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# Coverage & Billing Information for the 2026 Quarterly Code Update

## Background

Iowa Medicaid has reviewed the **Q2 2026** Billing Code Update to determine coverage and billing guidelines. The Iowa Medicaid coverage and billing information provided in this bulletin is effective **April 1, 2026**. 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 **Q2 2026** code update. Coverage and billing information for these codes applies to dates of service on or after **April 1, 2026**.

### Table 2

- New Current Dental Terminology (CDT©) codes included in the Q2 2026 code update. Coverage and billing information for these codes applies to dates of service on or after **N/A**.

### Table 3

- Modifiers included in the code update. Coverage and billing information for these codes applies to dates of service on or after **N/A**.

### Table 4

- CPT®, CDT©, & HCPCS codes that would be considered Outpatient Hospital on or after **April 1, 2026**.

### Table 5

- Non-Covered Codes - CPT®, CDT© & HCPCS codes that have been thoroughly reviewed and Iowa Medicaid has decided not to cover effective **April 1, 2026**.

### Table 6

- Deleted Codes - CPT®, CDT© & HCPCS codes that have been discontinued effective **March 31, 2026**

The **Q2 2026** 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 **April 1, 2026**.

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

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@hhs.iowa.gov](mailto:imeproviderservices@hhs.iowa.gov)

**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>

**Table 1 – CPT® & HCPCS Codes**

<b>Code</b>	<b>Description</b>	<b>Effective Date</b>
<b>C9309</b>	Injection, onasemnogene abeparvovec-brve, per treatment	4/1/2026
<b>C9818</b>	Suzetrigine, oral, 1 mg	4/1/2026
<b>J0463</b>	Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg	4/1/2026
<b>J1164</b>	Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg	4/1/2026
<b>J3404</b>	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	4/1/2026
<b>J8502</b>	Injection, aprepitant (aponvie), 1 mg	4/1/2026
<b>J9183</b>	Gemcitabine intravesical system, 225 mg	4/1/2026
<b>J9277</b>	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	4/1/2026
<b>J9278</b>	Injection, carboplatin (avyxa), 1 mg	4/1/2026
<b>J9601</b>	Injection, linvoseltamab-gcpt, 1 mg	4/1/2026
<b>M0233</b>	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	4/1/2026
<b>M0234</b>	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	4/1/2026
<b>Q0238</b>	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	4/1/2026
<b>Q5161</b>	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	4/1/2026
<b>Q5162</b>	Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg	4/1/2026

**Table 2 – CDT©**

Code	Description	Effective Date
N/A		

**Table 3 – Modifiers**

Code	Description	Effective Date
N/A		

**Table 4 – Outpatient Hospital**

Code	Description	Effective Date
<b>C9309</b>	Injection, onasemnogene abeparvovec-brve, per treatment	4/1/2026
<b>C9818</b>	Suzetrigine, oral, 1 mg	4/1/2026
<b>J0463</b>	Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg	4/1/2026
<b>J1164</b>	Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg	4/1/2026
<b>J3404</b>	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	4/1/2026
<b>J8502</b>	Injection, aprepitant (aponvie), 1 mg	4/1/2026
<b>J9183</b>	Gemcitabine intravesical system, 225 mg	4/1/2026
<b>J9277</b>	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	4/1/2026
<b>J9278</b>	Injection, carboplatin (avyxa), 1 mg	4/1/2026
<b>J9601</b>	Injection, linvoseltamab-gcpt, 1 mg	4/1/2026
<b>M0233</b>	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	4/1/2026

Code	Description	Effective Date
<b>M0234</b>	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	4/1/2026
<b>Q0238</b>	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	4/1/2026
<b>Q5161</b>	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	4/1/2026
<b>Q5162</b>	Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg	4/1/2026

**Table 5 - Noncovered Codes**

Code	Description	Effective Date
<b>0614U</b>	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	4/1/2026
<b>0615U</b>	Borrelia burgdorferi (lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, igm	4/1/2026
<b>0616U</b>	Neurology (dementia), dna methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
<b>0617U</b>	Cardiovascular (atherosclerotic cardiovascular disease [ascvd]), dna methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
<b>0618U</b>	Psychiatry (bipolar disorder), dna methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
<b>0619U</b>	Pulmonary (chronic obstructive pulmonary disease [copd]), dna methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026

Code	Description	Effective Date
0620U	Oncology (hepatocellular carcinoma), dna methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
0621U	Infectious disease (lyme borreliosis), dna methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
0622U	Psychiatry (major depressive disorder), dna methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
0623U	Autoimmune (multiple sclerosis), dna methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
0624U	Hepatology (nonalcoholic steatohepatitis [nash]), dna methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
0625U	Endocrinology (osteoporosis), dna methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
0626U	Neurology (parkinson disease), dna methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
0627U	Psychiatry (schizophrenia), dna methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk	4/1/2026
0628U	Nephrology (kidney diseaserelated 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	4/1/2026
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	4/1/2026
0630U	Oncology (breast), mrna, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffinembedded tissue (ffpe), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, her2)	4/1/2026
A2040	Microlyte painguard, per square centimeter	4/1/2026
A2041	Foundation drs+ duo, per square centimeter	4/1/2026
A2042	Foundation drs+ solo, per square centimeter	4/1/2026
A2043	Biobrane, per square centimeter	4/1/2026

<b>Code</b>	<b>Description</b>	<b>Effective Date</b>
<b>A2044</b>	Biobrane glove, each	4/1/2026
<b>A2045</b>	Novashield or novogen wound matrix, per square centimeter	4/1/2026
<b>A4318</b>	Female external urinary collection cup, with or without ring attachment, per day	4/1/2026
<b>A4479</b>	Electronic transanal irrigation system, includes electronic pump, water reservoir, tubing, and accessories, without catheter, any type	4/1/2026
<b>A6548</b>	Accessory to custom gradient compression garment, silicone band, any size	4/1/2026
<b>A8005</b>	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted	4/1/2026
<b>A8006</b>	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only	4/1/2026
<b>A9294</b>	Prescription digital cognitive and/or behavioral therapy, biofeedback, fda cleared, per course of treatment	4/1/2026
<b>C1743</b>	Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)	4/1/2026
<b>C8007</b>	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	4/1/2026
<b>C8008</b>	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator	4/1/2026
<b>C8009</b>	Removal of hypoglossal nerve neurostimulator array and pulse generator	4/1/2026
<b>C8010</b>	Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral	4/1/2026
<b>C8011</b>	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	4/1/2026
<b>C8012</b>	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	4/1/2026
<b>C8013</b>	Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	4/1/2026
<b>G0680</b>	Detection and quantification of coronary artery calcium and/or aortic valve calcification from algorithmic analysis of computed tomography of the chest with report	4/1/2026

Code	Description	Effective Date
G0681	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) 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	4/1/2026
G0682	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) 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)	4/1/2026
G0683	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) 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	4/1/2026
G0684	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) 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)	4/1/2026
J1098	Articaine ophthalmic, 8% solution, 0.4 ml	4/1/2026
J1553	Injection, immune globulin (yimmugo), 100 mg	4/1/2026
J9003	Leuprolide injectable (camcevi etm), 1 mg	4/1/2026
L2221	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source	4/1/2026
L5992	All lower extremity prosthesis, foot shell for modular foot/non-solid ankle cushion heel (sach) replacement only	4/1/2026
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026

<b>Code</b>	<b>Description</b>	<b>Effective Date</b>
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	4/1/2026

**Table 6 – Deleted Codes**

<b>Code</b>	<b>Description</b>	<b>Effective Date</b>
<b>C9145</b>	Injection, aprepitant, (apovnie), 1 mg	3/31/2026
<b>C9307</b>	Injection, linvoseltamab-gcpt, 1 mg	3/31/2026
<b>C9308</b>	Injection, carboplatin (avyxa), 1 mg	3/31/2026
<b>L6000</b>	Partial hand, thumb remaining	3/31/2026
<b>L6010</b>	Partial hand, little and/or ring finger remaining	3/31/2026
<b>L6020</b>	Partial hand, no finger remaining	3/31/2026