



2025 MHI Code Matrix Updates

Q3 2025 Updates					
EFFECTIVE	SERVICE CATEGORY	UPDATE TYPE	CODES	LOB(S)	NOTES
7/1/2025	Hyperbaric and Wound Care	Add (PA)	15271,15275,15273,15274,15277,15278,15272,15276,Q4238,Q4180,A2005,Q4164,Q4194,Q4204,Q4151	All	Check Forward Health/Fee schedule to determine Medicaid coverage.
3/1/2025	Behavioral/Mental Health, Alcohol-Chemical Dependency	PA Update	H2019	Medicaid	IOP. No PA required for the first 16 visits.
4/1/2025	Transplants/Gene Therapy	Add (PA)	C9301	All	<p>**Code will be replaced by permanent code Q2058 effective 7/1/25. Note: will be in Evolent PA scope for Evolent partnered plans Marketplace: FL, MS, SC, WA, WI.</p> <p>Check Forward Health/Fee schedule to determine Medicaid coverage.</p>
7/1/2025	Durable Medical Equipment (DME)	Add (PA)	L7406,L6700,L0720,L5827	All	Check Forward Health/Fee schedule to determine Medicaid coverage.
4/1/2025	Healthcare Administered Drugs	Add (PA)	C9302, C9303	All	<p>New Pharmacy Codes for 4/1/2025. Drugs are in EVOLENT SCOPE. Marketplace: FL, MS, SC, WA, WI</p> <p>Check Forward Health/Fee schedule to determine Medicaid coverage.</p>
4/1/2025	Healthcare Administered Drugs	Add (PA)	C9304	All	Check Forward Health/Fee schedule to determine Medicaid coverage.
4/1/2025	Healthcare Administered Drugs	PA Update	Q5148	All	<p>Add to Evolent scope for oncology partnered plans. Already requires PA effective 4/1/25 Marketplace: FL, MS, SC, WA, WI</p> <p>Check Forward Health/Fee schedule to determine Medicaid coverage.</p>
7/1/2025	Transplants/Gene Therapy	Add (PA)	J3391	Medicaid, Medicare	<p>New Code for Lenmeldy (gene therapy). Check Forward Health/Fee schedule to determine Medicaid coverage.</p>
7/1/2025	Transplants/Gene Therapy	Non-Covered (per HP)	J3391	Marketplace	New Code for Lenmeldy (gene therapy)
7/1/2025	Healthcare Administered Drugs	Add (PA)	Q2058, J1326, J9276	All	<p>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.</p> <p>Check Forward Health/Fee schedule to determine Medicaid coverage.</p>
7/1/2025	Healthcare Administered Drugs	Add (PA)	Q5153, J7356, Q5098, Q5100, Q5099	All	Check Forward Health/Fee schedule to determine Medicaid coverage.
7/1/2025	Healthcare Administered Drugs	Add (PA)	J9341, J9174, J9342	All	<p>Medicare: PA required for IL all ages Marketplace: PA required for all ages: FL, MS, SC, WA, WI Medicaid: PA required for adults ONLY: FL, IL, KY, MS, NV, SC, WA</p>
7/1/2025	Healthcare Administered Drugs	Add (PA)	J9382, J9275, J9289	All	<p>New Oncology Codes for 7/1/2025. Evolent Scope Review needed. Exception Requests will be entered for MI MCD and NM MCD/Marketplace.</p> <p>Check Forward Health/Fee schedule to determine Medicaid coverage.</p>
7/1/2025	Healthcare Administered Drugs	Add (PA)	J7172	All	<p>Replacement Code for Hymvapzi (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.]</p> <p>Check Forward Health/Fee schedule to determine Medicaid coverage.</p>
7/1/2025	Healthcare Administered Drugs	Deleted/Invalid Codes	C9301, C9302, C9303, C9304, J9340	All	Check Forward Health/Fee schedule to determine Medicaid coverage.
4/1/2025	Transplants/Gene Therapy	Non-Covered (per HP)	C9301	Medicaid	Check Forward Health/Fee schedule to determine Medicaid coverage.
7/1/2025	Transplants/Gene Therapy	Non-Covered (per HP)	J3391, Q2058	Medicaid	Carved out to ForwardHealth.