IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

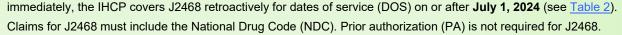
BT2024213 DECEMBER 31, 2024

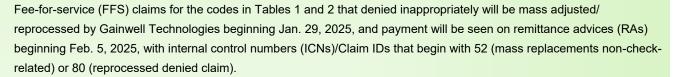
IHCP announces updates to pricing and coverage for certain HCPCS codes

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





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.

filing limit.

Table 1 – Procedure codes with retroactive pricing changes

Procedure

Description

Pricing method Effective date Reimbursement information

Procedure code	Description	Pricing method	Effective date	Reimbursement information	
A4564	Pessary, disposable, any type	Manual	April 1, 2024	75% MSRP or 120% of cost invoice	
				Linked to revenue code 274	
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	Manual	April 1, 2024	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 cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical	Manual	April 1, 2024	Professional: 90% of the amount billed
				Outpatient: Flat rate by revenue code
	supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga			Note: As an update to IHCP Bulletin <u>BT202467</u> , PA and NDC are not required for G0138.
K1037	Docking station for use with oral device/	Manual	April 1, 2024	Professional: 75% MSRP or 120% of cost invoice
	appliance used to reduce upper airway collapsibility			Outpatient: Flat rate by revenue code
L1320	Thoracic, pectus carinatum orthosis,	Manual	April 1, 2024	75% MSRP or 120% of cost invoice
	sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated			Linked to revenue code 274
P9027	Red blood cells, leukocytes reduced, oxygen/carbon dioxide reduced, each unit	Manual	Oct. 1, 2024	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.

Updates will also be made to the following code table documents, accessible from the <u>Code Sets</u> page at 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 <u>IHCP Bulletins</u> page of the IHCP provider website at 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 HHCP provider website at in.gov/medicaid/providers.