

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202362 JUNE 13, 2023

IHCP adds coverage for plasma-based genomic testing for individuals with advanced solid cancers

Effective July 24, 2023, the Indiana Health Coverage Programs (IHCP) will add coverage for the following plasma-based genomic tests for individuals with advanced solid cancers, billed with the Current Procedural Terminology (CPT^{®1}) codes indicated:

- Guardant360 CDx (CPT code 0242U)
- Guardant360 LDT (CPT code 0326U)

Coverage applies to Traditional Medicaid and other IHCP programs that include full Medicaid benefits; the service may not be covered under IHCP plans with limited benefits.

The following reimbursement information applies to the genetic tests listed in this bulletin under fee-for-service (FFS) billing:

- Prior authorization (PA): Required
- Pricing: See Table 1
- Billing guidance:
 - Applicable for professional and institutional-outpatient claims
 - Linked with revenue code 310 – Laboratory pathology – General (billed alone or with treatment room services)



Table 1 – Newly covered codes for plasma-based genomic testing, effective for dates of service on or after July 24, 2023

Procedure Code	Code description	Reimbursement
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	\$5,000
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	90% of billed amount

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This information will be reflected in the next regular update to the Professional Fee Schedule and the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Reimbursement, PA and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care reimbursement, PA and billing should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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