

# Coverage & Billing Information for the 2023 Quarterly Code Update

## BACKGROUND

Iowa Medicaid has reviewed the **Q2 2023** Billing Code Update to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective **April 1, 2023**. This bulletin serves as a notice of the following information:

### Table 1

- New Current Procedural Terminology (CPT<sup>®</sup>) and Healthcare Common Procedure Coding System (HCPCS) codes included in the Q2 2023 code update. Coverage and billing information for these codes applies to dates of service on or after **April 1, 2023**.

### Table 2

- New Current Dental Terminology (CDT<sup>®</sup>) codes included in the Q2 2023 code update. Coverage and billing information for these codes applies to dates of service on or after **N/A**.

### Table 3

- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes. Coverage and billing for these codes applies to dates of service on or after **N/A**.

### Table 4

- International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) codes. Coverage and billing for these codes applies to dates of service on or after **N/A**.

### Table 5

- Modifiers included in the code update. Coverage and billing information for these codes applies to dates of service on or after **April 1, 2023**.

### Table 6

- CPT<sup>®</sup>, CDT<sup>®</sup>, & HCPCS codes that could be considered Outpatient Hospital on or after **April 1, 2023**.

### Table 7

- CPT<sup>®</sup>, CDT<sup>®</sup>, & HCPCS codes that require Pre-Pay or Post-Pay claim review for Fee For Service (FFS) (traditional Medicaid) effective **April 1, 2023**.

### Table 8

- Non-Covered Codes - CPT<sup>®</sup>, CDT<sup>®</sup>, HCPCS, ICD-10-CM & ICD-10-PCS codes that have been thoroughly reviewed and Iowa Medicaid has decided not to cover effective **April 1, 2023**.

### Table 9

- Deleted Codes - CPT<sup>®</sup>, CDT<sup>®</sup>, HCPCS, ICD-10-CM & ICD-10-PCS codes that have been discontinued effective **March 31, 2023**.

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, prior authorization (PA), and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Iowa Medicaid Provider Services at 1-800-338-7909 or via email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

Managed Care Organization (MCOs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care PA should be directed to the MCP with which the member is enrolled.

**Amerigroup Iowa, Inc.:**

- Provider Services: 1-800-454-3730
- Provider email: [iowamedicaid@amerigroup.com](mailto:iowamedicaid@amerigroup.com)
- Website: <https://providers.amerigroup.com/ia>

**Iowa Total Care:**

- Provider Services: 1-833-404-1061
- Provider email: Providers may send email using their account on the ITC website.
- Website: <https://www.iowatotalcare.com>

The **Q2 2023** code update may include modifications to descriptions for some existing HCPCS/CPT codes. These modifications are available for reference or download from the CMS website at [www.cms.gov](http://www.cms.gov).

The **Q2** code update also includes a list of deleted codes. These codes are available for reference or download from the CMS website at [cms.gov](http://cms.gov). If there is a replacement code, Iowa Medicaid has added the replacement code for which there were deleted codes effective as of **March 31, 2023**.

**Medically Unlikely Edits** are the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. The **max units** listed in the tables below are derived from the quarterly [Medicaid NCCI Edits](#) released by CMS.

Iowa Medicaid will update the fee schedule as rates become available.

Table I – CPT® &amp; HCPCS Codes

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Code	Description	Effective Date	Special Billing Information
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	4/1/2023	Max units: 1
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	4/1/2023	Max units: 1
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	4/1/2023	Max units: 1
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	4/1/2023	Max units: 1 Male only
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	4/1/2023	Max units: 1 Male only
C9145	Injection, aprepitant, (Aponvie), 1 mg	4/1/2023	Max units: 32 Min age: 18
C9146	Injection, mirvetuximab soravtansine-gynx, 1 mg	4/1/2023	Min age: 18
C9147	Injection, tremelimumab-actl, 1 mg	4/1/2023	Max units: 300 Min age: 18
C9148	Injection, teclistamab-cqyv, 0.5 mg	4/1/2023	Min age: 8
C9149	Injection, teplizumab-mzww, 5 mcg	4/1/2023	Max units: 1
E0677	Nonpneumatic sequential compression garment, trunk	4/1/2023	Max units: 1
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	4/1/2023	Max units: 1 Max age: 18
J0208	Injection, sodium thiosulfate, 100 mg	4/1/2023	
J0218	Injection, olipudase alfa-rpcp, 1 mg	4/1/2023	
J0612	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	4/1/2023	Min age: 18
J0613	Injection, calcium gluconate (WG Critical Care), per 10 mg	4/1/2023	Min age: 18
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	4/1/2023	Max units: 1 Min age: 18
J1449	Injection, eflapegrastim-xnst, 0.1 mg	4/1/2023	Max units: 132 Min age: 18
J1747	Injection, spesolimab-sbzo, 1 mg	4/1/2023	Max units: 900
J9196	Injection, gemcitabine HCl (Accord), not therapeutically equivalent to J9201, 200 mg	4/1/2023	Max units: 20
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	4/1/2023	Max units: 150
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	4/1/2023	Max units: 150
J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	4/1/2023	Max units: 150

K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized, or cleared	4/1/2023	Max units: 1
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	4/1/2023	Max units: 1
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	4/1/2023	Max units: 12
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	4/1/2023	Max units: 10 Min age: 18
Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	4/1/2023	Max units: 12

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**Table 2 – CDT©**

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Code	Description	Effective Date
N/A	N/A	N/A

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**Table 3 – ICD-10-CM Codes**

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Code	Description	Effective Date
N/A	N/A	N/A

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**Table 4 - ICD-10-PCS Codes**

Code	Description	Effective Date
N/A	N/A	N/A

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**Table 5 – Modifiers**

Modifier	Description	Effective Date
<b>JK</b>	One month supply or less of drug or biological	4/1/2023
<b>JL</b>	Three month supply of drug or biological	4/1/2023
<b>N1</b>	Group 1 oxygen coverage criteria met	4/1/2023
<b>N2</b>	Group 2 oxygen coverage criteria met	4/1/2023
<b>N3</b>	Group 3 oxygen coverage criteria met	4/1/2023

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**Table 6 – Outpatient Hospital**

<b>Code</b>	<b>Description</b>	<b>Effective Date</b>
<b>A4341</b>	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	4/1/2023
<b>A4342</b>	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	4/1/2023
<b>A6590</b>	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	4/1/2023
<b>A6591</b>	External urinary catheter; non-disposable, for use with suction pump, per month	4/1/2023
<b>C9145</b>	Injection, aprepitant, (Aponvie), 1 mg	4/1/2023
<b>C9146</b>	Injection, mirvetuximab soravtansine-gynx, 1 mg	4/1/2023
<b>C9147</b>	Injection, tremelimumab-actl, 1 mg	4/1/2023
<b>C9148</b>	Injection, teclistamab-cqyv, 0.5 mg	4/1/2023
<b>C9149</b>	Injection, teplizumab-mzww, 5 mcg	4/1/2023
<b>E0677</b>	Nonpneumatic sequential compression garment, trunk	4/1/2023
<b>E0711</b>	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	4/1/2023
<b>J0208</b>	Injection, sodium thiosulfate, 100 mg	4/1/2023
<b>J0218</b>	Injection, olipudase alfa-rpcp, 1 mg	4/1/2023
<b>J0612</b>	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	4/1/2023
<b>J0613</b>	Injection, calcium gluconate (VWG Critical Care), per 10 mg	4/1/2023
<b>J1411</b>	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	4/1/2023
<b>J1449</b>	Injection, eflapegrastim-xnst, 0.1 mg	4/1/2023
<b>J1747</b>	Injection, spesolimab-sbzo, 1 mg	4/1/2023
<b>J9196</b>	Injection, gemcitabine HCl (Accord), not therapeutically equivalent to J9201, 200 mg	4/1/2023
<b>J9294</b>	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	4/1/2023
<b>J9296</b>	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	4/1/2023
<b>J9297</b>	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	4/1/2023
<b>K1035</b>	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized, or cleared	4/1/2023
<b>L8678</b>	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	4/1/2023
<b>Q5127</b>	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	4/1/2023
<b>Q5128</b>	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	4/1/2023
<b>Q5130</b>	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	4/1/2023

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**Table 7 – Codes that require a Pre-Pay or Post-Pay claim review.**

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<b>Code</b>	<b>Description</b>	<b>Effective Date</b>	<b>Special Billing Information</b>
<b>C9146</b>	Injection, mirvetuximab soravtansine-gynx, 1 mg	4/1/2023	PA Required Min age: 18
<b>C9147</b>	Injection, tremelimumab-actl, 1 mg	4/1/2023	PA Required Min age: 18 Max units: 300
<b>C9148</b>	Injection, teclistamab-cqyv, 0.5 mg	4/1/2023	PA Required Min age: 8
<b>C9149</b>	Injection, teplizumab-mzwv, 5 mcg	4/1/2023	PA Required
<b>E0677</b>	Nonpneumatic sequential compression garment, trunk	4/1/2023	PA Required Max units: 1
<b>J0208</b>	Injection, sodium thiosulfate, 100 mg	4/1/2023	PA Required
<b>J0218</b>	Injection, olipudase alfa-rpcp, 1 mg	4/1/2023	PA Required
<b>J1411</b>	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	4/1/2023	PA Required Min Age: 18 Max units: 1
<b>J1449</b>	Injection, eflapegrastim-xnst, 0.1 mg	4/1/2023	PA Required Min Age: 18 Max units: 132
<b>J1747</b>	Injection, spesolimab-sbzo, 1 mg	4/1/2023	PA Required Max units: 900
<b>L8678</b>	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	4/1/2023	Suspend for claim review Max units: 1
<b>Q5127</b>	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	4/1/2023	PA Required Max units: 12
<b>Q5128</b>	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	4/1/2023	Suspend for claim review Min age: 18 Max units: 10
<b>Q5130</b>	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	4/1/2023	PA Required Max units: 12

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**Table 8 – Non-covered codes**

<b>Code</b>	<b>Desc</b>
<b>0364U</b>	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate
<b>0365U</b>	Oncology (bladder), analysis of 10 protein biomarkers (AIAT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAII, SDCI and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer
<b>0366U</b>	Oncology (bladder), analysis of 10 protein biomarkers (AIAT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAII, SDCI and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer
<b>0367U</b>	Oncology (bladder), analysis of 10 protein biomarkers (AIAT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAII, SDCI and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection
<b>0368U</b>	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLII, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer
<b>0369U</b>	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique
<b>0370U</b>	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab
<b>0371U</b>	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine
<b>0372U</b>	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score
<b>0373U</b>	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen
<b>0374U</b>	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine
<b>0375U</b>	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-I, transferrin, beta-2 macroglobulin, prealbumin [i.e., transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score
<b>0376U</b>	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate
<b>0377U</b>	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)
<b>0378U</b>	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab

<b>0379U</b>	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden
<b>0380U</b>	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype
<b>0381U</b>	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
<b>0382U</b>	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
<b>0383U</b>	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
<b>0384U</b>	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease
<b>0385U</b>	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease
<b>0386U</b>	Gastroenterology (Barrett's esophagus), PI6, RUNX3, HPPI, and FBNI methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer
<b>A2019</b>	Kerecis Omega3 MariGen Shield, per sq cm
<b>A2020</b>	AC5 Advanced Wound System (AC5)
<b>A2021</b>	NeoMatriX, per sq cm
<b>A7049</b>	Expiratory positive airway pressure intranasal resistance valve
<b>E1905</b>	Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software
<b>J2403</b>	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg
<b>M0010</b>	Enhancing oncology model (EOM) monthly enhanced oncology services (MEOS) payment for EOM enhanced services
<b>Q4265</b>	NeoStim TL, per sq cm
<b>Q4266</b>	NeoStim Membrane, per sq cm
<b>Q4267</b>	NeoStim DL, per sq cm
<b>Q4268</b>	SurGraft FT, per sq cm
<b>Q4269</b>	SurGraft XT, per sq cm
<b>Q4270</b>	Complete SL, per sq cm
<b>Q4271</b>	Complete FT, per sq cm
<b>Q5129</b>	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg



<b>S9563</b>	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
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**Table 9 – Deleted Codes**

<b>Code</b>	<b>Desc</b>	<b>Effective Date</b>	<b>Replacement Code (if applicable)</b>
<b>C1834</b>	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	4/1/2023	N/A
<b>G2023</b>	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	4/1/2023	N/A
<b>G2024</b>	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source	4/1/2023	N/A
<b>J0610</b>	Injection, calcium gluconate (Fresenius Kabi), per 10 ml	4/1/2023	J0612
<b>J0611</b>	Injection, calcium gluconate (WG Critical Care), per 10 ml	4/1/2023	J0613

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