

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2023152    NOVEMBER 2, 2023

## Radiodiagnostic agents newly covered; PA removed for Pylarify

The Indiana Health Coverage Programs (IHCP) announces new coverage of radiodiagnostic agents and an update to the prior authorization (PA) policy for the radiodiagnostic agent, Pylarify.

### New radiodiagnostic agent coverage

Effective for dates of service on or after Dec. 11, 2023, the IHCP will cover the following Healthcare Common Procedure Coding System (HCPCS) codes:

- A9596 – *Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 millicurie (mCi)*
- A9800 – *Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 millicurie (mCi)*

These radioactive diagnostic agents are indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions.

The following reimbursement information applies:

- Pricing:
  - A9596 – Maximum fee of \$987.00
  - A9800 – Maximum fee of \$865.20
- PA: None required
- Billing guidelines:
  - Standard guidance applies
  - Separate reimbursement in the outpatient setting is allowed under revenue code 636 – *Pharmacy (extension of 025X) – Drugs requiring detailed coding*. For reimbursement consideration, providers may bill the procedure code and the revenue code together, as appropriate.



### PA removed for Pylarify

Effective Dec. 11, 2023, the Indiana Health Coverage Programs (IHCP) will remove prior authorization (PA) requirements for Pylarify, a radiodiagnostic agent indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions. Coverage for Pylarify under HCPCS code A9595 – *Piflufolastat F-18, diagnostic, 1 millicurie (mCi)* was announced in *IHCP Banner Page* [BR202313](#).

As a reminder, the following reimbursement information applies:

- Pricing: A9595 – Maximum fee of \$574.88
- PA: None required
- Billing guidelines:
  - Standard guidance applies
  - Separate reimbursement in the outpatient setting is allowed under revenue code 636 – *Pharmacy (extension of 025X)* – *Drugs requiring detailed coding*. For reimbursement consideration, providers may bill the procedure code and the revenue code together, as appropriate.



### Updates and more information

This information 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).

Updates will be made as needed to the *Revenue Codes with Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

This PA, billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement criteria 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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