IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202502 JANUARY 2, 2025

IHCP updates coverage for physician-administered drugs

The Indiana Health Coverage Programs (IHCP) announces coverage updates for physician-administered drug Healthcare Common Procedure Coding System (HCPCS) codes reimbursed through the fee-for-service (FFS) medical benefit. These updates are a result of a recent review of the Medicaid Drug Rebate Program (MDRP) database. Impacted physician-administered drug procedure codes are listed in Table 1, and coverage updates are effective retroactively for the dates of service (DOS) listed under *Special billing information*.

IHCP coverage for these drugs applies to both managed care and fee-for-service (FFS) delivery systems. Prior authorization (PA) is not required. All claims for these drugs must include the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available for the procedure codes that are indicated in Table 1 as linked to revenue code 636 – *Drugs requiring detailed coding*.

The claim-processing systems have been updated. Claims submitted for these drugs with DOS on or after the effective dates listed, that denied in error will be reprocessed. For FFS medical claims, providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Feb. 12, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

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 – Procedure codes for physician-administered drugs with updated coverage, effective retroactive for claims with DOS on or after the date listed under Special billing information

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J0391	Injection, artesunate, 1 mg	Covered	No	Yes	Effective for DOS on or after **Jan.1, 2024** Max fee: $47.54
J2246	Injection, micafungin in sodium (Baxter), not therapeutically equivalent to J2248, 1 mg	Covered	No	Yes	Effective for DOS on or after **July 1, 2024** Max fee: $0.83 Linked to revenue code 636

Table 1 – Procedure codes for physician-administered drugs with updated coverage, effective retroactive for claims with DOS on or after the date listed under Special billing information (Continued)

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
J9258	Injection, paclitaxel protein-bound particles (TEVA), not therapeutically equivalent to J9264, 1 mg	Covered	No	Yes	Effective for DOS from **July 2, 2024**, through **Sept. 30, 2024** Max fee: $16.80 Linked to revenue code 636
J9324	Injection, pemetrexed (Pemrydi RTU), 10 mg	Covered	No	Yes	Effective retroactive for claims with DOS on or after **April 9, 2024** Max fee: $83.90 Linked to revenue code 636

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

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.

These 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.

For more information

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 pharmacy billing or reimbursement, please contact Optum Rx at 855-577-6317.

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.

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