

Coverage and billing information for the October 2024 quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the October 2024 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, 2024, unless otherwise specified.

For codes with an earlier effective date, 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 IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules and documentation affecting coverage and pricing for 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 codes included in the October 2024 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](#): Newly covered procedure code carved out of managed care
- [Table 5](#): Newly covered procedure code reimbursable outside the inpatient diagnosis-related group (DRG)
- [Table 6](#): Procedure codes included in the renal dialysis composite rate
- [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 discontinued in the October 2024 quarterly HCPCS update, along with alternate code considerations

Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](#), for coverage information. Codes that were discontinued effective Sept. 30, 2024, for which no alternative codes were identified, are not listed but are available for reference or download from the [CMS website](#) at [cms.gov](#).

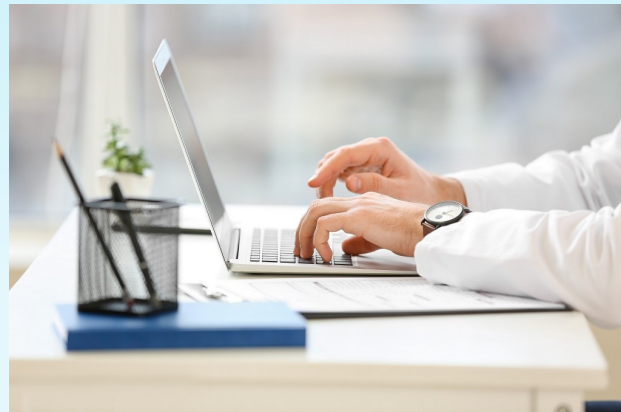
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The October 2024 quarterly HCPCS and CPT codes will be added to the claim-processing system. For more information about the October 2024 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at cms.gov.

Established pricing will be posted on the appropriate Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

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 Diagnosis-Related Group (DRG)*
- *Podiatry Services Codes*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Renal Dialysis Services 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 in this bulletin applies to services delivered under the FFS delivery system. Questions about FFS PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

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

QUESTIONS?

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

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Table 1 – New codes included in the October 2024 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2024, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	TBD	TBD	TBD	TBD
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	Covered	No	No	Effective for DOS beginning June 17, 2024 Allowed once per lifetime Restricted to age 18 and older
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	Noncovered	N/A	N/A	N/A
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	Noncovered	N/A	N/A	N/A
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	Noncovered	N/A	N/A	N/A
0479U	Tau, phosphorylated, pTau217	Noncovered	N/A	N/A	N/A
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification	Noncovered	N/A	N/A	N/A
0481U	Idh1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	Noncovered	N/A	N/A	N/A
0482U	Obstetrics (preeclampsia), biochemical assay of soluble fmslike tyrosine kinase 1 (sFlt-1) and placental growth factor (PIGF), serum, ratio reported for sFlt1/PIGF, with risk of progression for preeclampsia with severe features within 2 weeks	Noncovered	N/A	N/A	N/A
0483U	Infectious disease (neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (GyrA S91Fpoint mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0484U	Infectious disease (mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	Noncovered	N/A	N/A	N/A
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	Noncovered	N/A	N/A	N/A
0486U	Oncology (pan-solid tumor), next generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	Noncovered	N/A	N/A	N/A
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	Noncovered	N/A	N/A	N/A
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, C, D, E, duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	Noncovered	N/A	N/A	N/A
0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, Cfr, Smn1, Hbb, Hba1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	Noncovered	N/A	N/A	N/A
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	Noncovered	N/A	N/A	N/A
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (epcam), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood	Noncovered	N/A	N/A	N/A
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (epcam), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker expressing cells, peripheral blood	Noncovered	N/A	N/A	N/A
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next generation sequencing, plasma, reported as percentage of donor derived cell-free DNA	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	Noncovered	N/A	N/A	N/A
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	Noncovered	N/A	N/A	N/A
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	Noncovered	N/A	N/A	N/A
0497U	Oncology (prostate), MMA gene expression profiling by real-time RT-PCR of 6 genes (FOXN1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	Noncovered	N/A	N/A	N/A
0498U	Oncology (colorectal), next generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	Noncovered	N/A	N/A	N/A
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin embedded (FFPE) tissue, next generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	Noncovered	N/A	N/A	N/A
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (m41t, m41v, m41l, c.118-2a>c, c.118-1g>c, c.1189_118-2del, s56f, s621c)	Noncovered	N/A	N/A	N/A
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	Noncovered	N/A	N/A	N/A
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV	Noncovered	N/A	N/A	N/A
0503U	Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 ratio) and Tau-protein (pTau217, np-Tau217, pTau217/npTau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques	Noncovered	N/A	N/A	N/A
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real time PCR reported as positive or negative for each organism	Noncovered	N/A	N/A	N/A
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0506U	Gastroenterology (Barrett's Esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's Esophagus	Noncovered	N/A	N/A	N/A
0507U	Oncology (ovarian), DNA, whole genome sequencing with 5hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	Noncovered	N/A	N/A	N/A
0508U	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 single nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cell-free DNA with risk for active rejection	Noncovered	N/A	N/A	N/A
0509U	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection	Noncovered	N/A	N/A	N/A
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA whole transcriptome data, reported as probability of predicted molecular subtype	Noncovered	N/A	N/A	N/A
0511U	Oncology (solid tumor), tumor cell culture in 3d microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	Noncovered	N/A	N/A	N/A
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffin embedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	Noncovered	N/A	N/A	N/A
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin fixed paraffin-embedded (FFPA) tissue, reported as increased or decreased probability of each biomarker	Noncovered	N/A	N/A	N/A
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (g/ml)	Noncovered	N/A	N/A	N/A
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (g/ml)	Noncovered	N/A	N/A	N/A
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	Noncovered	N/A	N/A	N/A
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	Noncovered	N/A	N/A	N/A
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-MS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation	Noncovered	N/A	N/A	N/A
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	Noncovered	N/A	N/A	N/A
A2027	Matriderm, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
A2028	Micromatrix flex, per mg	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
A2029	Mirotract wound matrix sheet, per cubic centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	Noncovered	N/A	N/A	N/A
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Covered	No	TBD	Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 5
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	Covered	No	TBD	Allowed for Home Medical Equipment providers (provider specialty 251) See Table 7
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	Covered	No	TBD	Allowed for Home Medical Equipment providers (provider specialty 251) See Table 7
A9610	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose	Noncovered	N/A	N/A	N/A
C8000	Support device, extravascular, for arteriovenous fistula (implantable)	Covered	No	TBD	
C9169	Injection, nogapendekin alfa inbakicept-pmIn, for intravesical use, 1 microgram	Covered	TBD	Yes	
C9170	Injection, tarlatamab-dlle, 1 mg	Covered	No	Yes	N/A

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C9171	Injection, pegulicianine, 1 mg	Noncovered	N/A	N/A	N/A
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Covered	Yes	Yes	See Table 3 See Table 4
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	Covered	No	TBD	Allowed for Home Medical Equipment providers (provider specialty 251) See Table 7
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	Covered	No	TBD	Allowed for Durable Medical Equipment providers (provider specialty 250) Allowed for Home Medical Equipment providers (provider specialty 251) See Table 7
E0715	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Covered	No	TBD	Allowed for Durable Medical Equipment providers (provider specialty 250)
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Covered	No	TBD	Allowed for Durable Medical Equipment providers (provider specialty 250)
E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Noncovered	N/A	N/A	N/A
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	Noncovered	N/A	N/A	N/A
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	Noncovered	N/A	N/A	N/A
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	Noncovered	N/A	N/A	N/A
E2513	Accessory for speech generating device, electromyographic sensor	Noncovered	N/A	N/A	N/A
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	Noncovered	N/A	N/A	N/A
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	Covered	No	Yes	N/A
J0175	Injection, donanemab-azbt, 2 mg	Covered	Yes	Yes	See Table 3
J1171	Injection, hydromorphone, 0.1 mg	Covered	No	Yes	See Table 8
J1749	Injection, iloprost, 0.1 mcg	Covered	Yes	Yes	See Table 3
J2002	Injection, lidocaine HCL in 5% dextrose, 1 mg	Covered	No	Yes	See Table 6
J2003	Injection, lidocaine hydrochloride, 1 mg	Covered	No	Yes	See Table 6 See Table 8
J2004	Injection, lidocaine hcl with epinephrine, 1 mg	Covered	No	Yes	See Table 6
J2252	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to J2250, 1 mg	Covered	No	Yes	N/A
J2253	Injection, midazolam (seizalam), 1 mg	Covered	No	Yes	N/A

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J2601	Injection, vasopressin (baxter), 1 unit	Covered	No	Yes	N/A
J8522	Capecitabine, oral, 50 mg	Noncovered	N/A	N/A	N/A
J8541	Dexamethasone (hemady), oral, 0.25 mg	Noncovered	N/A	N/A	N/A
J9329	Injection, tislelizumab-jsgr, 1mg	TBD	TBD	TBD	TBD
L1006	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Covered	No	TBD	Restricted to age 19 and older Allowed for Home Medical Equipment providers (provider specialty 251)
L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	Covered	No	TBD	Allowed for Home Medical Equipment providers (provider specialty 251)
L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf	Covered	No	TBD	Allowed for Home Medical Equipment providers (provider specialty 251)
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Covered	No	TBD	Allowed for Home Medical Equipment providers (provider specialty 251)
L8721	Receptor sole for use with L8720, replacement, each	Covered	No	TBD	None
P9027	Red blood cells, leukocytes reduced, oxygen/ carbon dioxide reduced, each unit	Covered	No	TBD	None
Q0519	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription injectable drug, per 30-days	Noncovered	N/A	N/A	N/A
Q0520	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription injectable drug, per 60-days	Noncovered	N/A	N/A	N/A
Q4334	Amnioplast 1, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4335	Amnioplast 2, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4336	Artacent C, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4337	Artacent trident, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4338	Artacent velos, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2

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Q4339	Artacent vericlen, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4340	Simpligraft, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4341	Simplimax, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4342	Theramend, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4344	Tri-membrane wrap, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q4345	Matrix HD allograft dermis, per square centimeter	Covered	No	TBD	Allowed for Podiatrist (provider specialty 140) See Table 2
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Covered	Yes	Yes	See Table 3
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	TBD	TBD	TBD	TBD

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

Procedure code	Description
A2027	Matriderm, per square centimeter
A2028	Micromatrix flex, per mg
A2029	Mirotract wound matrix sheet, per cubic centimeter
Q4334	Amnioplast 1, per square centimeter
Q4335	Amnioplast 2, per square centimeter
Q4336	Artacent C, per square centimeter
Q4337	Artacent trident, per square centimeter
Q4338	Artacent velos, per square centimeter
Q4339	Artacent vericlen, per square centimeter
Q4340	Simpligraft, per square centimeter
Q4341	Simplimax, per square centimeter
Q4342	Theramend, per square centimeter
Q4343	Dermacyte AC matrix amniotic membrane allograft, per square centimeter
Q4344	Tri-membrane wrap, per square centimeter
Q4345	Matrix HD allograft dermis, per square centimeter

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

Procedure code	Description	PA criteria
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	<p>Must meet all the following:</p> <ul style="list-style-type: none"> • Diagnosis of congenital factor IX deficiency (Hemophilia B) classified as moderate to severe, as defined by circulating factor IX level less than 2 IU/dL or less than or equal to 2% of normal (documentation required) • One of the following (documentation required): <ul style="list-style-type: none"> – Member currently requires factor IX prophylaxis therapy – Member currently has, or has history of, life-threatening hemorrhage – Member has experienced two or more spontaneous bleeding episodes that required hospitalization or intervention to prevent permanent damage or disability • Member is 18 years of age or older • Prescribed by, or in consultation with, a hematologist qualified to administer fidanacogene elaparvovec-dzkt from a qualified treatment center • Prescriber has submitted documentation of the following: <ul style="list-style-type: none"> – Laboratory assessment indicating member has a liver fibrosis score of less than 3 – Laboratory test indicating member is negative for serologic evidence of hepatitis B and C infections – Laboratory test indicating one of the following: <ul style="list-style-type: none"> ▪ Member is negative for serologic evidence of human immunodeficiency virus (HIV) infection ▪ Member has HIV infection that is adequately controlled with immunosuppressive therapy (CD4+ cell count \geq 200 mm³ and viral load < 20 copies/mL) ▪ Member is negative for neutralizing antibodies to adeno-associate virus serotype Rh74var (AAVRh74var) capsid as detected by an FDA-approved test (List of Cleared or Approved Companion Diagnostic Devices (In Vitro and Imaging Tools) FDA) • Exclusion criteria: <ul style="list-style-type: none"> – Prior gene therapy treatment

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

Procedure code	Description	PA criteria
J0175	Injection, donanemab-azbt, 2 mg	TBD
J1749	Injection, iloprost, 0.1 mcg	Initial authorization: <ul style="list-style-type: none"> Must meet all the following: <ul style="list-style-type: none"> Diagnosis of pulmonary arterial hypertension Prescribed by, or in consultation with, a pulmonologist or cardiologist Reauthorization: <ul style="list-style-type: none"> Must meet the following: <ul style="list-style-type: none"> History of requested agent for at least 60 days within the past 90 days, confirmed by claims history or chart documentation
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	Initial authorization: <ul style="list-style-type: none"> Must meet ONE of the following: <ul style="list-style-type: none"> Diagnosis of polyarticular juvenile idiopathic arthritis or systemic juvenile idiopathic arthritis Diagnosis of giant cell arteritis and BOTH of the following: <ul style="list-style-type: none"> More than 90 days of drug therapy with one of the following: systemic glucocorticoid, azathioprine or methotrexate Member will be using a systemic glucocorticoid concurrently with tocilizumab Diagnosis of rheumatoid arthritis and ONE of the following: <ul style="list-style-type: none"> More than 90 days of drug therapy with one of the following: azathioprine, hydroxychloroquine, leflunomide, methotrexate or sulfasalazine Previous trial and failure of another targeted immunomodulator agent Reauthorization: <ul style="list-style-type: none"> Must meet the following: <ul style="list-style-type: none"> History of the requested agent for at least 90 of the past 120 days, as confirmed by claims history or chart documentation

Table 4 – Newly covered procedure code carved out of managed care

Procedure code	Description
C9172	Injection, fidanacogene elaparovovec-dzkt, per therapeutic dose

Table 5 – Newly covered procedure code reimbursable outside the inpatient DRG

Procedure code	Description
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome

Table 6 – Procedure codes included in the renal dialysis composite rate

Procedure code	Description
J2002	Injection, lidocaine HCL in 5% dextrose, 1 mg
J2003	Injection, lidocaine hydrochloride, 1 mg
J2004	Injection, lidocaine HCL with epinephrine, 1 mg

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

Procedure code	Description
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump

Table 8 – Procedure codes that were discontinued in the October 2024 quarterly HCPCS update, along with alternate code considerations

Discontinued procedure code	Description	Alternate code considerations
J1170	Injection, hydromorphone, up to 4 mg	J1171
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg	J2003
J8520	Capecitabine, oral, 150 mg	J8522
J8521	Capecitabine, oral, 500 mg	J8522