

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024122    AUGUST 1, 2024

## Updated coverage and billing information for the 2024 July HCPCS codes

The Indiana Health Coverage Programs (IHCP) has reviewed the 2024 July quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The coverage and billing information in this publication replaces the information published in *IHCP Bulletin* [BT202497](#).

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



The bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT<sup>®1</sup>) and other HCPCS codes included in the 2024 July quarterly HCPCS update
  - [Table 2](#): New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate
  - [Table 3](#): Newly covered procedure codes linked to revenue code 636
  - [Table 4](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA
  - [Table 5](#): Procedure code included in the renal dialysis composite rate
  - [Table 6](#): Procedure codes that were end-dated in the 2024 July quarterly HCPCS update, along with alternate code considerations, if applicable
- Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](#), for coverage information. Codes that were discontinued effective July 1, 2024, for which no alternative codes were identified, are not listed but are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](#) at [cms.gov](#).*

**Notable changes made from [BT202497](#) include removing Q2055 from the list of codes, because Q2055 was not a newly added code; there was a change in the clinical indication, dosage and long description, but reimbursement information remained the same. New codes 0020M and J0175 were added to Table 1. Tables 2–6 were added to this publication.**

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

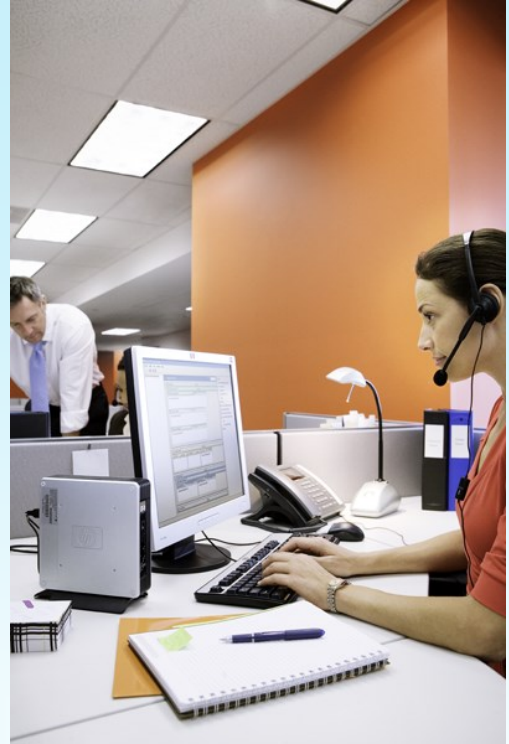
The 2024 July quarterly HCPCS codes will be added to the claim-processing system. For more information about the July 2024 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at [cms.gov](https://www.cms.gov).

Established pricing will be posted on the appropriate Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](https://in.gov/medicaid/providers).

Updates will be made to the following code table documents, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](https://in.gov/medicaid/providers):

- *Podiatry Services Codes*
- *Procedure Codes That Require Attachments*
- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Renal Dialysis Services Codes*
- *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. 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 PA, billing and reimbursement requirements. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.



## QUESTIONS?

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

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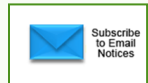


Table 1 – New codes included in the July 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
90637	Influenza virus vaccine, quadrivalent (QIRV), mRNA; 30 mcg/0.5 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
90638	Influenza virus vaccine, quadrivalent (QIRV), mRNA; 60 mcg/0.5 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	Noncovered	N/A	N/A	N/A
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	Noncovered	N/A	N/A	N/A
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Noncovered	N/A	N/A	N/A
0452U	Oncology (bladder), methylated penk DNA detection by linear target enrichment-quantitative methylation-specific real-time pcr (LTE/QMSP), urine, reported as likelihood of bladder cancer	Noncovered	N/A	N/A	N/A
0453U	Oncology (colorectal cancer), cell free DNA (cfDNA), methylation based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	Noncovered	N/A	N/A	N/A
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	Noncovered	N/A	N/A	N/A
0455U	Infectious agents (sexually transmitted infection), chlamydia trachomatis, neisseria gonorrhoeae, and trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	N/A
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFI) therapy	Noncovered	N/A	N/A	N/A
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Noncovered	N/A	N/A	N/A
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Noncovered	N/A	N/A	N/A
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Noncovered	N/A	N/A	N/A
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	Noncovered	N/A	N/A	N/A
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	Noncovered	N/A	N/A	N/A
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	Noncovered	N/A	N/A	N/A
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including Lass4, LRR4 and PPP2R5C, a reference marker ZDHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	Noncovered	N/A	N/A	N/A
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	Noncovered	N/A	N/A	N/A
0466U	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPS], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	Noncovered	N/A	N/A	N/A
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	Noncovered	N/A	N/A	N/A
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL-40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	Noncovered	N/A	N/A	N/A
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	Noncovered	N/A	N/A	N/A
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	Noncovered	N/A	N/A	N/A
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjogren syndrome	Noncovered	N/A	N/A	N/A
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	Noncovered	N/A	N/A	N/A
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	Noncovered	N/A	N/A	N/A
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	Noncovered	N/A	N/A	N/A
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 ml	Noncovered	N/A	N/A	N/A
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report	Noncovered	N/A	N/A	N/A
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	Noncovered	N/A	N/A	N/A
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	Noncovered	N/A	N/A	N/A
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	Noncovered	N/A	N/A	N/A
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, 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
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	Noncovered	N/A	N/A	N/A
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	Noncovered	N/A	N/A	N/A
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	Noncovered	N/A	N/A	N/A
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Noncovered	N/A	N/A	N/A
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	Noncovered	N/A	N/A	N/A
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	Noncovered	N/A	N/A	N/A
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	Noncovered	N/A	N/A	N/A
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, 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
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	Noncovered	N/A	N/A	N/A
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, 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
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Noncovered	N/A	N/A	N/A
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Noncovered	N/A	N/A	N/A
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	Noncovered	N/A	N/A	N/A
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	Noncovered	N/A	N/A	N/A
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Noncovered	N/A	N/A	N/A
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	Noncovered	N/A	N/A	N/A
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	Noncovered	N/A	N/A	N/A
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Noncovered	N/A	N/A	N/A
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	Noncovered	N/A	N/A	N/A
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (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
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	Noncovered	N/A	N/A	N/A
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	Noncovered	N/A	N/A	N/A
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
A9506	Graphite crucible for preparation of technetium Tc 99m-labeled carbon aerosol, each	Noncovered	N/A	N/A	N/A
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	Noncovered	N/A	N/A	N/A
C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	Noncovered	N/A	N/A	N/A
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	Covered	No	No	Professional: Manually priced  Outpatient: Ambulatory surgical center (ASC) indicator M  Professional claims require attachment of manufacturer's suggested retail price (MSRP) documentation, or cost invoice if no MSRP is available.
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0522	Management of a new patient with dementia, low complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A

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G0523	Management of a new patient with dementia, moderate to high complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0527	Management of established patient with dementia, low complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0528	Management of established patient with dementia, moderate to high complexity, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0529	In-home respite care, 4-hour unit, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0530	Adult day center, 8-hour unit, for use in CMMI model	Noncovered	N/A	N/A	N/A
G0531	Facility-based respite, 24-hour unit, for use in CMMI model	Noncovered	N/A	N/A	N/A
G9037	Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient (i.e. not for professional education or scheduling) and may include subsequent follow up on the specialist's recommendations; 30 minutes	Noncovered	N/A	N/A	N/A
G9038	Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition expected to last at least 3 months; comprehensive care plan established, implemented, revised or monitored in partnership with co-managing clinicians; ongoing communication and care coordination between co-managing clinicians furnishing care	Noncovered	N/A	N/A	N/A
J0175	Injection, donanemab-azbt, 2 mg	TBD	TBD	TBD	TBD
J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (Nithiodote)	Noncovered	N/A	N/A	N/A
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	Covered	No	Yes	Max fee: \$1.28
J0872	Injection, daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg	Covered	No	Yes	Max fee: \$0.15
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Noncovered	N/A	N/A	N/A
J1597	Injection, glycopyrrolate (Glyrx-PF), 0.1 mg	Covered	No	Yes	Max fee: \$1.68
J1598	Injection, glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg	Covered	No	Yes	Max fee: \$2.67
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	Covered	Yes	Yes	Max fee: \$270.42 See <a href="#">Table 3</a> See <a href="#">Table 4</a>
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to J2185, 100 mg	Covered	No	Yes	Max fee: \$1.73
J2246	Injection, micafungin in sodium (Baxter), not therapeutically equivalent to J2248, 1 mg	Noncovered	N/A	N/A	N/A

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J2267	Injection, mirikizumab-mrkz, 1 mg	Covered	Yes	Yes	Max fee: \$33.58 See <a href="#">Table 3</a> See <a href="#">Table 4</a> See <a href="#">Table 6</a>
J2373	Injection, phenylephrine hydrochloride (Immphantiv), 20 micrograms	Covered	No	Yes	Max fee: \$0.21 See <a href="#">Table 5</a>
J2468	Injection, palonosetron hydrochloride (Avyxa), not therapeutically equivalent to J2469, 25 micrograms	Noncovered	N/A	N/A	N/A
J2470	Injection, pantoprazole sodium, 40 mg	Covered	Yes	Yes	Max fee: \$2.94 See <a href="#">Table 4</a> See <a href="#">Table 6</a>
J2471	Injection, pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg	Covered	Yes	Yes	Max fee: \$2.94 See <a href="#">Table 4</a>
J3247	Injection, secukinumab, intravenous, 1 mg	Covered	Yes	Yes	Max fee: \$17.77 See <a href="#">Table 3</a> See <a href="#">Table 4</a> See <a href="#">Table 6</a>
J3263	Injection, toripalimab-tpzi, 1 mg	Covered	No	Yes	Max fee: \$38.90
J3393	Injection, betibeglogene autotemcel, per treatment	Noncovered	N/A	N/A	N/A
J3394	Injection, lovotibeglogene autotemcel, per treatment	Noncovered	N/A	N/A	N/A
J7171	Injection, ADAMTS13, recombinant-krhn, 10 iu	Covered	No	Yes	Max fee: \$34.44 See <a href="#">Table 3</a> See <a href="#">Table 6</a>
J7355	Injection, travoprost, intracameral implant, 1 microgram	Covered	No	Yes	Max fee: \$195.30 See <a href="#">Table 3</a>
J8611	Methotrexate (Jylamvo), oral, 2.5 mg	Noncovered	N/A	N/A	N/A
J8612	Methotrexate (Xatmep), oral, 2.5 mg	Noncovered	N/A	N/A	N/A
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Noncovered	N/A	N/A	N/A
Q4311	Acesso, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4312	Acesso AC, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>

\* **“Covered”** indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q4313	Dermabind FM, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4314	Reeva FT, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4315	Regenelink amniotic membrane allograft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4316	Amchoplast, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4317	Vitograft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4318	E-graft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4319	Sanograft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>

\* **“Covered”** indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q4320	Pellograft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4321	Renograft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4322	Caregraft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4323	Alloply, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4324	Amniotx, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4325	Acapatch, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4326	Woundplus, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>

\* **“Covered”** indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full 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 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q4327	Duoamnion, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4328	Most, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4329	Singlay, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4330	Total, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4331	Axolotl graft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4332	Axolotl dualgraft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q4333	Ardeograaft, per square centimeter	Covered	No	No	Max fee: \$48.68 Allowed for Podiatrists (provider specialty 140) See <a href="#">Table 2</a> See <a href="#">Table 3</a>
Q5137	Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Noncovered	N/A	N/A	N/A
Q5138	Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 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 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 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
Q4311	Acesso, per square centimeter
Q4312	Acesso AC, per square centimeter
Q4313	Dermabind FM, per square centimeter
Q4314	Reeva FT, per square centimeter
Q4315	Regenelink amniotic membrane allograft, per square centimeter
Q4316	Amchoplast, per square centimeter
Q4317	Vitograft, per square centimeter
Q4318	E-graft, per square centimeter
Q4319	Sanograft, per square centimeter
Q4320	Pellograft, per square centimeter
Q4321	Renograft, per square centimeter
Q4322	Caregraft, per square centimeter
Q4323	Alloply, per square centimeter
Q4324	Amniotx, per square centimeter
Q4325	Acapatch, per square centimeter
Q4326	Woundplus, per square centimeter
Q4327	Duoamnion, per square centimeter
Q4328	Most, per square centimeter
Q4329	Singlay, per square centimeter
Q4330	Total, per square centimeter
Q4331	Axolotl graft, per square centimeter
Q4332	Axolotl dualgraft, per square centimeter
Q4333	Ardeograft, per square centimeter

Table 3 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
J2267	Injection, mirikizumab-mrkz, 1 mg
J3247	Injection, secukinumab, intravenous, 1 mg
J3263	Injection, toripalimab-tpzi, 1 mg
J7171	Injection, ADAMTS13, recombinant-krhn, 10 iu
J7355	Injection, travoprost, intracameral implant, 1 microgram
Q4311	Acesso, per square centimeter
Q4312	Acesso ac, per square centimeter
Q4313	Dermabind FM, per square centimeter
Q4314	Reeva FT, per square centimeter
Q4315	Regenelink amniotic membrane allograft, per square centimeter
Q4316	Amchoplast, per square centimeter
Q4317	Vitograft, per square centimeter
Q4318	E-graft, per square centimeter
Q4319	Sanograft, per square centimeter
Q4320	Pellograft, per square centimeter
Q4321	Renograft, per square centimeter
Q4322	Caregraft, per square centimeter
Q4323	Alloply, per square centimeter
Q4324	Amniotx, per square centimeter
Q4325	Acapatch, per square centimeter
Q4326	Woundplus, per square centimeter
Q4327	Duoamnion, per square centimeter
Q4328	Most, per square centimeter
Q4329	Singlay, per square centimeter
Q4330	Total, per square centimeter
Q4331	Axolotl graft, per square centimeter

Table 3 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
Q4332	Axolotl dualgraft, per square centimeter
Q4333	Ardeograft, per square centimeter

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

Procedure code	Description	PA criteria
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	Please see Pharmacy Statewide Uniform Preferred Drug List (SUPDL) for PA criteria. The SUPDL can be accessed on the Optum Rx website, accessible from the Pharmacy Services page at <a href="http://in.gov/medicaid/providers">in.gov/medicaid/providers</a> .
J2267	Injection, mirikizumab-mrkz, 1 mg	Please see Pharmacy SUPDL for PA criteria.
J2470	Injection, pantoprazole sodium, 40 mg	Please see Pharmacy SUPDL for PA criteria.
J2471	Injection, pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg	Please see Pharmacy SUPDL for PA criteria.
J3247	Injection, secukinumab, intravenous, 1 mg	Please see Pharmacy SUPDL for PA criteria.

Table 5 – Procedure code included in the renal dialysis composite rate

Procedure code	Description
J2373	Injection, phenylephrine hydrochloride (Immphantiv), 20 micrograms

Table 6 – Procedure codes that were end-dated in the 2024 July quarterly HCPCS update, along with alternate code considerations, if applicable

End-dated procedure code	Description	Alternate code considerations
0204U	mRNA gene analysis of 539 genes in fine needle aspiration thyroid specimen, reported as detected or not detected	N/A
0353U	Detection of Chlamydia trachomatis and Neisseria gonorrhoeae by multiplex amplified DNA probe technique	N/A
C9113	Injection, pantoprazole sodium, per vial	N/A
C9166	Injection, secukinumab, intravenous, 1 mg	J3247
C9167	Injection, adamts13, recombinant-krhn, 10 iu	J7171
C9168	Injection, mirikizumab-mrkz, 1 mg	J2267
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling	N/A
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	N/A
J2780	Injection, ranitidine hydrochloride, 25 mg	N/A
J9371	Injection, vincristine sulfate liposome, 1 mg	N/A
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Q4331 Q4332
Q4277	Woundplus membrane or e-graft, per square centimeter	Q4326
S0164	Injection, pantoprazole sodium, 40 mg	J2470