

## Revised coverage and billing information for the 2024 annual HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2024 annual Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The coverage and billing information in this publication replace the information published in the *IHCP Bulletin* [BT2023182](#).

The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after **Jan. 1, 2024**, unless otherwise specified. Providers have 90 days from the date of this publication for managed care claim submission, or 180 days from the date of publication for fee-for-service (FFS) claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.



The bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT<sup>®1</sup>), Current Dental Terminology (CDT<sup>®2</sup>) and other HCPCS codes included in the 2024 annual HCPCS update
- [Table 2](#): Durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
- [Table 3](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [Table 4](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA
- [Table 5](#): Newly covered procedure codes carved out of managed care
- [Table 6](#): Newly covered procedure codes reimbursable outside the inpatient diagnosis-related group (DRG)
- [Table 7](#): Procedure code included in the renal dialysis composite rate
- [Table 8](#): Newly covered procedure codes linked to revenue code 636
- [Table 9](#): Newly covered procedure codes linked to revenue code 274
- [Table 10](#): Procedure codes that were discontinued in the 2024 annual HCPCS update, along with alternate code considerations.

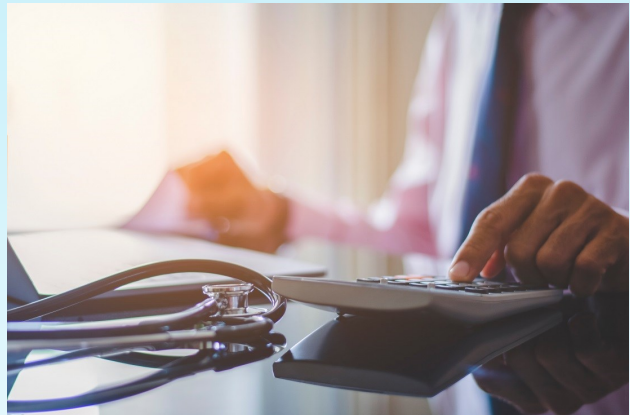
*Note: Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](#), for coverage information. Codes that were discontinued effective Dec. 31, 2023, for which no alternative codes were identified, are not listed but are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](#) at [cms.gov](#).*

<sup>1</sup>CPT copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

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

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:

- *Behavioral Health Services 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 Copayment for Healthy Indiana Plan (HIP) and Presumptive Eligibility (PE) Adult*
- *Procedure Codes That Require Attachments*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Renal Dialysis Services Codes*
- *Revenue Codes With Special Procedure Code Linkages*
- *Telehealth and Virtual 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 applies 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.

## QUESTIONS?

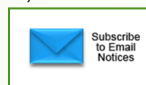
If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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*Table 1 – New codes included in the 2024 annual HCPCS update, effective for DOS on or after Jan. 1, 2024, unless otherwise stated*

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
22836	Tethering of 7 or fewer middle spine bones	Noncovered	N/A	N/A	N/A
22837	Tethering of 8 or more middle spine bones	Noncovered	N/A	N/A	N/A
22838	Revision, replacement, or removal of middle spine tethering	Noncovered	N/A	N/A	N/A
27278	Fusion of pelvic joint including joint implant using imaging guidance	Covered	No	No	None
31242	Destruction of nasal nerve by heat using an endoscope	Noncovered	N/A	N/A	N/A
31243	Destruction of nasal nerve by freezing using an endoscope	Noncovered	N/A	N/A	N/A
33276	Insertion of phrenic nerve stimulator generator and stimulating lead(s)	Covered	Yes	No	See <a href="#">Table 4</a>
33277	Insertion of phrenic nerve stimulator sensing lead	Covered	Yes	No	See <a href="#">Table 4</a>
33278	Removal of phrenic nerve stimulator generator and lead(s)	Covered	No	No	None
33279	Removal of phrenic nerve stimulator stimulation or sensing lead(s)	Covered	No	No	None
33280	Removal of phrenic nerve stimulator pulse generator	Covered	No	No	None
33281	Repositioning of phrenic nerve stimulator lead(s)	Covered	No	No	None
33287	Removal and replacement of phrenic nerve stimulator pulse generator	Covered	No	No	None
33288	Removal and replacement of phrenic nerve stimulator stimulation or sensing leads	Covered	No	No	None
52284	Drug delivery using a drug-coated balloon for male treatment of urethral stricture using an endoscope	Covered	Yes	No	See <a href="#">Table 4</a>
58580	Destruction of uterine fibroid(s) using heat with ultrasound guidance and monitoring	Covered	No	No	None
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver	Covered	No	No	None
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver	Covered	No	No	None
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver	Covered	No	No	None
64596	Insertion or replacement of a peripheral integrated neurostimulator initial electrode array	Covered	No	No	None
64597	Insertion or replacement of a peripheral integrated neurostimulator each additional electrode array	Covered	No	No	None
64598	Revision or removal of an electrode array with an integrated neurostimulator	Covered	No	No	None
67516	Injection of drug into the space between the cornea and retina in the eye	Covered	No	No	None
75580	Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, with interpretation and report	Covered	No	No	See <a href="#">Table 10</a>
76984	Ultrasound of chest aorta during surgery	Covered	No	No	None
76987	Ultrasound of heart during surgery to evaluate for congenital heart disease, including placement and manipulation of transducer, image acquisition, and interpretation and report of results	Covered	No	No	None
76988	Ultrasound of heart during surgery to evaluate for congenital heart disease, including placement and manipulation of transducer and image acquisition	Covered	No	No	None
76989	Ultrasound of heart during surgery to evaluate for congenital heart disease, interpretation and report of results only	Covered	No	No	None

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
81457	Genomic sequence analysis panel of DNA for microsatellite instability in solid organ abnormal growth of tissue	Noncovered	N/A	N/A	N/A
81458	Genomic sequence analysis panel of DNA for microsatellite instability and copy number of variants in solid organ abnormal growth of tissue	Noncovered	N/A	N/A	N/A
81459	Genomic sequence analysis panel of DNA or combined DNA and RNA for copy number variants, microsatellite instability, tumor mutation burden, and rearrangements in solid organ abnormal growth of tissue	Noncovered	N/A	N/A	N/A
81462	Genomic sequence analysis of DNA or combined DNA and RNA in plasma for copy number variants and rearrangements in solid organ abnormal growth of tissue	Noncovered	N/A	N/A	N/A
81463	Genomic sequence analysis of DNA in plasma for copy number variants and microsatellite instability in solid organ abnormal growth of tissue	Noncovered	N/A	N/A	N/A
81464	Genomic sequence analysis of DNA or combined DNA and RNA in plasma for copy number variants, microsatellite instability, tumor mutation burden, and rearrangements in solid organ abnormal growth of tissue	Noncovered	N/A	N/A	N/A
81517	Test for detecting 3 biomarkers associated with risk for liver disease	Noncovered	N/A	N/A	N/A
82166	Test for anti-mullerian hormone	Noncovered	N/A	N/A	N/A
86041	Test for acetylcholine receptor binding antibody	Noncovered	N/A	N/A	N/A
86042	Test for acetylcholine receptor blocking antibody	Noncovered	N/A	N/A	N/A
86043	Test for acetylcholine receptor modulating antibody	Noncovered	N/A	N/A	N/A
86366	Test for muscle-specific kinase antibody	Noncovered	N/A	N/A	N/A
87523	Detection of Hepatitis D (delta)	Noncovered	N/A	N/A	N/A
90589	Chikungunya virus vaccine	Noncovered	N/A	N/A	N/A
90623	Meningococcal conjugate vaccine serogroups A, C, W, Y, B-FHbp, pentavalent, tetanus toxoid carrier	Covered	No	No	See <a href="#">Table 8</a>
90683	Respiratory syncytial virus vaccine mRNA lipid nanoparticles	Noncovered	N/A	N/A	N/A
92622	Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, first hour	Noncovered	N/A	N/A	N/A
92623	Analysis, programming, and verification of sound processor for bone-anchored inner ear implant, each additional 15 minutes	Noncovered	N/A	N/A	N/A
92972	Shockwave destruction of calcified plaque in coronary artery accessed through skin using catheter	Noncovered	N/A	N/A	N/A
93150	Activation of implanted phrenic nerve stimulator	Noncovered	N/A	N/A	N/A
93151	Evaluation and programming of implanted phrenic nerve stimulator system	Noncovered	N/A	N/A	N/A
93152	Evaluation and programming of implanted phrenic nerve stimulator system during sleep study	Noncovered	N/A	N/A	N/A
93153	Evaluation of implanted phrenic nerve stimulator system	Noncovered	N/A	N/A	N/A
93584	Review by radiologist of vein imaging for congenital heart defect of superior vena cava	Covered	No	No	None
93585	Review by radiologist of vein imaging for congenital heart defect of the azygos/hemiazygos venous system	Covered	No	No	None
93586	Review by radiologist of vein imaging for congenital heart defect of coronary sinus	Covered	No	No	None
93587	Review by radiologist of vein imaging for congenital heart defect of venovenous collaterals above the heart	Covered	No	No	None

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
93588	Review by radiologist of vein imaging for congenital heart defect of venovenous collaterals below the heart	Covered	No	No	None
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Covered	No	No	Effective for DOS on or after Oct. 6, 2023  Allowed for Vaccines for Children (VFC) when billed with modifier SL  Preventive care service excluded from copay for HIP and PE Adult
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Covered	No	No	Effective for DOS on or after Oct. 6, 2023  Allowed for Vaccines for Children (VFC) when billed with modifier SL  Preventive care service excluded from copay for HIP and PE Adult
96547	Intraoperative heated intraperitoneal chemotherapy, first 60 minutes	Noncovered	N/A	N/A	N/A
96548	Intraoperative heated intraperitoneal chemotherapy, each additional 30 minutes	Noncovered	N/A	N/A	N/A
97037	Low-level laser therapy application for pain management after surgery	Noncovered	N/A	N/A	N/A
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, initial 30 minutes	Noncovered	N/A	N/A	N/A
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community, each additional 15 minutes	Noncovered	N/A	N/A	N/A
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	Noncovered	N/A	N/A	N/A
99459	Pelvic exam	Covered, including for Family Planning Eligibility Program	No	No	Preventive care service excluded from copay for HIP and PE Adult
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR/DNA (DDPCR) analysis of 6 single-nucleotide polymorphisms (SNPS) genes tert and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	Noncovered	N/A	N/A	N/A
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	Noncovered	N/A	N/A	N/A
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	Noncovered	N/A	N/A	N/A
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (SNCRNAs) by quantitative reverse transcription polymerase chain reaction (RT-QPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	Noncovered	N/A	N/A	N/A
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	Noncovered	N/A	N/A	N/A
0427U	Monocyte distribution width, whole blood (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (CTDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	Noncovered	N/A	N/A	N/A
0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)	Noncovered	N/A	N/A	N/A
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	Noncovered	N/A	N/A	N/A
0431U	Glycine receptor alpha1 IGG, serum or cerebrospinal fluid (CSF), live cell-binding assay (ICBA), qualitative	Noncovered	N/A	N/A	N/A
0432U	Kelch-like protein 11 (klhl11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	Noncovered	N/A	N/A	N/A
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Noncovered	N/A	N/A	N/A
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Noncovered	N/A	N/A	N/A
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	Noncovered	N/A	N/A	N/A
0437U	Psychiatry (anxiety disorders), MMA, gene expression profiling by MA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Noncovered	N/A	N/A	N/A
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of cyp2d6, including reported phenotypes and impacted gene-drug interactions	Noncovered	N/A	N/A	N/A
0784T	Insertion or replacement of spinal integrated nerve stimulating system with electrode array, accessed through the skin	Noncovered	N/A	N/A	N/A
0785T	Revision or removal of spinal integrated nerve stimulating system with electrode array	Noncovered	N/A	N/A	N/A
0786T	Insertion or replacement of sacral integrated nerve stimulating system with electrode array, accessed through the skin	Noncovered	N/A	N/A	N/A
0787T	Insertion or replacement of sacral integrated nerve stimulating system with electrode array, accessed through the skin	Noncovered	N/A	N/A	N/A
0788T	Revision or removal of sacral integrated nerve stimulating system with electrode array	Noncovered	N/A	N/A	N/A
0789T	Electronic analysis with simple programming of spinal or sacral integrated nerve stimulating system	Noncovered	N/A	N/A	N/A
0790T	Revision, replacement, or removal of lower spine tethering	Noncovered	N/A	N/A	N/A
0811T	Set-up and education on use of equipment for remoted electronic assessment of bladder emptying	Noncovered	N/A	N/A	N/A
0812T	Device supply and report generation for remote electronic assessment of bladder emptying for up to 10 days	Noncovered	N/A	N/A	N/A
0813T	Volume adjustment of intragastric bariatric balloon using a flexible endoscope through the mouth	Noncovered	N/A	N/A	N/A
0814T	Injection through the skin of calcium-based osteoconductive material to repair upper thigh bone	Noncovered	N/A	N/A	N/A
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry scan for measuring bone loss in hips, pelvis, or spine	Noncovered	N/A	N/A	N/A
0816T	Insertion or replacement of integrated posterior tibial nerve stimulating system under the skin, for bladder dysfunction	Noncovered	N/A	N/A	N/A
0817T	Insertion or replacement of integrated posterior tibial nerve stimulating system under muscle, for bladder dysfunction	Noncovered	N/A	N/A	N/A
0818T	Revision or removal of integrated posterior nerve stimulating system under skin, for bladder dysfunction	Noncovered	N/A	N/A	N/A
0819T	Revision or removal of integrated posterior nerve stimulating system under muscle, for bladder dysfunction	Noncovered	N/A	N/A	N/A
0820T	Continuous in-person monitoring and intervention during psychedelic medication therapy, first physician or other qualified health care professional, each hour	Noncovered	N/A	N/A	N/A
0821T	Continuous in-person monitoring and intervention during psychedelic medication therapy, second physician or other qualified health care professional working with the first physician or other qualified health care professional, each hour	Noncovered	N/A	N/A	N/A

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0822T	Continuous in-person monitoring and intervention during psychedelic medication therapy clinical staff working with the first physician or other qualified health care professional, each hour	Noncovered	N/A	N/A	N/A
0823T	Insertion of permanent single-chamber leadless pacemaker for pacing the right upper heart chamber using imaging guidance	Noncovered	N/A	N/A	N/A
0824T	Removal of permanent single-chamber leadless pacemaker for pacing the right upper chamber of the heart using imaging guidance	Noncovered	N/A	N/A	N/A
0825T	Removal and replacement of single-chamber permanent leadless pacemaker for pacing the right upper chamber of the heart using imaging guidance	Noncovered	N/A	N/A	N/A
0826T	In-person device evaluation of single-chamber leadless pacemaker system	Noncovered	N/A	N/A	N/A
0827T	Digitization of glass microscope slides for cytopathology of fluids, washings, or brushings, smears	Noncovered	N/A	N/A	N/A
0828T	Digitization of glass microscope slides for cytopathology of fluids, washings, or brushings, simple filter method	Noncovered	N/A	N/A	N/A
0829T	Digitization of glass microscope slides for cytopathology, concentration technique	Noncovered	N/A	N/A	N/A
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique	Noncovered	N/A	N/A	N/A
0831T	Digitization of glass microscope slides for cytopathology of cervical or vaginal specimen	Noncovered	N/A	N/A	N/A
0832T	Digitization of glass microscope slides for cytopathology, smears requiring screening and interpretation	Noncovered	N/A	N/A	N/A
0833T	Digitization of glass microscope slides for cytopathology, smears requiring preparation, screening and interpretation	Noncovered	N/A	N/A	N/A
0834T	Digitization of glass microscope slides for cytopathology, smears requiring extended study of over 5 slides and/or multiple stains	Noncovered	N/A	N/A	N/A
0835T	Digitization of glass microscope slides for cytopathology evaluation of fine needle aspirate, first evaluation	Noncovered	N/A	N/A	N/A
0836T	Digitization of glass microscope slides for cytopathology evaluation of fine needle aspirate, each additional evaluation	Noncovered	N/A	N/A	N/A
0837T	Digitization of glass microscope slides for cytopathology evaluation of fine needle aspirate	Noncovered	N/A	N/A	N/A
0838T	Digitization of glass microscope slides for consultation and report on slides prepared elsewhere	Noncovered	N/A	N/A	N/A
0839T	Digitization of glass microscope slides for consultation and report requiring preparation of slides using referred material	Noncovered	N/A	N/A	N/A
0840T	Digitization of glass microscope slides for consultation, comprehensive review	Noncovered	N/A	N/A	N/A
0841T	Digitization of glass microscope slides for pathology consultation during surgery, first tissue block	Noncovered	N/A	N/A	N/A
0842T	Digitization of glass microscope slides for pathology consultation during surgery, each additional tissue block	Noncovered	N/A	N/A	N/A
0843T	Digitization of glass microscope slides for pathology consultation during surgery, cytologic examination of initial site	Noncovered	N/A	N/A	N/A

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0844T	Digitization of glass microscope slides for pathology consultation during surgery, cytologic examination of each additional site	Noncovered	N/A	N/A	N/A
0845T	Digitization of glass microscope slides for immunofluorescence, initial single antibody stain procedure	Noncovered	N/A	N/A	N/A
0846T	Digitization of glass microscope slides for immunofluorescence, each additional antibody stain procedure	Noncovered	N/A	N/A	N/A
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival tissue(s) for molecular analysis	Noncovered	N/A	N/A	N/A
0848T	Digitization of glass microscope slides for in situ hybridization, initial single probe stain procedure	Noncovered	N/A	N/A	N/A
0849T	Digitization of glass microscope slides for in situ hybridization, each additional single probe stain procedure	Noncovered	N/A	N/A	N/A
0850T	Digitization of glass microscope slides for in situ hybridization, each multiplex probe stain procedure	Noncovered	N/A	N/A	N/A
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization, initial manual single probe stain procedure	Noncovered	N/A	N/A	N/A
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization, each additional manual single probe stain procedure	Noncovered	N/A	N/A	N/A
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization, each manual multiplex probe stain procedure	Noncovered	N/A	N/A	N/A
0854T	Digitization of glass microscope slides for peripheral blood smear	Noncovered	N/A	N/A	N/A
0855T	Digitization of glass microscope slides for bone marrow smear	Noncovered	N/A	N/A	N/A
0856T	Digitization of glass microscope slides for diagnostic electron microscopy	Noncovered	N/A	N/A	N/A
0857T	Opto-acoustic imaging of the breast using software processing of imaging data	Noncovered	N/A	N/A	N/A
0858T	External application of magnetic field to stimulate nerve cells in the brain with measurement of electrical activity in the brain	Noncovered	N/A	N/A	N/A
0859T	Noncontact near-infrared spectroscopy with image acquisition, interpretation and report, each additional anatomic site	Noncovered	N/A	N/A	N/A
0860T	Noncontact near-infrared spectroscopy with provocative maneuvers, image acquisition, interpretation and report for screening for peripheral arterial disease	Noncovered	N/A	N/A	N/A
0861T	Removal of battery and transmitter of wireless cardiac stimulator for pacing of left lower chamber of heart	Noncovered	N/A	N/A	N/A
0862T	Relocation of battery of wireless cardiac stimulator for pacing of left lower chamber of heart	Noncovered	N/A	N/A	N/A
0863T	Relocation of transmitter of wireless cardiac stimulator for pacing of left lower chamber of heart	Noncovered	N/A	N/A	N/A
0864T	Low energy shockwave therapy of penis	Noncovered	N/A	N/A	N/A
0865T	Quantitative MRI of the brain with comparison to previous MRI scan without MRI scan performed during the same visit	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0866T	Quantitative MRI of the brain with comparison to previous MRI scan with MRI scan performed during the same visit	Noncovered	N/A	N/A	N/A
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 10</a>
A4457	Enema tube, with or without adapter, any type, replacement only, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a> See <a href="#">Table 10</a>
A4468	Exsufflation belt, includes all supplies and accessories	Noncovered	N/A	N/A	N/A
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Noncovered	N/A	N/A	N/A
A4541	Monthly supplies for use of device coded at E0733	Noncovered	N/A	N/A	N/A
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Noncovered	N/A	N/A	N/A
A6520	Gradient compression garment, glove, padded, for nighttime use, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6522	Gradient compression garment, arm, padded, for nighttime use, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6528	Gradient compression garment, bra, for nighttime use, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6529	Gradient compression garment, bra, for nighttime use, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6565	Gradient compression gauntlet, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6566	Gradient compression garment, neck/head, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6567	Gradient compression garment, neck/head, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A6568	Gradient compression garment, torso and shoulder, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6569	Gradient compression garment, torso/shoulder, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6570	Gradient compression garment, genital region, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6571	Gradient compression garment, genital region, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6572	Gradient compression garment, toe caps, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6573	Gradient compression garment, toe caps, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6574	Gradient compression arm sleeve and glove combination, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6575	Gradient compression arm sleeve and glove combination, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6576	Gradient compression arm sleeve, custom, medium weight, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6577	Gradient compression arm sleeve, custom, heavy weight, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A6578	Gradient compression arm sleeve, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6579	Gradient compression glove, custom, medium weight, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6580	Gradient compression glove, custom, heavy weight, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6581	Gradient compression glove, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6582	Gradient compression gauntlet, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  Allowed for Home Medical Equipment providers (provider specialty 251) See <a href="#">Table 2</a>
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6585	Gradient pressure wrap with adjustable straps, above knee, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  Allowed for Home Medical Equipment providers (provider specialty 251) See <a href="#">Table 2</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A6586	Gradient pressure wrap with adjustable straps, full leg, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 2</a>
A6587	Gradient pressure wrap with adjustable straps, foot, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 2</a>
A6588	Gradient pressure wrap with adjustable straps, arm, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 2</a>
A6589	Gradient pressure wrap with adjustable straps, bra, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 2</a>
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 2</a>
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 2</a>
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 2</a>
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 2</a>
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 2</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6609	Gradient compression bandaging supply, not otherwise specified	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See <a href="#">Table 2</a>
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Noncovered	N/A	N/A	N/A
A9608	Flotufolastat f18, diagnostic, 1 millicurie	Covered	No	Yes	See <a href="#">Table 8</a> See <a href="#">Table 10</a>
A9609	Fludeoxyglucose f18 up to 15 millicuries	Noncovered	N/A	N/A	N/A
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	Covered	No	No	None
C1601	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)	Covered	No	No	None
C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	Covered	No	No	None
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	Covered	No	No	None
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	Covered	No	No	None
C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed	Covered	No	No	None
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (FFR) with 3d functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	Covered	No	No	None

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C7558	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	Covered	No	No	None
C7560	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)	Covered	No	No	None
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	Covered	No	No	Limited to one unit per day  Included in psychiatric services limited to 20 units per year per provider  Allowable for telehealth, including audio-only (modifier 93)  Allowed for behavioral health provider specialties: <ul style="list-style-type: none"> <li>• 616 – Licensed Psychologist</li> <li>• 618 – Licensed Clinical Social Worker</li> <li>• 619 – Licensed Marriage and Family Therapist</li> <li>• 620 – Licensed Mental Health Counselor</li> <li>• 621 – Licensed Clinical Addiction Counselor</li> </ul>
C9159	Injection, prothrombin complex concentrate (human), balfaxar, per I.U. of factor ix activity	Noncovered	N/A	N/A	N/A
C9160	Injection, daxibotulinumtoxina-lanm, 1 unit	Noncovered	N/A	N/A	N/A
C9161	Injection, aflibercept hd, 1 mg	Covered	No	Yes	See <a href="#">Table 8</a>
C9162	Injection, avacincaptad pegol, 0.1 mg	Covered	No	Yes	See <a href="#">Table 8</a>

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C9163	Injection, talquetamab-tgvs, 0.25 mg	Covered	No	Yes	See <a href="#">Table 8</a>
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Covered	No	Yes	See <a href="#">Table 8</a>
C9165	Injection, elranatamab-bcmm, 1 mg	Covered	No	Yes	See <a href="#">Table 8</a>
C9793	3D predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	Covered	Yes	No	See <a href="#">Table 4</a>
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	Covered	Yes	No	See <a href="#">Table 4</a>
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	Covered	Yes	No	See <a href="#">Table 4</a>
D0396	3D printing of a 3D dental surface scan	Noncovered	N/A	N/A	N/A
D1301	Immunization counseling	Covered	No	No	None
D2976	Band stabilization - per tooth	Covered	No	No	None
D2989	Excavation of a tooth resulting in the determination of non-restorability	Noncovered	N/A	N/A	N/A
D2991	Application of hydroxyapatite regeneration medicament - per tooth	Noncovered	N/A	N/A	N/A
D6089	Accessing and retorquing loose implant screw - per screw	Covered	No	No	None
D7284	Excisional biopsy of minor salivary glands	Covered	No	No	None
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Noncovered	N/A	N/A	N/A
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Noncovered	N/A	N/A	N/A
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Noncovered	N/A	N/A	N/A
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Covered	No	No	None
D9955	Oral appliance therapy (OAT) titration visit	Noncovered	N/A	N/A	N/A
D9956	Administration of home sleep apnea test	Noncovered	N/A	N/A	N/A
D9957	Screening for sleep related breathing disorders	Noncovered	N/A	N/A	N/A
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Noncovered	N/A	N/A	N/A
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Noncovered	N/A	N/A	N/A
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Noncovered	N/A	N/A	N/A

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E0678	Non-pneumatic sequential compression garment, full leg	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 2</a> See <a href="#">Table 10</a>
E0679	Non-pneumatic sequential compression garment, half leg	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 2</a> See <a href="#">Table 10</a>
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	Covered	No	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 2</a> See <a href="#">Table 10</a>
E0681	Non-pneumatic compression controller without calibrated gradient pressure	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 2</a> See <a href="#">Table 10</a>
E0682	Non-pneumatic sequential compression garment, full arm	Covered	No	No	Allowed for Home Medical Equipment providers (provider specialty 251)  See <a href="#">Table 2</a> See <a href="#">Table 10</a>
E0732	Cranial electrotherapy stimulation (CES) system, any type	Noncovered	N/A	N/A	N/A
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Noncovered	N/A	N/A	N/A
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	Noncovered	N/A	N/A	N/A
E0735	Non-invasive vagus nerve stimulator	Noncovered	N/A	N/A	N/A

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E1301	Whirlpool tub, walk-in, portable	Noncovered	N/A	N/A	N/A
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Noncovered	N/A	N/A	N/A
E3000	Speech volume modulation system, any type, including all components and accessories	Noncovered	N/A	N/A	N/A
G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (QDHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15-30 minutes	Covered	No	No	Effective for DOS on or after Jan. 2, 2024  Preventive care service excluded from copay for HIP and PE Adult
G0012	Injection of pre-exposure prophylaxis (prep) drug for HIV prevention, under skin or into muscle	Noncovered	N/A	N/A	Effective for DOS on or after Jan. 2, 2024
G0013	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence	Covered	No	No	Effective for DOS on or after Jan. 2, 2024  Preventive care service excluded from copay for HIP and PE Adult

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes	Covered	No	No	<p>Limited to one unit per day</p> <p>Included in psychiatric services limited to 20 units per year per provider</p> <p>Allowable for telehealth, including audio-only (modifier 93)</p> <p>Allowed for behavioral health provider specialties:</p> <ul style="list-style-type: none"> <li>• 616 – Licensed Psychologist</li> <li>• 618 – Licensed Clinical Social Worker</li> <li>• 619 – Licensed Marriage and Family Therapist</li> <li>• 620 – Licensed Mental Health Counselor</li> <li>• 621 – Licensed Clinical Addiction Counselor</li> </ul>

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)	Covered	No	No	Limited to one unit per day  Included in psychiatric services limited to 20 units per year per provider  Allowable for telehealth, including audio-only (modifier 93)  Allowed for behavioral health provider specialties: <ul style="list-style-type: none"> <li>• 616 – Licensed Psychologist</li> <li>• 618 – Licensed Clinical Social Worker</li> <li>• 619 – Licensed Marriage and Family Therapist</li> <li>• 620 – Licensed Mental Health Counselor</li> <li>• 621 – Licensed Clinical Addiction Counselor</li> </ul>
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit: person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit. ++ conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed). ++ facilitating patient-driven goal-setting and establishing an action plan. ++ providing tailored support to the patient as needed to accomplish the practitioner's treatment plan. practitioner, home-, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
	providers, social service providers, and caregiver (if applicable). ++ communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the SDOH need(s). health education- helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the SDOH need(s), and educating the patient on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals. leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals				
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019)	Noncovered	N/A	N/A	N/A
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the practitioner's treatment plan. identifying or	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
	referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based service providers; and caregiver (if applicable). ++ communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, likely to promote personalized and effective treatment of their condition. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them. ++ providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals				
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	Noncovered	N/A	N/A	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes	Covered	No	No	Allowable for telehealth, including audio-only (modifier 93)

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G0137	Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Covered	No	No	Allowable for telehealth, including audio-only (modifier 93)
G0140	Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities: person-centered interview, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet SDOH needs (that are not billed separately). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care communication. ++ assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s). health education. helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making. building	Noncovered	N/A	N/A	N/A

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	patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition. developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals				
G0146	Principal illness navigation - peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	Noncovered	N/A	N/A	N/A
G9886	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	Noncovered	N/A	N/A	N/A
G9887	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	Noncovered	N/A	N/A	N/A
G9888	Maintenance 5% wl from baseline weight in months 7-12	Noncovered	N/A	N/A	N/A
J0184	Injection, amisulpride, 1 mg	Covered	No	Yes	See <a href="#">Table 10</a>
J0217	Injection, velmanase alfa-tycv, 1 mg	Covered	No	Yes	See <a href="#">Table 8</a>
J0391	Injection, artesunate, 1 mg	Noncovered	N/A	N/A	N/A
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg	Covered	No	Yes	See <a href="#">Table 8</a> See <a href="#">Table 10</a>
J0576	Injection, buprenorphine extended-release (Brixadi), 1 mg	Covered	Yes	Yes	See <a href="#">Table 4</a> See <a href="#">Table 8</a> See <a href="#">Table 10</a>
J0688	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	Covered	No	Yes	None
J0750	Emtricitabine 200mg and tenofovir disoproxil fumarate 300mg, oral, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Noncovered	N/A	N/A	Effective for DOS on or after Jan. 2, 2024
J0751	Emtricitabine 200mg and tenofovir alafenamide 25mg, oral, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	Noncovered	N/A	N/A	Effective for DOS on or after Jan. 2, 2024
J0799	FDA approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified	Noncovered	N/A	N/A	Effective for DOS on or after Jan. 2, 2024
J0873	Injection, daptomycin (Xellia) not therapeutically equivalent to J0878, 1 mg	Covered	No	Yes	None
J1105	Dexmedetomidine, oral, 1 mcg	Covered	No	Yes	See <a href="#">Table 8</a>
J1304	Injection, tofersen, 1 mg	Covered	No	Yes	See <a href="#">Table 8</a> See <a href="#">Table 10</a>

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J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal $2 \times 10^{13}$ vector genomes	Covered	Yes	Yes	See <a href="#">Table 4</a> See <a href="#">Table 5</a> See <a href="#">Table 6</a> See <a href="#">Table 8</a>
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Covered	Yes	Yes	See <a href="#">Table 4</a> See <a href="#">Table 5</a> See <a href="#">Table 6</a> See <a href="#">Table 8</a>
J1596	Injection, glycopyrrolate, 0.1 mg	Covered	No	Yes	None
J1939	Injection, bumetanide, 0.5 mg	Covered	No	Yes	See <a href="#">Table 7</a> See <a href="#">Table 10</a>
J2404	Injection, nifedipine, 0.1 mg	Covered	No	Yes	None
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Covered	No	Yes	See <a href="#">Table 8</a>
J2679	Injection, fluphenazine HCL, 1.25 mg	Covered	No	Yes	None
J2799	Injection, risperidone (Uzedy), 1 mg	Covered	No	Yes	See <a href="#">Table 10</a>
J3401	Beremagene geperpavec-SVDT for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml	Covered	Yes	Yes	See <a href="#">Table 4</a> See <a href="#">Table 5</a> See <a href="#">Table 8</a>
J3425	Injection, hydroxocobalamin, 10 mcg	Covered	No	Yes	None
J9052	Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	Covered	No	Yes	See <a href="#">Table 8</a>
J9072	Injection, cyclophosphamide, (Dr. Reddy's), 5 mg	Noncovered	N/A	N/A	N/A
J9172	Injection, docetaxel (ingenus) not therapeutically equivalent to J9171, 1 mg	Covered	No	Yes	See <a href="#">Table 8</a>
J9255	Injection, methotrexate (Accord) not therapeutically equivalent to J9250 and J9260, 50 mg	Covered	No	Yes	See <a href="#">Table 8</a>
J9258	Injection, paclitaxel protein-bound particles (TEVA) not therapeutically equivalent to J9264, 1 mg	Noncovered	N/A	N/A	N/A
J9286	Injection, glofitamab-gxbm, 2.5 mg	Covered	No	Yes	See <a href="#">Table 8</a>
J9321	Injection, epcoritamab-bysp, 0.16 mg	Covered	No	Yes	See <a href="#">Table 8</a>
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	Noncovered	N/A	N/A	N/A
J9333	Injection, rozanolixizumab-noli, 1 mg	Covered	No	Yes	See <a href="#">Table 8</a>
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-QVFC	Covered	No	Yes	See <a href="#">Table 8</a>

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L3161	Foot, adductus positioning device, adjustable	Covered	Yes	No	Reimbursed at 75% of manufacturer's suggested retail price (MSRP) or 120% of cost invoice; MSRP or cost invoice required  Allowed for Podiatrist (provider specialty 140)  Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 4</a> See <a href="#">Table 9</a> See <a href="#">Table 10</a>
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Covered	Yes	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 4</a> See <a href="#">Table 9</a> See <a href="#">Table 10</a>
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Covered	Yes	No	Allowed for Durable Medical Equipment providers (provider specialty 250)  See <a href="#">Table 4</a> See <a href="#">Table 9</a> See <a href="#">Table 10</a>
M1211	Most recent hemoglobin A1C level > 9.0%	Noncovered	N/A	N/A	N/A
M1212	Hemoglobin A1C level is missing, or was not performed during the measurement period (12 months)	Noncovered	N/A	N/A	N/A
M1213	No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is >= 70%	Noncovered	N/A	N/A	N/A
M1214	Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and reviewed	Noncovered	N/A	N/A	N/A
M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	Noncovered	N/A	N/A	N/A
M1216	No spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and/or no spirometry performed with results documented during the encounter	Noncovered	N/A	N/A	N/A

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M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	Noncovered	N/A	N/A	N/A
M1218	Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	Noncovered	N/A	N/A	N/A
M1219	Anaphylaxis due to the vaccine on or before the date of the encounter	Noncovered	N/A	N/A	N/A
M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy	Noncovered	N/A	N/A	N/A
M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy	Noncovered	N/A	N/A	N/A
M1222	Glaucoma plan of care not documented, reason not otherwise specified	Noncovered	N/A	N/A	N/A
M1223	Glaucoma plan of care documented	Noncovered	N/A	N/A	N/A
M1224	Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level	Noncovered	N/A	N/A	N/A
M1225	Intraocular pressure (IOP) reduced by a value of greater than or equal to 20% from the pre-intervention level	Noncovered	N/A	N/A	N/A
M1226	IOP measurement not documented, reason not otherwise specified	Noncovered	N/A	N/A	N/A
M1227	Evidence-based therapy was prescribed	Noncovered	N/A	N/A	N/A
M1228	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test	Noncovered	N/A	N/A	N/A
M1229	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection	Noncovered	N/A	N/A	N/A
M1230	Patient has a reactive HCV antibody test and does not have a follow up HCV viral test, or patient has a reactive HCV antibody test and has a follow up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given	Noncovered	N/A	N/A	N/A
M1231	Patient receives HCV antibody test with nonreactive result	Noncovered	N/A	N/A	N/A
M1232	Patient receives HCV antibody test with reactive result	Noncovered	N/A	N/A	N/A
M1233	Patient does not receive HCV antibody test or patient does receive HCV antibody test but results not documented, reason not given	Noncovered	N/A	N/A	N/A
M1234	Patient has a reactive HCV antibody test, and has a follow up HCV viral test that does not detect HCV viremia	Noncovered	N/A	N/A	N/A
M1235	Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period	Noncovered	N/A	N/A	N/A
M1236	Baseline MRS > 2	Noncovered	N/A	N/A	N/A
M1237	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	Noncovered	N/A	N/A	N/A

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M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e., first dose received after October 31)	Noncovered	N/A	N/A	N/A
M1239	Patient did not respond to the question of patient felt heard and understood by this provider and team	Noncovered	N/A	N/A	N/A
M1240	Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care	Noncovered	N/A	N/A	N/A
M1241	Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	Noncovered	N/A	N/A	N/A
M1242	Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life	Noncovered	N/A	N/A	N/A
M1243	Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team	Noncovered	N/A	N/A	N/A
M1244	Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care	Noncovered	N/A	N/A	N/A
M1245	Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	Noncovered	N/A	N/A	N/A
M1246	Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life	Noncovered	N/A	N/A	N/A
M1247	Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care	Noncovered	N/A	N/A	N/A
M1248	Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	Noncovered	N/A	N/A	N/A
M1249	Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life	Noncovered	N/A	N/A	N/A
M1250	Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team	Noncovered	N/A	N/A	N/A
M1251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)	Noncovered	N/A	N/A	N/A
M1252	Patients who did not complete at least one of the four patient experience hu survey items and return the hu survey within 60 days of the ambulatory palliative care visit	Noncovered	N/A	N/A	N/A
M1253	Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	Noncovered	N/A	N/A	N/A
M1254	Patients who were deceased when the HU survey reached them	Noncovered	N/A	N/A	N/A
M1255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	Noncovered	N/A	N/A	N/A

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M1256	Prior history of known CVD	Noncovered	N/A	N/A	N/A
M1257	CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified	Noncovered	N/A	N/A	N/A
M1258	CVD risk assessment performed, have a documented calculated risk score	Noncovered	N/A	N/A	N/A
M1259	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	Noncovered	N/A	N/A	N/A
M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	Noncovered	N/A	N/A	N/A
M1261	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	Noncovered	N/A	N/A	N/A
M1262	Patients who had a transplant prior to initiation of dialysis	Noncovered	N/A	N/A	N/A
M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	Noncovered	N/A	N/A	N/A
M1264	Patients age 75 or older on their initiation of dialysis date	Noncovered	N/A	N/A	N/A
M1265	CMS medical evidence form 2728 for dialysis patients: initial form completed	Noncovered	N/A	N/A	N/A
M1266	Patients admitted to a skilled nursing facility (SNF)	Noncovered	N/A	N/A	N/A
M1267	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Noncovered	N/A	N/A	N/A
M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Noncovered	N/A	N/A	N/A
M1269	Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month	Noncovered	N/A	N/A	N/A
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Noncovered	N/A	N/A	N/A
M1271	Patients with dementia at any time prior to or during the month	Noncovered	N/A	N/A	N/A
M1272	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Noncovered	N/A	N/A	N/A
M1273	Patients who were admitted to a skilled nursing facility (SNF) within one year of dialysis initiation according to the cms-2728 form	Noncovered	N/A	N/A	N/A
M1274	Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month	Noncovered	N/A	N/A	N/A
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	Noncovered	N/A	N/A	N/A
M1276	BMI documented outside normal parameters, no follow-up plan documented, no reason given	Noncovered	N/A	N/A	N/A
M1277	Colorectal cancer screening results documented and reviewed	Noncovered	N/A	N/A	N/A
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Noncovered	N/A	N/A	N/A

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M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Noncovered	N/A	N/A	N/A
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Noncovered	N/A	N/A	N/A
M1281	Blood pressure reading not documented, reason not given	Noncovered	N/A	N/A	N/A
M1282	Patient screened for tobacco use and identified as a tobacco non-user	Noncovered	N/A	N/A	N/A
M1283	Patient screened for tobacco use and identified as a tobacco user	Noncovered	N/A	N/A	N/A
M1284	Patients age 66 or older in institutional special needs plans (SNP) or residing in long term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	Noncovered	N/A	N/A	N/A
M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	Noncovered	N/A	N/A	N/A
M1286	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Noncovered	N/A	N/A	N/A
M1287	BMI is documented below normal parameters and a follow-up plan is documented	Noncovered	N/A	N/A	N/A
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	Noncovered	N/A	N/A	N/A
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	Noncovered	N/A	N/A	N/A
M1290	Patient not eligible due to active diagnosis of hypertension	Noncovered	N/A	N/A	N/A
M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Noncovered	N/A	N/A	N/A
M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Noncovered	N/A	N/A	N/A
M1293	BMI is documented above normal parameters and a follow-up plan is documented	Noncovered	N/A	N/A	N/A
M1294	Normal blood pressure reading documented, follow-up not required	Noncovered	N/A	N/A	N/A
M1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	Noncovered	N/A	N/A	N/A
M1296	BMI is documented within normal parameters and no follow-up plan is required	Noncovered	N/A	N/A	N/A
M1297	BMI not documented due to medical reason or patient refusal of height or weight measurement	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	Noncovered	N/A	N/A	N/A
M1299	Influenza immunization administered or previously received	Noncovered	N/A	N/A	N/A
M1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	Noncovered	N/A	N/A	N/A
M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	Noncovered	N/A	N/A	N/A
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	Noncovered	N/A	N/A	N/A
M1303	Hospice services provided to patient any time during the measurement period	Noncovered	N/A	N/A	N/A
M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Noncovered	N/A	N/A	N/A
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Noncovered	N/A	N/A	N/A
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Noncovered	N/A	N/A	N/A
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	Noncovered	N/A	N/A	N/A
M1308	Influenza immunization was not administered, reason not given	Noncovered	N/A	N/A	N/A
M1309	Palliative care services provided to patient any time during the measurement period	Noncovered	N/A	N/A	N/A
M1310	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	Noncovered	N/A	N/A	N/A
M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	Noncovered	N/A	N/A	N/A
M1312	Patient not screened for tobacco use	Noncovered	N/A	N/A	N/A
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	Noncovered	N/A	N/A	N/A
M1314	BMI not documented and no reason is given	Noncovered	N/A	N/A	N/A
M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	Noncovered	N/A	N/A	N/A
M1316	Current tobacco non-user	Noncovered	N/A	N/A	N/A
M1317	Patients who are counseled on connection with a CSP and explicitly opt out	Noncovered	N/A	N/A	N/A
M1318	Patients who did not have documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening or documentation that there was no contact with a CSP	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M1319	Patients who had documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening	Noncovered	N/A	N/A	N/A
M1320	Patients who screened positive for at least 1 of the 5 HRSNs	Noncovered	N/A	N/A	N/A
M1321	Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a documented IOP or no plan of care documented if the IOP was >25 mm HG	Noncovered	N/A	N/A	N/A
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm HG for injected eye	Noncovered	N/A	N/A	N/A
M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP >25 mm HG and a plan of care was documented	Noncovered	N/A	N/A	N/A
M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	Noncovered	N/A	N/A	N/A
M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and had a subsequent IOP evaluation with IOP <25mm HG within seven (7) weeks of treatment)	Noncovered	N/A	N/A	N/A
M1326	Patients with a diagnosis of hypotony	Noncovered	N/A	N/A	N/A
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	Noncovered	N/A	N/A	N/A
M1328	Patients with a diagnosis of acute vitreous hemorrhage	Noncovered	N/A	N/A	N/A
M1329	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 weeks after initial acute PVD encounter	Noncovered	N/A	N/A	N/A
M1330	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Noncovered	N/A	N/A	N/A
M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	Noncovered	N/A	N/A	N/A
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	Noncovered	N/A	N/A	N/A
M1333	Acute vitreous hemorrhage	Noncovered	N/A	N/A	N/A
M1334	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter	Noncovered	N/A	N/A	N/A
M1335	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Noncovered	N/A	N/A	N/A
M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	Noncovered	N/A	N/A	N/A
M1337	Acute PVD	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	Noncovered	N/A	N/A	N/A
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	Noncovered	N/A	N/A	N/A
M1340	Index assessment completed using the 12-item whodas 2.0 or SDS during the denominator identification period	Noncovered	N/A	N/A	N/A
M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	Noncovered	N/A	N/A	N/A
M1342	Patients who died during the performance period	Noncovered	N/A	N/A	N/A
M1343	Patients who are at PAM level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM	Noncovered	N/A	N/A	N/A
M1344	Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score	Noncovered	N/A	N/A	N/A
M1345	Patients who had a baseline pam score and a second score within 6 to 12 month of baseline PAM score	Noncovered	N/A	N/A	N/A
M1346	Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period	Noncovered	N/A	N/A	N/A
M1347	Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing)	Noncovered	N/A	N/A	N/A
M1348	Patients who achieved a net increase in PAM score of at least 6-points in a 6 to 12 month period (excellent)	Noncovered	N/A	N/A	N/A
M1349	Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period	Noncovered	N/A	N/A	N/A
M1350	Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	Noncovered	N/A	N/A	N/A
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	Noncovered	N/A	N/A	N/A
M1352	Suicidal ideation and/or behavior symptoms based on the C-SSRS or equivalent assessment	Noncovered	N/A	N/A	N/A
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	Noncovered	N/A	N/A	N/A
M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	Noncovered	N/A	N/A	N/A
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Noncovered	N/A	N/A	N/A
M1356	Patients who died during the measurement period	Noncovered	N/A	N/A	N/A
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Noncovered	N/A	N/A	N/A
M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero C-SSRS score is obtained	Noncovered	N/A	N/A	N/A
M1360	Suicidal ideation and/or behavior symptoms based on the C-SSRS	Noncovered	N/A	N/A	N/A
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Noncovered	N/A	N/A	N/A
M1362	Patients who died during the measurement period	Noncovered	N/A	N/A	N/A
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	Noncovered	N/A	N/A	N/A
M1364	Calculated 10-year ASCVD risk score of = 20 percent during the performance period	Noncovered	N/A	N/A	N/A
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	Noncovered	N/A	N/A	N/A
M1366	Focusing on women's health MIPS value pathway	Noncovered	N/A	N/A	N/A
M1367	Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway	Noncovered	N/A	N/A	N/A
M1368	Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value pathway	Noncovered	N/A	N/A	N/A
M1369	Quality care in mental health and substance use disorders MIPS value pathway	Noncovered	N/A	N/A	N/A
M1370	Rehabilitative support for musculoskeletal care MIPS value pathway	Noncovered	N/A	N/A	N/A
Q0516	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription drug, per 30-days	Noncovered	N/A	N/A	Effective for DOS on or after Jan. 2, 2024
Q0517	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription drug, per 60-days	Noncovered	N/A	N/A	Effective for DOS on or after Jan. 2, 2024
Q0518	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA approved prescription drug, per 90-days	Noncovered	N/A	N/A	Effective for DOS on or after Jan. 2, 2024
Q4279	Vendaje AC, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4287	Dermabind DL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4288	Dermabind CH, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>

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Q4289	Revoshield + amniotic barrier, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4290	Membrane wrap-hydro, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4291	Lamellas XT, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4292	Lamellas, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4293	Acesso DL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4294	Amnio quad-core, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4295	Amnio tri-core amniotic, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4296	Rebound matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4297	Emerge matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>

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Q4298	Amnicore pro, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4299	Amnicore pro+, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4300	Acesso TL, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4301	Activate matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4302	Complete ACA, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4303	Complete AA, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q4304	Grafix plus, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See <a href="#">Table 3</a> See <a href="#">Table 8</a>
Q5132	Injection, adalimumab-AFBZ (Abrilada), biosimilar, 10 mg	Noncovered	N/A	N/A	N/A

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Table 2 – DME and supply codes included in the LTC facility per diem rate

Procedure code	Description
A4457	Enema tube, with or without adapter, any type, replacement only, each
A6520	Gradient compression garment, glove, padded, for nighttime use, each
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each
A6522	Gradient compression garment, arm, padded, for nighttime use, each
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6528	Gradient compression garment, bra, for nighttime use, each
A6529	Gradient compression garment, bra, for nighttime use, custom, each
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each
A6565	Gradient compression gauntlet, custom, each
A6566	Gradient compression garment, neck/head, each
A6567	Gradient compression garment, neck/head, custom, each
A6568	Gradient compression garment, torso and shoulder, each
A6569	Gradient compression garment, torso/shoulder, custom, each
A6570	Gradient compression garment, genital region, each
A6571	Gradient compression garment, genital region, custom, each
A6572	Gradient compression garment, toe caps, each
A6573	Gradient compression garment, toe caps, custom, each
A6574	Gradient compression arm sleeve and glove combination, custom, each
A6575	Gradient compression arm sleeve and glove combination, each
A6576	Gradient compression arm sleeve, custom, medium weight, each
A6577	Gradient compression arm sleeve, custom, heavy weight, each
A6578	Gradient compression arm sleeve, each
A6579	Gradient compression glove, custom, medium weight, each
A6580	Gradient compression glove, custom, heavy weight, each
A6581	Gradient compression glove, each
A6582	Gradient compression gauntlet, each
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each
A6584	Gradient compression wrap with adjustable straps, not otherwise specified
A6585	Gradient pressure wrap with adjustable straps, above knee, each
A6586	Gradient pressure wrap with adjustable straps, full leg, each
A6587	Gradient pressure wrap with adjustable straps, foot, each
A6588	Gradient pressure wrap with adjustable straps, arm, each
A6589	Gradient pressure wrap with adjustable straps, bra, each
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each



Table 2 – DME and supply codes included in the LTC facility per diem rate

Procedure code	Description
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each
A6609	Gradient compression bandaging supply, not otherwise specified
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each
E0678	Non-pneumatic sequential compression garment, full leg
E0679	Non-pneumatic sequential compression garment, half leg
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure
E0681	Non-pneumatic compression controller without calibrated gradient pressure
E0682	Non-pneumatic sequential compression garment, full arm

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

Procedure code	Description
Q4279	Vendaje AC, per square centimeter
Q4287	Dermabind DL, per square centimeter
Q4288	Dermabind CH, per square centimeter
Q4289	Revoshield + amniotic barrier, per square centimeter
Q4290	Membrane wrap-hydro, per square centimeter
Q4291	Lamellas XT, per square centimeter
Q4292	Lamellas, per square centimeter
Q4293	Acesso DL, per square centimeter
Q4294	Amnio quad-core, per square centimeter
Q4295	Amnio tri-core amniotic, per square centimeter
Q4296	Rebound matrix, per square centimeter
Q4297	Emerge matrix, per square centimeter
Q4298	Amnicore pro, per square centimeter
Q4299	Amnicore pro+, per square centimeter
Q4300	Acesso TL, per square centimeter
Q4301	Activate matrix, per square centimeter
Q4302	Complete ACA, per square centimeter
Q4303	Complete AA, per square centimeter
Q4304	Grafix plus, per square centimeter

Table 4 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
33276	Insertion of phrenic nerve stimulator generator and stimulating lead(s)	See the <a href="#">Surgical Services</a> provider reference module
33277	Insertion of phrenic nerve stimulator sensing lead	See the <a href="#">Surgical Services</a> provider reference module
52284	Drug delivery using a drug-coated balloon for male treatment of urethral stricture using an endoscope	PA for medical necessity. Must have a diagnosis that falls under the ICD 10 category N35.
C9793	3D predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	PA for medical necessity. Evidence exists that the radiological procedure is necessary for the appropriate treatment of the illness or injury.
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	Prior authorization is required for all positron emission tomography (PET) scans, including any combined radiological exam, such as a computerized tomography (PET-CT) exam or magnetic resonance (PET-MR) exam. IHCP reimbursement may be available for PET scans performed for medically necessary conditions as determined by the Family and Social Services Administration (FSSA).
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	PA for medical necessity
J0576	Injection, buprenorphine extended-release (Brixadi), 1 mg	<p>This agent may be considered medically necessary when all the following criteria are met:</p> <ul style="list-style-type: none"> <li>Member is 18 years of age or older.</li> <li>One of the following has occurred: <ul style="list-style-type: none"> <li>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).</li> <li>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.</li> </ul> </li> <li>Initial doses of Brixadi will vary.</li> <li>Doses should not exceed 32 mg/week or 128 mg/month.</li> </ul> <p>Subsequent doses are less than or equal to 100 mg/month.</p>
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal $2 \times 10^{13}$ vector genomes	<p>This agent may be considered medically necessary when the member meets all the following criteria:</p> <ul style="list-style-type: none"> <li>Is male</li> <li>Is 18 years of age or older</li> <li>Has a diagnosis of severe hemophilia A (congenital factor VIII deficiency with factor VIII activity level <math>&lt; 1</math> IU/dL) with no previous documented history of a detectable factor VIII inhibitor.</li> <li>Has been receiving regular prophylactic factor VIII replacement therapy for at least 12 months.</li> </ul>

Table 4 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
		<ul style="list-style-type: none"> <li>Does NOT have detectable antibodies to adeno-associated virus serotype 5 (AAV5), confirmed by a Food and Drug Administration (FDA)-approved test (documentation required)</li> <li>Does not have hepatic fibrosis (stage 3 or 4), as determined by liver health assessments performed within the past three months confirmed by all of the following (documentation required): <ul style="list-style-type: none"> <li>Liver function tests</li> <li>At least one of the following: <ul style="list-style-type: none"> <li>Ultrasound and elastography</li> <li>Laboratory assessments for liver fibrosis</li> </ul> </li> </ul> </li> <li>Does not have any of the following*: <ul style="list-style-type: none"> <li>Evidence of active infection</li> <li>Acute or uncontrolled hepatitis B and or C infection</li> <li>Active malignancy</li> <li>History of thrombosis or thrombophilia</li> <li>Serum creatinine greater than 1.5 mg/dL</li> </ul> </li> <li>Has not received a prior gene therapy treatment</li> </ul> <p><i>*Members with immunosuppressive disorders, including HIV, will be evaluated on a case-by-case basis.</i></p>
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	<p>This agent may be considered medically necessary when the member meets all the following criteria:</p> <ul style="list-style-type: none"> <li>Is 4 years of age and older and younger than 6 years of age</li> <li>Has a diagnosis of Duchenne muscular dystrophy (DMD) with confirmed mutation of the DMD gene (documentation required)</li> <li>Does NOT have deletion(s) in exon 8 and/or exon 9 in the DMD gene as confirmed by genetic testing (documentation required)</li> <li>Has a recent ELISA assay indicating anti-AAVrh74 total binding antibody titers &lt;1:400 (documentation required)</li> <li>Has not received a prior gene therapy treatment</li> <li>Prescriber attests to the following: <ul style="list-style-type: none"> <li>The following lab values were assessed and will continue to be monitored post infusion, if applicable: <ul style="list-style-type: none"> <li>Liver function tests (clinical exam, liver enzymes, total bilirubin, gamma-glutamyltransferase (GGT)) prior to infusion and weekly for 12 weeks post-infusion</li> <li>Platelet counts prior to infusion and weekly for two weeks post-infusion</li> <li>Troponin-I prior to infusion and weekly for four weeks post-infusion</li> </ul> </li> <li>Member is infection free prior to infusion (and up to date on recommended vaccinations)</li> </ul> </li> </ul>

Table 4 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
		<ul style="list-style-type: none"> <li>– Member does not have uncontrolled acute liver disease</li> <li>– Member will be prescribed a systemic corticosteroid regimen prior to initiation of therapy and will be continued on therapy for <math>\geq 60</math> days unless early tapering is indicated.</li> </ul>
J3401	Beremagene geperpavec-SVDT for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml	<p><b>Initial Authorization (six months):</b></p> <p>The member meets all the following criteria:</p> <ul style="list-style-type: none"> <li>• Is 6 months of age and older</li> <li>• Has a diagnosis of dystrophic epidermolysis bullosa (DEB) utilizing one of the following: <ul style="list-style-type: none"> <li>– Genetic analysis demonstrating mutation(s) in the collagen type VII alpha 1 chain (COL7A1) gene (documentation of genetic confirmation required)</li> <li>– Skin biopsy of a mechanically induced blister confirming diagnosis utilizing immunofluorescence mapping (IFM) and/or transmission electron microscopy (TEM) (documentation of wound biopsy required)</li> </ul> </li> <li>• Has one or more open wounds</li> <li>• Does not have any of the following: <ul style="list-style-type: none"> <li>– Current evidence or a history of squamous cell carcinoma in the area that will undergo treatment</li> <li>– Evidence of active infection in the area that will undergo treatment</li> <li>– Currently receiving chemotherapy or immunotherapy</li> <li>– Receipt of a skin graft in the past three months</li> </ul> </li> <li>• Has submitted a negative pregnancy test collected within the past 30 days, if of child-bearing potential</li> <li>• Requested quantity does not exceed 4 vials (10 mL total) per 28 days)</li> </ul> <p><b>Reauthorization (every 6 months thereafter)</b></p> <p>Must meet all of the following:</p> <ul style="list-style-type: none"> <li>• History of the requested agent for at least 90 days within the past 120 days, confirmed by claims history or chart documentation</li> <li>• Submitted clinical documentation demonstrating both of the following: <ul style="list-style-type: none"> <li>– Continues to have open wounds secondary to DEB</li> <li>– Is receiving clinical benefit as demonstrated by closure of previously treated wound(s) (incomplete wound closure will be assessed on a case-by-case basis)</li> </ul> </li> </ul>

Table 4 – Available PA criteria for the newly covered procedure codes that require PA

Procedure code	Description	PA criteria
		<ul style="list-style-type: none"> <li>Must not have any of the following: <ul style="list-style-type: none"> <li>Current evidence or a history of squamous cell carcinoma in the area that will undergo treatment</li> <li>Currently receiving chemotherapy or immunotherapy</li> <li>Receipt of a skin graft in the past three months</li> </ul> </li> <li>Has submitted a negative pregnancy test collected within the past 30 days, if of child-bearing potential</li> <li>Requested quantity does not exceed 4 vials (10 mL total) per 28 days)</li> </ul>
L3161	Foot, adductus positioning device, adjustable	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</i> section of the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module.
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	<p>Prosthetic devices require PA for medical necessity. 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</i> section of the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module.</p> <p>When the basic prosthesis is approved, all customizing features are exempt from PA.</p>
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	<p>Prosthetic devices require PA for medical necessity. 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</i> section of the <a href="#">Durable and Home Medical Equipment and Supplies</a> provider reference module.</p> <p>When the basic prosthesis is approved, all customizing features are exempt from PA.</p>

Table 5 – Newly covered procedure codes carved out of managed care

Procedure code	Description
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal $2 \times 10^{13}$ vector genomes
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
J3401	Beremagene geperpavec-SVDT for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml

Table 6 – Newly covered procedure codes reimbursable outside the inpatient DRG

Procedure code	Description
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose

Table 7 – Procedure code included in the renal dialysis composite rate

Procedure code	Description
J1939	Injection, bumetanide, 0.5 mg

Table 8 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
90623	Meningococcal conjugate vaccine serogroups A, C, W, Y, B-FHbp, pentavalent, tetanus toxoid carrier
A9608	Flotufolastat f 18, diagnostic, 1 millicurie
C9161	Injection, aflibercept hd, 1 mg
C9162	Injection, avacincaptad pegol, 0.1 mg
C9163	Injection, talquetamab-tgvs, 0.25 mg
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
C9165	Injection, elranatamab-bcmm, 1 mg
J0217	Injection, velmanase alfa-tycv, 1 mg
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg
J0576	Injection, buprenorphine extended-release (Brixadi), 1 mg
J1105	Dexmedetomidine, oral, 1 mcg
J1304	Injection, tofersen, 1 mg
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 <sup>13</sup> vector genomes
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml
J9052	Injection, carmustine (Accord), not therapeutically equivalent to j9050, 100 mg
J9172	Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg
J9255	Injection, methotrexate (Accord) not therapeutically equivalent to j9250 and j9260, 50 mg
J9286	Injection, glofitamab-gxhm, 2.5 mg
J9321	Injection, epcoritamab-bysp, 0.16 mg
J9333	Injection, rozanolixizumab-noli, 1 mg
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Q4279	Vendaje ac, per square centimeter
Q4287	Dermabind dl, per square centimeter
Q4288	Dermabind ch, per square centimeter
Q4289	Revoshield + amniotic barrier, per square centimeter
Q4290	Membrane wrap-hydro, per square centimeter
Q4291	Lamellas XT, per square centimeter
Q4292	Lamellas, per square centimeter
Q4293	Acesso DL, per square centimeter
Q4294	Amnio quad-core, per square centimeter
Q4295	Amnio tri-core amniotic, per square centimeter
Q4296	Rebound matrix, per square centimeter
Q4297	Emerge matrix, per square centimeter
Q4298	Amnicore pro, per square centimeter
Q4299	Amnicore pro+, per square centimeter
Q4300	Acesso TL, per square centimeter
Q4301	Activate matrix, per square centimeter
Q4302	Complete ACA, per square centimeter



Table 8 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
Q4303	Complete AA, per square centimeter
Q4304	Grafix plus, per square centimeter

Table 9 – Newly covered procedure codes linked to revenue code 274

Procedure code	Description
L3161	Foot, adductus positioning device, adjustable
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

Table 10 – Alternate procedure codes to be used in place of codes that have been end-dated

End-dated procedure code	Description	Alternate code considerations
0501T	Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, with interpretation and report	75580
0502T	Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, data preparation and transmission	75580
0503T	Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, analysis of fluid dynamics	75580
0504T	Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, anatomical data review	75580
C9152	Injection, aripiprazole, (Abilify Asimtufii), 1 mg	J0402
C9153	Injection, amisulpride, 1 mg	J0184
C9154	Injection, buprenorphine extended-release (Brixadi), 1 mg	J0576
C9156	Flotufolastat f 18, diagnostic, 1 millicurie	A9608
C9157	Injection, tofersen, 1 mg	J1304
C9158	Injection, risperidone, (Uzedy), 1 mg	J2799
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent was end dated- alternate code consideration:	67036
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	A4287
K1013	Enema tube, with or without adapter, any type, replacement only, each	A4457
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	L5615
K1015	Foot, adductus positioning device, adjustable	L3161
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	L5926
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	E0680, E0681
K1025	Non-pneumatic sequential compression garment, full arm	E0682
K1031	Non-pneumatic compression controller without calibrated gradient pressure	E0680, E0681
K1032	Non-pneumatic sequential compression garment, full leg	E0678
K1033	Non-pneumatic sequential compression garment, half leg	E0679
S0171	Injection, bumetanide, 0.5 mg	J1939