

Q4 HCPCS Level I and II Update (October 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.

Q4 Code Additions

Cell and Gene Therapy

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

J3406

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Omidubicel-only (Omisirge®)

An approved TAR is required for reimbursement.

Age must be 12 years or older.

Frequency of billing is once in a lifetime.

Modifiers UD and 99 are allowable.

Durable Medical Equipment

The following Durable Medical Equipment codes have special billing policies:

A4228, A6614, E0788, E2403

A4228

Frequency of billing is one per week for any provider.

Modifier NU is required.

Modifiers SA, U7 or 99 are allowable.

Taxable.

A6614

Frequency of billing is one per month for any provider.

Modifier NU is required.

Modifiers SA, U7 or 99 are allowable.

Taxable.

E0788

Frequency of billing is one in five years for any provider.

Modifiers NU, RB and RR are required.

Modifiers SA, U7 or 99 are allowable.

Non-taxable.

E2403

Frequency of billing is once in five years for any provider.

Modifier RR is required.

Modifiers SA, U7 or 99 are allowable.

ICD-10 diagnosis codes include: H40.11, H40.12, H40.13, H40.14, H40.01.

Taxable.

Orthotics and Prosthetics

The following Orthotics & Prosthetics codes have special billing policies:

L1972

L1972

Frequency of billing is one in 12 months for any provider.

Modifiers LT and RT are required.

Non-taxable.

Pathology

The following Pathology codes have special billing policies:

87638

87638

Modifiers 33, 59, 90 and 99 are allowable.

Physician-Administered Drugs

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

C9311, C9312, C9313, J0014, J0643, J0644, J0871, J1757, J1818, J1946, J1947, J1957, J1958, J3268, J7524, J7526, J7529, J7530, J7531, J9066, J9186, J9187, J9191, J9192, J9362, Q5172, Q5173

C9311

Eplontersen

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

C9312

Trabectedin (Apotex)

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

C9313

Pivekimab Sunirine-pvzy

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J0014

Cocaine hydrochloride nasal solution (Goprelto)

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J0643

Leucovorin calcium

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

J0644

Leucovorin calcium (Avyxa)

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

J0871

Daptomycin (Endo)

Age must be 1 year or older.

Modifiers SA, UD, U7 and 99 are allowable.

Presumptive Eligibility for Pregnant People.

J1757

Tividenofusp alfa-eknm

An approved TAR is required for reimbursement.

Age must be 64 years or younger.

Modifiers SA, UD, U7 and 99 are allowable.

J1818

Pegzilarginase-nbln

An approved TAR is required for reimbursement.

Age must be at least 2 years but no older than 64 years.

Modifiers SA, UD, U7 and 99 are allowable.

J1946

Furosemide (Lasix Onyu)

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J1947

Furosemide (Furoscix)

An approved TAR is required for reimbursement.

Age must be 6 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J1957

Levetiracetam

Modifiers SA, UD, U7 and 99 are allowable.

J1958

Levetiracetam in sodium chloride

Age must be 16 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J3268

Delafloxacin

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J7524

Mycophenolate mofetil, oral

Modifiers SA, UD, U7 and 99 are allowable.

J7526

Mycophenolate mofetil

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J7529

Mycophenolate mofetil

Modifiers SA, UD, U7 and 99 are allowable.

J7530

Mycophenolate mofetil (Myhibbin)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

J7531

Prednisolone sodium phosphate

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

J9066

Bendamustine hydrochloride (Avyxa)

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9186

Etoposide (Avyxa)

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9187

Etoposide

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9191

Fluorouracil (Avyxa)

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9192

Fluorouracil

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

J9362

Trabectedin

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

Q5172

Filgrastim-laha (Filkri)

An approved TAR is required for reimbursement.

Modifiers SA, UD, U7 and 99 are allowable.

Q5173

Denosumab-adet (Ponlimsi)

An approved TAR is required for reimbursement.

Age must be 18 years or older.

Modifiers SA, UD, U7 and 99 are allowable.

Radiology

The following Radiology codes have special billing policies:

A9613

A9613

Sex restriction is male.

Frequency of billing is one session per day.

Maximum dose is 370 MBq (10 mCi).

Required ICD-10-CM diagnosis code: C61.

Modifiers U7 and 99 are allowable.

Surgery

The following Surgery codes have special billing policies:

L8697

L8697

Modifiers U7 and 99 are allowable.

Non-taxable.

Q4 Code Deletions

Table of HCPCS Q4 Code Deletions

Effective October 1, 2026

Subject	Deleted Code
Surgery	C8010
Physician-Administered Drugs	C9310 (replaced with J0644), C9462 (replaced with J3268), J0640 (replaced with J0643), J1941 (replaced with J1947), J1953 (replaced with J1957), J7514 (replaced with J7530), J7519 (replaced with J7526), J7528 (replaced with J7529), J9181 (replaced with J9187), J9190 (replaced with J9192), J9352 (replaced with J9362)