

Q3 HCPCS Level I and II Update (July 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.

Q3 Code Additions

Cell and Gene Therapy

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

J3405

J3405

Onasemnogene abeparvovec-brve (Iltvisma)

An approved *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.

Physician-Administered Drugs

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

C9310, J0528, J1289, J1577, J2361, J2374, J2789, J7176, J9053, J9062, J9232, Q5164, Q5165, Q5166, Q5167, Q5169, Q5170, Q5171

C9310

Leucovorin (Avyxa)

Modifiers SA, UD, U7 and 99 are allowed.

Presumptive Eligibility for Pregnant People.

J0528

Fosfomycin Disodium (Contepo)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowed.

Presumptive Eligibility for Pregnant People.

Age must be 18 years of age or older.

J1289

Narsoplimab (Yartemlea®)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowed.

Age must be 2 years of age or older.

J1577

Immune Globulin (Qivigy)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowed.

Age must be 18 years of age or older.

J2361

Depemokimab-ulaa (Exdensur)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowed.

Age must be 12 years of age or older.

J2374

Apraclonidine Hydrochloride Ophthalmic Solution (Iopidine®)

Modifiers LT and RT are required.

Modifiers UD and 99 are allowable.

Age must be 18 years of age or older.

J2789

Riboflavin 5'-phosphate Ophthalmic Solution (Epioxa® and Epioxa® HD)

An approved TAR is required for reimbursement.

Modifiers LT and RT are required.

Modifiers UD and 99 are allowable.

Age must be 13 years of age or older.

J7176

Fibrinogen, human-chmt (Fesilty)

Modifiers SA, UD, U7 and 99 are allowable.

J9053

Belantamab mafodotin-blmf (Blenrep)

Modifiers SA, UD, U7 and 99 are allowable.

Age must be 18 years of age or older.

J9062

Amivantamab and hyaluronidase-lpuj (Rybrevant Faspro)

Modifiers SA, UD, U7 and 99 are allowable.

Age must be 18 years of age or older.

J9232

Docetaxel

Modifiers SA, UD, U7 and 99 are allowable.

Q5164

Ustekinumab-hmny (Starjemza)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

Age must be 6 years or older.

Q5165

Denosumab-mobz (Oziltus)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

Age must be 12 years or older.

Q5166

Denosumab-desu (Osvyrti/Jubereq)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

Age must be 12 years of age or older.

Q5167

Denosumab-qbde (Enoby/Xtrenbo)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

Age must be 12 years of age or older.

Q5169

Pefilgrastim-unne (Armlupeg)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

Q5170

Aflibercept-boav (Eydenzelt)

An approved TAR is required for reimbursement.

Modifiers LT and RT are required.

Modifiers UD and 99 are allowable.

Q5171

Denosumab-mobz (Boncresa)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

Age must be 18 years or older.

Radiology

The following Radiology codes have special billing policies:

A9574

A9574

Injection, ferumoxytol, 1 mg

Modifier 99 is allowable.

Surgery

The following Surgery codes have special billing policies:

1044T, 1045T, 1046T, 1047T, 1048T, 1049T, C8014

1044T, 1046T, 1048T

An approved TAR is required for reimbursement.

Modifiers AG, ET, LT, RT, SC, UA, UB, U7, 22, 47, 50, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79 and 99 are allowable.

1045T, 1047T, 1049T

An approved TAR is required for reimbursement.

Modifiers AG, ET, LT, RT, SC, U7, 22, 47, 50, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79 and 99 are allowable.

C8014

An approved TAR is required for reimbursement.

Modifiers AG, ET, LT, RT, SC, 22, 47, 50, 51, 52, 53, 54, 55, 62, 76, 77, 78, 79 and 99.

Presumptive Eligibility for Pregnant People.

Q3 Code Deletions

Table of HCPCS Q3 Code Deletions

Effective July 1, 2026

Subject	Deleted Code
Cell and Gene Therapy	C9309 (replaced with J3405)