

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202678 MAY 19, 2026

Updated coverage and billing information for the April 2026 quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the April 2026 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage. This bulletin replaces the originally published quarterly HCPCS update in *IHCP Bulletin* [BT202649](#).

The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after **April 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 April 2026 quarterly HCPCS update
- [Table 2](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
- [Table 3](#): New procedure codes linked to revenue code 636
- [Table 4](#): New procedure code 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 IHCP has not identified alternative codes for codes that were discontinued effective March 31, 2026. These codes are not listed in this bulletin, but they are available for reference or download from the [CMS website](#) at [cms.gov](#).

The procedure codes from the April 2026 quarterly HCPCS update will be added to the fee-for-service (FFS) claim-processing system. For more information about the April 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](#).

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)*
- *Podiatry Services Codes*

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- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Prior authorization (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 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.

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

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0614U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 4 enzyme complexes by stained blue native polyacrylamide gel electrophoresis (page), frozen tissue (muscle, liver, heart, cultured skin fibroblasts), diagnostic qualitative result	Noncovered	N/A	N/A	N/A
0615U	Borrelia burgdorferi (lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, igm	Noncovered	N/A	N/A	N/A
0616U	Neurology (dementia), dna methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0617U	Cardiovascular (atherosclerotic cardiovascular disease [ascvd]), dna methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0618U	Psychiatry (bipolar disorder), dna methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0619U	Pulmonary (chronic obstructive pulmonary disease [copd]), dna methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0620U	Oncology (hepatocellular carcinoma), dna methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0621U	Infectious disease (lyme borreliosis), dna methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0622U	Psychiatry (major depressive disorder), dna methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0623U	Autoimmune (multiple sclerosis), dna methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0624U	Hepatology (nonalcoholic steatohepatitis [nash]), dna methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0625U	Endocrinology (osteoporosis), dna methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0626U	Neurology (parkinson disease), dna methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0627U	Psychiatry (schizophrenia), dna methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk	Noncovered	N/A	N/A	N/A
0628U	Nephrology (kidney disease related genetic conditions), genomic analysis, renal disease panel, saliva, dna, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic variants of uncertain significance or risk alleles	Noncovered	N/A	N/A	N/A

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

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

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0629U	Infectious disease (tuberculosis), dna, analysis of 1 target by pcr with clustered regularly interspaced short palindromic repeat (crispr)-based probe detection, plasma or serum, qualitative report as detected or not detected	Noncovered	N/A	N/A	N/A
0630U	Oncology (breast), mrna, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffin embedded tissue (ffpe), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, her2)	Noncovered	N/A	N/A	N/A
A2040	Microlyte painguard, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
A2041	Foundation drs+ duo, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
A2042	Foundation drs+ solo, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
A2043	Biobrane, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
A2044	Biobrane glove, each	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
A2045	Novashield or novogen wound matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
A4318	Female external urinary collection cup, with or without ring attachment, per day	Noncovered	N/A	N/A	N/A
A4479	Electronic transanal irrigation system, includes electronic pump, water reservoir, tubing, and accessories, without catheter, any type	Noncovered	N/A	N/A	N/A

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

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
A6548	Accessory to custom gradient compression garment, silicone band, any size	Noncovered	N/A	N/A	N/A
A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted	Noncovered	N/A	N/A	N/A
A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only	Noncovered	N/A	N/A	N/A
A9294	Prescription digital cognitive and/or behavioral therapy, biofeedback, fda cleared, per course of treatment	Noncovered	N/A	N/A	N/A
C1743	Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)	Noncovered	N/A	N/A	N/A
C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	Noncovered	N/A	N/A	N/A
C8008	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator	Noncovered	N/A	N/A	N/A
C8009	Removal of hypoglossal nerve neurostimulator array and pulse generator	Noncovered	N/A	N/A	N/A
C8010	Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral	Noncovered	N/A	N/A	N/A
C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	Noncovered	N/A	N/A	N/A
C8012	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	Noncovered	N/A	N/A	N/A
C8013	Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	Noncovered	N/A	N/A	N/A
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	Covered	Yes	Yes	See Table 3 See Table 4 See Table 5
C9818	Suzetrigine, oral, 1 mg	Noncovered	N/A	N/A	N/A
G0680	Detection and quantification of coronary artery calcium and/or aortic valve calcification from algorithmic analysis of computed tomography of the chest with report	Noncovered	N/A	N/A	N/A
G0681	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0682	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
G0683	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Noncovered	N/A	N/A	N/A
G0684	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% 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
J0463	Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg	Covered	No	Yes	None
J1098	Articaine ophthalmic, 8% solution, 0.4 ml	Noncovered	N/A	N/A	N/A
J1164	Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg	Covered	No	Yes	None
J1553	Injection, immune globulin (yimmugo), 100 mg	Covered	No	Yes	See Table 3
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	Covered	Yes	Yes	See Table 3 See Table 5
J8502	Injection, aprepitant (aponvie), 1 mg	Covered	No	Yes	See Table 3
J9003	Leuprolide injectable (camcevi etm), 1 mg	Noncovered	N/A	N/A	N/A
J9183	Gemcitabine intravesical system, 225 mg	Covered	Yes	Yes	See Table 3 See Table 5
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	Covered	Yes	Yes	See Table 3 See Table 5
J9278	Injection, carboplatin (avyxa), 1 mg	Covered	No	Yes	See Table 3
J9601	Injection, linvoseltamab-gcpt, 1 mg	Covered	Yes	Yes	See Table 3 See Table 5
L2221	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source	Noncovered	N/A	N/A	N/A
L5992	All lower extremity prosthesis, foot shell for modular foot/non-solid ankle cushion heel (sach) replacement only	Covered	No	No	Allowed for Podiatrist (provider specialty 140)

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

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M0233	Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose	Noncovered	N/A	N/A	N/A
M0234	Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose	Noncovered	N/A	N/A	N/A
Q0238	Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	Noncovered	N/A	N/A	N/A
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3

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

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4438	Prepect, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 3
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	Covered	Yes	Yes	See Table 3 See Table 5
Q5162	Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg	Covered	Yes	Yes	See Table 3 See Table 5

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

Procedure code	Description
A2040	Microlyte painguard, per square centimeter
A2041	Foundation drs+ duo, per square centimeter
A2042	Foundation drs+ solo, per square centimeter
A2043	Biobrane, per square centimeter
A2044	Biobrane glove, each
A2045	Novashield or novogen wound matrix, per square centimeter
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)
Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)

Table 3 – New procedure codes linked to revenue code 636

Procedure code	Description
A2040	Microlyte painguard, per square centimeter
A2041	Foundation drs+ duo, per square centimeter
A2042	Foundation drs+ solo, per square centimeter
A2043	Biobrane, per square centimeter
A2044	Biobrane glove, each
A2045	Novashield or novogen wound matrix, per square centimeter
C9309	Injection, onasemnogene abeparvovec-brve, per treatment
J1553	Injection, immune globulin (yimmugo), 100 mg
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose
J8502	Injection, aprepitant (aponvie), 1 mg
J9183	Gemcitabine intravesical system, 225 mg

Table 3 – New procedure codes linked to revenue code 636

Procedure code	Description
J9277	Injection, pembrolizumab, 1 mg and beahyaluronidase alfa-pmph
J9278	Injection, carboplatin (avyxa), 1 mg
J9601	Injection, linvoseltamab-gcpt, 1 mg
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)
Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg
Q5162	Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg

Table 4 – New procedure code carved out of managed care and reimbursed outside the inpatient DRG

Procedure code	Description
C9309	Injection, onasemnogene abeparvovec-brve, per treatment

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

Procedure code	Description	PA criteria
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	TBD

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

Procedure code	Description	PA criteria
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	<p>Must meet all the following criteria:</p> <ul style="list-style-type: none"> • Diagnosis of recurrent respiratory papillomatosis (RRP) confirmed by tissue biopsy • Prescribed by or in consultation with an otolaryngologist or pulmonologist • Age 18 years or older • In the previous 12 months, member has had three or more interventions (surgical resection or laser ablation) aimed at reducing voice and airway symptoms caused by the papilloma • If age 45 years or older, member has previously completed the HPV vaccination series, unless contraindicated or clinically significant adverse effects are experienced • Prior to initiation of Papzimeos treatment, member is scheduled to undergo an endoscopic surgical debulking procedure to remove laryngotracheal papilloma • Dose does not exceed four total doses of 5×10^{11} particle units (PU) every 12 weeks x 4 doses
J9183	Gemcitabine intravesical system, 225 mg	<p>PA criteria include the following:</p> <ul style="list-style-type: none"> • Patient must have a diagnosis of non-muscle invasive bladder cancer (NMIBC). • Bacillus Calmette-Guérin (BCG)-unresponsive NMIBC with carcinoma in situ (CIS). <p>Initial approval:</p> <ul style="list-style-type: none"> • Six months (covering the induction phase of eight doses delivered every three weeks.) <p>Reauthorization:</p> <ul style="list-style-type: none"> • PA submitted every six months • Max of two doses per six months with doses given every 12 weeks <p>Maintenance therapy, given every 12 weeks for up to 18 months with total duration of treatment 24 months (induction and maintenance) depending on clinical response</p>
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	TBD
J9601	Injection, linvoseltamab-gcpt, 1 mg	TBD
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	See the <i>Bone Resorption Inhibitors PA Criteria</i> on the Optum Rx Indiana Medicaid website (under Preferred Products > Pharmacy Criteria and Forms).

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

Procedure code	Description	PA criteria
Q5162	Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg	See the <i>Bone Resorption Inhibitors PA Criteria</i> on the Optum Rx Indiana Medicaid website (under Preferred Products > Pharmacy Criteria and Forms).

Table 6 – Procedure codes 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
33509	Harvest of artery from arm for heart bypass graft using an endoscope	33533–33536
34713	Exposure of groin artery for delivery of graft	33882
34714	Exposure of major groin artery with creation of conduit	33882
34715	Exposure of underarm or upper chest artery for delivery of prosthesis	33882
34716	Exposure of underarm or upper chest artery with creation of conduit	33882
34812	Exposure of thigh artery for insertion of prosthesis	33882
34820	Exposure of groin artery for insertion of prosthesis	33882
34833	Exposure of groin artery with creation of conduit	33882
34834	Exposure of arm artery for insertion of prosthesis	33882
37252	Ultrasound evaluation of blood vessel with review by radiologist, initial vessel	33882 37254–37299
37253	Ultrasound evaluation of blood vessel with review by radiologist, each additional vessel	33882 37254–37299
37255	Balloon dilation of artery in abdomen/pelvis, straightforward lesion in each additional vessel	37254 37256 37258 37260
37257	Balloon dilation of artery in abdomen/pelvis, complex lesion in each additional vessel	37256 37258 37260
37259	Insertion of stent in artery of abdomen/pelvis straightforward lesion in each additional vessel	37258 37260
37261	Insertion of stent artery of abdomen/pelvis, complex lesion in each additional vessel	37260
37262	Intravascular shockwave treatment artery in abdomen/pelvis	37254 37255–37261
37264	Balloon dilation of artery in thigh/behind knee, straightforward lesion in each additional vessel	37263 37265 37267 37269 37271 37273 37275 37277

Table 6 – Procedure codes 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
37266	Balloon dilation of artery in thigh/behind knee, complex lesion in each additional vessel	37265 37267 37269 37271 37273 37275 37277
37268	Stent placement in artery in thigh/behind knee, straightforward lesion in each additional vessel	37267 37269 37271 37273 37275 37277
37270	Stent placement in artery in thigh/behind knee, complex lesion in each additional vessel	37269 37271 37273 37275 37277
37272	Removal of plaque with balloon dilation artery in thigh/behind knee, straightforward lesion in each additional vessel	37271 37273 37275 37277
37274	Removal of plaque with balloon dilation artery in thigh/behind knee, complex lesion in each additional vessel	37273 37275 37277
37276	Stent placement in artery in thigh/behind knee with removal of plaque, straightforward lesion in each additional vessel	37275 37277
37278	Stent placement in artery in thigh/behind knee with removal of plaque, complex lesion in each additional vessel	37277
37279	Intravascular shockwave treatment artery in thigh/back of knee	37263–37278
37281	Balloon dilation of artery in lower leg, straightforward lesion in each additional vessel	37280 37282 37284 37286 37288 37290 37292 37294
37283	Balloon dilation of artery in lower leg, complex lesion in each additional vessel	37282 37284 37286 37288 37290 37292 37294

Table 6 – Procedure codes 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
37285	Stent placement in artery in lower leg, straightforward lesion in each additional vessel	37284 37286 37288 37290 37292 37294
37287	Stent placement in artery in lower leg, complex lesion in each additional vessel	37286 37288 37290 37292 37294
37289	Removal of plaque with balloon dilation in artery in lower leg, straightforward lesion in each additional vessel	37288 37290 37292 37294
37291	Removal of plaque with balloon dilation in artery in lower leg, complex lesion in each additional vessel	37290 37292 37294
37293	Stent placement in artery in lower leg with removal of plaque, straightforward lesion in each additional vessel	37292 37294
37295	Stent placement in artery in lower leg with removal of plaque, complex lesion in each additional vessel	37294
37297	Balloon dilation of artery in ankle, straightforward lesion in each additional artery	37296 37298
37299	Balloon dilation of artery in ankle, complex lesion in each additional artery	37298
55715	MRI-ultrasound fusion, or CT-, or MRI-guided biopsy of prostate gland, each additional targeted tumor	55708 55710–55714
62331	Partial removal of lower spine ligament from both sides of each additional spine interspace with release	62330
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	63030
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	70450 70460 70470 70471 70496
77439	Ultrasound guidance for placement of radiation therapy fields for treatment of skin tumors with superficial or orthovoltage surface radiation therapy	77437 77438
90481	Administration of severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine by intramuscular injection, each additional component administered	90480
90833	Psychotherapy with evaluation and management visit, 30 minutes	98000–98015
90836	Psychotherapy with evaluation and management visit, 45 minutes	98000–98015
90838	Psychotherapy with evaluation and management visit, 1 hour	98000–98015
92972	Shockwave destruction of calcified plaque in coronary artery accessed through skin using catheter	92930 92945

Table 6 – Procedure codes 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
92973	Removal of blood clot in heart artery	92930 92945
92974	Insertion of radiation delivery device into heart artery	92930 92945
92978	Ultrasound evaluation of heart blood vessel or graft with review by radiologist, initial vessel	92930 92945
93571	Ultrasound evaluation of heart blood vessel during diagnosis or treatment, initial vessel	92930 92945
96547	Intraoperative heated intraperitoneal chemotherapy, first 60 minutes	49186–49190
96548	Intraoperative heated intraperitoneal chemotherapy, each additional 30 minutes	49186–49190
97009	Mechanical scalp cooling provided after discontinuation of chemotherapy, each 30 minutes	97008
0583U	Rapid whole genome comparator sequencing of blood, saliva, tissue sample for detection of abnormalities associated with constitutional/heritable diseases	0582U
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	75572–75574
1006T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system with programming, each additional 15 minutes	1005T
1022T	Percutaneous tissue displacement of intra-abdominal/pelvic structures	20982 20983 47000 47382 47383 48102 49180 49405 49411 50200 50592 50593 64625
1023T	Percutaneous tissue displacement of intrathoracic structures	20982 20983 32400 32408 32553–32557 32994 32998 49405

Table 6 – Procedure codes 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
1024T	Percutaneous tissue displacement of soft tissue	0581T 0673T 10030 10035 10036 19081–19086 19105 19281–19288 60100 60660 60661

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