

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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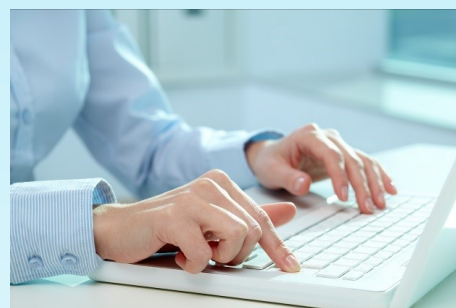
Updated coverage information for the October 2025 quarterly HCPCS codes update

The Indiana Health Coverage Programs (IHCP) has reviewed the October 2025 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage. This bulletin replaces the originally published annual HCPCS update in *IHCP Bulletin* [BT2025139](#).

The IHCP coverage information provided in this bulletin is effective for dates of service (DOS) on or after **Oct. 1, 2025**.

This bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT^{®1}) and other HCPCS codes included in the October 2025 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 274
 - [Table 4](#): New procedure codes linked to revenue code 636
 - [Table 5](#): Available prior authorization (PA) criteria for the new procedure codes that require PA
 - [Table 6](#): New procedure codes carved out of managed care
 - [Table 7](#): Durable medical equipment (DME) and supply codes included in the long-term care (LTC) facility per diem rate
 - [Table 8](#): New procedure codes included in the renal dialysis composite rate
 - [Table 9](#): Procedure codes included in the Indiana add-on code logic, with the corresponding primary procedure code
 - [Table 10](#): Procedure codes that were discontinued in the October 2025 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](#) webpage at [in.gov/medicaid/providers](#), for coverage information. Codes that were discontinued effective Sept. 30, 2025, for which no alternative codes were identified, are not listed but are available for reference or download from the [CMS website](#) at [cms.gov](#).*



The procedure codes from the October 2025 quarterly HCPCS update will be added to the claim-processing system. For more information about the October 2025 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) webpage of the CMS website at [cms.gov](#).

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

- *Durable and Home Medical Equipment and Supplies Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *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 Vision Services Codes*



The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. PA, billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system.

Questions about FFS PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own PA, billing and reimbursement information. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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

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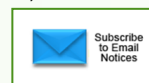


Table 1 – New codes included in the 2025 October quarterly HCPCS update, effective for DOS on or after Oct. 1, 2025

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0575U	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection	Noncovered	N/A	N/A	N/A
0576U	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score	Noncovered	N/A	N/A	N/A
0577U	Oncology (ovarian), serum, analysis of 39 glycoproteins by liquid chromatography with tandem mass spectrometry (LC-MS/MS) in multiple reaction monitoring mode, reported as likelihood of malignancy	Noncovered	N/A	N/A	N/A
0578U	Oncology (cutaneous melanoma), RNA, gene expression profiling by realtime qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence	Noncovered	N/A	N/A	N/A
0579U	Nephrology (diabetic chronic kidney disease), enzymelinked immunosorbent assay (ELISA) of apolipoprotein a4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline	Noncovered	N/A	N/A	N/A
0580U	Borrelia burgdorferi, antibody detection of 24 recombinant protein groups, by immunoassay, IgG	Noncovered	N/A	N/A	N/A
0581U	Transplantation medicine, antibody to non-human leukocyte antigens (non-HLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported	Noncovered	N/A	N/A	N/A
0582U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported	Noncovered	N/A	N/A	N/A
0583U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0584U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking induced conformational conversion, qualitative	Noncovered	N/A	N/A	N/A
0585U	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0586U	Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene	Noncovered	N/A	N/A	N/A
0587U	Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score predicted for adverse drug effects	Noncovered	N/A	N/A	N/A
0588U	Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by splitwell multiplex reverse transcription loop-mediated isothermal amplification (RT-LAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days	Noncovered	N/A	N/A	N/A
0589U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	Noncovered	N/A	N/A	N/A
0590U	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism	Noncovered	N/A	N/A	N/A
0591U	Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), plasma, serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant prostate cancer	Noncovered	N/A	N/A	N/A
0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s)	Noncovered	N/A	N/A	N/A
0593U	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected	Noncovered	N/A	N/A	N/A
0594U	Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis	Noncovered	N/A	N/A	N/A
0595U	Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RT-PCR, whole blood, each pathogen reported as detected or not detected	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0596U	Neurology (Alzheimer disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LC-MS/MS), reported as an APOE prototype	Noncovered	N/A	N/A	N/A
0597U	Oncology (breast), RNA expression profiling of 329 genes by targeted next generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score	Noncovered	N/A	N/A	N/A
0598U	Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by microarray-based immunoassay, whole blood or serum, report as elevated (positive) or normal (negative) antibody levels	Noncovered	N/A	N/A	N/A
0599U	Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative	Noncovered	N/A	N/A	N/A
A2036	Cohealyx collagen dermal matrix, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
A2037	G4Derm Plus, per milliliter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
A2038	Marigen Pacto, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
A2039	InnovaMatrix fd, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
A4288	Valve for breast pump, replacement	Covered	No	No	Requires attachment of manufacturer's suggested retail price (MSRP) documentation, or cost invoice if no MSRP is available
A9612	Injection, fluorescein, 1 mg	Covered	No	Yes	None
A9616	Gallium ga-68 gozetotide (gozellix), diagnostic, 1 millicurie	Noncovered	N/A	N/A	N/A
C1740	Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing	Noncovered	N/A	N/A	N/A
C1741	Anchor/screw for bone fixation, absorbable (implantable)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
C1742	Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application	Noncovered	N/A	N/A	N/A
C8006	Insertion of pleural-peritoneal shunt with intercostal pump chamber, including imaging, injection(s) of contrast with radiological supervision and interpretation, when performed	Noncovered	N/A	N/A	N/A
C9305	Injection, nivalimab-aahu, 3 mg	Covered	No	Yes	See Table 4
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg	Covered	No	Yes	See Table 4
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 3 See Table 7
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) See Table 7
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	Covered	No	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Allowed for Home Medical Equipment provider (provider specialty 251) See Table 7
J0163	Injection, epinephrine in sodium chloride (endo), 0.1 mg	Covered	No	Yes	None
J0164	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	Covered	No	Yes	None
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	Covered	No	Yes	See Table 4
J0462	Injection, atropine sulfate, not therapeutically equivalent to J0461, 0.01 mg	Covered	No	Yes	None
J0525	Injection, cefotetan disodium, 10 mg	Covered	No	Yes	See Table 10
J0582	Injection, bivalirudin (endo), not therapeutically equivalent to J0583, 1 mg	Covered	No	Yes	See Table 4

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J0614	Injection, treosulfan, 50 mg	Covered	No	Yes	See Table 4 See Table 10
J0668	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Covered	No	Yes	See Table 10
J0675	Injection, carboprost tromethamine, 0.1 mg	Covered	No	Yes	None
J0681	Injection, ceftobiprole medocartil sodium, 3 mg	Noncovered	N/A	N/A	N/A
J0738	Injection, lenacapavir, 1 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	Covered	No	Yes	See Table 4
J0752	Oral, lenacapavir, 300 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	Covered	No	Yes	See Table 4
J0759	Injection, clevidipine butyrate, 1 mg	Covered	No	Yes	See Table 4 See Table 8 See Table 10
J1370	Injection, esomeprazole sodium, 1 mg	Covered	Yes	Yes	See Table 5
J1612	Injection, glucagon (gvoke), 0.01 mg	Covered	No	Yes	None
J1807	Injection, ethacrynate sodium, 1 mg	Covered	No	Yes	None
J1809	Injection, fosdenopterin, 0.1 mg	Covered	No	Yes	See Table 4
J1834	Injection, isoniazid, 1 mg	Covered	No	Yes	None
J2151	Injection, mannitol, 250 mg	Covered	No	Yes	See Table 10
J2291	Injection, nafcillin sodium (baxter), 20 mg	Covered	No	Yes	None

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J3290	Injection, tranexamic acid, 5 mg	Covered	No	Yes	None
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	Covered	No	Yes	See Table 4
J3403	Revakinagene taroretcel-lwey, per implant	Covered	Yes	Yes	Allowed for Ophthalmologist (provider specialty 330) See Table 4 See Table 5 See Table 6
J7173	Injection, concizumab-mtci, 0.5 mg	Covered	No	Yes	See Table 4 See Table 6
J7174	Injection, fitusiran, 0.04 mg	Covered	No	Yes	See Table 4 See Table 6
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	Covered	No	Yes	See Table 4 See Table 10
L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated	Noncovered	N/A	N/A	N/A
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials	Noncovered	N/A	N/A	N/A
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by L6692	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 3 See Table 5

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (MCP), proximal interphalangeal (PIP), and/or distal interphalangeal (DIP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 3 See Table 5
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (MCP), interphalangeal (IP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 3 See Table 5
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 3 See Table 5
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb	Covered	Yes	No	Allowed for Durable Medical Equipment provider (provider specialty 250) Requires attachment of MSRP documentation, or cost invoice if no MSRP is available See Table 3 See Table 5

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
M0235	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients 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, not otherwise classified, first dose	Noncovered	N/A	N/A	N/A
M0236	Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients 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, not otherwise classified, second dose	Noncovered	N/A	N/A	N/A
M0237	Intravenous infusion, tocilizumab-anoh, 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
M0238	Intravenous infusion, tocilizumab-anoh, 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
Q0235	Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, not otherwise classified, 1 mg	Noncovered	N/A	N/A	N/A
Q0237	Injection, tocilizumab-anoh, 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
Q4383	Axolotl graft ultra, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4384	Axolotl dualgraft ultra, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q4385	Apollo ft, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4386	Acesso trifaca, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4387	Neothelium ft, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4388	Neothelium 4l, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4389	Neothelium 4l+, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4390	Ascendion, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4391	Amnioplast double, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4392	Grafix duo, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4393	Surgraft ac, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4

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Q4394	Surgraft aca, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4395	Acelagraft, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4396	Natalin, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q4397	Summit aaa, per square centimeter	Covered	No	No	Allowed for Podiatrist (provider specialty 140) See Table 2 See Table 4
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	Noncovered	N/A	N/A	N/A
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 5
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 5
Q5158	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg	Covered	Yes	Yes	See Table 4 See Table 5
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A

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

Procedure code	Description
A2036	Cohealyx collagen dermal matrix, per square centimeter
A2037	G4derm plus, per milliliter
A2038	Marigen pacto, per square centimeter
A2039	Innovamatrix fd, per square centimeter
Q4383	Axolotl graft ultra, per square centimeter
Q4384	Axolotl dualgraft ultra, per square centimeter
Q4385	Apollo ft, per square centimeter
Q4386	Acesso trifaca, per square centimeter
Q4387	Neothelium ft, per square centimeter
Q4388	Neothelium 4l, per square centimeter
Q4389	Neothelium 4l+, per square centimeter
Q4390	Ascendion, per square centimeter
Q4391	Amnioplast double, per square centimeter
Q4392	Grafix duo, per square centimeter
Q4393	Surgraft ac, per square centimeter
Q4394	Surgraft aca, per square centimeter
Q4395	Acelagraft, per square centimeter
Q4396	Natalin, per square centimeter
Q4397	Summit aaa, per square centimeter

Table 3 – New procedure codes linked to revenue code 274

Procedure code	Description
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by L6692
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (MCP), proximal interphalangeal (PIP), and/or distal interphalangeal (DIP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (MCP), interphalangeal (IP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb

Table 4 – New procedure codes linked to revenue code 636

Procedure code	Description
A2036	Cohealyx collagen dermal matrix, per square centimeter
A2037	G4derm plus, per milliliter
A2038	Marigen pacto, per square centimeter
A2039	Innovamatrix fd, per square centimeter

Procedure code	Description
C9305	Injection, nipocalimab-aahu, 3 mg
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)
J0582	Injection, bivalirudin (endo), not therapeutically equivalent to j0583, 1 mg
J0614	Injection, treosulfan, 50 mg
J0738	Injection, lenacapavir, 1 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for HIV)
J0752	Oral, lenacapavir, 300 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for HIV)
J0759	Injection, clevidipine butyrate, 1 mg
J1809	Injection, fosdenopterin, 0.1 mg
J3402	Injection, remestemcel-l-rknd, per therapeutic dose
J3403	Revakinagene taroretcel-lwey, per implant
J7173	Injection, concizumab-mtci, 0.5 mg
J7174	Injection, fitusiran, 0.04 mg
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg
Q4383	Axolotl graft ultra, per square centimeter
Q4384	Axolotl dualgraft ultra, per square centimeter
Q4385	Apollo ft, per square centimeter
Q4386	Acesso trifaca, per square centimeter
Q4387	Neothelium ft, per square centimeter
Q4388	Neothelium 4l, per square centimeter
Q4389	Neothelium 4l+, per square centimeter
Q4390	Ascendion, per square centimeter
Q4391	Amnioplast double, per square centimeter
Q4392	Grafix duo, per square centimeter
Q4393	Surgraft ac, per square centimeter
Q4394	Surgraft aca, per square centimeter
Q4395	Acelagraft, per square centimeter
Q4396	Natalin, per square centimeter
Q4397	Summit aaa, per square centimeter
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg
Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg

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

Procedure code	Description	PA criteria
J1370	Injection, esomeprazole sodium, 1 mg	Proton Pump Inhibitors PA Criteria
J3403	Revakinagene taroretcel-lwey, per implant	<p>Prior authorization is required. Encelto is considered medically necessary when all the following criteria are met:</p> <ul style="list-style-type: none"> • The member is 18 years or older. • The member has a diagnosis of macular telangiectasia type 2 in at least one eye. • The member must have both of the following: <ul style="list-style-type: none"> ➢ An inner segment - outer segment junction line (IS/OS) photo receptor (PR) break and en face EZ (area of IS/OS loss) as measured by spectral-domain optical coherence tomography (SDOCT) between 0.16 mm² and 2.00 mm² ➢ A best corrected visual acuity (BCVA) letter score of 54 or better (greater than or equal to 20/80) as measured by the Early Treatment Diabetic Retinopathy Study (ETDRS) chart
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by L6692	Prosthetic devices require PA for medical necessity. The IHCP does not cover prosthetic devices dispensed for purely cosmetic reasons. When the basic prosthesis is approved, all customizing features are exempt from PA.
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (MCP), proximal interphalangeal (PIP), and/or distal interphalangeal (DIP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	Prosthetic devices require PA for medical necessity. The IHCP does not cover prosthetic devices dispensed for purely cosmetic reasons. When the basic prosthesis is approved, all customizing features are exempt from PA.
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (MCP), interphalangeal (IP) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	Prosthetic devices require PA for medical necessity. The IHCP does not cover prosthetic devices dispensed for purely cosmetic reasons. When the basic prosthesis is approved, all customizing features are exempt from PA.
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material	Prosthetic devices require PA for medical necessity. The IHCP does not cover prosthetic devices dispensed for purely cosmetic reasons. When the basic prosthesis is approved, all customizing features are exempt from PA.
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb	Prosthetic devices require PA for medical necessity. The IHCP does not cover prosthetic devices dispensed for purely cosmetic reasons. When the basic prosthesis is approved, all customizing features are exempt from PA.
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Targeted Immunomodulators PA Criteria
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Bone-Resorption-Inhibitors-PA-Criteria
Q5158	Injection, denosumab-bnht (bomynta/conexxence), biosimilar, 1 mg	Bone Resorption Inhibitors PA Criteria

Table 6 – New procedure codes carved out of managed care

Procedure code	Description
J3403	Revakinagene taroretsel-lwey, per implant
J7173	Injection, concizumab-mtci, 0.5 mg
J7174	Injection, fitusiran, 0.04 mg

Table 7 – LTC DME and supply codes included in the LTC facility per diem

Procedure code	Description
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest

Table 8 – New procedure code included in the renal dialysis composite rate

Procedure code	Description
J0759	Injection, clevidipine butyrate, 1 mg

Table 9 – Procedure codes included in the Indiana add-on code logic, with the corresponding primary procedure code

Procedure code	Description	Primary procedure code
0961T	Shortwave infrared radiation imaging to assist in finding lymph nodes in connective tissue surgical pathology specimen	88307, 88309
0974T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia, including patient monitoring, trunk, arms, legs, each additional 100 sq cm	0973T
0976T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia, including patient monitoring, scalp, neck, hands, feet, and/or multiple digits, each additional 100 sq cm	0975T
0984T	Intravascular imaging of initial extracranial cerebral vessel using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report	36221, 36222, 36223, 36224, 36225, 36226, 37215, 37216
0985T	Intravascular imaging of each additional extracranial cerebral vessel using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report	0984T
0986T	Intravascular imaging of initial intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report	36223, 3624, 36225, 36226, 61624, 61630, 61635, 61640, 61645, 61650
0987T	Intravascular imaging of each additional intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report	0986T

Table 9 – Procedure codes included in the Indiana add-on code logic, with the corresponding primary procedure code

Procedure code	Description	Primary procedure code
G0532	Take-home supply of nasal nalmeferne hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	G2075
G0534	Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	G0533, G2067, G2068, G2069, G2073, G2074, G2075
G0535	Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self-advocacy and communication skills with care providers, and to promote patient-driven action plans and goals; each additional 30 minutes of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	G0533, G2067, G2068, G2069, G2073, G2074, G2075
G0536	Peer recovery support services, provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet opioid treatment and recovery goals; conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and proposing strategies to help meet person-centered treatment goals; assisting the patient in locating or navigating recovery support services; each additional 30 minutes of services (provision of the services by a Medicare-enrolled opioid treatment program); (list separately in addition to each primary code)	G0533, G2067, G2068, G2069, G2073, G2074, G2075
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) (use G0542 in conjunction with G0541)	G0541
G0545	Visit complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease by an infectious diseases specialist, including disease transmission risk assessment and mitigation, public health investigation, analysis, and testing, and complex antimicrobial therapy counseling and treatment (add-on code, list separately in addition to hospital inpatient or observation evaluation and management visit, initial, same day discharge, subsequent or discharge)	99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99252, 99253, 99254, 99255
G0561	Tympanostomy with local or topical anesthesia and insertion of a ventilating tube when performed with tympanostomy tube delivery device, unilateral (list separately in addition to 69433) (do not use in conjunction with 0583T)	69433
G2076	Intake activities, including initial medical examination that is conducted by an appropriately licensed practitioner and preparation of a care plan, which may be informed by administration of a standardized, evidence-based social determinants of health risk assessment to identify unmet health-related social needs, and that includes the patient's goals and mutually agreed-upon actions for the patient to meet those goals, including harm reduction interventions; the patient's needs and goals in the areas of education, vocational training, and employment; and the medical and psychiatric, psychosocial, economic, legal, housing, and other recovery support services that a patient needs and wishes to pursue, conducted by an appropriately licensed/credentialed personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to each primary code	G2067, G2068, G2069, G2073, G2074, G2075

Table 9 – Procedure codes included in the Indiana add-on code logic, with the corresponding primary procedure code

Procedure code	Description	Primary procedure code
G2077	Periodic assessment; assessing periodically by an OTP practitioner and includes a review of MOUD dosing, treatment response, other substance use disorder treatment needs, responses and patient-identified goals, and other relevant physical and psychiatric treatment needs and goals; assessment may be informed by administration of a standardized, evidence-based social determinants of health risk assessment to identify unmet health-related social needs, or the need and interest for harm reduction interventions and recovery support services (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to each primary code	G2067, G2068, G2069, G2073, G2074, G2075

Table 10 –Procedure codes that were discontinued in the October 2025 quarterly HCPCS update, along with alternate code considerations

Discontinued procedure code	Description	Alternate code considerations
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	J0668
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	J9011
C9175	Injection, treosulfan, 50 mg	J0614
C9248	Injection, clevidipine butyrate, 1 mg	J0759
J2150	Injection, mannitol, 25% in 50 ml	J2151
S0074	Injection, cefotetan disodium, 500 mg	J0525