

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201955 SEPTEMBER 26, 2019

October 2019 quarterly HCPCS code updates announced

The Indiana Health Coverage Programs (IHCP) has reviewed the Healthcare Common Procedure Coding System (HCPCS) code updates effective October 1, 2019, per the Centers for Medicare & Medicaid Services (CMS), to determine coverage and billing guidelines.

- [Table 1](#) provides a list of new codes contained in the quarterly update, along with code descriptions, program coverage, prior authorization (PA) requirements, National Drug Code (NDC)/Generic Sequence Number (GSN) requirements, and any special billing instructions. For reimbursement consideration, covered codes may be billed for dates of service (DOS) on or after October 1, 2019.
- [Table 2](#) identifies newly covered codes from Table 1 for which separate reimbursement is allowed when billed with revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*. For reimbursement consideration, providers may bill these procedure codes and the revenue code together, as appropriate, for DOS on or after October 1, 2019.
- [Table 3](#) identifies new skin substitute procedure codes reimbursed at a flat, statewide, per-unit rate, effective for DOS on or after October 1, 2019.
- [Table 4](#) identifies new modifiers effective October 1, 2019, showing the modifier code, description, and type. Providers should follow Current Procedural Terminology (CPT^{®1}) coding guidelines for reporting services using appropriate modifiers.



The codes in the quarterly update have been added to the Indiana CoreMMIS claim-processing system. Coverage and reimbursement information will be reflected in the next regular update to the [IHCP Fee Schedules](#), as appropriate, and to the affected code tables, accessible from the [Code Sets](#) page at in.gov/medicaid/providers. The standard global billing procedure and edits apply unless otherwise noted. Reimbursement and PA information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCE) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care reimbursement, PA, and billing should be directed to the MCE with which the member is enrolled.

The October 2019 HCPCS code updates are available for download from the [CMS website](#) at cms.gov. They are also posted on the [American Medical Association website](#) at ama-assn.org.

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Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC/GSN required	Special billing information
J0121	Injection, omadacycline, 1 mg	Noncovered	N/A	N/A	N/A
J0122	Injection, eravacycline, 1 mg	Covered for all programs	No	Yes	None
J0222	Injection, patisiran, 0.1 mg	Covered for all programs	Yes	Yes	See Table 2
J0291	Injection, plazomicin, 5 mg	Covered for all programs including Family Planning Eligibility Program	No	Yes	See Table 2
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Covered for all programs	No	Yes	See Table 2
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Noncovered	N/A	N/A	N/A
J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	Covered for all programs	No	Yes	See Table 2 Added to Optometrist (provider specialty 180) code set
J1303	Injection, ravulizumab-cwvz, 10 mg	Covered for all programs	No	Yes	See Table 2
J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg	Covered for all programs	No	Yes	See Table 2
J1944	Injection, aripiprazole lauroxil, (Aristada), 1 mg	Covered for all programs	No	Yes	See Table 2
J2798	Injection, risperidone, (Perseris), 0.5 mg	Covered for all programs	No	Yes	See Table 2
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Covered for all programs	No	Yes	See Table 2
J3111	Injection, romosozumab-aqqg, 1 mg	Covered for all programs	Yes	Yes	See Table 2
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Covered for all programs	No	Yes	See Table 2
J7331	Hyaluronan or derivative, Synjoyn, for intra-articular injection, 1 mg	Noncovered	N/A	N/A	N/A
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	Noncovered	N/A	N/A	N/A
J7401	Mometasone furoate sinus implant, 10 micrograms	Noncovered	N/A	N/A	N/A
J9118	Injection, calaspargase pegol-mknl, 10 units	Noncovered	N/A	N/A	N/A
J9119	Injection, cemiplimab-rwlc, 1 mg	Covered for all programs	Yes	Yes	See Table 2
J9204	Injection, mogamulizumab-kpkc, 1 mg	Covered for all programs	No	Yes	See Table 2
J9210	Injection, emapalumab-lzsg, 1 mg	Covered for all programs	No	Yes	See Table 2
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Covered for all programs	No	Yes	See Table 2
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Covered for all programs	No	Yes	See Table 2

* "Covered" indicates the service described for the code is covered, subject to the limitations of the member's benefit package.
 "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC/GSN required	Special billing information
Q4205	Membrane Graft or Membrane Wrap, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4206	Fluid Flow or Fluid GF, 1 cc	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4208	Novafix, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4209	SurGraft, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4210	Axolotl Graft or Axolotl DualGraft, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4211	Amnion bio or AxoBioMembrane, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4212	Allogen, per cc	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4213	Ascent, 0.5 mg	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set

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"Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC/GSN required	Special billing information
Q4214	Cellesta Cord, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4216	Artacent Cord, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4218	SurgiCORD, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4219	SurgiGRAFT-DUAL, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4220	BellaCell HD or SureDerm, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4221	AmnioWrap2, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set

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"Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC/GSN required	Special billing information
Q4222	ProgenaMatrix, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per square centimeter	Covered for all programs	No	No	See Table 2 and Table 3 Added to Podiatrist (provider specialty 140) code set
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Noncovered	N/A	N/A	N/A
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Covered for all programs	No	Yes	See Table 2
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Noncovered	N/A	N/A	N/A
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	Noncovered	N/A	N/A	N/A
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	Noncovered	N/A	N/A	N/A
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)	Noncovered	N/A	N/A	N/A
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	Noncovered	N/A	N/A	N/A
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	Noncovered	N/A	N/A	N/A
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	Noncovered	N/A	N/A	N/A
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	Noncovered	N/A	N/A	N/A
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	Noncovered	N/A	N/A	N/A

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 "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC/GSN required	Special billing information
0108U	Gastroenterology (Barrett's esophagus), whole slide–digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53,CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	Noncovered	N/A	N/A	N/A
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus),blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	Noncovered	N/A	N/A	N/A
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	Noncovered	N/A	N/A	N/A
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	Noncovered	N/A	N/A	N/A
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Noncovered	N/A	N/A	N/A
0113U	Oncology (prostate), measurement of PCA3and TMPRSS2-ERGin urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	Noncovered	N/A	N/A	N/A
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	Noncovered	N/A	N/A	N/A
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	Noncovered	N/A	N/A	N/A
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	Noncovered	N/A	N/A	N/A
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	Noncovered	N/A	N/A	N/A

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Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC/GSN required	Special billing information
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	Noncovered	N/A	N/A	N/A
0119U	Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	Noncovered	N/A	N/A	N/A
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	Noncovered	N/A	N/A	N/A
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	Noncovered	N/A	N/A	N/A
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	Noncovered	N/A	N/A	N/A
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	Noncovered	N/A	N/A	N/A
0124U	Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21	Noncovered	N/A	N/A	N/A
0125U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, maternal serum, algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia	Noncovered	N/A	N/A	N/A
0126U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk scores for fetal trisomies 13/18, 21, and preeclampsia	Noncovered	N/A	N/A	N/A
0127U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Noncovered	N/A	N/A	N/A
0128U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk score for preeclampsia	Noncovered	N/A	N/A	N/A

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“Noncovered” indicates that the IHCP does not cover the service described for the code.

Table 1 – New HCPCS codes, effective for DOS on or after October 1, 2019

Procedure code	Description	Program coverage*	Prior authorization required	NDC/GSN required	Special billing information
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	Noncovered	N/A	N/A	N/A
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0137U	PALB2(partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A

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 "Noncovered" indicates that the IHCP does not cover the service described for the code.

Table 2 – Newly covered codes for which separate reimbursement is allowed when billed with revenue code 636, effective for DOS on or after October 1, 2019

Procedure code	Description
J0222	Injection, patisiran, 0.1 mg
J0291	Injection, plazomicin, 5 mg
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml
J1303	Injection, ravulizumab-cwvz, 10 mg
J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg
J1944	Injection, aripiprazole lauroxil, (Aristada), 1 mg
J2798	Injection, risperidone, (Perseris), 0.5 mg
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
J3111	Injection, romosozumab-aqqg, 1 mg
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
J9119	Injection, cemiplimab-rwlc, 1 mg
J9204	Injection, mogamulizumab-kpkc, 1 mg
J9210	Injection, emapalumab-lzsg, 1 mg
J9269	Injection, tagraxofusp-erzs, 10 micrograms
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Q4205	Membrane Graft or Membrane Wrap, per square centimeter
Q4206	Fluid Flow or Fluid GF, 1 cc
Q4208	Novafix, per square centimeter
Q4209	SurGraft, per square centimeter
Q4210	Axolotl Graft or Axolotl DualGraft, per square centimeter
Q4211	Amnion bio or AxoBioMembrane, per square centimeter
Q4212	Allogen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta Cord, per square centimeter
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg
Q4216	Artacent Cord, per square centimeter
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter
Q4218	SurgiCORD, per square centimeter
Q4219	SurgiGRAFT-DUAL, per square centimeter
Q4220	BellaCell HD or SureDerm, per square centimeter
Q4221	AmnioWrap2, per square centimeter
Q4222	ProgenaMatrix, per square centimeter
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per square centimeter
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg

Table 3 – New skin substitute procedure codes reimbursed at flat, statewide per-unit rate, effective October 1, 2019

Procedure code	Description
Q4205	Membrane Graft or Membrane Wrap, per square centimeter
Q4206	Fluid Flow or Fluid GF, 1 cc
Q4208	Novafix, per square centimeter
Q4209	SurGraft, per square centimeter
Q4210	Axolotl Graft or Axolotl DualGraft, per square centimeter
Q4211	Amnion bio or AxoBioMembrane, per square centimeter
Q4212	Allogen, per cc
Q4213	Ascent, 0.5 mg
Q4214	Cellesta Cord, per square centimeter
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg
Q4216	Artacent Cord, per square centimeter

Table 3 – New skin substitute procedure codes reimbursed at flat, statewide per-unit rate, effective October 1, 2019

Procedure code	Description
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter
Q4218	SurgiCORD, per square centimeter
Q4219	SurgiGRAFT-DUAL, per square centimeter
Q4220	BellaCell HD or SureDerm, per square centimeter
Q4221	AmnioWrap2, per square centimeter
Q4222	ProgenaMatrix, per square centimeter
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per square centimeter

Table 4 – New modifiers effective October 1, 2019

Modifier	Description	Type
MA	Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition	Informational
MB	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access	Informational
MC	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues	Informational
MD	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances	Informational
ME	The order for this service adheres to appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional	Informational
MF	The order for this service does not adhere to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional	Informational
MG	The order for this service does not have applicable appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional	Informational
MH	Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider	Informational