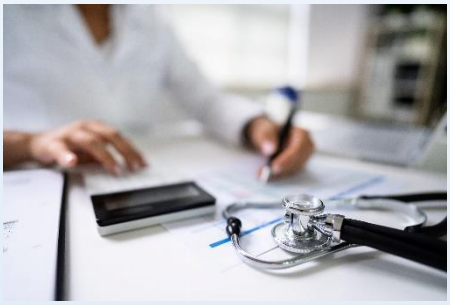
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026131 AUGUST 4, 2026

Updated coverage and billing information for the July 2026 quarterly HCPCS code update



The Indiana Health Coverage Programs (IHCP) has reviewed the July 2026 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. This bulletin replaces the originally published quarterly HCPCS update in *IHCP Bulletin* *BT2026110*.

The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after **July 1, 2026**.

This bulletin serves as a notice of the following information:

- Table 1: New Current Procedural Terminology (CPT®[1]) and other HCPCS procedure codes included in the July 2026 quarterly HCPCS update
- Table 2: New procedure code linked to revenue code 274
- Table 3: New procedure codes linked to revenue code 636
- Table 4: New procedure codes carved out of managed care and reimbursed outside the inpatient diagnosis-related group (DRG)
- Table 5: Available prior authorization (PA) criteria for the new procedure codes that require PA
- Table 6: Procedure codes included in the Indiana add-on code logic, with the corresponding primary procedure code

The procedure codes from the July 2026 quarterly HCPCS update have been added to the fee-for-service (FFS) claim-processing system. For more information about the July 2026 quarterly HCPCS update, see the *HCPCS Quarterly Update* page of the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

Established pricing will be posted on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the *IHCP Fee Schedules* webpage at in.gov/medicaid/providers.

[1] *CPT copyright 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.*

Updates will be made to the following code table documents, accessible from the *Code Sets* webpage at in.gov/medicaid/providers:

- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*
- *Procedure Codes That Require Attachments*

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 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 organizations (MCOs) establish and publish their own PA, billing and reimbursement information. Questions about managed care PA, billing and reimbursement should be directed to the member's MCO.

Table 1 – New codes included in the July 2026 quarterly HCPCS update, effective for DOS on or after July 1, 2026

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
90616	Influenza virus vaccine, trivalent (tirv), mRNA, 37.5 mcg/0.38 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
90639	Influenza virus vaccine, quadrivalent (qirv), mRNA; 50 mcg/0.5 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
0631U	Oncology (solid tumor), DNA, sequence analysis of 15 genes including BRCA1 and BRCA2 for identification of clonal hematopoiesis, blood, reported as tumor-derived or nontumor-derived	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0632U	Red blood cell antigen (fetal RhD gene analysis), multiplex polymerase chain reaction (PCR) and next-generation sequencing (NGS) of circulating cell-free DNA (cfDNA), plasma from pregnant individuals known to be RhD negative, reported as detected or not detected	Noncovered	N/A	N/A	N/A
0633U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA (cfDNA), next-generation sequencing (NGS) analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants and to determine fetal inheritance of maternal mutation, using maternal blood sample, algorithm reported as a fetal risk score	Noncovered	N/A	N/A	N/A
0634U	Oncology (breast cancer), cell-free DNA (cfDNA), evaluation of 11 ESR1 variants (E380Q, S463P, L536R, Y537C, Y537N, Y537S, D538G, V422del, L536H, L536P, Y537D) using droplet digital PCR (ddPCR), plasma, reported as positive or negative	Noncovered	N/A	N/A	N/A
0635U	Autoimmune (atopic dermatitis), mRNA, next-generation sequencing (NGS), gene expression profiling of 487 genes, noninvasive skin-surface scraping, algorithm reported as likelihood of response to therapy	Noncovered	N/A	N/A	N/A
0636U	Babesia (babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, igG	Noncovered	N/A	N/A	N/A
0637U	Babesia (babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, igM	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0638U	Bartonella (bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, igG	Noncovered	N/A	N/A	N/A
0639U	Bartonella (bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, igM	Noncovered	N/A	N/A	N/A
0640U	Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential CD318(CDCP1), SUSD2, CD340(ERBB2/HER2), HGFR/cMET, folr1, egfr, N cadherin, MUC1, EpCAM, and TROP2 antibody biomarkers, cerebrospinal fluid, reported as detection and quantification of tumor cells	Noncovered	N/A	N/A	N/A
0641U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment	Noncovered	N/A	N/A	N/A
0642U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level	Noncovered	N/A	N/A	N/A
0643U	Oncology (genitourinary cancer), cell-free circulating tumor DNA (ctDNA), 200 genes, next-generation sequencing (NGS), interrogation for single-nucleotide variants (SNVs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutation burden, using urine, identify and report mutations with clinical actionability	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0644U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification	Noncovered	N/A	N/A	N/A
0645U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance	Noncovered	N/A	N/A	N/A
0646U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA, whole blood, and formalin-fixed paraffin-embedded (FFPE) tumor tissue DNA, baseline assessment	Noncovered	N/A	N/A	N/A
0647U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA (cfDNA), whole blood, assessment utilizing patient-specific tumor information, reported as negative or percent circulating tumor DNA (ctDNA)	Noncovered	N/A	N/A	N/A
0648U	Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formalin-fixed paraffin-embedded (FFPE) tissue	Noncovered	N/A	N/A	N/A
0649U	Neurology (alzheimer disease), DNA, targeted next-generation sequencing (NGS) of ad-1 and ad-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0650U	Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function	Noncovered	N/A	N/A	N/A
0651U	Oncology (hereditary cancer), genomic DNA, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (NGS) and digital multiplex ligation-dependent probe amplification for variants, small indels (<40 base pairs), using saliva, whole blood or nail clipping, interpretive clinical report with variant classification	Noncovered	N/A	N/A	N/A
0652U	Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status	Noncovered	N/A	N/A	N/A
0653U	Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants	Noncovered	N/A	N/A	N/A
0654U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0655U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result	Noncovered	N/A	N/A	N/A
0656U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result	Noncovered	N/A	N/A	N/A
0657U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by next-generation sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results	Noncovered	N/A	N/A	N/A
0658U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0659U	Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	Noncovered	N/A	N/A	N/A
1026T	Transvaginal laser photobiomodulation therapy of pelvis, provided by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
1027T	Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the superior vena cava, with verification of capture of phrenic nerves, mapping and programming, and delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning when performed, including imaging guidance	Noncovered	N/A	N/A	N/A
1028T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning and verification of left phrenic nerve capture, per session	Noncovered	N/A	N/A	N/A
1029T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, without catheter repositioning, per session	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
1030T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; initial 30 minutes	Noncovered	N/A	N/A	N/A
1031T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1032T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; initial 60 minutes	Noncovered	N/A	N/A	N/A
1033T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1034T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; initial 90 minutes	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
1035T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1036T	Noninvasive hemodynamic assessment with pulmonary pressures and ejection fraction when performed, including passive acquisition of acoustic and electrical signals, augmentative algorithmic analysis, and generation of a clinical report with review, interpretation, and clinical integration by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
1037T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance	Noncovered	N/A	N/A	N/A
1038T	Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
1039T	Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physician or other qualified health care professional (QHP) analysis of software- and physician-generated structural and functional maps for integration of cortical grey matter correlation based on resting state functional MRI and mapping of white matter connectivity based on diffusion-weighted MRI relative to brain regions, with physician or other QHP interpretation and report	Noncovered	N/A	N/A	N/A
1040T	Bronchoscopy, flexible, with bronchial cryotherapy, 1 lung, including trachea, when performed	Noncovered	N/A	N/A	N/A
1041T	Augmentative algorithmic analysis of encephalographic waveforms to identify the source and propagation of epileptiform activity, including artifact reduction with analysis of 3D localization of spike sources throughout the examination, 3D animations over time of high-amplitude event locations, high-frequency activity locations, and temporal relationships among locations, with interpretation and report by physician or other QHP, related to a previously performed electroencephalogram	Noncovered	N/A	N/A	N/A
1042T	Implantation of absorbable urologic scaffold for prostatic urethra restoration of reconstructed bladder neck and urethral anastomosis (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
1043T	Quantitative magnetic resonance, without imaging, for analysis of liver tissue, including assessment of 1 or more parameters (eg, proton density fat fraction [PDFF], water diffusion, t1-water relaxation time), with automatically generated report	Noncovered	N/A	N/A	N/A
1044T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less	Noncovered	N/A	N/A	N/A
1045T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; each additional 5 sq cm, or part thereof (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1046T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body area of infants and children	Noncovered	N/A	N/A	N/A
1047T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1048T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 50 sq cm or less, or 0.5% of body area of infants and children	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
1049T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1050T	Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds	Noncovered	N/A	N/A	N/A
1051T	Removal of subcutaneous heart failure decompensation monitor	Noncovered	N/A	N/A	N/A
1052T	Interrogation device evaluation(s), (in person or remote) up to 30 days, insertable subcutaneous heart failure decompensation monitor, analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report, review and interpretation by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
1053T	Programming device evaluation (in person or remote) of subcutaneous heart failure decompensation monitor, with analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report and review and interpretation by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A

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A9574	Injection, ferumoxytol, 1 mg	Covered	No	Yes	See Table 3
C1609	Vertebral device, motion-preserving, with screw fixation	Covered	Yes	No	Restricted to ages 35-80 years Restricted to diagnoses M43.16 and M48.06 Requires attachment of manufacturer's suggested retail price (MSRP) documentation, or cost invoice if no MSRP is available See Table 2 See Table 5
C8014	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, including use of a suction enabled ureteral access sheath, with irrigation (if performed)	Noncovered	N/A	N/A	N/A
C9310	Injection, leucovorin calcium (avyxa), 1 mg	Covered	No	Yes	None
G0572	Management of new patient with dementia residing in an eligible memory care unit, for use only in a Medicare-approved CMMI model (services must be furnished within a patient's eligible memory care unit, including specialized dementia care units within assisted living facilities or other qualifying memory care settings designed to provide specialized care for individuals with dementia and cognitive impairment)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0573	Management of established patient with dementia residing in an eligible memory care unit, for use only in a Medicare-approved CMMI model (services must be furnished within a patient's eligible memory care unit, including specialized dementia care units within assisted living facilities or other qualifying memory care settings designed to provide specialized care for individuals with dementia and cognitive impairment)	Noncovered	N/A	N/A	N/A
G0574	Management of new patient with dementia residing in an eligible residential care community, for use only in a Medicare-approved CMMI model (services must be furnished within a patient's eligible residential care community, including assisted living facilities, board and care homes, or other qualifying residential settings where dementia care services are provided)	Noncovered	N/A	N/A	N/A
G0575	Management of established patient with dementia residing in an eligible residential care community, for use only in a Medicare-approved CMMI model (services must be furnished within a patient's eligible residential care community, including assisted living facilities, board and care homes, or other qualifying residential settings where dementia care services are provided)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0577	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction performed in the non-facility setting	Covered	No	No	None
G0669	Outcome-aligned payment (OAP) for technology-enabled chronic care management of early cardio-kidney-metabolic (eCKM) conditions (hypertension, or two or more of: dyslipidemia, obesity/overweight with central obesity marker, prediabetes); initial 12-month period; per month	Noncovered	N/A	N/A	N/A
G0670	Outcome-aligned payment (OAP) for technology-enabled chronic care management of early cardio-kidney-metabolic (eCKM) conditions (hypertension, or two or more of: dyslipidemia, obesity/overweight with central obesity marker, prediabetes); follow-on 12-month period; per month	Noncovered	N/A	N/A	N/A
G0671	Outcome-aligned payment (OAP) for technology-enabled chronic care management of cardio-kidney-metabolic (CKM) conditions (one or more of: diabetes mellitus, chronic kidney disease stage 3a or 3b, atherosclerotic cardiovascular disease); initial 12-month period; per month	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0672	Outcome-aligned payment (OAP) for technology-enabled chronic care management of cardio-kidney-metabolic (CKM) conditions (one or more of: diabetes mellitus, chronic kidney disease stage 3a or 3b, atherosclerotic cardiovascular disease); follow-on 12-month period; per month	Noncovered	N/A	N/A	N/A
G0673	Outcome-aligned payment (OAP) for technology-enabled chronic care management of musculoskeletal (MSK) conditions (chronic musculoskeletal pain); initial 12-month treatment period; per month	Noncovered	N/A	N/A	N/A
G0674	Outcome-aligned payment (OAP) for technology-enabled chronic care management of behavioral health (BH) conditions (one or more of: depression, anxiety); initial 12-month period; per month	Noncovered	N/A	N/A	N/A
G0675	Outcome-aligned payment (OAP) for technology-enabled chronic care management of behavioral health (BH) conditions (one or more of: depression, anxiety); follow-on 12-month period; per month	Noncovered	N/A	N/A	N/A
G0676	Standard co-management service payment for documented review of clinical updates from access participant managing cardio-kidney-metabolic conditions (early cardio-kidney-metabolic [eCKM] or cardio-kidney-metabolic [CKM] track); per review	Noncovered	N/A	N/A	N/A
G0677	Standard co-management service payment for documented review of clinical updates from access participant managing musculoskeletal (MSK) conditions; per review	Noncovered	N/A	N/A	N/A

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Table 1 – New codes included in the July 2026 quarterly HCPCS update, effective for DOS on or after July 1, 2026 (Continued)

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0678	Standard Co-Management service payment for documented review of clinical updates from ACCESS Participant managing behavioral health (BH) conditions (depression, anxiety); per review	Noncovered	N/A	N/A	N/A
G0685	Algorithmic analysis for identification of new lesions and determination of change of existing lesions for advanced metastatic cancer using data sets from two or more previously acquired PET or PET/CT studies	Noncovered	N/A	N/A	N/A
J0528	Injection, fosfomycin disodium, 20 mg	Covered	No	Yes	None
J1289	Injection, narsoplimab-wuug, 1 mg	Covered	No	Yes	See Table 3
J1577	Injection, immune globulin (qivigy), 100 mg	Covered	No	Yes	See Table 3
J2361	Injection, depemokimab-ulaa, 1 mg	Covered	Yes	Yes	See Table 3 See Table 5
J2374	Apraclonidine hydrochloride ophthalmic, 1% solution, 0.1 ml	Covered	No	Yes	None
J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 ml	Covered	No	Yes	See Table 3
J3386	Injection, etuvetidigene autotemcel, per treatment	Covered	No	No	None
J3405	Injection, onasemnogene abeparvovec-brve, per treatment	Covered	Yes	Yes	See Table 3 See Table 4 See Table 5
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg	Covered	No	Yes	See Table 3 See Table 4
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg	Covered	No	Yes	See Table 3
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	Covered	No	Yes	See Table 3
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to J9171, 1 mg	Covered	No	Yes	See Table 3

*"**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 July 2026 quarterly HCPCS update, effective for DOS on or after July 1, 2026 (Continued)

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M0231	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with coronavirus 2 (COVID-19) who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, first dose	Noncovered	N/A	N/A	N/A
M0232	Intravenous infusion, tocilizumabbavi, 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 only, includes infusion and post administration monitoring, second dose	Noncovered	N/A	N/A	N/A
Q0234	Injection, tocilizumab-bavi, 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 only, 1 mg	Noncovered	N/A	N/A	N/A
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	Covered	Yes	Yes	See Table 3 See Table 5
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	Covered	Yes	Yes	See Table 3 See Table 5
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	Covered	Yes	Yes	See Table 3 See Table 5
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	Covered	No	Yes	See Table 3
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	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 July 2026 quarterly HCPCS update, effective for DOS on or after July 1, 2026 (Continued)

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A

Table 2 – New procedure code linked to revenue code 274

Procedure code	Description
C1609	Vertebral device, motion-preserving, with screw fixation

Table 3 – New procedure codes linked to revenue code 636

Procedure code	Description
C1609	Vertebral device, motion-preserving, with screw fixation
A9574	Injection, ferumoxytol, 1 mg
J1289	Injection, narsoplimab-wuug, 1 mg
J1577	Injection, immune globulin (qivigy), 100 mg
J2361	Injection, depemokimab-ulaa, 1 mg
J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 ml
J3405	Injection, onasemnogene abeparvovec-brve, per treatment
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to J9171, 1 mg
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg

Table 4 – New procedure codes carved out of managed care and reimbursed outside the inpatient diagnosis-related group (DRG)

Procedure code	Description
J3405	Injection, onasemnogene abeparvovec-brve, per treatment
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg

*"**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 5 – Available PA criteria for the new procedure codes that require PA

Procedure code	Description	PA criteria
C1609	Vertebral device, motion-preserving, with screw fixation	2.-CL-3868-US-TOPS-System-Surgical-Technique-Rev.-02-June-2023-Final.pdf
J2361	Injection, depemokimab-ulaa, 1 mg	See *Respiratory and Allergy Biologics* on the Optum Rx Indiana Medicaid website (under Preferred Products > Pharmacy Criteria and Forms)
J3405	Injection, onasemnogene abeparvovec-brve, per treatment	All the following medical necessity criteria must be met: Have documentation of genetic testing confirming spinal muscular atrophy (SMA) resulting from bi-allelic mutations in the survival motor neuron 1 (SMN1) gene ■ Have no more than three copies of SMN2 or displaying clinical symptoms of SMA ■ Have documentation demonstrating negative presence of anti-AAV9 antibodies ■ Have a gestational age of at least 37 weeks ■ Be less than 2 years of age ■ Have been prescribed Itvisma treatment by, or in consultation with, a pediatric neurologist or child neurologist ■ Have had no previous Itvisma treatment ■ Have a life expectancy of at least 12 months following treatment ■ Have no evidence of advanced SMA, such as one or more of the following: ⇨ Complete paralysis of limbs ⇨ Permanent ventilator dependence, defined as: ○ Requires invasive ventilation (tracheostomy with positive pressure) ○ Respiratory assistance (including noninvasive ventilator support) for at least 16 hours per day, for at least 14 days (excluding acute, reversible illness or perioperative ventilation)
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	See *Targeted Immunomodulators Prior Authorization Criteria* on the Optum Rx Indiana Medicaid website (under Preferred Products > Pharmacy Criteria and Forms)
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	See *Bone Resorption Inhibitors PA Criteria* on the Optum Rx Indiana Medicaid website (under Preferred Products > Pharmacy Criteria and Forms).
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	See *Bone Resorption Inhibitors PA Criteria* on the Optum Rx Indiana Medicaid website (under Preferred Products > Pharmacy Criteria and Forms)

Table 6 – Procedure code included in the Indiana add-on code logic, with the corresponding primary procedure code

Add-on procedure code	Add-on procedure code description	Primary procedure code
90481	Administration of severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine by intramuscular injection, each additional component administered	G0008 G0009 G0010

QUESTIONS

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