

# IHCP *bulletin*

## IHCP announces updates to pricing and coverage for certain HCPCS codes

The Indiana Health Coverage Programs (IHCP) is announcing updates to the pricing for certain Healthcare Common Procedure Coding System (HCPCS) procedure codes. The updated codes are listed in Table 1, with the individual retroactive effective date indicated for each code. Previously submitted claims for these codes may have denied in error.



Additionally, the IHCP is adding coverage for HCPCS procedure code J2468 – *Injection, palonosetron hydrochloride (posfrea), 25 micrograms*.

This code was previously noncovered by the IHCP, but, effective immediately, the IHCP covers J2468 retroactively for dates of service (DOS) on or after **July 1, 2024** (see [Table 2](#)). Claims for J2468 must include the National Drug Code (NDC). Prior authorization (PA) is not required for J2468.

Fee-for-service (FFS) claims for the codes in Tables 1 and 2 that denied inappropriately will be mass adjusted/reprocessed by Gainwell Technologies beginning Jan. 29, 2025, and payment will be seen on remittance advices (RAs) beginning Feb. 5, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocessed denied claim).

For the codes that are priced at a percentage of the manufacturer’s suggested retail price (MSRP) or cost invoice, the appropriate pricing documentation must be submitted with the claim.

If providers need to submit or resubmit claims retroactively, they can submit claims within 90 days from the date of this publication for managed care claims, or 180 days of this publication date 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 – Procedure codes with retroactive pricing changes*

Procedure code	Description	Pricing method	Effective date	Reimbursement information
A4564	Pessary, disposable, any type	Manual	<b>April 1, 2024</b>	75% MSRP or 120% of cost invoice  Linked to revenue code 274
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	Manual	<b>April 1, 2024</b>	Professional: 75% MSRP or 120% of cost invoice  Outpatient: Flat rate by revenue code

Table 1 – Procedure codes with retroactive pricing changes (Continued)

Procedure code	Description	Pricing method	Effective date	Reimbursement information
G0138	Intravenous infusion of cipaglucoisidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucoisidase alfa-atga	Manual	<b>April 1, 2024</b>	Professional: 90% of the amount billed Outpatient: Flat rate by revenue code  <i>Note: As an update to IHCP Bulletin <a href="#">BT202467</a>, PA and NDC are <b>not</b> required for G0138.</i>
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	Manual	<b>April 1, 2024</b>	Professional: 75% MSRP or 120% of cost invoice Outpatient: Flat rate by revenue code
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	Manual	<b>April 1, 2024</b>	75% MSRP or 120% of cost invoice Linked to revenue code 274
P9027	Red blood cells, leukocytes reduced, oxygen/carbon dioxide reduced, each unit	Manual	<b>Oct. 1, 2024</b>	90% of the amount billed

Table 2 – Newly covered procedure code with coverage retroactive to DOS on or after July 1, 2024

Procedure code	Description	Program coverage	PA required	NDC required	Reimbursement information
J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	Covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits. May not be covered under IHCP plans with limited benefits	No	Yes	Max fee: \$60.90  Linked to revenue code 636

Coverage and pricing information will be updated on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](https://in.gov/medicaid/providers).

Updates will also be made to the following code table documents, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](https://in.gov/medicaid/providers):

- *Procedure Codes That Require Attachments*
- *Procedure Codes That Require National Drug Codes*
- *Revenue Codes With Special Procedure Code Linkages*

The coverage information in this bulletin applies to services delivered under both the FFS and managed care delivery systems. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own billing and reimbursement requirements. Questions about managed care billing and 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.

**COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

**SIGN UP FOR IHCP EMAIL NOTIFICATIONS**

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

