

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202526 FEBRUARY 27, 2025

IHCP adds coverage for iloprost (Q4074)

Effective immediately, retroactive for dates of service (DOS) on or after **Feb. 27, 2023**, the Indiana Health Coverage Programs (IHCP) is adding coverage for Healthcare Common Procedure Coding System (HCPCS) procedure code Q4074 – *Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms* (see [Table 1](#)). IHCP coverage of this physician-administered drug code applies to both the managed care and fee-for-service (FFS) medical benefits. This change is a result of a recent review of the Medicaid Drug Rebate Program (MDRP) database.



Additionally, for DOS on or after **March 27, 2025**, prior authorization (PA) will be required for coverage of procedure code Q4074. The PA criteria for iloprost can be found in the [Pulmonary Antihypertensives PA Criteria](#). Announcements pertaining to PA criteria are published in pharmacy update bulletins and posted on the [Pharmacy Prior Authorization Criteria and Forms](#) page of the Optum Rx Indiana Medicaid website, accessible from the [Pharmacy Services](#) webpage at in.gov/medicaid/providers.

The claim-processing systems have been updated. Claims submitted for procedure code Q4074 with DOS on or after **Feb. 27, 2023**, that denied in error will be reprocessed. For FFS claims, providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning April 2, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

If providers need to submit or resubmit any claims for Q4074 for DOS from **Feb. 27, 2023**, through the date of this bulletin's publication, they have up to 90 days from the date of this publication for managed care claims and 180 days from this publication date to satisfy FFS timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

PA will not be required for claims for Q4074 with DOS prior to March 27, 2025.

All claims for iloprost must include the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available for procedure code Q4074 when billed in conjunction with revenue code 636 – *Drugs requiring detailed coding*.

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](#) webpage at in.gov/medicaid/providers.

This code 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](#) webpage at in.gov/medicaid/providers.

Table 1 – Newly covered procedure code for iloprost inhalation solution, effective for DOS on or after Feb. 27, 2023

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
Q4074	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	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	Yes for DOS on or after March 27, 2025 No for DOS from Feb. 27, 2023 , through March 27, 2025	Yes	Max fee: \$148.51 Linked to revenue code 636

For more information

Questions about FFS nonpharmacy PA should be directed to Acentra Health at 866-725-9991. Questions about FFS nonpharmacy billing and reimbursement 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, or about the Statewide Uniform Preferred Drug List (SUPDL), please contact Optum Rx at 855-577-6317.

Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement information within the managed care delivery system. 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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