

IHCP *bulletin*

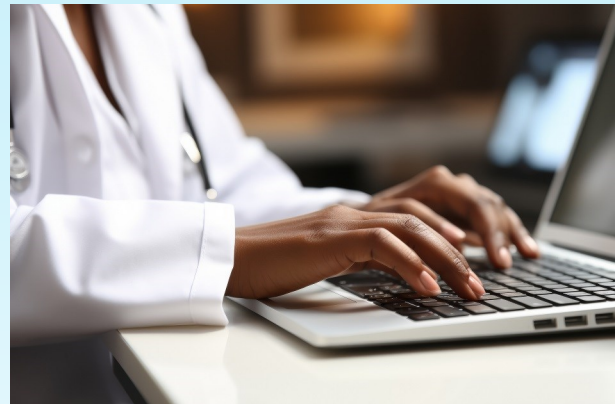
INDIANA HEALTH COVERAGE PROGRAMS BT202467 MAY 21, 2024

Note: This bulletin has been corrected. Procedure codes L1320, L5783 and L5841 are allowed for Durable Medical Equipment providers (provider specialty 250) They are not allowed for Home Medical Equipment providers (provider specialty 251). The definition for Q0224 has been corrected.

Coverage and billing information for the April 2024 Quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the April 2024 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 in *IHCP Bulletin* [BT202437](#).

The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after April 1, 2024, unless otherwise specified. 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^{®1}) and other HCPCS codes included in the April 2024 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 274
- [Table 4](#): Newly covered procedure codes linked to revenue code 636
- [Table 5](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA
- [Table 6](#): Durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
- [Table 7](#): Revised information for procedure code from October 2023 quarterly HCPCS update (revised from *IHCP Bulletin* [BT2023165](#))
- [Table 8](#): Procedure codes that were discontinued in the April 2024 quarterly HCPCS update, along with alternate code considerations

Inclusion of an alternate code on this table does not indicate IHCP coverage of the alternate code. Consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](#), for coverage information. Codes that were discontinued effective March 31, 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](#).

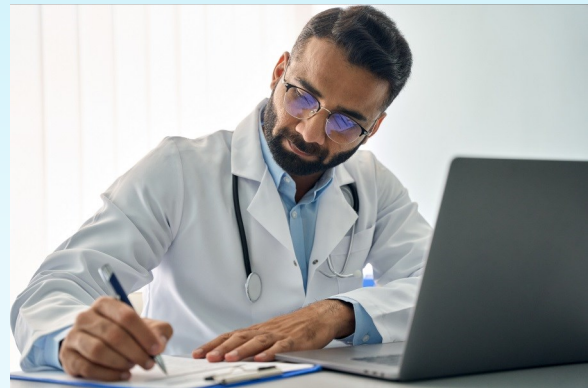
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The 2024 April quarterly HCPCS and CPT codes will be added to the claim-processing system. For more information about the April 2024 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at cms.gov.

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.

Updates will be made to the LTC DME per diem table, accessible from the [Long-Term Care DME Per Diem Table](#) page at in.gov/medicaid/providers, as well as to the following code table documents, accessible from the [Code Sets](#) page at in.gov/medicaid/providers:

- *Durable and Home Medical Equipment and Supplies*
- *Podiatry Services Codes*
- *Preventive Care Services Excluded from Copayment for Healthy Indiana Plan (HIP)*
- *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. PA, billing and reimbursement information apply 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 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 April 2024 quarterly HCPCS update, effective for DOS on or after April 1, 2024, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [loc105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), QPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	Noncovered	N/A	N/A	N/A
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2BAS1], rs12129789 [KCND-3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1], cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), GPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	Noncovered	N/A	N/A	N/A
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	Noncovered	N/A	N/A	N/A
0442U	Infectious disease (respiratory infection), myxovirus resistance protein a (MXA) and c-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	Noncovered	N/A	N/A	N/A
0443U	Neurofilament light chain (NFI), ultra-sensitive immunoassay, serum or cerebrospinal fluid	Noncovered	N/A	N/A	N/A
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	Noncovered	N/A	N/A	N/A
0445U	B-amyloid (abeta42) and phospho tau (181P) (P-tau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Noncovered	N/A	N/A	N/A
0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity	Noncovered	N/A	N/A	N/A
0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare	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.

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Table 1 – New codes included in the April 2024 quarterly HCPCS update, effective for DOS on or after April 1, 2024, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0448U	Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	Noncovered	N/A	N/A	N/A
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	Noncovered	N/A	N/A	N/A
A2026	Restrata minimatrix, 5 mg	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4 See Table 6
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	Noncovered	N/A	N/A	N/A
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	Covered	No	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 3 See Table 6
A4564	Pessary, disposable, any type	Covered	No	No	Pricing TBD Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 6
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime	Noncovered	N/A	N/A	N/A
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each	Noncovered	N/A	N/A	N/A
A9293	Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer)	Noncovered	N/A	N/A	N/A
C9166	Injection, secukinumab, intravenous, 1 mg	Covered	Yes	Yes	See Table 4 See Table 5
C9167	Injection, apadamtase alfa, 10 units	Covered	No	Yes	See Table 4
C9168	Injection, mirikizumab-mrkz, 1 mg	Covered	Yes	Yes	See Table 4 See Table 5
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	Covered	No	No	None

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
C9797	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 roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Covered	No	No	None
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	Covered	No	No	Pricing TBD Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 6
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	Covered	Yes	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 5 See Table 6
E0736	Transcutaneous tibial nerve stimulator	Noncovered	N/A	N/A	N/A
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	Noncovered	N/A	N/A	N/A
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	Noncovered	N/A	N/A	N/A
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	Noncovered	N/A	N/A	N/A
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Noncovered	N/A	N/A	N/A
G0138	Intravenous infusion of CipaglucoSIDase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of CipaglucoSIDase alfa-atga	Covered	Yes	TBD	Pricing TBD See Table 5
H0051	Traditional healing service	Noncovered	N/A	N/A	N/A
J0177	Injection, aflibercept HCl, 1 mg	Covered	No	Yes	See Table 4 See Table 8
J0209	Injection, sodium thiosulfate (hope), 100 mg	Noncovered	N/A	N/A	N/A
J0577	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	Covered	Yes	Yes	See Table 4 See Table 5 See Table 8
J0578	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	Covered	Yes	Yes	See Table 4 See Table 5 See Table 8
J0589	Injection, daxibotulinumtoXina-lanm, 1 unit	Noncovered	N/A	N/A	N/A
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg	Covered	No	Yes	None
J0651	Injection, levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg	Covered	No	Yes	None

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Table 1 – New codes included in the April 2024 quarterly HCPCS update, effective for DOS on or after April 1, 2024, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J0652	Injection, levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg	Noncovered	N/A	N/A	N/A
J1010	Injection, methylprednisolone acetate, 1 mg	Covered	No	Yes	Allowed for Podiatrist (provider specialty 140) See Table 8
J1202	Miglustat, oral, 65 mg	Covered	Yes	Yes	See Table 4 See Table 5
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Covered	Yes	Yes	See Table 4 See Table 5
J1323	Injection, elranatamab-bcmm, 1 mg	Covered	No	Yes	See Table 4 See Table 8
J1434	Injection, fosaprepitant (Focinvez), 1 mg	Noncovered	N/A	N/A	N/A
J2277	Injection, motixafortide, 0.25 mg	Covered	No	Yes	See Table 4
J2782	Injection, avacincapted pegol, 0.1 mg	Covered	No	Yes	See Table 4 See Table 8
J2801	Injection, risperidone (Rykindo), 0.5 mg	Covered	No	Yes	
J2919	Injection, methylprednisolone sodium succinate, 5 mg	Covered	No	Yes	Allowed for Podiatrist (provider specialty 140) See Table 8
J3055	Injection, talquetamab-tgvs, 0.25 mg	Covered	No	Yes	See Table 4 See Table 8
J3424	Injection, hydroxocobalamin, intravenous, 25 mg	Noncovered	N/A	N/A	N/A
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity	Covered	No	Yes	See Table 4 See Table 8
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Covered	No	Yes	See Table 4 See Table 8
J9073	Injection, cyclophosphamide (Ingenus), 5 mg	Covered	No	Yes	See Table 4
J9074	Injection, cyclophosphamide (Sandoz), 5 mg	Covered	No	Yes	See Table 4
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	Covered	No	Yes	See Table 4 See Table 8
J9248	Injection, avacincaptad pegol, 0.1 mg	Noncovered	N/A	N/A	N/A
J9249	Injection, melphalan (Apotex), 1 mg	Noncovered	N/A	N/A	N/A
J9376	Injection, pozelimab-bbfg, 1 mg	Noncovered	N/A	N/A	N/A
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	Covered	No	No	Pricing TBD Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 6
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	Covered	Yes	No	Pricing TBD Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 5

* "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 April 2024 quarterly HCPCS update, effective for DOS on or after April 1, 2024, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	Covered	Yes	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 3 See Table 5
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	Covered	Yes	No	Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 3 See Table 5
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	Covered	No	No	Effective for DOS on or after March 22, 2024 Restricted to ages 12 years and older Preventive care service excluded from copay for HIP See Table 4
Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	Covered	No	Yes	Effective for DOS on or after March 23, 2024 Restricted to ages 12 years and older Preventive care service excluded from copay for HIP See Table 4
Q4305	American amnion AC tri-layer, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4306	American amnion AC, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4307	American amnion, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4

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Table 1 – New codes included in the April 2024 quarterly HCPCS update, effective for DOS on or after April 1, 2024, unless otherwise stated

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q4308	Sanopellis, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4309	Via matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4310	Procenta, per 100 mg	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4 See Table 8
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
S4988	Penile contracture device, manual, greater than 3 lbs traction force	Noncovered	N/A	N/A	N/A
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	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 2 – New skin-substitute procedure codes reimbursed at a flat, statewide, per-unit rate

Procedure code	Description
A2026	Restrata minimatrix, 5 mg
Q4305	American amnion ac tri-layer, per square centimeter
Q4306	American amnion ac, per square centimeter
Q4307	American amnion, per square centimeter
Q4308	Sanopellis, per square centimeter
Q4309	Via matrix, per square centimeter
Q4310	Procenta, per 100 mg

Table 3 – Newly covered procedure codes linked to revenue code 274

Procedure code	Description
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control

Table 4 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
A2026	Restrata minimatrix, 5 mg
C9166	Injection, secukinumab, intravenous, 1 mg
C9167	Injection, apadamtase alfa, 10 units
C9168	Injection, mirikizumab-mrkz, 1 mg
J0177	Injection, aflibercept hd, 1 mg
J0577	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy
J0578	Injection, buprenorphine extended-release (brixadi), greater than 7 days and up to 28 days of therapy
J1202	Miglustat, oral, 65 mg
J1203	Injection, cipaglugosidase alfa-atga, 5 mg
J1323	Injection, elranatamab-bcmm, 1 mg
J2277	Injection, motixafortide, 0.25 mg
J2782	Injection, avacincapted pegol, 0.1 mg
J3055	Injection, talquetamab-tgvs, 0.25 mg
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
J9073	Injection, cyclophosphamide (ingenus), 5 mg
J9074	Injection, cyclophosphamide (sandoz), 5 mg
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring
Q0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring
Q4305	American amnion ac tri-layer, per square centimeter
Q4306	American amnion ac, per square centimeter
Q4307	American amnion, per square centimeter
Q4308	Sanopellis, per square centimeter

Table 4 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
Q4309	Via matrix, per square centimeter
Q4310	Procenta, per 100 mg

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

Procedure code	Description	PA criteria
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	All PA requests for medical equipment or supplies must include a written, signed prescription, as described in the <i>Written Orders Required for Medical Equipment and Supplies and Equipment</i> section of the Durable and Home Medical Equipment and Supplies provider reference module. The <i>Durable Medical Equipment Information Form for Enteral and Parenteral Nutrition</i> (accessible from the Forms page at in.gov/medicaid/providers) must be completed by the DME supplier and kept on file in the patient's medical records, along with a physician's signed order for the product.
C9166	Injection, secukinumab, intravenous, 1 mg	Agents for the Treatment of Opioid Use Disorder PA Criteria for these drugs, accessible from the Optum Rx Indiana Medicaid website (under <i>PA Criteria and Administrative Forms</i> quick link)
C9168	Injection, mirikizumab-mrkz, 1 mg	Agents for the Treatment of Opioid Use Disorder PA Criteria for these drugs, accessible from the Optum Rx Indiana Medicaid website (under <i>PA Criteria and Administrative Forms</i> quick link)
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	PA required; see the Durable and Home Medical Equipment and Supplies provider reference module for PA criteria
G0138	Intravenous infusion of cipaglucoisidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucoisidase alfa-atga	TBD
J0577	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy	Agents for the Treatment of Opioid Use Disorder PA Criteria for these drugs, accessible from the Optum Rx Indiana Medicaid website (under <i>PA Criteria and Administrative Forms</i> quick link)
J0578	Injection, buprenorphine extended-release (brixadi), greater than 7 days and up to 28 days of therapy	Agents for the Treatment of Opioid Use Disorder PA Criteria for these drugs, accessible from the Optum Rx Indiana Medicaid website (under <i>PA Criteria and Administrative Forms</i> quick link)
J1202	Miglustat, oral, 65 mg	TBD
J1203	Injection, cipaglucoisidase alfa-atga, 5 mg	TBD
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	PA for medical necessity
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	Prosthetic devices require PA for medical necessity. When the basic prosthesis is approved, all customizing features are exempt from PA.
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	Prosthetic devices require PA for medical necessity. When the basic prosthesis is approved, all customizing features are exempt from PA.

Table 6 – DME and supply codes included in the LTC facility per diem rate

Procedure code	Description
A2026	Restrata minimatrix, 5 mg
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
A4564	Pessary, disposable, any type
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility

Table 7 – Revised information for procedure code from October 2023 quarterly HCPCS update, effective for DOS on or after Oct. 1, 2023

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Covered	Yes	No	Restricted to ages 2 years and older Allowed for Durable Medical Equipment providers (provider specialty 250) See Table 3 See Table 5 See Table 6

*"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.

Table 8 – Alternate procedure codes to be used in place of codes that have been end-dated

End-dated procedure code	Description	Alternate code considerations
C9159	Injection, prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity	J7165
C9161	Injection, aflibercept HD, 1 mg	J0177
C9162	Injection, avacincaptad pegol, 0.1 mg	J2782
C9163	Injection, talquetamab-tgvs, 0.25 mg	J3055
C9164	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	J7354
C9165	Injection, elranatamab-bcmm, 1 mg	J1323
J0576	Injection, buprenorphine extended-release (BRIXADI), 1 mg	J0577, J0578
J1020	Injection, methylprednisolone acetate, 20 mg	J1010
J1030	Injection, methylprednisolone acetate, 40 mg	J1010
J1040	Injection, methylprednisolone acetate, 80 mg	J1010
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	J2919
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	J2919
J9070	Cyclophosphamide, 100 mg	J9075
J9250	Methotrexate sodium, 5 mg	J9260
Q4244	Procenta, per 200 mg	Q4310