

## Q4 HCPCS Level I and II Update (October 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.

### **Q4 Code Additions**

#### **Chemotherapy**

The following Chemotherapy code has special billing policies:

C9306, J9011

##### **C9306**

Telisotuzumab vedotin-tllv

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

Modifiers SA, UD, U7 and 99 are allowable.

##### **J9011**

Datopotamab deruxtecan-dlnk (DATROWAY®)

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

Modifiers SA, UD, U7 and 99 are allowable.

#### **Durable Medical Equipment (DME)**

The following DME codes have special billing policies:

A4288, E0150, E0658, E0659

##### **A4288**

Must be between 15 years of age to 60 years old.

Sex restriction is female only.

Frequency of billing is once every 3 months for any providers.

Modifier NU is allowable.

Non-taxable.

##### **E0150**

Must be under 21 years of age.

Frequency of billing is once every 5 years for any providers.

Modifiers NU, RB and RR are allowable.

Non-taxable.

##### **E0658, E0659**

Frequency of billing is once every 5 years for any providers.

ICD-10 codes included are I89.0 and I87.2.

Modifiers NU and RR are allowable.

Taxable.

## **Injection**

The following Injection codes have special billing policies:

C9305, J0163, J0164, J0458, J0462, J0525, J0582, J0614, J0675, J0738, J0759, J1370, J1612, J1807, J1809, J1834, J2151, J2291, J3290, J3402, J7173, J7174, Q5154, Q5156, Q5157, Q5158

### **C9305**

Nipocalimab-aahu

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

Modifiers SA, UD, U7 and 99 are allowable.

### **J0163, J0164**

Epinephrine in sodium chloride

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

### **J0458**

Aztreonam/avibactam

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

### **J0462**

Atropine sulfate

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

### **J0525**

Cefotetan disodium

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

### **J0582**

Bivalirudin (endo)

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

Modifiers SA, UD, U7 and 99 are allowable.

**J0614**

Treosulfan

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

Modifiers SA, UD, U7 and 99 are allowable.

**J0675**

Carboprost

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

**J0738**

Lenacapavir

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

Modifiers SA, UD, U7, 33 and 99 are allowable.

**J0759**

Clevidipine

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

Modifiers SA, UD, U7 and 99 are allowable.

**J1370**

Espomeprazole

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

**J1612**

Glucagon (Gvoke)

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

**J1807**

Ethacrynate sodium

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

**J1809**

Fosdenopterin (NULIBRY)

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

Modifiers SA, UD, U7 and 99 are allowable.

**J1834**

Isoniazid (RIFAMPIN)

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

**J2151**

Mannitol (OSMITROL)

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

Modifiers SA, UD, U7 and 99 are allowable.

**J2291**

Nafcillin

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

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

**J3290**

Tranexamic acid (CYKLOKAPRON)

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

Modifiers SA, UD, U7 and 99 are allowable.

**J3402**

Remestemcel-L-rknd (RYONCIL)

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

Modifiers SA, UD, U7 and 99 are allowable.

**J7173**

Concizumab-mtci (ALHEMO)

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

Modifiers SA, UD, U7 and 99 are allowable.

**J7174**

Fitusiran (QFITLIA)

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

Modifiers SA, UD, U7 and 99 are allowable.

**Q5154**

Omalizumab-igec (OMLYCLO)

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

Modifiers SA, UD, U7 and 99 are allowable.

**Q5156**

Tocilizumab-anoh (AVTOZMA)

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

Modifiers SA, UD, U7 and 99 are allowable.

**Q5157**

Denosumab-bmwo (STOBLOCO, OSENVELT)

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

Modifiers SA, UD, U7 and 99 are allowable.

**Q5158**

Denosumab-bnht (BOMYNTRA, CONEXXENCE)

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

Modifiers SA, UD, U7 and 99 are allowable.

## **Non-Inject**

The following Non-inject codes have special billing policies:

J0570, J0668, J0752

**J0570**

Buprenorphine implant

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

Modifiers RT and LT are required.

Modifiers UD and 99 are allowable.

Presumptive Eligibility for Pregnant People.

**J0668**

Bupivacaine and meloxicam

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

Modifiers SA, UD, U7 and 99 are allowable.

**J0752**

Lenacapavir Oral

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

Modifiers SA, UD, U7, 33 and 99 are allowable.

## **Ophthalmology**

The following ophthalmology codes have special billing policies:

J3403, Q5155

**J3403**

Revakinagene taroretcel-lwey (ENCELTO)

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

Modifiers RT and LT are required.

Modifiers UD and 99 are allowable.

**Q5155**

Aflibercept

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

Modifiers UD and 99 are allowable.

**Proprietary Laboratory Analyses (PLA)**

The following PLA codes have special billing policies:

0580U, 0588U, 0595U

**0580U**

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

Modifiers 33, 90 and 99 are allowable.

**0588U**

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

Modifiers 33, 90 and 99 are allowable.

**0595U**

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

Frequency limit is three times per year.

Modifiers 33, 90 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

**Radiology**

The following Radiology codes have special billing policies:

A9612, A9616

**A9612**

Fluorescein

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

Modifiers SA, U7 and 99 are allowable.

**A9616**

Gallium ga-68 (Gozellix®)

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

Modifiers SA, U7 and 99 are allowable.

## Skin Substitutes

The following Skin Substitute codes have special billing policies:

A2036, A2037, A2038, A2039, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397

**A2036, A2037, A2038, A2039, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397**

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

Modifiers SA, U7 and 99 are allowable.

## Surgical Implants

The following Surgical Implant codes have special billing policies:

C1741, C1742

**C1741, C1742**

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

Modifiers AG, ET, SC and 99 are allowable.

## Surgery

The following Surgery codes have special billing policies:

C8006

**C8006**

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

Modifiers AG, ET, GC, LT, RT, UA, UB, 22, 47, 50 51, 53, 54, 58, 76, 77, 78, 79 and 99 are allowable.

## Q4 Code Deletions

### Table of HCPCS Q4 Code Deletions

Effective September 30, 2025

Subject	Deleted Code
Injection	C9088 (replaced with J0688); C9174 (replaced with J9011); C9175 (replaced with J0614); C9248 (replaced with J0759); J2150 (replaced with J2151); J2503
Proprietary Laboratory Analyses (PLA)	0450U, 0451U