) and liver enzyme tests within the past 30 days</li> <li>• Documentation of a negative pregnancy test within the past 30 days</li> <li>• Prescribed by or in consultation with, an endocrinologist</li> </ul>

Table 4 – New procedure codes linked to revenue code 636

Procedure code	Description
Q4272	Esano A, per square centimeter
Q4273	Esano AAA, per square centimeter
Q4274	Esano AC, per square centimeter
Q4275	Esano ACA, per square centimeter
Q4276	Orion, per square centimeter
Q4277	Woundplus membrane or e-graft, per square centimeter
Q4278	Epieffect, per square centimeter
Q4280	Xcell amnio matrix, per square centimeter
Q4281	Barrera SL or barrera DL, per square centimeter
Q4282	Cygnus dual, per square centimeter
Q4283	Biovance tri-layer or biovance 3L, per square centimeter
Q4284	Dermabind SL, per square centimeter

Table 5 – Newly covered procedure code carved out of managed care and separately reimbursable outside the inpatient DRG

Procedure code	Description
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 i.u.

Table 6 – Newly covered procedure codes included in the renal dialysis composite rate

Procedure code	Description
J1920	Injection, labetalol hydrochloride, 5 mg
J1921	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to J1820, 5 mg
J1941	Injection, furosemide (furoscix), 20 mg
J2371	Injection, phenylephrine hydrochloride, 20 micrograms
J2372	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms

Table 7 – Procedure codes that were end dated in the 2023 July quarterly HCPCS update, along with alternate code considerations

End-dated procedure code	Description	Alternate code considerations
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg	J9063
C9148	Injection, teclistamab-cqyv, 0.5 mg	J9380
C9149	Injection, teplizumab-mzww, 5 mcg	J9381