

Coverage and billing information for the October 2025 quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the October 2025 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines.

The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after **Oct. 1, 2025**.

The IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules affecting pricing of the procedure codes. After the final review is completed, the IHCP will issue a publication announcing that the pricing has been implemented and detailing additional coverage and billing information – such as National Drug Code (NDC) requirements and applicable prior authorization (PA) criteria – for the codes listed in this bulletin.

In addition to the new codes announced in this bulletin, HCPCS procedure code J0570 – *Buprenorphine implant, 74.2 mg* has been reactivated by the CMS (see Table 3). This procedure code was previously end dated effective **Jan. 1, 2025**, but will resume coverage, effective for DOS on or after Oct. 1, 2025. This bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT^{®1}) and other HCPCS codes included in the October 2025 quarterly HCPCS update

- [Table 2](#): Procedure codes that were discontinued in the October 2025 quarterly HCPCS update, along with alternate code considerations.

- [Table 3](#): Procedure code resumes coverage for DOS on or after Oct. 1, 2025

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](#) webpage at [in.gov/medicaid/providers](#), for coverage information. Codes that were discontinued effective Sept. 30, 2025, and for which no alternative codes were identified, are not listed but are available for reference or download from the [CMS website](#) at [cms.gov](#).

The procedure codes from the October 2025 quarterly HCPCS update will be added to the claim-processing system. For more information about the October 2025 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at [cms.gov](#).

After pricing has been established, the reimbursement amounts will be posted on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) webpage at [in.gov/medicaid/providers](#). Any applicable code table updates will also be made at that time.



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The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. PA, billing and reimbursement information in this bulletin applies to services delivered under the FFS delivery system.

Questions about FFS PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own 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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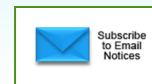


Table 1 – New codes included in the October 2025 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2025

Procedure code	Code description	Program coverage*	PA required	Special billing information
0575U	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection	Noncovered	N/A	N/A
0576U	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score	Noncovered	N/A	N/A
0577U	Oncology (ovarian), serum, analysis of 39 glycoproteins by liquid chromatography with tandem mass spectrometry (LC-MS/MS) in multiple reaction monitoring mode, reported as likelihood of malignancy	Noncovered	N/A	N/A
0578U	Oncology (cutaneous melanoma), RNA, gene expression profiling by realtime qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence	Noncovered	N/A	N/A
0579U	Nephrology (diabetic chronic kidney disease), enzyme-linked immunosorbent assay (ELISA) of apolipoprotein a4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline	Noncovered	N/A	N/A
0580U	Borrelia burgdorferi, antibody detection of 24 recombinant protein groups, by immunoassay, IgG	Noncovered	N/A	N/A
0581U	Transplantation medicine, antibody to non-human leukocyte antigens (non-HLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported	Noncovered	N/A	N/A
0582U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported	Noncovered	N/A	N/A
0583U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A
0584U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking induced conformational conversion, qualitative	Noncovered	N/A	N/A
0585U	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability	Noncovered	N/A	N/A

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Procedure code	Code description	Program coverage*	PA required	Special billing information
0586U	Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene	Noncovered	N/A	N/A
0587U	Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score predicted for adverse drug effects	Noncovered	N/A	N/A
0588U	Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by splitwell multiplex reverse transcription loop-mediated isothermal amplification (RT-LAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days	Noncovered	N/A	N/A
0589U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	Noncovered	N/A	N/A
0590U	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism	Noncovered	N/A	N/A
0591U	Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), plasma, serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant prostate cancer	Noncovered	N/A	N/A
0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s)	Noncovered	N/A	N/A
0593U	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected	Noncovered	N/A	N/A
0594U	Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis	Noncovered	N/A	N/A
0595U	Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RT-PCR, whole blood, each pathogen reported as detected or not detected	Noncovered	N/A	N/A

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Procedure code	Code description	Program coverage*	PA required	Special billing information
0596U	Neurology (Alzheimer disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LC-MS/MS), reported as an APOE prototype	Noncovered	N/A	N/A
0597U	Oncology (breast), RNA expression profiling of 329 genes by targeted next generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score	Noncovered	N/A	N/A
0598U	Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by microarray-based immunoassay, whole blood or serum, report as elevated (positive) or normal (negative) antibody levels	Noncovered	N/A	N/A
0599U	Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative	Noncovered	N/A	N/A
A2036	Cohealyx collagen dermal matrix, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
A2037	G4Derm Plus, per milliliter	Covered	No	Allowed for Podiatrist (provider specialty 140)
A2038	Marigen Pacto, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
A2039	InnovaMatrix fd, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
A4288	Valve for breast pump, replacement	Covered	No	None
A9612	Injection, fluorescein, 1 mg	Covered	No	None
A9616	Gallium ga-68 gozetotide (gozellix), diagnostic, 1 millicurie	Covered	No	None
C1740	Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing	Noncovered	N/A	N/A
C1741	Anchor/screw for bone fixation, absorbable (implantable)	Noncovered	N/A	N/A
C1742	Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application	Noncovered	N/A	N/A
C8006	Insertion of pleural-peritoneal shunt with intercostal pump chamber, including imaging, injection(s) of contrast with radiological supervision and interpretation, when performed	Noncovered	N/A	N/A
C9305	Injection, nipocalimab-aahu, 3 mg	Covered	No	None
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg	Covered	No	None
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height	Covered	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251)

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Procedure code	Code description	Program coverage*	PA required	Special billing information
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	Covered	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251)
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	Covered	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251)
J0163	Injection, epinephrine in sodium chloride (endo), 0.1 mg	Covered	No	None
J0164	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	Covered	No	None
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	Covered	No	None
J0462	Injection, atropine sulfate, not therapeutically equivalent to J0461, 0.01 mg	Covered	No	None
J0525	Injection, cefotetan disodium, 10 mg	Covered	No	See Table 2
J0582	Injection, bivalirudin (endo), not therapeutically equivalent to J0583, 1 mg	Covered	No	None
J0614	Injection, treosulfan, 50 mg	Covered	No	See Table 2
J0668	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Covered	No	See Table 2
J0675	Injection, carboprost tromethamine, 0.1 mg	Covered	No	None
J0681	Injection, ceftobiprole medocartil sodium, 3 mg	Noncovered	N/A	N/A
J0738	Injection, lenacapavir, 1 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	Covered	No	None
J0752	Oral, lenacapavir, 300 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	Covered	No	See Table 2
J0759	Injection, clevidipine butyrate, 1 mg	Covered	No	See Table 2
J1370	Injection, esomeprazole sodium, 1 mg	Covered	Yes	None
J1612	Injection, glucagon (gvoke), 0.01 mg	Covered	No	None
J1807	Injection, ethacrynate sodium, 1 mg	Covered	No	None
J1809	Injection, fosdenopterin, 0.1 mg	Covered	No	None
J1834	Injection, isoniazid, 1 mg	Covered	No	None
J2151	Injection, mannitol, 250 mg	Covered	No	See Table 2
J2291	Injection, nafcillin sodium (baxter), 20 mg	Covered	No	None
J3290	Injection, tranexamic acid, 5 mg	Covered	No	None
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	Covered	No	None
J3403	Revakinagene taroretcel-lwey, per implant	Covered	No	None
J7173	Injection, concizumab-mtci, 0.5 mg	Covered	No	None
J7174	Injection, fitusiran, 0.04 mg	Covered	No	None
J9011	Injection, datopotamab deruxtecane-dlnk, 1 mg	Covered	No	See Table 2
L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated	Noncovered	N/A	N/A

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Procedure code	Code description	Program coverage*	PA required	Special billing information
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials	Noncovered	N/A	N/A
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by L6692	Covered	Yes	None
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (MCP), proximal interphalangeal (PIP), and/or distal interphalangeal (DIP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	Covered	Yes	None
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (MCP), interphalangeal (IP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	Covered	Yes	None
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material	Covered	Yes	None
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb	Covered	Yes	None
M0235	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, not otherwise classified, first dose	Covered	No	None
M0236	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, not otherwise classified, second dose	Covered	No	None
M0237	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	Covered	Yes	None

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Procedure code	Code description	Program coverage*	PA required	Special billing information
M0238	Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	Covered	Yes	None
Q0235	Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, not otherwise classified, 1 mg	Covered	No	None
Q0237	Injection, tocilizumab-anoh, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	Covered	Yes	None
Q4383	Axolotl graft ultra, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4384	Axolotl dualgraft ultra, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4385	Apollo ft, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4386	Acesso trifaca, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4387	Neothelium ft, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4388	Neothelium 4l, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4389	Neothelium 4l+, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4390	Ascendion, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4391	Amnioplast double, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4392	Grafix duo, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4393	Surgraft ac, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)

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Procedure code	Code description	Program coverage*	PA required	Special billing information
Q4394	Surgraft aca, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4395	Acelagraft, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4396	Natalin, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q4397	Summit aaa, per square centimeter	Covered	No	Allowed for Podiatrist (provider specialty 140)
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	Covered	Yes	None
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Covered	No	None
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Covered	Yes	None
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Covered	Yes	None
Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	Covered	Yes	None
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	Covered	Yes	None

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Table 2 – Procedure codes that were discounted in the October 2025 quarterly update along with alternate code considerations

Procedure code	Code description	Alternate code considerations
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	J0668
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	J9011
C9175	Injection, treosulfan, 50 mg	J0614
C9248	Injection, clevidipine butyrate, 1 mg	J0759
J2150	Injection, mannitol, 25% in 50 ml	J2151
S0074	Injection, cefotetan disodium, 500 mg	J0525

Table 3 – Procedure code resumes coverage for DOS on or after Oct. 1, 2025

Procedure code	Code description	Program coverage*	PA required	Special billing information
J0570	Buprenorphine implant, 74.2 mg	Covered	Yes	None

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