

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal # 24-31

TO: DC Medicaid Providers

FROM: Melissa Byrd *M.B.*
Senior Deputy Director and Medicaid Director

DATE: September 30, 2024

SUBJECT: 2024 CPT/HCPCS Mid-Year Code Update

Purpose

The purpose of this transmittal is to inform all DC Medicaid Providers that effective October 1, 2024, the fee schedule will be changed.

Each quarter the Centers for Medicare and Medicaid Services (CMS) releases modifications of the Healthcare Common Procedure Coding System (HCPCS) code set. Level I of the HCPCS are CPT (Current Procedural Terminology) codes, maintained by the American Medical Association, that are used primarily to identify laboratory or vaccine administration services and procedures furnished by physicians and other health care professionals. Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the codes, such as prescription drug products and durable medical equipment.

For additional information about the HCPCS code set, please visit the CMS website at <http://www.cms.hhs.gov/MedHCPCSGenInfo/>

The Department of Health Care Finance (DHCF) adopts new quarterly CPT-HCPCS codes that align with policy. The new codes will be priced in accordance with the authority established under the District of Columbia's Medicaid State Plan (Attachment 4.19B, Part I, Pages 13-14), which stipulates that most physician services, DME, and laboratory services are reimbursed at 80% of the Medicare rates as established by the CMS. The exceptions are that certain primary care physicians who have qualified for an enhanced rate, certain DME items, and physician-administered drugs are paid at 100% of the Medicare rate.

The listing of new 2024 CPT/HCPCS codes with their associated short descriptions and Medicaid coverage status is attached to this transmittal. Changes to coverage for existing codes during 2024 may also be included in this transmittal. For long descriptions, please consult your CPT and HCPCS resources. This transmittal with the list of CPT/HCPCS changes for 2024 will also be available at the DC Medicaid website <http://www.dc-medicaid.com> by October 1, 2024.

Contact

The full fee schedule is available on the DC Medicaid Web Portal. For questions, please call the Conduent Provider Inquiry Unit at (202) 906-8319 (inside DC metro area) or 1-866-752-9233 (outside DC Metro area).

Cc: Medical Society of the District of Columbia
DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers

Fee Schedule Record	Action	Short Description	DC Medicaid Coverage Status for Additions
90624	Addition	Menb-4c&menacwy vacc im	Not Covered
90637	Addition	Vacc qirv mrna 30mcg/.5ml im	Not Covered
90638	Addition	Vacc qirv mrna 60mcg/.5ml im	Not Covered
90684	Addition	Pcv21 vaccine im	Covered
0867T	Addition	Tpla b9 prst8 hydrplsa>=50ml	Not Covered
0868T	Addition	Hi-res gastric ep mapping	Not Covered
0869T	Addition	Njx b1 sub mtrl hw fixj aug	Not Covered
0870T	Addition	Imp subq prtl ascts pmp sys	Not Covered
0871T	Addition	Rplcmt subq prtl ascites pmp	Not Covered
0872T	Addition	Rplcmt ndwllg bldr&prtl cath	Not Covered
0873T	Addition	Revj subq prtl asct pmp sys	Not Covered
0874T	Addition	Rmvl pertl ascites pmp sys	Not Covered
0875T	Addition	Pgrm subq prtl asct pmp sys	Not Covered
0876T	Addition	Duplex scan hemo fstl lmted	Not Covered
0877T	Addition	Augmnt alys ch ct ild w/o ct	Not Covered
0878T	Addition	Augmnt alys ch ct ild w/ct	Not Covered
0879T	Addition	Augmnt alys ch ct ild prep	Not Covered
0880T	Addition	Augmnt alys ch ct ild i&r	Not Covered
0881T	Addition	Cryotherapy oral cavity	Not Covered
0882T	Addition	Intraop ther estim pn ue 1st	Not Covered
0883T	Addition	Intraop ther estim pn ue ea	Not Covered
0884T	Addition	Esphgsc flx 1st tndsc dilat	Not Covered
0885T	Addition	Colsc flx 1st tndsc dilat	Not Covered
0886T	Addition	Sgmdsc flx 1st tndsc dilat	Not Covered
0887T	Addition	End-tidal ctrl inhaled anes	Not Covered
0888T	Addition	Histotripsy mal renal tissue	Not Covered
0889T	Addition	Prsnlz trgt dvl arhfcmrigtbs	Not Covered
0890T	Addition	Arhfcmrigtbs 1st tx day	Not Covered
0891T	Addition	Arhfcmrigtbs sbsq tx day	Not Covered
0892T	Addition	Arhfcmrigtbs sbsq per tx day	Not Covered
0893T	Addition	N-invas assmt bld oxygnation	Not Covered
0894T	Addition	Cannulation liver allograft	Not Covered
0895T	Addition	Connj lvr algrft prfu dev 1	Not Covered
0896T	Addition	Connj lvr algrft prfu dev ea	Not Covered
0897T	Addition	N-invas augmnt arrhyt alys	Not Covered
0898T	Addition	N-invas prst8 cancer est map	Not Covered
0899T	Addition	N-invas deter aqmbf aug cmr	Not Covered
0900T	Addition	N-invas est aqmbf asstv cmr	Not Covered
C1605	Addition	Pmkr, dual, leadless	Not Covered
C1606	Addition	Adapter, us to endoscope	Not Covered
C8000	Addition	Suprt dev, a-v fistula, imp	Not Covered
C9169	Addition	Inj, nogapendekin pmln 1 mcg	Not Covered
C9170	Addition	Inj, tarlatamab-dlle, 1 mg	Not Covered
C9171	Addition	Inj, pegulicianine, 1 mg	Not Covered
C9172	Addition	Inj, beqvez, per tx dose	Not Covered
C9796	Addition	Rpr intst excl anrect fist	Not Covered
C9797	Addition	Vasc emb/occ w/prs cath	Not Covered
C9901	Addition	Endo defect closure gi tract	Not Covered
J0175	Addition	Inj, donanemab-azbt, 2 mg	Covered
J0177	Addition	Inj, aflibercept hd, 1 mg	Covered

J0209	Addition	Inj, sod thiosulfate (hope)	Covered
J0211	Addition	Inj, nithiodote, 3mg / 125mg	Covered
J0577	Addition	Inj, brixadi, 7 days or less	Covered
J0578	Addition	Inj brixadi, more than 7 day	Covered
J0589	Addition	Inj daxibotulinumtoxina-lanm	Covered
J0650	Addition	Inj, levothyroxine nos 10mcg	Covered
J0651	Addition	Inj, levothyroxine, freskabi	Covered
J0652	Addition	Inj, levothyroxine, hikma	Covered
J0687	Addition	Inj cefazolin (wg crit care)	Covered
J0872	Addition	Daptomycin (xellia) unrefrig	Covered
J0911	Addition	Inst tauro 1.35mg/hep 100u	Covered
J1010	Addition	Inj, methylpred acetate 1 mg	Covered
J1202	Addition	Miglustat oral 65 mg	Covered
J1203	Addition	Inj, cipaglucosidase, 5 mg	Covered
J1323	Addition	Inj, elranatamab-bcmm, 1 mg	Covered
J1434	Addition	Inj, focinvez, 1mg	Covered
J1597	Addition	Inj glycopyrrolate, glyrx-pf	Covered
J1598	Addition	Inj glycopyrrolate fres kabi	Covered
J1748	Addition	Inj, zymfentra, 10 mg	Covered
J2002	Addition	Inj, lidocaine in d5w, 1 mg	Covered
J2003	Addition	Inj, lidocaine hcl, 1 mg	Covered
J2004	Addition	Inj, lidocaine w epinephrine	Covered
J2183	Addition	Inj meropenem (wg crit care)	Covered
J2246	Addition	Inj, micafungin (baxter)	Covered
J2267	Addition	Inj, mirikizumab-mrkz, 1 mg	Covered
J2277	Addition	Inj, motixafortide, 0.25 mg	Covered
J2373	Addition	Inj, immphentiv, 20 mcg	Covered
J2468	Addition	Inj, palonosetron (avyxa)	Covered
J2470	Addition	Inj pantoprazole sodium 40mg	Covered
J2471	Addition	Inj pantoprazole(hikma) 40mg	Covered
J2782	Addition	Inj avacincaptad pegol 0.1mg	Covered
J2801	Addition	Inj, rykindo, 0.5 mg	Covered
J2919	Addition	Inj, methylpred sod succ 5mg	Covered
J3055	Addition	Inj talquetamab-tgvs 0.25 mg	Covered
J3247	Addition	Inj secukinumab intrav 1mg	Covered
J3263	Addition	Inj, toripalimab-tpzi, 1 mg	Covered
J3393	Addition	Inj, betibeglogene autotemce	Covered
J3394	Addition	Inj, lovitibeglogene autotem	Covered
J3424	Addition	Inj hydroxocobalamin iv 25mg	Covered
J7165	Addition	Inj, human-lans, per i.u	Covered
J7171	Addition	Inj, adzynma, 10 iu	Covered
J7354	Addition	Cantharidin top, applicator	Covered
J7355	Addition	Inj travoprost intra impl	Covered
J8611	Addition	Oral methotrexate (jylamvo)	Covered
J8612	Addition	Oral methotrexate (xatmep)	Covered
J9073	Addition	Inj cyclophosphamd (ingenus)	Covered
J9074	Addition	Inj, cyclophosphamd, sandoz	Covered
J9075	Addition	Inj, cyclophosphamide, nos	Covered
J9248	Addition	Inj melphalan (hepzato) 1 mg	Covered
J9249	Addition	Inj, melphalan (apotex) 1 mg	Covered
J9361	Addition	Inj, efbemalenograstim alfa-	Covered
J9376	Addition	Inj pozelimab-bbfg, 1 mg	Covered

Q5133	Addition	Inj, tofidence, 1 mg	Covered
Q5134	Addition	Inj, tyruko, 1 mg	Covered
Q5137	Addition	Inj, wezlana, sub cu, 1 mg	Covered
Q5138	Addition	Inj, wezlana, iv, 1 mg	Covered
C9166	Addition/Discontinue	Injection, secukinumab	Not Covered
C9167	Addition/Discontinue	Injection, apadamtase alfa	Not Covered
C9168	Addition/Discontinue	Injection, mirikizumab-mrkz	Not Covered
91300	Discontinue	SARSCOV2 VAC 30MCG/0.3ML IM	
91301	Discontinue	SARSCOV2 VAC 100MCG/0.5ML IM	
91303	Discontinue	SARSCOV2 VAC AD26 .5ML IM	
91305	Discontinue	SARSCOV2 VAC 30 MCG TRS-SUCR	
91306	Discontinue	SARSCOV2 VAC 50MCG/0.25ML IM	
91307	Discontinue	SARSCOV2 (PED) VAC 10 MCG TRS-SUCR	
91308	Discontinue	SARSCOV2 (PED) VAC 3 MCG TRS-SUCR	
91309	Discontinue	SARSCOV2 VAC 50MCG/0.5ML IM	
91311	Discontinue	SARSCOV2 VAC 25MCG/0.25ML IM	
91312	Discontinue	SARSCOV2 VAC BVL 30MCG/0.3ML	
91313	Discontinue	SARSCOV2 VAC BVL 50MCG/0.5ML	
91314	Discontinue	SARSCOV2 VAC BVL (PED) 25MCG/.25ML	
91315	Discontinue	SARSCOV2 VAC BVL (PED) 10MCG/0.2ML	
91316	Discontinue	SARSCOV2 VAC BVL (PED) 10MCG/0.2ML	
91317	Discontinue	SARSCOV2 VAC BVL (PED) 3MCG/0.2ML	
0078U	Discontinue	Pain mgt opi use gnotyp pnl	
0167U	Discontinue	Chornc gonadotropin hcg ia	
0204U	Discontinue	Onc thyr mma xprsn alys 593	
0353U	Discontinue	ladna chlmyd&gonorr amp prb	
0354U	Discontinue	Hpv hi rsk qual mma e6/e7	
0396U	Discontinue	Ob preimpltj tst 300000 dna	
0416U	Discontinue	ladna gu pthgn 20bct&fng org	
C9113	Discontinue	Inj pantoprazole sodium, via	
C9150	Discontinue	Xe129 xenon, diagnostic	
C9159	Discontinue	Inj, balfaxar, per i.u	
C9160	Discontinue	Inj daxibotulinumtoxina-lanm	
C9161	Discontinue	Inj, aflibercept hd, 1 mg	
C9162	Discontinue	Inj, avacincaptad peg 0.1 mg	
C9163	Discontinue	Inj talquetamab-tgvs 0.25 mg	
C9164	Discontinue	Cantharidin top, applicator	
C9165	Discontinue	Inj, elranatamab-bcmm, 1 mg	
C9787	Discontinue	Gastric ep mapg simult pt sx	
C9790	Discontinue	Kidney histotripsy w/image	
G2023	Discontinue	SPECIMEN COLLECT COVID-19	
G2024	Discontinue	SPEC COLL SNF/LAB COVID-19	
J0576	Discontinue	Inj buprenorph (brixadi) 1mg	
J1020	Discontinue	Methylprednisolone 20 mg inj	
J1030	Discontinue	Methylprednisolone 40 mg inj	
J1040	Discontinue	Methylprednisolone 80 mg inj	
J1840	Discontinue	Kanamycin sulfate 500 mg inj	
J1850	Discontinue	Kanamycin sulfate 75 mg inj	
J2001	Discontinue	Lidocaine injection	
J2780	Discontinue	Ranitidine hydrochloride inj	
J2920	Discontinue	Methylprednisolone injection	
J2930	Discontinue	Methylprednisolone injection	

J9070	Discontinue	Cyclophosphamide 100 mg inj	
J9250	Discontinue	Methotrexate sodium inj	
J9371	Discontinue	Inj, vincristine sul lip 1mg	
Q4210	Discontinue	Axolotl graf dualgraf sq cm	
Q4244	Discontinue	Procenta, per 200 mg	
Q4277	Discontinue	Woundplus e-grat, per sq cm	
S0164	Discontinue	Injection pantoprazole	
U0003	Discontinue	INF AG DET NUCL; SARS-COV-2 AMP HI THR	
U0004	Discontinue	SARS-COV-2 ANY TECH/TYPE N-CDC HI THR	
U0005	Discontinue	INFEC AGEN DETEC AMPLI PROBE	
86408	Updated	NEUTRLZG ANTB SARSCOV2 SCR	Fee
86409	Updated	NEUTRLZG ANTB SARSCOV2 TITER	Fee
86769	Updated	SARS-COV-2 COVID-19 ANTIBODY	Fee
87426	Updated	CORONAVIRUS AG IA	Fee
87428	Updated	SARSCOV2 INF VIR A B AG IA	Fee
87635	Updated	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROB	Fee
87636	Updated	SARSCOV2 INF A B AMP PRB	Fee
87637	Updated	SARSCOV2 INF A B RSV AMP PRB	Fee
87811	Updated	SARS-COV-2 COVID19 W/OPTIC	Fee
90630	Updated	FLU VACC IIV4 NO PRESERV ID	Not covered
90644	Updated	HIB-MENCY VACC 6WK-18M0 IM	Not covered
90653	Updated	liv adjuvant vaccine im	Covered
90654	Updated	Flu vacc iiv3 no preserv id	Not covered
90656	Updated	liv3 vacc no prsv 0.5 ml im	Fee
90657	Updated	liv3 vaccine splnt 0.25 ml im	Fee
90658	Updated	liv3 vaccine splnt 0.5 ml im	Fee
90660	Updated	Laiv3 vaccine intranasal	Not covered
90661	Updated	Cciiv3 vac no prsv 0.5 ml im	Fee
90662	Updated	liv no prsv increased ag im	Covered
90664	Updated	Laiv vacc pandemic intranasl	Not covered
90666	Updated	FLU VAC PANDEM PRSRV FREE IM	Not covered
90667	Updated	liv vacc pandemic adjuvt im	Not covered
90668	Updated	liv vaccine pandemic im	Not covered
90672	Updated	Laiv4 vaccine intranasal	Not covered
90673	Updated	Riv3 vaccine no preserv im	Fee
90674	Updated	CCIIV4 VAC NO PRSV 0.5 ML IM	Not covered
90685	Updated	liv4 vacc no prsv 0.25 ml im	Not covered
90686	Updated	liv4 vacc no prsv 0.5 ml im	Not covered
90687	Updated	liv4 vaccine splnt 0.25 ml im	Not covered
90688	Updated	liv4 vaccine splnt 0.5 ml im	Not covered
90689	Updated	VACC IIV4 NO PRSRV 0.25ML IM	Not covered
90694	Updated	VACC AIIV4 NO PRSRV 0.5ML IM	Not covered
90756	Updated	CCIIV4 VACC ABX FREE IM	Not covered
91304	Updated	SARSCOV2 VAC 5MCG/0.5ML IM	Fee
91320	Updated	SARSCV2 VAC 30MCG TRS-SUC IM	Fee
91321	Updated	SARSCOV2 VAC 25 MCG/.25ML IM	Fee
91322	Updated	SARSCOV2 VAC 50 MCG/0.5ML IM	Fee
0202U	Updated	NFCT DS 22 TRGT SARS-COV-2	Fee
0223U	Updated	NFCT DS 22 TRGT SARS-COV-2	Fee
0225U	Updated	NFCT DS DNA RNA 21 SARSCOV2	Fee
0226U	Updated	SVNT SARSCOV2 ELISA PLSM SRM	Fee
0240U	Updated	NFCT DS VIR RESP RNA 3 TRGT	Fee

