

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202649    MARCH 31, 2026

## Coverage and billing information for the April 2026 quarterly HCPCS codes update

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

The IHCP coverage and billing information provided in this bulletin is effective for dates of service (DOS) on or after April 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<sup>®1</sup>) and other HCPCS procedure codes included in the April 2026 quarterly HCPCS update

The procedure codes from the April 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](http://in.gov/medicaid/providers). Any applicable code table updates will also be made at that time.

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.

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

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

| Procedure code | Description   | Program coverage* | PA required | NDC required | Special billing information |
|----------------|---|-------------------|-------------|--------------|-----------------------------|
| 0614U          | Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 4 enzyme complexes by stained blue native polyacrylamide gel electrophoresis (page), frozen tissue (muscle, liver, heart, cultured skin fibroblasts), diagnostic qualitative result | Noncovered        | N/A         | N/A          | N/A                         |
| 0615U          | Borrelia burgdorferi (lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, igm   | Noncovered        | N/A         | N/A          | N/A                         |
| 0616U          | Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk  | Noncovered        | N/A         | N/A          | N/A                         |
| 0617U          | Cardiovascular (atherosclerotic cardiovascular disease [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk   | Noncovered        | N/A         | N/A          | N/A                         |
| 0618U          | Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk   | Noncovered        | N/A         | N/A          | N/A                         |
| 0619U          | Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk  | Noncovered        | N/A         | N/A          | N/A                         |
| 0620U          | Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk  | Noncovered        | N/A         | N/A          | N/A                         |
| 0621U          | Infectious disease (lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk   | Noncovered        | N/A         | N/A          | N/A                         |
| 0622U          | Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk  | Noncovered        | N/A         | N/A          | N/A                         |
| 0623U          | Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk  | Noncovered        | N/A         | N/A          | N/A                         |
| 0624U          | Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk   | Noncovered        | N/A         | N/A          | N/A                         |
| 0625U          | Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk   | Noncovered        | N/A         | N/A          | N/A                         |
| 0626U          | Neurology (parkinson's disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk   | Noncovered        | N/A         | N/A          | N/A                         |
| 0627U          | Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk  | Noncovered        | N/A         | N/A          | N/A                         |

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| Procedure code | Description   | Program coverage* | PA required | NDC required | Special billing information                     |
|----------------|---|-------------------|-------------|--------------|---|
| 0628U          | Nephrology (kidney disease-related genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic variants of uncertain significance or risk alleles                       | Noncovered        | N/A         | N/A          | N/A   |
| 0629U          | Infectious disease (tuberculosis), DNA, analysis of 1 target by PCR with clustered regularly interspaced short palindromic repeat (CRISPR)-based probe detection, plasma or serum, qualitative report as detected or not detected   | Noncovered        | N/A         | N/A          | N/A   |
| 0630U          | Oncology (breast), mRNA, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffin-embedded tissue (FFPE), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, HER2) | Noncovered        | N/A         | N/A          | N/A   |
| A2040          | Microlyte painguard, per square centimeter  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| A2041          | Foundation drs+ duo, per square centimeter  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| A2042          | Foundation drs+ solo, per square centimeter   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| A2043          | Biobrane, per square centimeter   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| A2044          | Biobrane glove, each  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| A2045          | Novashield or novogen wound matrix, per square centimeter   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| A4318          | Female external urinary collection cup, with or without ring attachment, per day  | TBD               | N/A         | N/A          | N/A   |
| A4479          | Electronic transanal irrigation system, includes electronic pump, water reservoir, tubing, and accessories, without catheter, any type  | Noncovered        | N/A         | N/A          | N/A   |
| A6548          | Accessory to custom gradient compression garment, silicone band, any size   | Noncovered        | N/A         | N/A          | N/A   |
| A8005          | Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted   | Noncovered        | N/A         | N/A          | N/A   |
| A8006          | Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only  | Noncovered        | N/A         | N/A          | N/A   |
| A9294          | Prescription digital cognitive and/or behavioral therapy, biofeedback, FDA cleared, per course of treatment   | Noncovered        | N/A         | N/A          | N/A   |

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|----------------|--|-------------------|-------------|--------------|-----------------------------|
| C1743          | Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)   | Noncovered        | N/A         | N/A          | N/A                         |
| C8007          | Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array   | Noncovered        | N/A         | N/A          | N/A                         |
| C8008          | Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator  | Noncovered        | N/A         | N/A          | N/A                         |
| C8009          | Removal of hypoglossal nerve neurostimulator array and pulse generator   | Noncovered        | N/A         | N/A          | N/A                         |
| C8010          | Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral  | Noncovered        | N/A         | N/A          | N/A                         |
| C8011          | Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components   | Noncovered        | N/A         | N/A          | N/A                         |
| C8012          | Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver  | Noncovered        | N/A         | N/A          | N/A                         |
| C8013          | Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver  | Noncovered        | N/A         | N/A          | N/A                         |
| C9309          | Injection, onasemnogene abeparvovec-brve, per treatment  | Covered           | Yes         | TBD          | None                        |
| C9818          | Suzetrigine, oral, 1 mg  | Noncovered        | N/A         | N/A          | N/A                         |
| G0680          | Detection and quantification of coronary artery calcium and/or aortic valve calcification from algorithmic analysis of computed tomography of the chest with report  | Noncovered        | N/A         | N/A          | N/A                         |
| G0681          | Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/Ps) non-sheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area   | Noncovered        | N/A         | N/A          | N/A                         |
| G0682          | Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/Ps) non-sheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) | Noncovered        | N/A         | N/A          | N/A                         |
| G0683          | Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/Ps) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children                       | Noncovered        | N/A         | N/A          | N/A                         |

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|----------------|---|-------------------|-------------|--------------|-----------------------------|
| G0684          | Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/PS) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) | Noncovered        | N/A         | N/A          | N/A                         |
| J0463          | Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg   | Covered           | No          | TBD          | None                        |
| J1098          | Articaine ophthalmic, 8% solution, 0.4 ml   | Covered           | No          | TBD          | None                        |
| J1164          | Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg   | Covered           | No          | TBD          | None                        |
| J1553          | Injection, immune globulin (yimmugo), 100 mg  | Covered           | No          | TBD          | None                        |
| J3404          | Injection, zopapogene imadenovec-drba suspension, per therapeutic dose  | Covered           | Yes         | TBD          | None                        |
| J8502          | Injection, aprepitant (apovie), 1 mg  | Covered           | No          | TBD          | None                        |
| J9003          | Leuprolide injectable (camcevi etm), 1 mg   | Covered           | No          | TBD          | None                        |
| J9183          | Gemcitabine intravesical system, 225 mg   | Covered           | TBD         | TBD          | None                        |
| J9277          | Injection, pembrolizumab, 1 mg and behaialuronidase alfa-pmph   | Covered           | TBD         | TBD          | None                        |
| J9278          | Injection, carboplatin (avyxa), 1 mg  | Covered           | No          | TBD          | None                        |
| J9601          | Injection, linvoseltamab-gcpt, 1 mg   | Covered           | TBD         | TBD          | None                        |
| L2221          | Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source   | Noncovered        | N/A         | N/A          | N/A                         |
| L5992          | All lower extremity prosthesis, foot shell for modular foot/non-solid ankle cushion heel (SACH) replacement only  | Covered           | No          | TBD          | None                        |
| M0233          | Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose   | Noncovered        | N/A         | N/A          | N/A                         |
| M0234          | Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose  | Noncovered        | N/A         | N/A          | N/A                         |

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|----------------|--|-------------------|-------------|--------------|---|
| Q0238          | Injection, tocilizumab-aazg, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg | Noncovered        | N/A         | N/A          | N/A   |
| Q4418          | Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4419          | Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4421          | Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4422          | A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4423          | Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4424          | Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4425          | Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4426          | Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4427          | Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4428          | Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4429          | Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4435          | Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)  | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4436          | Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4437          | Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)   | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |

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| Q4438          | Prepect, per square centimeter (add-on, list separately in addition to primary procedure)    | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4439          | Instagraft, per square centimeter (add-on, list separately in addition to primary procedure) | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q4440          | Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure) | Covered           | No          | TBD          | Allowed for Podiatrist (provider specialty 140) |
| Q5161          | Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg                                 | Covered           | Yes         | TBD          | None  |
| Q5162          | Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg                              | Covered           | Yes         | TBD          | None  |

**QUESTIONS**

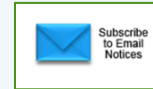
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