HCPCS replacement codes established, effective Oct. 1, 2025

C9305 replaces C9399 when billing for IMAAVY™ (nipocalimab-aahu)

Effective Oct. 1, 2025, the Centers for Medicare & Medicaid Services has established a new procedure code for specialty medical drug IMAAVY (nipocalimab-aahu).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with C9305 for facility and J3490, J3590 and J9999 for professional.

Prior authorization is required through the Medical Benefit Drug Program for C9305 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its U.S. Food and Drug Administration-approved indications.

J0525 replaces S0074 when billing for cefotetan disodium
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug cefotetan disodium.

All services through Sept. 30, 2025, will continue to be reported with code S0074. All services performed on and after Oct. 1, 2025, must be reported with J0525.

J0614 replaces C9175 when billing for Grafapex™ (treosulfan)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug Grafapex (treosulfan).

All services through Sept. 30, 2025, will continue to be reported with code C9175. All services performed on and after Oct. 1, 2025, must be reported with J0614.

J0668 replaces C9088 when billing for ZYNRELEF® (bupivacaine and meloxicam)
Effective Oct. 1, 2025, CMS has established a new procedure code for Specialty Medical Drug ZYNRELEF (bupivacaine and meloxicam).

All services through Sept. 30, 2025, will continue to be reported with code C9088. All services performed on and after Oct. 1, 2025, must be reported with J0668.

J0759 replaces C9248 when billing for Cleviprex® (clevidipine butyrate)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug Cleviprex (clevidipine butyrate).

All services through Sept. 30, 2025, will continue to be reported with code C9248. All services performed on and after Oct. 1, 2025, must be reported with J0759.

J1809 replaces C9399, J3490, J3590, J9999 when billing for Nulibry® (fosdenopterin)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug Nulibry (fosdenopterin).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with J1809.

Prior authorization is required through the Medical Benefit Drug Program for J1809 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.

J2151 replaces J2150 when billing for mannitol
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug mannitol.

All services through Sept. 30, 2025, will continue to be reported with code J2150. All services performed on and after Oct. 1, 2025, must be reported with J2151.

J7173 replaces C9399, J3490, J3590, J9999 when billing for Alhemo® (concizumab-mtci)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug Alhemo (concizumab-mtci).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with J7173.

Prior authorization is required through the Medical Benefit Drug Program for J7173 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.

J7174 replaces C9399, J3490, J3590, J9999 when billing for Qfitlia™ (fitusiran)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug Qfitlia (fitusiran).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with J7174.

Prior authorization is required through the Medical Benefit Drug Program for J7174 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.

J9011 replaces C9174 when billing for Datroway® (datopotamab deruxtecan-dlnk)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug Datroway (datopotamab deruxtecan-dlnk).

All services through Sept. 30, 2025, will continue to be reported with code C9174. All services performed on and after Oct. 1, 2025, must be reported with J9011.

Q5154 replaces C9399, J3490, J3590, J9999 when billing for OMLYCLO® (omalizumab-igec)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug OMLYCLO (omalizumab-igec).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with Q5154.

Prior authorization is required through the Medical Benefit Drug Program for Q5154 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.

Q5155 replaces C9399, J3490, J3590, J9999 when billing for YESAFILI™ (aflibercept-jbvf)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug YESAFILI (aflibercept-jbvf).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with Q5155.

Prior authorization is required through the Medical Benefit Drug Program for Q5155 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.

Q5156 replaces C9399, J3490, J3590, J9999 when billing for AVTOZMA® (tocilizumab-anoh)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drug AVTOZMA (tocilizumab-anoh).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with Q5156.

Prior authorization is required through the Medical Benefit Drug Program for Q5156 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.

Q5157 replaces C9399, J3490, J3590, J9999 when billing for STOBOCLO®, OSENVELT® (denosumab-bmwo)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drugs STOBOCLO and OSENVELT (denosumab-bmwo).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with Q5157.

Prior authorization is required through the Medical Benefit Drug Program for Q5157 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.

Q5158 replaces C9399, J3490, J3590, J9999 when billing for Bomyntra®, Conexxence® (denosumab-bnht)
Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drugs Bomyntra and Conexxence (denosumab-bnht).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with Q5158.

Prior authorization is required through the Medical Benefit Drug Program for Q5158 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.

Q5159 replaces C9399, J3490, J3590, J9999 when billing for OSPOMYV™, XBRYK™ (denosumab-dssb)

Effective Oct. 1, 2025, CMS has established a new procedure code for specialty medical drugs OSPOMYV and XBRYK (denosumab-dssb).

All services through Sept. 30, 2025, will continue to be reported with code C9399, J3490, J3590 and J9999. All services performed on and after Oct. 1, 2025, must be reported with Q5159.

Prior authorization is required through the Medical Benefit Drug Program for Q5159 for all groups unless they are opted out of the program. To see which groups participate in the program, check out the Prior Authorization Master Opt-in/out Group List.

For groups that have opted out of the prior authorization program, this code is covered for its FDA-approved indications.