

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024186    NOVEMBER 21, 2024

## IHCP revises coverage and PA requirements for physician-administered drugs

The Indiana Health Coverage Programs (IHCP) announces coverage and prior authorization (PA) changes for select physician-administered drugs reimbursed through the medical benefit. These updates are a result of a recent review of the Medicaid Drug Rebate Program (MDRP) database. Impacted Healthcare Common Procedure Coding System (HCPCS) codes are listed in Tables 1 and 2.

Table 1 lists newly covered physician-administered drug codes. The IHCP is adding coverage for these codes effective immediately, retroactive to DOS on or after the dates listed in the *Special billing information* column. Additionally, for DOS on or after Nov. 21, 2024, coverage of these drugs requires prior authorization (PA).



IHCP coverage for these drugs applies to both managed care and fee-for-service (FFS) delivery systems. All claims for these drugs must include the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available for the procedure codes in Table 1 when billed with revenue code 636 – *Drugs requiring detailed coding*.

[Table 2](#) lists physician-administered drugs with PA changes. Effective immediately, for claims with DOS on or after Nov. 21, 2024, the IHCP requires PA for the codes listed in Table 2.

PA criteria for the drugs in Tables 1 and 2 are posted on the *Pharmacy Prior Authorization Criteria and Forms* page of the Optum Rx Indiana Medicaid website (accessible from the [Pharmacy Services](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)). The PA criteria can be found in the applicable drug category file: for the newly covered drugs (Table 1), see *Targeted Immunomodulators Prior Authorization Criteria*; for the drugs newly requiring PA (Table 2), see *Somatostatin Analogs PA Criteria*. Any subsequent updates to these criteria will be announced in pharmacy update bulletins and posted in the applicable files on the *Pharmacy Prior Authorization Criteria and Forms* page of the [Optum Rx Indiana Medicaid website](#).

The claim-processing systems have been updated. For claims affected by this change, providers can resubmit claims to the IHCP within 90 days from the date of this publication for managed care claims, or 180 days from the date of this publication for FFS claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

*Table 1 – Newly covered procedure codes, effective for DOS indicated under Special billing information, and requiring PA for DOS on or after Nov. 21, 2024*

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J2793	Injection, riloncept, 1 mg	Covered	Yes for DOS on or after Nov. 21, 2024  No for DOS from Nov. 11, 2022, through Nov. 20, 2024	Yes	Effective for DOS on or after <b>Nov. 11, 2022</b>  Max fee: \$26.97  Linked to revenue code 636

*Table 1 – Newly covered procedure codes, effective for DOS indicated under Special billing information, and requiring PA for DOS on or after Nov. 21, 2024 (Continued)*

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	Covered	Yes for DOS on or after Nov. 21, 2024  No for DOS from Sept. 5, 2023, through Nov. 20, 2024	Yes	Effective DOS on or after <b>Sept. 5, 2023</b>  Max fee: \$235.99  Linked to revenue code 636
Q5132	Injection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	Covered	Yes for DOS on or after Nov. 21, 2024  No for DOS from June 5, 2024, through Nov. 20, 2024	Yes	Effective for DOS on or after <b>June 5, 2024</b>  Max fee: \$136.24  Linked to revenue code 636

**\*\*Covered** indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

*Table 2 – Procedure codes that will require PA for DOS on or after Nov. 21, 2024*

Procedure code	Description
J1930	Injection, lanreotide, 1 mg
J1932	Injection, lanreotide (Cipla), 1 mg

These changes will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

The newly covered codes will also be added to *Procedure Codes That Require National Drug Codes (NDCs) and Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

**For more information**

This PA, billing and reimbursement information applies to services delivered under the FFS delivery system. Questions about FFS PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS billing and reimbursement under the medical benefit should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). For questions regarding FFS PA, billing or reimbursement under the FFS pharmacy benefit, contact Optum Rx at 855-577-6317.

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own PA, billing and reimbursement procedures. Questions about managed care PA, billing or reimbursement should be directed to the MCE with which the member is enrolled.

**QUESTIONS?**

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

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