

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025188 DECEMBER 30, 2025

Coverage and billing information for the 2026 annual HCPCS code update

The Indiana Health Coverage Programs (IHCP) has reviewed the 2026 annual 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 Jan. 1, 2026.

The IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules affecting pricing of the HCPCS 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.



This bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT^{®1}), Current Dental Terminology (CDT^{®2}) and other HCPCS codes included in the 2026 annual HCPCS update
- [Table 2](#): Procedure codes that were discontinued in the 2026 annual HCPCS update, along with alternate code considerations

Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) webpage at [in.gov/medicaid/providers](#), for coverage information. Codes that were discontinued effective Dec. 31, 2025, 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 2026 annual HCPCS update will be added to the claim-processing system. Providers are encouraged to wait until after it is announced that pricing has been implemented for these codes before submitting claims. Claims submitted before pricing is entered into the claim-process system may initially be denied and will need to be reprocessed after pricing is added. For more information about the 2026 annual HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at [cms.gov](#).

¹CPT copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

²CDT copyright 2025 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.

When 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.

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 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. 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.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.



*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
27458	Incision of thigh bone and insertion of bone-lengthening device in marrow cavity	Covered	No	No	None
27713	Incision of lower leg bone and insertion of bone-lengthening device in marrow cavity	Covered	No	No	None
33882	Repair of chest aorta with insertion of stent-graft with fenestration for left chest vein	Covered	No	No	None
35602	Bypass of diseased or blocked neck to brain artery using other neck to brain artery	Covered	No	No	None
37254	Balloon dilation of artery of abdomen/pelvis, straightforward lesion in initial vessel	Covered	No	No	None
37255	Balloon dilation of artery in abdomen/pelvis, straightforward lesion in each additional vessel	Covered	No	No	None
37256	Balloon dilation of artery in abdomen/pelvis, complex lesion in initial vessel	Covered	No	No	None
37257	Balloon dilation of artery in abdomen/pelvis, complex lesion in each additional vessel	Covered	No	No	None
37258	Insertion of stent of artery in abdomen/pelvis, straightforward lesion in initial vessel	Covered	No	No	None
37259	Insertion of stent in artery of abdomen/pelvis straightforward lesion in each additional vessel	Covered	No	No	None
37260	Insertion of stent artery of abdomen/pelvis, complex lesion in initial vessel	Covered	No	No	None
37261	Insertion of stent artery of abdomen/pelvis, complex lesion in each additional vessel	Covered	No	No	None
37262	Intravascular shockwave treatment artery in abdomen/pelvis	Covered	No	No	None
37263	Balloon dilation of artery in thigh/behind knee, straightforward lesion in initial vessel	Covered	No	No	None
37264	Balloon dilation of artery in thigh/behind knee, straightforward lesion in each additional vessel	Covered	No	No	None
37265	Balloon dilation of artery in thigh/behind knee, complex lesion in initial vessel	Covered	No	No	None
37266	Balloon dilation of artery in thigh/behind knee, complex lesion in each additional vessel	Covered	No	No	None
37267	Stent placement in artery in thigh/behind knee, straightforward lesion in initial vessel	Covered	No	No	None
37268	Stent placement in artery in thigh/behind knee, straightforward lesion in each additional vessel	Covered	No	No	None
37269	Stent placement in artery in thigh/behind knee, complex lesion in initial vessel	Covered	No	No	None
37270	Stent placement in artery in thigh/behind knee, complex lesion in each additional vessel	Covered	No	No	None
37271	Removal of plaque with balloon dilation artery in thigh/behind knee, straightforward lesion in initial vessel	Covered	No	No	None
37272	Removal of plaque with balloon dilation artery in thigh/behind knee, straightforward lesion in each additional vessel	Covered	No	No	None
37273	Removal of plaque with balloon dilation artery in thigh/behind knee, complex lesion in initial vessel	Covered	No	No	None
37274	Removal of plaque with balloon dilation artery in thigh/behind knee, complex lesion in each additional vessel	Covered	No	No	None
37275	Stent placement in artery in thigh/behind knee with removal of plaque, straightforward lesion in initial vessel	Covered	No	No	None

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
37276	Stent placement in artery in thigh/behind knee with removal of plaque, straightforward lesion in each additional vessel	Covered	No	No	None
37277	Stent placement in artery in thigh/behind knee with removal of plaque, complex lesion in initial vessel	Covered	No	No	None
37278	Stent placement in artery in thigh/behind knee with removal of plaque, complex lesion in each additional vessel	Covered	No	No	None
37279	Intravascular shockwave treatment artery in thigh/back of knee	Covered	No	No	None
37280	Balloon dilation of artery in lower leg, straightforward lesion in initial vessel	Covered	No	No	None
37281	Balloon dilation of artery in lower leg, straightforward lesion in each additional vessel	Covered	No	No	None
37282	Balloon dilation of artery in lower leg, complex lesion in initial vessel	Covered	No	No	None
37283	Balloon dilation of artery in lower leg, complex lesion in each additional vessel	Covered	No	No	None
37284	Stent placement in artery in lower leg, straightforward lesion in initial vessel	Covered	No	No	None
37285	Stent placement in artery in lower leg, straightforward lesion in each additional vessel	Covered	No	No	None
37286	Stent placement in artery in lower leg, complex lesion in initial vessel	Covered	No	No	None
37287	Stent placement in artery in lower leg, complex lesion in each additional vessel	Covered	No	No	None
37288	Removal of plaque with balloon dilation in artery in lower leg, straightforward lesion in initial vessel	Covered	No	No	None
37289	Removal of plaque with balloon dilation in artery in lower leg, straightforward lesion in each additional vessel	Covered	No	No	None
37290	Removal of plaque with balloon dilation in artery in lower leg, complex lesion in initial vessel	Covered	No	No	None
37291	Removal of plaque with balloon dilation in artery in lower leg, complex lesion in each additional vessel	Covered	No	No	None
37292	Stent placement in artery in lower leg with removal of plaque, straightforward lesion in initial vessel	Covered	No	No	None
37293	Stent placement in artery in lower leg with removal of plaque, straightforward lesion in each additional vessel	Covered	No	No	None
37294	Stent placement in artery in lower leg with removal of plaque, complex lesion in initial vessel	Covered	No	No	None
37295	Stent placement in artery in lower leg with removal of plaque, complex lesion in each additional vessel	Covered	No	No	None
37296	Balloon dilation of artery in ankle, straightforward lesion in initial artery	Covered	No	No	None
37297	Balloon dilation of artery in ankle, straightforward lesion in each additional artery	Covered	No	No	None
37298	Balloon dilation of artery in ankle, complex lesion in initial artery	Covered	No	No	None
37299	Balloon dilation of artery in ankle, complex lesion in each additional artery	Covered	No	No	None
43889	Reduction of size of stomach using an endoscope	Noncovered	N/A	N/A	N/A
47384	Destruction of growths of liver using electrical pulses	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
52443	Examination of urethra and bladder with incision of opening of prostate gland and drug delivery using endoscope	Covered	No	No	None
52597	Removal of prostate gland using robotic-assisted waterjet through urethra	Noncovered	N/A	N/A	N/A
55707	Ultrasound-guided biopsy of prostate gland through rectum	Covered	No	No	None
55708	Ultrasound-guided biopsy of first-targeted tumor of prostate gland with MRI-fusion guidance through rectum	Covered	No	No	None
55709	Ultrasound-guided of prostate gland through area between scrotum and anus	Covered	No	No	None
55710	Ultrasound-guided biopsy of first-targeted tumor of prostate gland with MRI-fusion guidance through area between scrotum and anus	Covered	No	No	None
55711	MRI-ultrasound-fusion guided biopsy of prostate gland first targeted tumor only through rectum	Covered	No	No	None
55712	MRI-ultrasound-fusion guided biopsy of prostate gland first targeted tumor only through area between scrotum and rectum	Covered	No	No	None
55713	CT- or MRI-guided biopsy of prostate gland of targeted tumors	Covered	No	No	None
55714	CT- or MRI-guided biopsy of prostate gland of first targeted tumor	Covered	No	No	None
55715	MRI-ultrasound fusion, or CT-, or MRI-guided biopsy of prostate gland, each additional targeted tumor	Covered	No	No	None
55868	Surgical removal of prostate and surrounding lymph nodes, with biopsy of lymph nodes, using an endoscope	Covered	No	No	None
55869	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Covered	No	No	None
55877	Destruction using irreversible electrical impulses of prostate tumors	Covered	No	No	None
62330	Partial removal of lower spine ligament from both sides of one spine interspace with release	Noncovered	N/A	N/A	N/A
62331	Partial removal of lower spine ligament from both sides of each additional spine interspace with release	Noncovered	N/A	N/A	N/A
63032	Partial removal of spine bone with release of lower spinal cord nerves with implantation of a bone-anchored closure device of one spine interspace	Noncovered	N/A	N/A	N/A
64567	Electrical nerve field stimulation of cranial nerves through skin	Noncovered	N/A	N/A	N/A
64654	Initial implantation of baroflex activation therapy system	Noncovered	N/A	N/A	N/A
64655	Revision or replacement of baroflex activation therapy system lead only	Noncovered	N/A	N/A	N/A
64656	Revision or replacement of baroflex activation therapy system pulse generator only	Noncovered	N/A	N/A	N/A
64657	Removal of baroflex activation therapy total system	Noncovered	N/A	N/A	N/A
64658	Removal of baroflex activation therapy lead only	Noncovered	N/A	N/A	N/A
64659	Removal of baroflex activation therapy pulse generator only	Noncovered	N/A	N/A	N/A
64728	Release of hand nerve at carpal tunnel with balloon dilation	Noncovered	N/A	N/A	N/A
70471	CT scan of blood vessels in the head and neck with contrast	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
70472	CT scan of brain blood flow with contrast, with image post-processing with concurrent CT or CT scan of blood vessels of same area performed at same time	Covered	No	No	None
70473	CT scan of brain blood flow with contrast	Covered	No	No	None
75577	Computerized analysis of CT angiography data on plaque in heart arteries with interpretation and report by a physician or other qualified healthcare professional	Covered	No	No	None
77436	Treatment planning and simulation-aided field setting for superficial or orthovoltage surface radiation therapy	Covered	No	No	None
77437	Delivery of superficial surface radiation therapy	Covered	No	No	None
77438	Delivery of orthovoltage surface radiation therapy	Covered	No	No	None
77439	Ultrasound guidance for placement of radiation therapy fields for treatment of skin tumors with superficial or orthovoltage surface radiation therapy	Covered	No	No	None
81354	Detection of abnormalities associated with constitutional chromosomal abnormalities by optical genome mapping	Noncovered	N/A	N/A	N/A
81524	DNA methylation analysis of at least 10,000 methylation sites using DNA, reported as probability of matching a reference tumor family and class in central nervous system tumors	Noncovered	N/A	N/A	N/A
87182	Susceptibility studies by multiplex immunoassay to detect antibiotic enzyme	Noncovered	N/A	N/A	N/A
87183	Susceptibility studies by amplified probe technique to detect antibiotic resistance genes	Noncovered	N/A	N/A	N/A
87494	Detection test by nucleic acid (DNA or RNA) multiplex amplified probe technique for chlamydia and gonorrhea	Noncovered	N/A	N/A	N/A
87627	Detection test for joint space pathogens and drug resistance genes	Noncovered	N/A	N/A	N/A
87812	Detection test for severe acute respiratory syndrome coronavirus 2 and influenza virus types A and B	Noncovered	N/A	N/A	N/A
90481	Administration of severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine by intramuscular injection, each additional component administered	Noncovered	N/A	N/A	N/A
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service, 3 minutes up to 10 minutes	Covered	No	No	None
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service, more than 10 minutes up to 20 minutes	Covered	No	No	None
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service, more than 20 minutes	Covered	No	No	None
90631	Influenza vaccine, H5, pandemic formulation	Noncovered	N/A	N/A	N/A
91124	Test for tone and sensation of rectum and anus	Covered	No	No	See Table 2
91125	Study of rectum sensitivity and function	Covered	No	No	See Table 2
92288	Screening evaluation of eye adaptation to light and dark with interpretation and report	Covered	No	No	TBD
92628	Evaluation for hearing aids in one or both ears, first 30 minutes	Covered	No	No	None
92629	Evaluation for hearing aids in one or both ears, each additional 15 minutes	Covered	No	No	None

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
92631	Hearing aid selection services for one or both ears, first 30 minutes	Covered	No	No	None
92632	Hearing aid selection services for one or both ears, each additional 15 minutes	Covered	No	No	None
92634	Hearing aid fitting services for one or both ears, first 60 minutes	Covered	No	No	None
92635	Hearing aid fitting services for one or both ears, each additional 15 minutes	Covered	No	No	None
92636	Hearing aid post-fitting follow-up services for one or both ears, first 30 minutes	Covered	No	No	None
92637	Hearing aid post-fitting follow-up services for one or both ears, each additional 15 minutes	Covered	No	No	None
92638	Behavioral verification of amplification for hearing aids	Covered	No	No	None
92639	Hearing-aid measurement verification with probe-microphone	Covered	No	No	None
92641	Hearing device verification through electroacoustic analysis	Covered	No	No	None
92642	Supplemental technology fitting services for hearing assistive device	Covered	No	No	None
92930	Insertion of 2 stents for 2 or more lesions in 2 or more coronary segments or with balloon dilation of coronary artery and/or its branch(es) or a bifurcation lesion requiring balloon dilation and/or stenting in the main artery and side branch	Covered	No	No	None
92945	Removal of plaque, insertion of stent and/or balloon dilation of single coronary artery, branch or bypass graft, and/or subtended major coronary artery branches of the bypass graft in the direction of normal blood flow and against the direction of normal blood flow	Covered	No	No	None
93145	Evaluation of carotid sinus baroflex activation therapy modulation system without programming	Noncovered	N/A	N/A	N/A
93146	Evaluation of carotid sinus baroflex activation therapy modulation system with programming	Noncovered	N/A	N/A	N/A
97007	Mechanical scalp cooling, with individual cap supply with head measurement, fitting, and patient education	Noncovered	N/A	N/A	N/A
97008	Mechanical scalp cooling, with hair preparation, individual cap placement, therapy initiation, and precooling period	Noncovered	N/A	N/A	N/A
97009	Mechanical scalp cooling provided after discontinuation of chemotherapy, each 30 minutes	Noncovered	N/A	N/A	N/A
98979	Remote therapeutic monitoring treatment management services by physician or other qualified health care professional, first 10 minutes per calendar month	Noncovered	N/A	N/A	N/A
98984	Device supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period	Noncovered	N/A	N/A	N/A
98985	Device supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period	Noncovered	N/A	N/A	N/A
98986	Device supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period	Noncovered	N/A	N/A	N/A
99445	Remote monitoring of physiologic parameters, initial supply of devices with daily recordings or programmed alerts transmission, monitoring of 2-15 days in a 30-day period	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
99470	Management using the results of remote physiologic monitoring during the calendar month, first 10 minutes	Noncovered	N/A	N/A	N/A
0600U	Infectious disease (wound infection), identification of 65 organisms and 30 antibiotic resistance genes, wound swab, real-time PCR, reported as positive or negative for each organism	Noncovered	N/A	N/A	N/A
0601U	Infectious disease (periprosthetic joint infection), analysis of 11 biomarkers (alpha defensins 1-3, C-reactive protein, microbial antigens for staphylococcus [SpA, SpB], enterococcus, candida, and c. acnes, total nucleated cell count, percent neutrophils, RBC count, and absorbance at 280 nm) using immunoassays, hematology, clinical chemistry, synovial fluid, and diagnostic algorithm reported as a probability score	Noncovered	N/A	N/A	N/A
0602U	Endocrinology (diabetes), insulin (ins) gene methylation using digital droplet PCR, insulin, and C-peptide immunoassay, serum, hemoglobin A1C immunoassay, whole blood, algorithm reported as diabetes-risk score	Noncovered	N/A	N/A	N/A
0603U	Drug assay, presumptive, 77 drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS), results reported as positive or negative	Noncovered	N/A	N/A	N/A
0604U	Allergy and immunology (chronic recurrent angioedema), 4 bradykinin peptides, liquid chromatography and tandem mass spectrometry (LC-MS/MS), whole blood, quantitative	Noncovered	N/A	N/A	N/A
0605U	Allergy and immunology (hereditary alpha tryptasemia), DNA, analysis of TPSAB1 gene copy number variation using digital PCR whole blood, results reported with genotype-specific interpretation of alpha-tryptase copy number and algorithmic classification as normal or abnormal	Noncovered	N/A	N/A	N/A
0606U	Hematology (red cell membrane disorders), RBCs, osmotic gradient ektacytometry, whole blood, quantitative	Noncovered	N/A	N/A	N/A
0607U	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 31 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations	Noncovered	N/A	N/A	N/A
0608U	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 10 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations	Noncovered	N/A	N/A	N/A
0609U	Oncology (prostate), immunoassay for total prostate-specific antigen (PSA) and free PSA, serum or plasma, combined with clinical features, algorithm reported as a probability score for clinically significant prostate cancer	Noncovered	N/A	N/A	N/A
0610U	Infectious disease (antimicrobial susceptibility), phenotypic antimicrobial susceptibility testing of positive blood culture using microfluidic sensor technology to quantify bacterial growth response to multiple antibiotic types, reporting categorical susceptibility (susceptible, susceptible dose dependent, intermediate, resistant), minimum inhibitory concentration, and interpretive comments	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
0611U	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result	Noncovered	N/A	N/A	N/A
0612U	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result	Noncovered	N/A	N/A	N/A
0613U	Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (twist1, otx1, oncut2, fgfr3, hras, tert promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma	Noncovered	N/A	N/A	N/A
0988T	Insertion or replacement of posterior tibial nerve integrated neurostimulator for bladder dysfunction	Noncovered	N/A	N/A	N/A
0989T	Revision or removal of posterior tibial nerve integrated neurostimulator for bladder dysfunction	Noncovered	N/A	N/A	N/A
0990T	Instillation of hydrogel material into uterus through cervix	Noncovered	N/A	N/A	N/A
0991T	Breaking up of bladder stones using an endoscope	Noncovered	N/A	N/A	N/A
0992T	Noninvasive assessment of cardiac risk derived from augmentative software analysis of fat tissue around blood vessels with interpretation and report by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0993T	Noninvasive assessment of cardiac risk derived from augmentative software analysis of fat tissue around blood vessels, with concurrent CT scan of the heart, with interpretation and report by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0994T	Delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm through the skin	Noncovered	N/A	N/A	N/A
0995T	Delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm through the skin, open approach	Noncovered	N/A	N/A	N/A
0996T	Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis with removal of eye fluid	Noncovered	N/A	N/A	N/A
0997T	Treatment planning using magnetic resonance imaging-guided neuronavigation for precuneus magnetic stimulation	Noncovered	N/A	N/A	N/A
0998T	Personalized treatment delivery of precuneus magnetic stimulation therapy per day	Noncovered	N/A	N/A	N/A
0999T	Harvesting of muscle progenitor cells for autologous muscle cell therapy	Noncovered	N/A	N/A	N/A
1000T	Administration of muscle progenitor cells into urethral sphincter	Noncovered	N/A	N/A	N/A
1001T	Injection of muscle progenitor cells into external anal sphincter	Noncovered	N/A	N/A	N/A
1002T	Whole-body composition assessment using air displacement plethysmography, with interpretation and report	Noncovered	N/A	N/A	N/A
1003T	Fusion of joint at base of thumb with wrist using prosthetic	Noncovered	N/A	N/A	N/A
1004T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system by physician or other qualified health care professional	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
1005T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system with programming, first 15 minutes	Noncovered	N/A	N/A	N/A
1006T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system with programming, each additional 15 minutes	Noncovered	N/A	N/A	N/A
1007T	Electroencephalogram from implanted sub-scalp continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording	Noncovered	N/A	N/A	N/A
1008T	Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment	Noncovered	N/A	N/A	N/A
1009T	Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording	Noncovered	N/A	N/A	N/A
1010T	Computerized ophthalmic analysis of monocular eye movements using retinal-based eye-tracking one or both eyes, with interpretation and report	Noncovered	N/A	N/A	N/A
1011T	Photobiomodulation (PBM) therapy of oral cavity, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	Noncovered	N/A	N/A	N/A
1012T	Removal of circular section of sclera or trabecular meshwork of eye	Noncovered	N/A	N/A	N/A
1013T	Laparoscopic implantation or removal of lower esophageal sphincter neurostimulator electrode array and neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Noncovered	N/A	N/A	N/A
1014T	Laparoscopic revision or removal of lower esophageal sphincter neurostimulator electrodes	Noncovered	N/A	N/A	N/A
1015T	Revision or removal of lower esophageal sphincter neurostimulator pulse generator or receiver	Noncovered	N/A	N/A	N/A
1016T	Intraoperative electronic analysis of implanted lower esophageal neurostimulator pulse generator system	Noncovered	N/A	N/A	N/A
1017T	Subsequent electronic analysis of implanted lower esophageal neurostimulator pulse generator system	Noncovered	N/A	N/A	N/A
1018T	Subsequent electronic analysis of implanted lower esophageal neurostimulator pulse generator system with reprogramming	Noncovered	N/A	N/A	N/A
1019T	Lymphovenous bypass per extremity	Noncovered	N/A	N/A	N/A
1020T	Raman spectroscopy of 1 or more skin lesions, with probability score for malignant risk for skin cancer derived by algorithmic analysis of data from each lesion	Noncovered	N/A	N/A	N/A
1021T	Active thoracic irrigation	Noncovered	N/A	N/A	N/A
1022T	Percutaneous tissue displacement of intra-abdominal/pelvic structures	Noncovered	N/A	N/A	N/A
1023T	Percutaneous tissue displacement of intrathoracic structures	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
1024T	Percutaneous tissue displacement of soft tissue	Noncovered	N/A	N/A	N/A
1025T	Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification	Noncovered	N/A	N/A	N/A
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each	Covered	No	No	None
A4296	Intermittent urinary catheter; coude (curved) tip, hydrophilic coating, each	Covered	No	No	None
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies	Covered	No	No	None
C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	Noncovered	N/A	N/A	N/A
C1608	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)	Noncovered	N/A	N/A	N/A
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)	Noncovered	N/A	N/A	N/A
C7567	Bronchoscopy, rigid or flexible, including fluoroscopic guidance when performed, with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i), with computer-assisted image-guided navigation	Noncovered	N/A	N/A	N/A
C7568	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Noncovered	N/A	N/A	N/A
C7569	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	Noncovered	N/A	N/A	N/A
C7570	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with 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 (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
C7571	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with percutaneous transluminal coronary lithotripsy	Noncovered	N/A	N/A	N/A
C9176	Tc-99m from domestically produced non-heu mo-99, [minimum 50 percent], full cost recovery add-on, per study dose	Noncovered	N/A	N/A	N/A
C9307	Injection, linvoseltamab-gCPT, 1 mg	Covered	No	TBD	None
C9308	Injection, carboplatin (avyxa), 1 mg	Covered	No	TBD	None

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
C9810	Water circulating motorized cold therapy device (e.g., iceman) including all system components (e.g. pads, console, disposable parts), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
C9811	Electronic ambulatory infusion pump (e.g. sapphire pump), including all pump components, including disposable components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
C9812	Echogenic nerve block needles (e.g. sonoplex, sonoblock, sonotap), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
C9813	Perforated continuous infusion catheter set (e.g. infiltralong), including all components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
C9814	Continuous anesthesia echogenic conduction catheter set (e.g. sonolong), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
C9815	Linear peristaltic pain management infusion pump (e.g. cadd-solis ambulatory infusion pump), and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
C9816	Rotary peristaltic infusion pump (e.g., reusable ambit pump) including all disposable system components, reusable non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CCA, 2023)	Noncovered	N/A	N/A	N/A
C9817	Electronic cryo-pneumatic compression, pain management system (e.g. game ready GRPro 2.1 system), including control unit, anatomically correct wrap(s), and other system component(s), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the CAA, 2023)	Noncovered	N/A	N/A	N/A
D0426	Collection, preparation, and analysis of saliva sample - point-of-care	Noncovered	N/A	N/A	N/A
D0461	Testing for cracked tooth	Noncovered	N/A	N/A	N/A
D1720	Influenza vaccine administration	Noncovered	N/A	N/A	N/A
D5877	Duplication of complete denture - maxillary	Noncovered	N/A	N/A	N/A
D5878	Duplication of complete denture - mandibular	Noncovered	N/A	N/A	N/A
D5909	Maxillary guidance prosthesis with guide flange	Noncovered	N/A	N/A	N/A
D5930	Maxillary guidance prosthesis without guide flange	Noncovered	N/A	N/A	N/A
D5938	Resection prosthesis, maxillary complete removable	Noncovered	N/A	N/A	N/A
D5939	Resection prosthesis, mandibular complete removable	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
D5940	Resection prosthesis, maxillary partial removable	Noncovered	N/A	N/A	N/A
D5941	Resection prosthesis, mandibular partial removable	Noncovered	N/A	N/A	N/A
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Noncovered	N/A	N/A	N/A
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Noncovered	N/A	N/A	N/A
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Noncovered	N/A	N/A	N/A
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Noncovered	N/A	N/A	N/A
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Noncovered	N/A	N/A	N/A
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Noncovered	N/A	N/A	N/A
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Noncovered	N/A	N/A	N/A
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Noncovered	N/A	N/A	N/A
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Noncovered	N/A	N/A	N/A
D6196	Removal of an indirect restoration on an implant retained abutment	Noncovered	N/A	N/A	N/A
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch	Noncovered	N/A	N/A	N/A
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	Noncovered	N/A	N/A	N/A
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof	Noncovered	N/A	N/A	N/A
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof	Noncovered	N/A	N/A	N/A
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	Noncovered	N/A	N/A	N/A
D9244	In-office administration of minimal sedation - single drug - enteral	Covered	No	No	Restricted to ages 0–20 years Limit one unit per day
D9245	Administration of moderate sedation - enteral	Covered	No	No	Restricted to ages 0–20 years Limit one unit per day
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof	Covered	No	No	Restricted to ages 0–20 years Limit one unit per day

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof	Covered	No	No	Restricted to ages 0–20 years Limit one unit per day
D9936	Cleaning and inspection of occlusal guard - per appliance	Noncovered	N/A	N/A	N/A
G0568	Initial psychiatric collaborative care management, in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies (list separately in addition to the advanced primary care management code)	Noncovered	N/A	N/A	N/A
G0569	Subsequent psychiatric collaborative care management, in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment (list separately in addition to advanced primary care management code)	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
G0570	Care management services for behavioral health conditions, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team (list separately in addition to advanced primary care management code)	Noncovered	N/A	N/A	N/A
G0571	Intraoperative nerve(s) cryoablation for post-surgical pain relief (list separately in addition to code for primary service)	Noncovered	N/A	N/A	N/A
G0660	Team remote E/M new pt 10mins	Noncovered	N/A	N/A	N/A
G0661	Team remote E/M new pt 20mins	Noncovered	N/A	N/A	N/A
G0662	Team remote E/M new pt 30 mins	Noncovered	N/A	N/A	N/A
G0663	Team remote E/M new pt 45mins	Noncovered	N/A	N/A	N/A
G0664	Team remote E/M new pt 60mins	Noncovered	N/A	N/A	N/A
G0665	Team remote E/M est. pt 10mins	Noncovered	N/A	N/A	N/A
G0666	Team remote E/M est. pt 15mins	Noncovered	N/A	N/A	N/A
G0667	Team remote E/M est. pt 25mins	Noncovered	N/A	N/A	N/A
G0668	Team remote E/M est. pt 40mins	Noncovered	N/A	N/A	N/A
G9871	Behavioral counseling for diabetes prevention, online, 60 minutes	Noncovered	N/A	N/A	N/A
J0013	Esketamine, nasal spray, 1 mg	Covered	TBD	TBD	See Table 2
J0162	Injection, epinephrine (fresenius), not therapeutically equivalent to J0165, 0.1 mg	Covered	TBD	TBD	None
J0654	Injection, liothyronine, 1 mcg	Covered	TBD	TBD	None
J1073	Testosterone pellet, implant, 75 mg	Covered	TBD	TBD	None
J1736	Injection, meloxicam (delova), 1 mg	Noncovered	N/A	N/A	N/A
J1737	Injection, meloxicam (azurity), 1 mg	TBD	TBD	TBD	TBD
J1837	Injection, posaconazole, 1 mg	Covered	TBD	TBD	None
J2516	Injection, pentamidine isethionate, 1 mg	Covered	TBD	TBD	See Table 2
J2596	Injection, vasopressin (long grove), not therapeutically equivalent to J2598, 1 unit	Covered	TBD	TBD	None
J2711	Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg	Covered	TBD	TBD	None
J3291	Injection, tranexamic acid in sodium chloride, 5 mg	TBD	TBD	TBD	TBD
J3376	Injection, vancomycin HCL (hikma), not therapeutically equivalent to J3373, 10 mg	Covered	TBD	TBD	None
J3379	Injection, valproate sodium, 5 mg	Covered	TBD	TBD	None
J3387	Injection, elivaldogene autotemcel, per treatment	Noncovered	N/A	N/A	N/A
J3389	Topical administration, prademagene zamikeracel, per treatment	Noncovered	N/A	N/A	N/A
J7299	Intrauterine copper contraceptive (miudella)	Covered, including for Family Planning Eligibility Program	TBD	TBD	TBD
J7528	Mycophenolate mofetil, for suspension, oral, 100 mg	Covered	TBD	TBD	None

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
J9184	Injection, gemcitabine hydrochloride (avyxa), 200 mg	TBD	TBD	TBD	TBD
J9256	Injection, nipocalimab-aahu, 3 mg	Covered	TBD	TBD	See Table 2
J9282	Mitomycin, intravesical instillation, 1 mg	Noncovered	N/A	N/A	N/A
J9326	Injection, telisotuzumab vedotin-tllv, 1 mg	Covered	TBD	TBD	See Table 2
M1426	Encounters conducted via telehealth	Noncovered	N/A	N/A	N/A
M1427	Documentation of medical reason(s) for performing a bone scan (including documented pain related to prostate cancer, salvage therapy, other medical reasons)	Noncovered	N/A	N/A	N/A
M1428	Patients who have bilateral absence of eyes any time during the patient's history through the end of the measurement period	Noncovered	N/A	N/A	N/A
M1429	Retinal exam finding with evidence of retinopathy in left, right or both eyes with severity level documented	Noncovered	N/A	N/A	N/A
M1430	Retinal exam finding without evidence of retinopathy in both eyes with severity level documented (in measurement year or in the prior year)	Noncovered	N/A	N/A	N/A
M1431	Encounters conducted via telehealth	Noncovered	N/A	N/A	N/A
M1432	Encounters conducted via telehealth	Noncovered	N/A	N/A	N/A
M1433	Patient on oral chemotherapy on or within 30 days before denominator eligible encounter	Noncovered	N/A	N/A	N/A
M1434	Patient on oral chemotherapy on or within 30 days after denominator eligible encounter	Noncovered	N/A	N/A	N/A
M1435	Patient on oral chemotherapy during the performance period	Noncovered	N/A	N/A	N/A
M1436	Encounters conducted via telehealth	Noncovered	N/A	N/A	N/A
M1437	Encounters conducted via telehealth	Noncovered	N/A	N/A	N/A
M1438	Time last known well to hospital arrival less than or equal to 3.5 hours (<= 210 minutes)	Noncovered	N/A	N/A	N/A
M1439	Significant ocular conditions that impact the visual outcome of surgery	Noncovered	N/A	N/A	N/A
M1440	Encounters conducted via telehealth	Noncovered	N/A	N/A	N/A
M1441	Encounter corresponds to initial diagnosis of sleep apnea or first contact with sleep apnea diagnosed patient	Noncovered	N/A	N/A	N/A
M1442	Encounters conducted via telehealth	Noncovered	N/A	N/A	N/A
M1443	Encounters conducted via telehealth	Noncovered	N/A	N/A	N/A
M1444	Delivery at < 39 weeks of gestation	Noncovered	N/A	N/A	N/A
M1445	Postpartum care visit before or at 12 weeks of giving birth	Noncovered	N/A	N/A	N/A
M1446	Patients who died any time prior to the end of the measure assessment period	Noncovered	N/A	N/A	N/A
M1447	Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period	Noncovered	N/A	N/A	N/A
M1448	Patients with an active diagnosis of personality disorder any time prior to the end of the measure assessment period	Noncovered	N/A	N/A	N/A
M1449	Patients with an active diagnosis of schizophrenia or psychotic disorder any time prior to the end of the measure assessment period	Noncovered	N/A	N/A	N/A
M1450	Patients who received hospice or palliative care service any time during denominator identification period or the measure assessment period	Noncovered	N/A	N/A	N/A
M1451	Patients with an active diagnosis of pervasive developmental disorder any time prior to the end of the measure assessment period	Noncovered	N/A	N/A	N/A
M1452	Patient ever had a diagnosis of dementia	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
M1453	Patients with a pre-operative visual acuity better than 20/40	Noncovered	N/A	N/A	N/A
M1454	New CIED	Noncovered	N/A	N/A	N/A
M1455	Replaced or revised CIED	Noncovered	N/A	N/A	N/A
M1456	Patient had a heart transplant	Noncovered	N/A	N/A	N/A
M1457	Patient had a diagnosis of asthma with any contact during the current or prior performance period or had asthma present on an active problem list any time during the performance period	Noncovered	N/A	N/A	N/A
M1458	Patient died prior to the end of the performance period	Noncovered	N/A	N/A	N/A
M1459	Patient was in hospice or receiving palliative care services at any time during the performance period	Noncovered	N/A	N/A	N/A
M1460	Diagnosis for chronic obstructive pulmonary disease, emphysema, cystic fibrosis, or acute respiratory failure	Noncovered	N/A	N/A	N/A
M1461	Patient diagnosis for chronic hepatitis C	Noncovered	N/A	N/A	N/A
M1462	Patients with clinical indications for imaging of the head	Noncovered	N/A	N/A	N/A
M1463	Documentation of at least two attempts to follow up with patient within 180 days of treatment	Noncovered	N/A	N/A	N/A
M1464	No documentation of at least two attempts to follow up with patient within 180 days of treatment	Noncovered	N/A	N/A	N/A
M1465	Patient follow up more than 180 days after treatment	Noncovered	N/A	N/A	N/A
M1466	Patient had a lumbar fusion on the same date as the discectomy/laminectomy procedure	Noncovered	N/A	N/A	N/A
M1467	Patients with an existing diagnosis of lynch syndrome	Noncovered	N/A	N/A	N/A
M1468	Patient received recommended doses of hepatitis B vaccination based on age	Noncovered	N/A	N/A	N/A
M1469	Patient has a history of hepatitis B illness or received a hepatitis B surface antigen, hepatitis B surface antibody, or total antibody to hepatitis B core antigen test with a positive result any time before or during the measurement period	Noncovered	N/A	N/A	N/A
M1470	Documentation of medical reason(s) for not administering hepatitis B vaccine (e.g., prior anaphylaxis due to the hepatitis B vaccine)	Noncovered	N/A	N/A	N/A
M1471	Documentation that patient is a Medicare fee-for-service beneficiary and without additional supplementary insurance coverage for whom hep B vaccination is not reimbursable under current Medicare part b coverage rules	Noncovered	N/A	N/A	N/A
M1472	Patient did not receive recommended doses of hepatitis B vaccination based on age	Noncovered	N/A	N/A	N/A
M1473	Patient situations, at any point during the denominator identification period, where the patient's functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools, such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders	Noncovered	N/A	N/A	N/A
M1474	Patients with diagnosis of dementia	Noncovered	N/A	N/A	N/A
M1475	Patients with diagnosis of huntington's disease	Noncovered	N/A	N/A	N/A
M1476	Patients with diagnosis of cognitive impairment or alzheimer's disease	Noncovered	N/A	N/A	N/A
M1477	Diagnosis of delirium	Noncovered	N/A	N/A	N/A
M1478	Psychoactive substance abuse	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
M1479	Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders	Noncovered	N/A	N/A	N/A
M1480	Patients whose functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools such as delirium, dementia, intellectual disabilities, and pervasive and specific development disorders	Noncovered	N/A	N/A	N/A
M1481	Patients receiving hospice or palliative care or who died during the measurement period	Noncovered	N/A	N/A	N/A
M1482	Positive/detectable hepatitis C virus quantitative or qualitative RNA test result during the denominator identification period	Noncovered	N/A	N/A	N/A
M1483	Patients who achieve sustained virological response as identified by an HCV RNA test (CPT 87522) or (CPT 87521) with a negative/undetectable HCV RNA result that occurred 20 weeks to 12 months after the first positive/detectable HCV RNA test result within the denominator identification period	Noncovered	N/A	N/A	N/A
M1484	Patients who did not have a repeat HCV RNA labs performed for medical reasons documented by clinician (e.g., patient with limited life expectancy, delay in treatment of HCV related to treatment of HIV, HBV, hepatocellular carcinoma, decompensated cirrhosis)	Noncovered	N/A	N/A	N/A
M1485	Patients who did not achieve sustained virological response as identified by an HCV RNA test (CPT 87522) or (CPT 87521) with a negative/undetectable HCV RNA result that occurred 20 weeks to 12 months after the first positive/detectable HCV RNA test result within the denominator identification period	Noncovered	N/A	N/A	N/A
M1486	Patients admitted to a skilled nursing facility (SNF) during the period of evaluation	Noncovered	N/A	N/A	N/A
M1487	Patients in hospice in the year before or during the period of evaluation	Noncovered	N/A	N/A	N/A
M1488	Patients with a diagnosis for dementia in the year before or during the period of evaluation	Noncovered	N/A	N/A	N/A
M1489	Patient status documented	Noncovered	N/A	N/A	N/A
M1490	Patient status not documented	Noncovered	N/A	N/A	N/A
M1491	Receiving esrd mcp dialysis services by the provider during the performance period	Noncovered	N/A	N/A	N/A
M1492	Patients who did not report a fall	Noncovered	N/A	N/A	N/A
M1493	Documentation of falls not performed due to medical reasons (e.g., syncope, vertigo and related disorders, restless leg syndrome, tourette syndrome/tic disorder, back pain, concussion/mild traumatic brain injury (MTBI), cervical dystonia, or epilepsy)	Noncovered	N/A	N/A	N/A
M1494	Patients that reported a fall since the last visit	Noncovered	N/A	N/A	N/A
M1495	Patients that reported a fall occurred who had a plan of care for falls documented or patients that did not report a fall	Noncovered	N/A	N/A	N/A
M1496	Patients that had a fall who did not have a plan of care for falls documented or do not have documentation of being assessed for falls	Noncovered	N/A	N/A	N/A

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
M1497	Documentation of falls not performed due to medical reasons (e.g., syncope, vertigo and related disorders, restless leg syndrome, tourette syndrome/tic disorder, back pain, concussion/mild traumatic brain injury (MTBI), cervical dystonia, or epilepsy)	Noncovered	N/A	N/A	N/A
M1498	Diagnostic radiology MIPS value pathway	Noncovered	N/A	N/A	N/A
M1499	Interventional radiology MIPS value pathway	Noncovered	N/A	N/A	N/A
M1500	Neuropsychology MIPS value pathway	Noncovered	N/A	N/A	N/A
M1501	Pathology MIPS value pathway	Noncovered	N/A	N/A	N/A
M1502	Podiatry MIPS value pathway	Noncovered	N/A	N/A	N/A
M1503	Vascular surgery MIPS value pathway	Noncovered	N/A	N/A	N/A
Q4398	Summit AC, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4399	Summit FX, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4400	Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4401	Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4402	Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4403	Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4404	Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4405	Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4406	Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4407	Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4408	Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4409	Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4410	Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4411	Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 1 – New codes included in the 2026 annual HCPCS update,
effective for DOS on or after Jan. 1, 2026*

Procedure code	Code description	Program coverage*	PA required	NDC required	Special billing information
Q4412	Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4413	Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4414	Simplichor, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4415	Alexiguard SL-T, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4416	Alexiguard TL-T, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4417	Alexiguard DL-T, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4420	Nuform, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4431	PMA skin substitute product, not otherwise specified (list in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q4433	361 HCT/P skin substitute product, not otherwise specified (list in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140)
Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	Covered	No	TBD	None

*“**Covered**” indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

“**Noncovered**” indicates that the IHCP does not cover the service for any programs.

*Table 2 – Procedure codes that were discontinued in the 2026 annual HCPCS update,
along with alternate code considerations*

Discontinued procedure code	Code description	Alternate code considerations
91120	Test for tone and sensation of rectum and anus	91124
91122	Study of rectum sensitivity and function	91125
C9305	Injection, nipocalimab-aahu, 3 mg	J9256
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg	J9326
S0013	Esketamine, nasal spray, 1 mg	J0013
S0080	Injection, pentamidine isethionate, 300 mg	J2516