

Q2 HCPCS Level I and II Update (April 1, 2026)

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.

Q2 Code Additions

Cell and Gene Therapy

The following Cell and Gene Therapy codes have special billing policies:

C9309, J3404

C9309

Onasemnogene abeparvovec-brve (Iltvisma).

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

Age must be 2 years or older.

Required ICD-10-CM diagnosis codes: G12.0, G12.1, G12.8, G12.9, G12.25.

Frequency of billing is once in a lifetime.

Modifiers UD and 99 are allowable.

J3404

Zopapogene imadenovec-drba (Papzimeos).

A TAR is required for reimbursement.

Age must be 18 years or older.

Frequency of billing is once in a lifetime.

Modifiers SA, UD, U7 and 99 are allowable.

Durable Medical Equipment

The following Durable Medical Equipment code has special billing policies:

A4479

A4479

A TAR is required for reimbursement.

Required ICD-10-CM diagnosis codes: K59.00, K59.01, K59.02, K59.03, K59.04, K59.09, R15.9, K91.89

Frequency of billing is one device every two years for any provider.

Modifier NU is required. Modifiers RB and RA are allowable.

Taxable.

Orthotics and Prosthetics

The following Orthotics and Prosthetics codes have special billing policies:

A6548, L5992

A6548

Frequency of billing is once every 12 months for any provider.

Modifiers LT and RT are required.

Non-taxable.

L5992

Frequency of billing is once every three years for any provider.

Modifiers LT and RT are required.

Non-taxable.

Physician-Administered Drugs

The following Physician-Administered Drugs codes have special billing policies:

C9818, J0463, J1164, J8502, J9003, J9183, J9277, J9278, J9601, Q5161, Q5162

C9818

Suzetrigine (Journavx)

A TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

Effective January 23, 2026.

J0463

Atropine sulfate (Fresenius and therapeutically equivalent).

Age must be 2 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J1164

Diltiazem hydrochloride in 0.72% sodium chloride.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

J8502

Aprepitant (Aponvie).

A TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9003

Leuprolide injectable (Camcevi ETM).

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9183

Gemcitabine intravesical system.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9277

Pembrolizumab and berahyaluronidase alfa-pmph.

Age must be 12 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9278

Carboplatin (Avyxa).

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9601

Linvoseltamab-gcpt.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

Q5161

Denosumab-kyqq (Aukelso/Bosaya).

A TAR is required for reimbursement.

Age must be 12 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

Q5162

Denosumab-nxxp (Bildyos/Bilprevda).

A TAR is required for reimbursement.

Age must be 12 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

Proprietary Laboratory Analyses (PLA)

The following PLA code has special billing policies:

0615U

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Modifiers 33, 90 and 99 are allowable.

Radiology

The following Radiology code has special billing policies:

G0680

G0680

Modifiers TC and 26 are required.

Skin Substitutes

The following Skin Substitute codes have special billing policies:

A2040, A2041, A2042, A2043, A2044, A2045, G0681, G0682, G0683, G0684, Q4418, Q4419, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440

A2040, A2041, A2042, A2043, A2044, A2045, G0681, G0682, G0683, G0684, Q4418, Q4419, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440

An approved TAR is required for reimbursement.

Modifiers SA, U7 and 99 are allowable.

Surgery

The following Surgery codes have special billing policies:

C8007, C8008, C8009, C8010, C8011, C8012, C8013

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Modifiers AG, ET, SC, UA, UB, 22, 47, 51, 52, 53, 54, 55, 66, 76, 77, 78, 79 and 99 are allowable.

C8010

An approved TAR is required for reimbursement.

Modifiers AG, ET, LT, RT, SC, UA, UB, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80 and 99 are allowable.

Q2 Code Deletions

Table of HCPCS Q2 Code Deletions

Effective April 1, 2026

Subject	Deleted Code
Orthotics and Prosthetics	L6000, L6010, L6020
Physician-Administered Drugs	C9145 (replaced with J8502), C9307 (replaced with J9601), C9308 (replaced with J9278)