IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT2024115 JULY 23, 2024

IHCP removes coverage for procedure code Jo275

Effective for dates of service (DOS) on or after Aug. 22, 2024, the Indiana Health Coverage Programs (IHCP) will no longer cover Healthcare Common Procedure Coding System (HCPCS) code J0275 – Alprostadil urethral suppository.

The category of service for this code is not currently covered by the IHCP. This change will ensure compliance with *Indiana Administrative Code 405 IAC 5-24-3*.

This change will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the <a href="https://linear.com/linear.co

Updates will be made to the *Procedure Codes That*Require National Drug Codes (NDCs), accessible from the

Code Sets page at in.gov/medicaid/providers.



Table 1 – Procedure code noncovered effective for DOS on or after Aug. 22, 2024

Procedure code	Description	Program coverage*
J0275	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Noncovered

This coverage change applies to both fee-for-service (FFS) and managed care claims.

For more information

Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or to your <u>Provider Relations consultant</u>. Questions about FFS pharmacy billing should be directed to Optum Rx Clinical and Technical Help Desk at 855-577-6317.

Individual managed care entities (MCEs) establish and publish billing and reimbursement information within the managed care delivery system. Questions about managed care billing and reimbursement should be directed to the MCE with which the member is enrolled.

Questions about this bulletin can be directed to FSSA IHCP Reimbursement at FSSA.IHCPReimbursement@fssa.in.gov.

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QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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