

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026110 JUNE 30, 2026

Coverage and billing information for the July 2026 quarterly HCPCS code update

The Indiana Health Coverage Programs (IHCP) has reviewed the July 2026 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines.

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

The IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules affecting pricing of the HCPCS procedure codes. After the final review is completed, the IHCP will issue a publication announcing that the pricing has been implemented and detailing additional coverage and billing information – such as National Drug Code (NDC) requirements and applicable prior authorization (PA) criteria – for the codes listed in this bulletin.

This bulletin serves as a notice of the following information:

- [Table 1](#): New Current Procedural Terminology (CPT®¹) and other HCPCS procedure codes included in the July 2026 quarterly HCPCS update

The procedure codes from the July 2026 quarterly HCPCS update will be added to the claim-processing system. Providers are encouraged to wait until after it is announced that pricing has been implemented for these codes before submitting claims. Claims submitted before pricing is entered into the claim-processing system may initially be denied and will need to be reprocessed after pricing is added.

After pricing has been established, the reimbursement amounts will be posted on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) webpage at in.gov/medicaid/providers. Any applicable code table updates will also be made at that time.

For more information about the July 2026 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) webpage on the CMS website at cms.gov.

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

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

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
90616	Influenza virus vaccine, trivalent (tirv), mrna, 37.5 mcg/0.38 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
90639	Influenza virus vaccine, quadrivalent (qirv), mrna; 50 mcg/0.5 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
0631U	Oncology (solid tumor), dna, sequence analysis of 15 genes including brca1 and brca2 for identification of clonal hematopoiesis, blood, reported as tumor-derived or nontumor-derived	Noncovered	N/A	N/A	N/A
0632U	Red blood cell antigen (fetal rhd gene analysis), multiplex polymerase chain reaction (pcr) and next-generation sequencing (ngs) of circulating cell-free dna (cfdna), plasma from pregnant individuals known to be rhd negative, reported as detected or not detected	Noncovered	N/A	N/A	N/A
0633U	Obstetrics (single-gene noninvasive prenatal test), cell-free dna (cfdna), next-generation sequencing (ngs) analysis of 1 or more targets (eg, cftr, smn1, hbb, hba1, hba2) to identify paternally inherited pathogenic variants and to determine fetal inheritance of maternal mutation, using maternal blood sample, algorithm reported as a fetal risk score	Noncovered	N/A	N/A	N/A
0634U	Oncology (breast cancer), cell-free dna (cfdna), evaluation of 11 esr1 variants (e380q, s463p, l536r, y537c, y537n, y537s, d538g, v422del, l536h, l536p, y537d) using droplet digital pcr (ddpcr), plasma, reported as positive or negative	Noncovered	N/A	N/A	N/A
0635U	Autoimmune (atopic dermatitis), mrna, next-generation sequencing (ngs), gene expression profiling of 487 genes, noninvasive skin-surface scraping, algorithm reported as likelihood of response to therapy	Noncovered	N/A	N/A	N/A
0636U	Babesia (babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, igg	Noncovered	N/A	N/A	N/A
0637U	Babesia (babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, igm	Noncovered	N/A	N/A	N/A
0638U	Bartonella (bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, igg	Noncovered	N/A	N/A	N/A
0639U	Bartonella (bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, igm	Noncovered	N/A	N/A	N/A
0640U	Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential cd318(cdcp1), susd2, cd340(erb2/her2), hgfr/cmet, folr1, egfr, n cadherin, muc1, epcam, and trop2 antibody biomarkers, cerebrospinal fluid, reported as detection and quantification of tumor cells	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0641U	Oncology (minimal residual disease [mrd]), tumor dna, next-generation sequencing (ngs), using formalin-fixed paraffin-embedded (ffpe) tissue and blood samples, initial (baseline) assessment	Noncovered	N/A	N/A	N/A
0642U	Oncology (minimal residual disease [mrd]), tumor dna, next-generation sequencing (ngs), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor dna (ctdna) level	Noncovered	N/A	N/A	N/A
0643U	Oncology (genitourinary cancer), cell-free circulating tumor dna (ctdna), 200 genes, next-generation sequencing (ngs), interrogation for single-nucleotide variants (snvs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutation burden, using urine, identify and report mutations with clinical actionability	Noncovered	N/A	N/A	N/A
0644U	Oncology (leukemia), minimal residual disease (mrd) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification	Noncovered	N/A	N/A	N/A
0645U	Oncology (leukemia), minimal residual disease (mrd) detection for rearrangements, based on digital pcr, blood or bone marrow, reported as not detected or detected with estimated abundance	Noncovered	N/A	N/A	N/A
0646U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free dna, whole blood, and formalin-fixed paraffin-embedded (ffpe) tumor tissue dna, baseline assessment	Noncovered	N/A	N/A	N/A
0647U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free dna (cfdna), whole blood, assessment utilizing patient-specific tumor information, reported as negative or percent circulating tumor dna (ctdna)	Noncovered	N/A	N/A	N/A
0648U	Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from dna and rna extracted from formalin-fixed paraffin-embedded (ffpe) tissue	Noncovered	N/A	N/A	N/A
0649U	Neurology (alzheimer disease), dna, targeted next-generation sequencing (ngs) of ad-1 and ad-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0650U	Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, cyp2d6, cyp2c19, g6pd, slco1b1, hla-b*58:01, nat2, cyp2c9, vkorc1, abcg2), reported as metabolizer status and transporter function	Noncovered	N/A	N/A	N/A
0651U	Oncology (hereditary cancer), genomic dna, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (ngs) and digital multiplex ligation-dependent probe amplification for variants, small indels (<40 base pairs), using saliva, whole blood or nail clipping, interpretive clinical report with variant classification	Noncovered	N/A	N/A	N/A
0652U	Drug metabolism (adverse drug reactions), dna analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status	Noncovered	N/A	N/A	N/A
0653U	Nephrology (inherited kidney disorders), dna, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants	Noncovered	N/A	N/A	N/A
0654U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result	Noncovered	N/A	N/A	N/A
0655U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result	Noncovered	N/A	N/A	N/A
0656U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result	Noncovered	N/A	N/A	N/A
0657U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial dna by next-generation sequencing (ngs), using blood or buccal sample, relevant variants reported with proband results	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
0658U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial dna by next-generation sequencing (ngs) for single-nucleotide variants (snvs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	Noncovered	N/A	N/A	N/A
0659U	Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial dna by next-generation sequencing (ngs) for single-nucleotide variants (snvs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	Noncovered	N/A	N/A	N/A
1026T	Transvaginal laser photobiomodulation therapy of pelvis, provided by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
1027T	Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the superior vena cava, with verification of capture of phrenic nerves, mapping and programming, and delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning when performed, including imaging guidance	Noncovered	N/A	N/A	N/A
1028T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning and verification of left phrenic nerve capture, per session	Noncovered	N/A	N/A	N/A
1029T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, without catheter repositioning, per session	Noncovered	N/A	N/A	N/A
1030T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [far]), cumulative time for up to 30 days; initial 30 minutes	Noncovered	N/A	N/A	N/A
1031T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [far]), cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
1032T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [far]) and digital simulation, cumulative time for up to 30 days; initial 60 minutes	Noncovered	N/A	N/A	N/A
1033T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [far]) and digital simulation, cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1034T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [far]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; initial 90 minutes	Noncovered	N/A	N/A	N/A
1035T	Creation of digital 3d model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [far]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1036T	Noninvasive hemodynamic assessment with pulmonary pressures and ejection fraction when performed, including passive acquisition of acoustic and electrical signals, augmentative algorithmic analysis, and generation of a clinical report with review, interpretation, and clinical integration by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
1037T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance	Noncovered	N/A	N/A	N/A
1038T	Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed	Noncovered	N/A	N/A	N/A
1039T	Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (mri) requiring physician or other qualified health care professional (qhp) analysis of software- and physician-generated structural and functional maps for integration of cortical grey matter correlation based on resting state functional mri and mapping of white matter connectivity based on diffusion-weighted mri relative to brain regions, with physician or other qhp interpretation and report	Noncovered	N/A	N/A	N/A
1040T	Bronchoscopy, flexible, with bronchial cryotherapy, 1 lung, including trachea, when performed	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
1041T	Augmentative algorithmic analysis of encephalographic waveforms to identify the source and propagation of epileptiform activity, including artifact reduction with analysis of 3d localization of spike sources throughout the examination, 3d animations over time of high-amplitude event locations, high-frequency activity locations, and temporal relationships among locations, with interpretation and report by physician or other qualified health care professional, related to a previously performed electroencephalogram	Noncovered	N/A	N/A	N/A
1042T	Implantation of absorbable urologic scaffold for prostatic urethra restoration of reconstructed bladder neck and urethral anastomosis (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1043T	Quantitative magnetic resonance, without imaging, for analysis of liver tissue, including assessment of 1 or more parameters (eg, proton density fat fraction [pdf], water diffusion, t1-water relaxation time), with automatically generated report	Noncovered	N/A	N/A	N/A
1044T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less	Noncovered	N/A	N/A	N/A
1045T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; each additional 5 sq cm, or part thereof (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1046T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body area of infants and children	Noncovered	N/A	N/A	N/A
1047T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
1048T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 50 sq cm or less, or 0.5% of body area of infants and children	Noncovered	N/A	N/A	N/A
1049T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
1050T	Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds	Noncovered	N/A	N/A	N/A
1051T	Removal of subcutaneous heart failure decompensation monitor	Noncovered	N/A	N/A	N/A
1052T	Interrogation device evaluation(s), (in person or remote) up to 30 days, insertable subcutaneous heart failure decompensation monitor, analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report, review and interpretation by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
1053T	Programming device evaluation (in person or remote) of subcutaneous heart failure decompensation monitor, with analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report and review and interpretation by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
A9574	Injection, ferumoxytol, 1 mg	Covered	No	TBD	None
C1609	Vertebral device, motion-preserving, with screw fixation	Covered	Yes	TBD	Restricted to ages 35-80 years
C8014	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, including use of a suction enabled ureteral access sheath, with irrigation (if performed)	Noncovered	N/A	N/A	N/A
C9310	Injection, leucovorin calcium (avyxa), 1 mg	Covered	TBD	TBD	None
G0572	Management of new patient with dementia residing in an eligible memory care unit, for use only in a medicare-approved cmmi model (services must be furnished within a patient's eligible memory care unit, including specialized dementia care units within assisted living facilities or other qualifying memory care settings designed to provide specialized care for individuals with dementia and cognitive impairment)	Noncovered	N/A	N/A	N/A
G0573	Management of established patient with dementia residing in an eligible memory care unit, for use only in a medicare-approved cmmi model (services must be furnished within a patient's eligible memory care unit, including specialized dementia care units within assisted living facilities or other qualifying memory care settings designed to provide specialized care for individuals with dementia and cognitive impairment)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0574	Management of new patient with dementia residing in an eligible residential care community, for use only in a medicare-approved cmmi model (services must be furnished within a patient's eligible residential care community, including assisted living facilities, board and care homes, or other qualifying residential settings where dementia care services are provided)	Noncovered	N/A	N/A	N/A
G0575	Management of established patient with dementia residing in an eligible residential care community, for use only in a medicare-approved cmmi model (services must be furnished within a patient's eligible residential care community, including assisted living facilities, board and care homes, or other qualifying residential settings where dementia care services are provided)	Noncovered	N/A	N/A	N/A
G0577	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction performed in the non-facility setting	Covered	No	No	None
G0669	Outcome-aligned payment (oap) for technology-enabled chronic care management of early cardio-kidney-metabolic (eckm) conditions (hypertension, or two or more of: dyslipidemia, obesity/overweight with central obesity marker, prediabetes); initial 12-month period; per month	Noncovered	N/A	N/A	N/A
G0670	Outcome-aligned payment (oap) for technology-enabled chronic care management of early cardio-kidney-metabolic (eckm) conditions (hypertension, or two or more of: dyslipidemia, obesity/overweight with central obesity marker, prediabetes); follow-on 12-month period; per month	Noncovered	N/A	N/A	N/A
G0671	Outcome-aligned payment (oap) for technology-enabled chronic care management of cardio-kidney-metabolic (ckm) conditions (one or more of: diabetes mellitus, chronic kidney disease stage 3a or 3b, atherosclerotic cardiovascular disease); initial 12-month period; per month	Noncovered	N/A	N/A	N/A
G0672	Outcome-aligned payment (oap) for technology-enabled chronic care management of cardio-kidney-metabolic (ckm) conditions (one or more of: diabetes mellitus, chronic kidney disease stage 3a or 3b, atherosclerotic cardiovascular disease); follow-on 12-month period; per month	Noncovered	N/A	N/A	N/A
G0673	Outcome-aligned payment (oap) for technology-enabled chronic care management of musculoskeletal (msk) conditions (chronic musculoskeletal pain); initial 12-month treatment period; per month	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
G0674	Outcome-aligned payment (oap) for technology-enabled chronic care management of behavioral health (bh) conditions (one or more of: depression, anxiety); initial 12-month period; per month	Noncovered	N/A	N/A	N/A
G0675	Outcome-aligned payment (oap) for technology-enabled chronic care management of behavioral health (bh) conditions (one or more of: depression, anxiety); follow-on 12-month period; per month	Noncovered	N/A	N/A	N/A
G0676	Standard co-management service payment for documented review of clinical updates from access participant managing cardio-kidney-metabolic conditions (early cardio-kidney-metabolic [eckm] or cardio-kidney-metabolic [ckm] track); per review	Noncovered	N/A	N/A	N/A
G0677	Standard co-management service payment for documented review of clinical updates from access participant managing musculoskeletal (msk) conditions; per review	Noncovered	N/A	N/A	N/A
G0678	Standard Co-Management service payment for documented review of clinical updates from ACCESS Participant managing behavioral health (BH) conditions (depression, anxiety); per review	Noncovered	N/A	N/A	N/A
G0685	Algorithmic analysis for identification of new lesions and determination of change of existing lesions for advanced metastatic cancer using data sets from two or more previously acquired pet or pet/ct studies	Noncovered	N/A	N/A	N/A
J0528	Injection, fosfomycin disodium, 20 mg	Covered	No	TBD	None
J1289	Injection, narsoplimab-wuug, 1 mg	Covered	No	TBD	None
J1577	Injection, immune globulin (qivigy), 100 mg	Covered	No	TBD	None
J2361	Injection, depemokimab-ulaa, 1 mg	Covered	Yes	TBD	None
J2374	Apraclonidine hydrochloride ophthalmic, 1% solution, 0.1 ml	Covered	No	TBD	None
J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epiox), up to 2 ml	Covered	No	TBD	None
J3386	Injection, etuveidigene autotemcel, per treatment	Covered	No	TBD	None
J3405	Injection, onasemnogene abeparvovec-brve, per treatment	Covered	Yes	TBD	None
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg	Covered	No	TBD	None
J9053	Injection, belantamab mafodotin-blmf, 0.1 mg	Covered	No	TBD	None
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	Covered	TBD	TBD	None
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg	Covered	No	TBD	None

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M0231	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, first dose	Noncovered	N/A	N/A	N/A
M0232	Intravenous infusion, tocilizumabbavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, second dose	Noncovered	N/A	N/A	N/A
Q0234	Injection, tocilizumab-bavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, 1 mg	Noncovered	N/A	N/A	N/A
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	Covered	Yes	TBD	None
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	Covered	Yes	TBD	None
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	Noncovered	N/A	N/A	N/A
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	Noncovered	N/A	N/A	N/A
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	Noncovered	N/A	N/A	N/A

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

QUESTIONS

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