

2025 MHI Code Matrix Updates

Q3 2025 Updates

EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	LOB(S)	NOTES
04/01/25	Healthcare Administered Drugs	Add (PA)	C9304	All	
10/01/25	OP Hosp/Amb Surgery Center (ASC) procedures	Remove (PA)	33904	Medicaid, Marketplace	Add on code for pulmonary artery stent placement. Was put on PA due to Evolent, however Evolent no longer PA's due to add-on nature.
07/01/25	Hyperbaric and Wound Care	Add (PA)	15271, 15275, 15273, 15274, 15277, 15278, 15272, 15276, Q4238, Q4180, A2005, Q4164, Q4194, Q4204, Q4151	All	
04/01/25	Transplants/Gene Therapy	Add (PA)	C9301	All	**Code will be replaced by permanent code Q2058 effective 7/1/25. Note: will be in Evolent PA scope for Evolent partnered plans Medicare: IL Medicaid: FL, IL, KY, MS, NV, SC Marketplace: FL, MS, SC, WA, WI
07/01/25	Durable Medical Equipment (DME)	Add (PA)	L7406, L6700, L0720, L5827	All	
04/01/25	Healthcare Administered Drugs	Add (PA)	C9302, C9303	All	New Pharmacy Codes for 4/1/2025. Drugs are in EVOLENT SCOPE. Medicare: IL Medicaid: FL, IL, KY, MS, NV, SC, WA Marketplace: FL, MS, SC, WA, WI

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04/01/25	Healthcare Administered Drugs	Non-Covered (per HP)	C9304	Medicaid	Eligible for CHIP Coverage Only. Carved out to state FFS for Medicaid.
07/01/25	Transplants/Gene Therapy	Add (PA)	J3391	Medicaid, Medicare	New Code for Lenmeldy (gene therapy)
07/01/25	Healthcare Administered Drugs	Add (PA)	Q2058, J1326, J9276	All	Replacement codes effective 7/1/2025; C Codes were all added to Evolent Scope Q2-2025, 3/28/2025 Notice; Q2058 replaces C9301; NC in WA J1326 replaces C9303 Onco PA all J9276 replaces C9302 Onco PA all Updates applicable only where PA for C codes was applicable.
07/01/25	Healthcare Administered Drugs	Add (PA)	Q5153, J7356, Q5098, Q5100, Q5099	All	
07/01/25	Healthcare Administered Drugs	Add (PA)	J9382, J9275, J9289	All	New Oncology Codes for 7/1/2025. Evolent Scope Review needed. Exception Requests will be entered for MI MCD and NM MCD/ Marketplace.

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07/01/25	Healthcare Administered Drugs	Add (PA)	J7172	All	Replacement Code for Hymravzi (C9304); Only applicable where not carved out Florida Carve Out: [This service is carved out to FFS.] UT Medicaid (NOT CHIP) Carve out: [Eligible for CHIP Coverage Only. Carved out to state FFS for Medicaid.]
07/01/25	Healthcare Administered Drugs	Deleted/Invalid Codes	C9301, C9302, C9303, C9304, J9340	All	
07/01/25	Transplants/Gene Therapy	Non-Covered (per HP)	J3391	Medicaid	Eligible for CHIP Coverage Only. Carved out to state FFS for Medicaid
05/01/25	Healthcare Administered Drugs	Remove State Exception	S0126, S0128, S0132	Medicaid	