

## Q3 HCPCS Level I and II Update (July 1, 2025)

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Note: Please note that the general code descriptions included are provided to assist with interpreting and navigating the content; providers are responsible for referencing the appropriate codebooks for up-to-date full descriptions when considering which code is appropriate to bill for the services rendered.

### **Q3 Code Additions**

#### **Chemotherapy**

The following Chemotherapy codes have special billing policies:

C9174, J1326, J3391, J9276, J9289, J9341, J9342, Q2058

##### **C9174**

Datopotamab deruxtecan-dlnk (DATROWAY)

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Maximum billing unit(s) equals 540 mg / 540 units

Modifiers SA, UD, U7 and 99 are allowed.

##### **J1326**

Zolbetuximab-clzb (VYLOY®)

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Modifiers SA, UD, U7 and 99 are allowed

##### **J3391**

Atidarsagene autotemcel (LENMELDY)

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be less than 7 years of age with a confirmed ARSA genotype.

Required ICD-10-CM Diagnosis Code: E75.25

Frequency of billing equals once in a lifetime.

Administration code: CPT® code 96413 (Chemotherapy administration, intravenous infusion; up to 1 hour, single or initial substance/drug).

Modifiers UD and 99 are allowed.

##### **J9276**

Zanidatamab-hrii (ZIIHERA®)

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Frequency of billing equals every 2 weeks.

Modifiers SA, UD, U7 and 99 are allowed.

**J9289**

Nivolumab and Hyaluronidase-nvhy (Opdivo Qvantig)

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Frequency of billing equals 1200 mg/600 units every 2 weeks.

Maximum billing units equals 1200 mg/600 units.

Modifiers SA, UD, U7 and 99 are allowed.

**J9341**

Thiotepa (Tepylute)

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Modifiers SA, UD, U7 and 99 are allowed.

**J9342**

Thiotepa

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowed.

**Q2058**

Obecabtagene autoleucel (AUCATZYL®)

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Frequency of billing is equal to once in a lifetime.

Required ICD-10-CM Diagnosis Codes: C91.00 and C91.02

Modifiers UD and 99 are allowed.

## **Injection**

The following Injection codes have special billing policies:

C9175, J0165, J0167, J0168, J0169, J1163, J0616, J0618, J1163, J2312, J2313, J3373, J3374, J3375, J7172, J7356, Q5098, Q5099, Q5100

**C9175**

Treosulfan (GRAFAPEX)

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be one year of age or older.

Frequency of billing equals daily for three days.

Modifiers SA, UD, U7 and 99 are allowed.

**J0165, J0167, J0168 J0169**

Epinephrine

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowed.

Presumptive Eligibility for Pregnant People.

**J0616**

Metoprolol Tartrate

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Maximum billing unit equals 15 mg/15 units.

Modifiers SA, UD, U7 and 99 are allowed.

**J0618**

Calcium Chloride

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 28 days of age or older.

Modifiers SA, UD, U7 and 99 are allowed.

**J1163**

Diltiazem Hydrochloride

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 6 months of age or older.

Modifiers SA, UD, U7 and 99 are allowed.

**J2312**

Naloxone Hydrochloride

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowed.

**J2313**

Naloxone Hydrochloride (ZIMHI™)

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Frequency of billing equals 5mg/500 units times one. May repeat every two to three minutes until patient responsive or EMS arrives.

Modifiers SA, UD, U7 and 99 are allowed.

**J3373, J3374, J3375**

Vancomycin

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowed.

**J7172**

Marstacimab-hncq (HYMPAVZI)

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 12 years of age or older.

Frequency of billing is equal to weekly.

Maximum billing unit(s) is equal to 300 mg/600 units weekly.

Modifiers SA, UD, U7 and 99 are allowed.

**J7356**

Foscarbidopa and foslevodopa (VYALEV)

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Frequency of billing is equal to daily.

Maximum billing unit(s) equal 3525mg/705 units of foslevodopa component (equivalent to approximately 2500 mg levodopa).

Modifiers SA, UD, U7 and 99 are allowed.

**Q5098, Q5099, Q5100**

Ustekinumab-srlf (Imuldosa), Ustekinumab-stba (Steqeyma) and Ustekinumab-kfce (Yesintek)

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 6 years of age or older.

Modifiers SA, UD, U7 and 99 are allowed.

## **Ophthalmology**

The following Ophthalmology codes have special billing policies:

Q5153

**Q5153**

Aflibercept-yszy (Opuviz)

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Must be 18 years of age or older.

Frequency of billing equals every 4 weeks.

Maximum billing units equals 2 mg/2 units.

CPT code 67028 (intravitreal injection of a pharmacologic agent [separate procedure]) must be billed on the same claim form.

Modifiers LT or RT are required. Modifiers UD and 99 are allowed.

Presumptive Eligibility for Pregnant People.

## **Proprietary Laboratory Analyses (PLA)**

The following PLA codes have special billing policies:

0563U, 0564U

**0563U, 0564U**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Frequency limit is three times per year.

Modifiers 33, 90, 99 and QW are allowable.

Presumptive Eligibility for Pregnant People.

## **Radiology**

The following Radiology codes have special billing policies:

0950T, 0961T, 0970T, 0972T, 0984T, 0985T, 0986T, 0987T, J9220

**0950T**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Required ICD-10-CM Diagnosis Codes: N40.0, N40.1

Sex restriction is male only.

Modifiers SA, U7 and 99 are allowed.

**0961T, J9220**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers SA, U7 and 99 are allowed.

**0970T**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Required ICD-10-CM Diagnosis Codes: D23.1, D24.2, D24.9

Modifiers SA, U7 and 99 are allowed.

**0971T**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Required ICD-10-CM Diagnosis Codes: C50.0 thru C50.9

Modifiers SA, U7 and 99 are allowed.

**0972T**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Required ICD-10-CM Diagnosis Codes: T31.0, T31.10 thru T31.33, T31.40 thru T31.91, T20.0 thru T20.519, T21.0 thru T21.7, T22.0 thru T22.7, T23.0 thru T23.7, T24.0 thru T24.7, T25.0 thru T25.7.

Modifiers SA, U7 and 99 are allowed.

**0984T, 0985T, 0986T, 0987T**

No *Treatment Authorization Request* (TAR) is required for reimbursement.

Required ICD-10-CM Diagnosis Codes: I67.1, Q28.2, Q28.3, I72.8

Modifiers SA, U7 and 99 are allowed.

## Skin Substitute

The following Skin Substitute codes have special billing policies:

Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q3476, Q4377, Q4378, Q4379, Q4380, Q4382

**Q4368, Q4369, Q4370, Q4371, Q4372, Q4373, Q4375, Q3476, Q4377, Q4378, Q4379, Q4380, Q4382**

An approved *Treatment of Authorization Request* (TAR) is required for reimbursement.

Modifiers SA, U7 and 99 are allowable.

## Surgery

The following Surgery codes have special billing policies:

0951T, 0952T, 0953T, 0954T, 0955T, 0978T, 0979T, 0980T

**0951T, 0952T, 0953T, 0954T, 0955T**

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79 and 99 are allowable for Procedure Type K.

Modifiers AG, ET, PA, PB, PC, SA, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowable for Procedure Type O.

**0978T, 0979T, 0980T**

An approved *Treatment Authorization Request* (TAR) is required for reimbursement.

Modifiers AG, UA, UB, 51, 76, 77, 78, 79 and 99 are allowable for Procedure Type K.

Must be 21 years of age or older.

## **Q3 Code Deletions**

**Table of HCPCS Q3 Code Deletions**  
**Effective June 30, 2025**

<b>Subject</b>	<b>Deleted Code</b>
Injection	C9304 (replaced with J7172), J0171 (replaced with J0169), J2310 (replaced with J2312), J2311 (replaced with J2313), J3370 (replaced with J3373), J3371 (replaced with J3374), J3372 (replaced with J3375)
Radiology	C9300 (replaced with J9220)
Chemotherapy	C9301 (replaced with Q2058), C9302 (replaced with J9276), C9303 (replaced with J1326), J9340 (replaced with J9342)
Proprietary Laboratory Analyses (PLA)	0240U, 0241U, 0369U, 0370U, 0373U, 0374U