

Coverage & Billing Information for the 2023 Quarterly Code Update

BACKGROUND

Iowa Medicaid has reviewed the **Q3 2023** Billing Code Update to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective **July 1, 2023**. This bulletin serves as a notice of the following information:

Table 1

- New Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) codes included in the Q1 2023 code update. Coverage and billing information for these codes applies to dates of service on or after **July 1, 2023**.

Table 2

- New Current Dental Terminology (CDT[®]) codes included in the Q1 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 **July 1, 2023**.

Table 6

- CPT[®], CDT[®], & HCPCS codes that would be considered Outpatient Hospital on or after **July 1, 2023**.

Table 7

- CPT[®], CDT[®], & HCPCS codes that require Pre-Pay or Post-Pay claim review for Fee For Service (FFS) (traditional Medicaid) effective **July 1, 2023**.

Table 8

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

Table 9

- Deleted Codes - CPT[®], CDT[®], HCPCS, ICD-10-CM & ICD-10-PCS codes that have been discontinued effective **June 30, 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.

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
- 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 **Q3 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.

The **Q3** code update also includes a list of deleted codes. These codes are available for reference or download from the CMS website at cms.gov. If there is a replacement code, Iowa Medicaid has added the replacement code for which there were deleted codes effective as of **June 30, 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 1 – CPT® & HCPCS Codes

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Code	Description	Effective Date	Special Billing Information
0792T	Application of 38% silver diamine fluoride by a physician or other qualified health care professional	7/1/2023	Max Units: 1
C9150	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose	7/1/2023	Min Age: 12 Max Units: 1
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	7/1/2023	Max Units: 1
J0137	Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg	7/1/2023	Max Units: 400
J0206	Injection, allopurinol sodium, 1 mg	7/1/2023	Max Units: 1
J0216	Injection, alfentanil hydrochloride, 500 micrograms	7/1/2023	Min Age: 12 Max Units: 1
J0457	Injection, aztreonam, 100 mg	7/1/2023	Max Units: 1
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	7/1/2023	Min Age: 12 Max Units: 1
J0736	Injection, clindamycin phosphate, 300 mg	7/1/2023	Max Units: 1
J0737	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg	7/1/2023	Max Units: 1
J1440	Fecal microbiota, live - jslm, 1 mL	7/1/2023	Min Age: 18 Max Units: 150
J1805	Injection, esmolol hydrochloride, 10 mg	7/1/2023	Min Age: 18 Max Units: 1
J1806	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to j1805, 10 mg	7/1/2023	Min Age: 18 Max Units: 1
J1811	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	7/1/2023	Max Units: 1
J1812	Insulin (fiasp), per 5 units	7/1/2023	Max Units: 1
J1814	Insulin (lyumjev), per 5 units	7/1/2023	Max Units: 1
J1836	Injection, metronidazole, 10 mg	7/1/2023	Max Units: 1
J1920	Injection, labetalol hydrochloride, 5 mg	7/1/2023	Max Units: 1
J1921	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to J1920, 5 mg	7/1/2023	Max Units: 1
J1941	Injection, furosemide (furoscix), 20 mg	7/1/2023	Min Age: 18 Max Units: 4
J1961	Injection, lenacapavir, 1 mg	7/1/2023	Min Age: 18 Max Units: 927

J2249	Injection, remimazolam, 1 mg	7/1/2023	Max Units: 1
J2305	Injection, nitroglycerin, 5 mg	7/1/2023	Max Units: 1
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	7/1/2023	Min Age: 18 Max Units: 1
J2372	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	7/1/2023	Min Age: 18 Max Units: 1
J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	7/1/2023	Min Age: 18 Max Units: 1560
J2561	Injection, phenobarbital sodium (sezaby), 1 mg	7/1/2023	Max Age: 1 Max Units: 1
J2598	Injection, vasopressin, 1 unit	7/1/2023	Max Units: 1
J2599	Injection, vasopressin (american regent) not therapeutically equivalent to j2598, 1 unit	7/1/2023	Max Units: 1
J2806	Injection, sincalide (maia) not therapeutically equivalent to J2805, 5 micrograms	7/1/2023	Min Age: 18 Max Units: 3
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	7/1/2023	Min Age: 12 Max Units: 1
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	7/1/2023	Max Units: 360
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	7/1/2023	Max Units: 360
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	7/1/2023	Max Units: 360
J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to J9264, 1 mg	7/1/2023	Max Units: 700
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg	7/1/2023	Max Units: 150
J9323	Injection, pemetrexed ditromethamine, 10 mg	7/1/2023	Max Units: 1
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	7/1/2023	Min Age: 2 Max Units: 8

*Covid Related Code

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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

[Back to top](#)**Table 5 – Modifiers**

Modifier	Description	Effective Date
N/A	N/A	N/A

[Back to top](#)**Table 6 – Outpatient Hospital**

Code	Description	Effective Date
C9150	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose	7/1/2023
C9151	Injection, pegcetacoplan, 1 mg	7/1/2023
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	7/1/2023
J0137	Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg	7/1/2023
J0206	Injection, allopurinol sodium, 1 mg	7/1/2023
J0216	Injection, alfentanil hydrochloride, 500 micrograms	7/1/2023
J0457	Injection, aztreonam, 100 mg	7/1/2023
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	7/1/2023
J0736	Injection, clindamycin phosphate, 300 mg	7/1/2023
J0737	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to J0736, 300 mg	7/1/2023
J1440	Fecal microbiota, live - jslm, 1 mL	7/1/2023
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	7/1/2023
J1805	Injection, esmolol hydrochloride, 10 mg	7/1/2023
J1806	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to j1805, 10 mg	7/1/2023
J1811	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	7/1/2023
J1812	Insulin (fiasp), per 5 units	7/1/2023
J1813	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	7/1/2023
J1814	Insulin (lyumjev), per 5 units	7/1/2023
J1836	Injection, metronidazole, 10 mg	7/1/2023
J1920	Injection, labetalol hydrochloride, 5 mg	7/1/2023
J1921	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to J1920, 5 mg	7/1/2023
J1941	Injection, furosemide (furoscix), 20 mg	7/1/2023
J1961	Injection, lenacapavir, 1 mg	7/1/2023

J2249	Injection, remimazolam, 1 mg	7/1/2023
J2305	Injection, nitroglycerin, 5 mg	7/1/2023
J2329	Injection, ublituximab-xiyy, 1mg	7/1/2023
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	7/1/2023
J2372	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	7/1/2023
J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg	7/1/2023
J2561	Injection, phenobarbital sodium (sezaby), 1 mg	7/1/2023
J2598	Injection, vasopressin, 1 unit	7/1/2023
J2599	Injection, vasopressin (american regent) not therapeutically equivalent to j2598, 1 unit	7/1/2023
J2806	Injection, sincalide (maia) not therapeutically equivalent to J2805, 5 micrograms	7/1/2023
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	7/1/2023
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	7/1/2023
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	7/1/2023
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	7/1/2023
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	7/1/2023
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	7/1/2023
J9259	Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to J9264, 1 mg	7/1/2023
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg	7/1/2023
J9323	Injection, pemetrexed ditromethamine, 10 mg	7/1/2023
J9347	Injection, tremelimumab-actl, 1 mg	7/1/2023
J9350	Injection, mosunetuzumab-axgb, 1 mg	7/1/2023
J9380	Injection, teclistamab-cqyv, 0.5 mg	7/1/2023
J9381	Injection, teplizumab-mzwv, 5 mcg	7/1/2023
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	7/1/2023

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

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Code	Description	Effective Date	Special Billing Information
C9151	Injection, pegcetacoplan, 1 mg	7/1/2023	PA Required Min Age: 18 Max Units: 30
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	7/1/2023	PA Required Min Age: 2
J1813	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	7/1/2023	PA Required

J2329	Injection, ublituximab-xiyy, 1 mg	7/1/2023	PA Required Min Age: 18 Max Units: 450
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	7/1/2023	PA Required Min Age: 18
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	7/1/2023	PA Required Min Age: 18
J9347	Injection, tremelimumab-actl, 1 mg	7/1/2023	PA Required Min Age: 18 Max Units: 300
J9350	Injection, mosunetuzumab-axgb, 1 mg	7/1/2023	PA Required Min Age: 18 Max Units: 60
J9380	Injection, teclistamab-cqyv, 0.5 mg	7/1/2023	PA Required Min Age: 18
J9381	Injection, teplizumab-mzww, 5 mcg	7/1/2023	PA Required Min Age: 18

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Table 8 – Non-covered codes

Code	Desc
0387U	Tissue evaluation for proteins to report risk of skin cancer progression
0388U	Next-generation sequencing in plasma of 37 cancer related genes, with report for alteration detection in non-small cell lung cancer
0389U	Reverse transcription polymerase chain reaction (RTqPCR) testing of blood for proteins, reported as a risk score for Kawasaki disease
0390U	Immunoassay of serum for proteins, reported as a risk score for preeclampsia
0391U	DNA and RNA next-generation sequencing of tissue for 437 genes with algorithm quantifying immunotherapy response score
0392U	Evaluation of gene-drug interactions for 16 genes reported as impact of gene-drug interaction for each drug for depression, anxiety, attention deficit disorder
0393U	Detection of protein by seed amplification assay for neurological disorders
0394U	Testing of plasma or serum for 16 perfluoroalkyl substances (PFAS) compounds
0395U	Multi-omics testing of plasma reported as risk of malignancy for lung nodules in early-stage lung cancer
0396U	Microarray testing of embryonic tissue for 300000 DNA single-nucleotide polymorphisms (SNPs), reported as a probability for single-gene germline conditions in pre-implantation genetic testing
0397U	Cell-free DNA testing in plasma evaluating of at least 109 genes in non-small cell lung cancer
0398U	DNA methylation analysis using polymerase chain reaction testing of tissue for genes specific to Barrett esophagus, reported as a risk score for progression to high grade dysplasia or cancer

0399U	Enzyme-linked assay detection in serum of IgGbinding antibody and blocking autoantibodies, using a functional blocking assay for IgG or IgM reported as positive or not detected in cerebral folate deficiency
0400U	Next-generation sequencing of DNA for 145 genes reported as carrier positive or negative in expanded carrier screening
0401U	Targeted variant genotyping using blood, saliva, or buccal swab of 9 genes for coronary heart disease reported as a risk score for a coronary event
0791T	Semi-immersive virtual reality-facilitated, motor cognitive training for walking, each 15 minutes
0793T	Percutaneous transcatheter thermal ablation of pulmonary artery nerves, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
0794T	Pt-specific, assistive, rules-based algorithm for ranking cancer drug tx options based on the pt's tumor-specific cancer marker information obtained from previous lab testing which have been previously I & R separately
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial and right ventricular pacemaker components
0796T	Transcatheter insertion of permanent dual-chamber pacemaker using fluoroscopy and device interrogation of right atrial pacemaker component
0797T	Transcatheter insertion of a permanent dual chamber leadless pacemaker using fluoroscopy and device interrogation of right ventricular pacemaker component
0798T	Transcatheter removal of the right atrial and right ventricular components of a permanent dual-chamber leadless pacemaker using fluoroscopy
0799T	Transcatheter removal of the right atrial component of a permanent dual-chamber leadless pacemaker using fluoroscopy
0800T	Transcatheter removal of the right ventricular component of a permanent dual-chamber leadless pacemaker using fluoroscopy
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial and right ventricular components
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial component
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right ventricular component
0804T	In-person programming device eval of dualchamber leadless pacemaker w/ adjustment of the device to test function & to select optimal permanent values, w/ analysis, review&report by a physician or other qualified professional
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach
0807T	Analysis of lung tissue ventilation using softwarebased processing of cinefluorography images and previously acquired CT images, including data preparation and transmission, eval of lung tissue ventilation data, review, I & R
0808T	Analysis of lung tissue ventilation using softwarebased processing of cinefluorography images&CT images taken for the purpose of lung tissue ventilation analysis, including data preparation and transmission

0809T	Sacroiliac joint fusion, with image guidance, placement of transfixing device(s) and intra-articular implant(s), including tissue graft or synthetic device(s), through the skin
0810T	Subretinal injection of a drug, including vitrectomy and retinotomy
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling
Q4272	Esano a, per square centimeter
Q4273	Esano aaa, per square centimeter
Q4274	Esano ac, per square centimeter
Q4275	Esano aca, per square centimeter
Q4276	Orion, per square centimeter
Q4277	Woundplus membrane or e-graft, per square centimeter
Q4278	Epieffect, per square centimeter
Q4280	Xcell amnio matrix, per square centimeter
Q4281	Barrera sl or barrera dl, per square centimeter
Q4282	Cygnus dual, per square centimeter
Q4283	Biovance tri-layer or biovance 3l, per square centimeter
Q4284	Dermabind sl, per square centimeter

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Table 9 – Deleted Codes

Code	Desc	Effective Date	Replacement Code (if applicable)
J2370	Injection, phenylephrine HCl, up to 1 ml	6/30/2023	N/A
S0020	Injection, bupivacaine HCl, 30 ml	6/30/2023	N/A
S0030	Injection, metronidazole, 500 mg	6/30/2023	N/A
S0073	Injection, aztreonam, 500 mg	6/30/2023	N/A
S0077	Injection, clindamycin phosphate, 300 mg	6/30/2023	N/A
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	6/30/2023	N/A
U0004	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	6/30/2023	N/A

U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2	6/30/2023	N/A
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