2025 MHI Code Matrix Updates

Q1 2025 Updates

REQ#	RECEIVED	EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	HEALTH PLAN(S)	LOB(S)	NOTES	PEGA Updated	Matrix Updated	Audit Check	CCRF #
2562	09/16/24	10/01/23	Healthcare Administered Drugs	Remove State Exception	J1790	MUT	Medicaid		Y	Y	9/18/24 ALM	RITM5122391
2581	10/09/24	10/01/24	Transplants/ Gene Therapy	PA Update	C9172	MUT	Medicaid	Eligible for CHIP Coverage Only. Carved out to state FFS for Medicaid. (Deleted code, see 2588)	N/A	N/A	10/16/24 ALM	RITM5160141
2584	10/14/24	01/01/25	Transplants/ Gene Therapy	Add (PA)	J3392, J1414	MHI/All	Medicaid, Medicare	New codes for Casgevy and Beqvez effective 1/1/25	Y	Y	10/16/24 ALM	N/A
2595	10/17/24	01/01/25	Healthcare Administered Drugs	PA Update	J1414, J3392	MUT	Medicaid	Eligible for CHIP Coverage Only. Carved out to state FFS for Medicaid.	Y	Y	10/30/24 ALM	N/A

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2597	10/17/24	01/01/25	Durable Medical Equipment (DME)	PA Update	A4238, A4239, A9276, A9277, A9278, E2102, E2103	MHI/All (except FL, IL, NV, NY* OH, TX, WA Medicaid. *Applies to NY EP/ CHP.)	Medicare, Medicaid	Where covered, PA will be removed for diagnoses associated with insulin dependent or gestational diabetes. Appropriate quantity limits and ICD 10 requirements will be in place. PA Tool note: No prior authorization required within product utilization limits for members with gestational or insulin-dependent diabetes (claim diagnosis must support). Notes for configuration: See SP request for ICD-10s and quantity limits. Check state exception tabs for applicable exceptions.	Y	Y	10/23/24 ALM	N/A

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2616	10/29/24	04/01/25	Hyperbaric and Wound Care	Add (PA)	Q4294, Q4295, Q4299	MHI/All	Medicaid, Medicare		Y	N (Q2 2025)	11/13/24 ALM	N/A
2620	11/03/24	04/01/25	Imaging & Special Tests	Remove (PA)	70490, 70491, 70492	MHI/All	Medicaid, Marketplace		Y	N (Q2 2025)	wait	N/A
2622	11/04/24	01/01/25	OP Hosp/ Amb Surgery Center (ASC) procedures	PA Update	53865	MHI/All	Medicaid, Marketplace	New code 53865 replacement for C9769. Service will continue to require PA for Marketplace and Medicaid	Y	Y	11/06/24 ALM	N/A
2628, 2629	11/08/24	01/01/25	Healthcare Administered Drugs	Non-Covered (per HP)	J0601, J0602, J0603, J0605, J0607, J0608, J0609, J0615	MHI/All - (except TX Medicaid)	Medicaid, Marketplace	Services covered through pharmacy benefit.	Y	Y	wait	N/A