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# Coverage & Billing Information for the 2023 Quarterly Code Update

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<sup>®</sup>) 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<sup>®</sup>) 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<sup>®</sup>, CDT<sup>®</sup>, & HCPCS codes that would be considered Outpatient Hospital on or after **July 1, 2023**.

## Table 7

- 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 **July 1, 2023**.

## Table 8

- Deleted Codes - CPT<sup>®</sup>, CDT<sup>®</sup>, HCPCS, ICD-10-CM & ICD-10-PCS codes that have been discontinued effective **June 30, 2023**.

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.

**Iowa Medicaid Provider Services:**

- Phone: 1-800-338-7909
- Email: [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)

**Wellpoint Iowa, Inc.:**

- Phone: 1-833-731-2143
- Email: [ProviderSolutionsIA@wellpoint.com](mailto:ProviderSolutionsIA@wellpoint.com)
- Website: <https://www.provider.wellpoint.com/iowa-provider/home>

**Iowa Total Care:**

- Phone: 1-833-404-1061
- Email: [providerrelations@iowatotalcare.com](mailto:providerrelations@iowatotalcare.com)
- Website: <https://www.iowatotalcare.com>

**Molina Healthcare of Iowa:**

- Phone: 1-844-236-1464
- Email: [iaproviderrelations@molinahealthcare.com](mailto:iaproviderrelations@molinahealthcare.com)
- Website: <https://www.molinahealthcare.com/providers/ia/medicaid/home.aspx>
- Provider portal: <https://www.availity.com/molinahealthcare>

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](http://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](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 **July 1, 2023**.

**Special Billing Information** in Table I shows if the code requires a Prior Authorization or if it suspends for claim review. If the column is blank, there is no special billing information.

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
<b>0792T</b>	Application of 38% silver diamine fluoride by a physician or other qualified health care professional	7/1/2023	
<b>C9150</b>	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose	7/1/2023	
<b>C9151</b>	Injection, pegcetacoplan, 1 mg	7/1/2023	PA Required
<b>C9786</b>	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	7/1/2023	
<b>J0137</b>	Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg	7/1/2023	
<b>J0206</b>	Injection, allopurinol sodium, 1 mg	7/1/2023	
<b>J0216</b>	Injection, alfentanil hydrochloride, 500 micrograms	7/1/2023	
<b>J0457</b>	Injection, aztreonam, 100 mg	7/1/2023	
<b>J0665</b>	Injection, bupivacaine, not otherwise specified, 0.5 mg	7/1/2023	
<b>J0736</b>	Injection, clindamycin phosphate, 300 mg	7/1/2023	
<b>J0737</b>	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to J0736, 300 mg	7/1/2023	
<b>J1440</b>	Fecal microbiota, live - jslm, 1 mL	7/1/2023	
<b>J1576</b>	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	7/1/2023	PA Required
<b>J1805</b>	Injection, esmolol hydrochloride, 10 mg	7/1/2023	
<b>J1806</b>	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to j1805, 10 mg	7/1/2023	
<b>J1811</b>	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	7/1/2023	
<b>J1812</b>	Insulin (fiasp), per 5 units	7/1/2023	
<b>J1813</b>	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	7/1/2023	PA Required
<b>J1814</b>	Insulin (lyumjev), per 5 units	7/1/2023	
<b>J1836</b>	Injection, metronidazole, 10 mg	7/1/2023	
<b>J1920</b>	Injection, labetalol hydrochloride, 5 mg	7/1/2023	
<b>J1921</b>	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to J1920, 5 mg	7/1/2023	
<b>J1941</b>	Injection, furosemide (furoscix), 20 mg	7/1/2023	
<b>J1961</b>	Injection, lenacapavir, 1 mg	7/1/2023	
<b>J2249</b>	Injection, remimazolam, 1 mg	7/1/2023	
<b>J2305</b>	Injection, nitroglycerin, 5 mg	7/1/2023	
<b>J2329</b>	Injection, ublituximab-xiyy, 1mg	7/1/2023	PA Required
<b>J2371</b>	Injection, phenylephrine hydrochloride, 20 micrograms	7/1/2023	
<b>J2372</b>	Injection, phenylephrine hydrochloride (biorphen), 20 micrograms	7/1/2023	

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

\*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

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**Table 5 – Modifiers**

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

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**Table 6 – Outpatient Hospital**

Code	Description	Effective Date
<b>C9150</b>	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose	7/1/2023
<b>C9151</b>	Injection, pegcetacoplan, 1 mg	7/1/2023
<b>C9786</b>	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	7/1/2023
<b>J0137</b>	Injection, acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg	7/1/2023
<b>J0206</b>	Injection, allopurinol sodium, 1 mg	7/1/2023
<b>J0216</b>	Injection, alfentanil hydrochloride, 500 micrograms	7/1/2023
<b>J0457</b>	Injection, aztreonam, 100 mg	7/1/2023
<b>J0665</b>	Injection, bupivacaine, not otherwise specified, 0.5 mg	7/1/2023
<b>J0736</b>	Injection, clindamycin phosphate, 300 mg	7/1/2023
<b>J0737</b>	Injection, clindamycin phosphate (baxter), not therapeutically equivalent to J0736, 300 mg	7/1/2023
<b>J1440</b>	Fecal microbiota, live - jslm, 1 mL	7/1/2023
<b>J1576</b>	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	7/1/2023
<b>J1805</b>	Injection, esmolol hydrochloride, 10 mg	7/1/2023
<b>J1806</b>	Injection, esmolol hydrochloride (wg critical care) not therapeutically equivalent to j1805, 10 mg	7/1/2023
<b>J1811</b>	Insulin (fiasp) for administration through dme (i.e., insulin pump) per 50 units	7/1/2023
<b>J1812</b>	Insulin (fiasp), per 5 units	7/1/2023
<b>J1813</b>	Insulin (lyumjev) for administration through dme (i.e., insulin pump) per 50 units	7/1/2023
<b>J1814</b>	Insulin (lyumjev), per 5 units	7/1/2023
<b>J1836</b>	Injection, metronidazole, 10 mg	7/1/2023
<b>J1920</b>	Injection, labetalol hydrochloride, 5 mg	7/1/2023
<b>J1921</b>	Injection, labetalol hydrochloride (hikma) not therapeutically equivalent to J1920, 5 mg	7/1/2023
<b>J1941</b>	Injection, furosemide (furoscix), 20 mg	7/1/2023
<b>J1961</b>	Injection, lenacapavir, 1 mg	7/1/2023
<b>J2249</b>	Injection, remimazolam, 1 mg	7/1/2023
<b>J2305</b>	Injection, nitroglycerin, 5 mg	7/1/2023
<b>J2329</b>	Injection, ublituximab-xiyy, 1mg	7/1/2023
<b>J2371</b>	Injection, phenylephrine hydrochloride, 20 micrograms	7/1/2023

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

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**Table 7 – Non-covered codes**

<b>Code</b>	<b>Desc</b>
<b>0387U</b>	Tissue evaluation for proteins to report risk of skin cancer progression
<b>0388U</b>	Next-generation sequencing in plasma of 37 cancer related genes, with report for alteration detection in non-small cell lung cancer
<b>0389U</b>	Reverse transcription polymerase chain reaction (RTqPCR) testing of blood for proteins, reported as a risk score for Kawasaki disease
<b>0390U</b>	Immunoassay of serum for proteins, reported as a risk score for preeclampsia
<b>0391U</b>	DNA and RNA next-generation sequencing of tissue for 437 genes with algorithm quantifying immunotherapy response score
<b>0392U</b>	Evaluation of gene-drug interactions for 16 genes reported as impact of gene-drug interaction for each drug for depression, anxiety, attention deficit disorder
<b>0393U</b>	Detection of protein by seed amplification assay for neurological disorders
<b>0394U</b>	Testing of plasma or serum for 16 perfluoroalkyl substances (PFAS) compounds
<b>0395U</b>	Multi-omics testing of plasma reported as risk of malignancy for lung nodules in early-stage lung cancer

<b>0396U</b>	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
<b>0397U</b>	Cell-free DNA testing in plasma evaluating of at least 109 genes in non-small cell lung cancer
<b>0398U</b>	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
<b>0399U</b>	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
<b>0400U</b>	Next-generation sequencing of DNA for 145 genes reported as carrier positive or negative in expanded carrier screening
<b>0401U</b>	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
<b>0791T</b>	Semi-immersive virtual reality-facilitated, motor cognitive training for walking, each 15 minutes
<b>0793T</b>	Percutaneous transcatheter thermal ablation of pulmonary artery nerves, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
<b>0794T</b>	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
<b>0795T</b>	Transcatheter insertion of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial and right ventricular pacemaker components
<b>0796T</b>	Transcatheter insertion of permanent dual-chamber pacemaker using fluoroscopy and device interrogation of right atrial pacemaker component
<b>0797T</b>	Transcatheter insertion of a permanent dual chamber leadless pacemaker using fluoroscopy and device interrogation of right ventricular pacemaker component
<b>0798T</b>	Transcatheter removal of the right atrial and right ventricular components of a permanent dual-chamber leadless pacemaker using fluoroscopy
<b>0799T</b>	Transcatheter removal of the right atrial component of a permanent dual-chamber leadless pacemaker using fluoroscopy
<b>0800T</b>	Transcatheter removal of the right ventricular component of a permanent dual-chamber leadless pacemaker using fluoroscopy
<b>0801T</b>	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial and right ventricular components
<b>0802T</b>	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right atrial component
<b>0803T</b>	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker using fluoroscopy and device interrogation of right ventricular component
<b>0804T</b>	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
<b>0805T</b>	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach
<b>0806T</b>	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach



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<b>0807T</b>	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
<b>0808T</b>	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
<b>0809T</b>	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
<b>0810T</b>	Subretinal injection of a drug, including vitrectomy and retinotomy
<b>C9784</b>	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
<b>C9785</b>	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
<b>C9787</b>	Gastric electrophysiology mapping with simultaneous patient symptom profiling
<b>Q4272</b>	Esano a, per square centimeter
<b>Q4273</b>	Esano aaa, per square centimeter
<b>Q4274</b>	Esano ac, per square centimeter
<b>Q4275</b>	Esano aca, per square centimeter
<b>Q4276</b>	Orion, per square centimeter
<b>Q4277</b>	Woundplus membrane or e-graft, per square centimeter
<b>Q4278</b>	Epieffect, per square centimeter
<b>Q4280</b>	Xcell amnio matrix, per square centimeter
<b>Q4281</b>	Barrera sl or barrera dl, per square centimeter
<b>Q4282</b>	Cygnus dual, per square centimeter
<b>Q4283</b>	Biovance tri-layer or biovance 3l, per square centimeter
<b>Q4284</b>	Dermabind sl, per square centimeter

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**Table 8 – Deleted Codes**

<b>Code</b>	<b>Desc</b>	<b>Effective Date</b>	<b>Replacement Code (if applicable)</b>
<b>J2370</b>	Injection, phenylephrine HCl, up to 1 ml	6/30/2023	N/A
<b>S0020</b>	Injection, bupivacaine HCl, 30 ml	6/30/2023	N/A
<b>S0030</b>	Injection, metronidazole, 500 mg	6/30/2023	N/A
<b>S0073</b>	Injection, aztreonam, 500 mg	6/30/2023	N/A
<b>S0077</b>	Injection, clindamycin phosphate, 300 mg	6/30/2023	N/A

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<b>U0003</b>	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
<b>U0004</b>	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
<b>U0005</b>	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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