

Methylprednisolone: Codes & Billing Updated

May 20, 2024

On April 1, the Centers for Medicare & Medicaid Services (CMS) released its first quarter Healthcare Common Procedure Coding System (HCPCS) update with revisions for methylprednisolone. **All HCPCS code changes are effective and should be used for claims with dates of services on or after April 1, 2024. The procedure codes described below have been discontinued as of March 31, 2024.**

Methylprednisolone

There is a single, new HCPCS code, J1010, for methylprednisolone acetate, injection, 1 mg. This was previously reported with three HCPCS codes: **(The codes below are deleted as of 03.31.24)**

- ⇒ J1020 (Injection, methylprednisolone acetate, 20 mg)
- ⇒ J1030 (Injection, methylprednisolone acetate, 40 mg)
- ⇒ J1040 (Injection, methylprednisolone acetate, 80 mg)

J1010 now represents “1 mg,” so each milligram reported will be as a unit. For example, if the provider injects methylprednisolone 40 mg, this will be reported as J1010 x 40 units.

Also, the National Drug Code (NDC) number will need to be reported on the claim to alert the insurance carrier as to which strength/concentration was used (J1020, J1030 or J1040).

References-CMS, AMA, Noridian