IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT202406 JANUARY 23, 2024

IHCP adds coverage for four injectable drugs

On April 1, 2023, the Centers for Medicare & Medicaid Services (CMS) added new Healthcare Common Procedural Coding System (HCPCS) codes **C9145**, **Q5127**, **Q5129** and **Q5130**, as announced in *Indiana Health Coverage Programs (IHCP) Bulletin* <u>B7202328</u>. At that time, these drugs were not rebating through the Manufacturer Drug Rebate Program (MDRP); therefore, the IHCP was unable to add coverage for them.

On April 15, 2023, those four HCPCS codes began rebating through the MDRP.

Effective immediately, the IHCP will reimburse providers for these injections, retroactive to dates of service (DOS) on or after **April 15, 2023** (for C9145, Q5127 and Q5129), or on or after **May 24, 2023** (for Q1530), as indicated in Table 1. Prior authorization (PA) is not required.

Professional or outpatient fee-for-service (FFS) claims for these codes submitted on or after their respective effective dates may have been denied with explanation of benefits (EOB) code 4013 – *This procedure code is not covered for this date of service*. Affected claims will be mass adjusted or reprocessed. The claim-processing system has been updated. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Feb. 22, 2024, 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 any claims retroactively, they can submit claims to the IHCP within 90 days from the date of this publication for managed care claim submission, or 180 days of this publication date for FFS claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

Updates will be made to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the <u>IHCP Fee</u> <u>Schedules</u> page at in.gov/medicaid/providers.

Updates will also be made to the following code tables, accessible from the <u>Code Sets</u> page at in.gov/medicaid/providers:

- Procedure Codes That Require National Drug Codes (NDCs)
- Revenue Codes With Special Procedure Code Linkages

The drugs described by these procedure codes are also covered for pharmacy claims, when billed with the applicable NDC.

This PA, billing and reimbursement information applies to services delivered under the FFS delivery system. Questions about FFS medical billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or to your <u>Provider Relations consultant</u>. Questions about FFS pharmacy billing should be directed to Optum Rx Clinical and Technical Help Desk at 855-577-6317.

Individual MCEs establish and publish PA, billing and reimbursement information within the managed care delivery system. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

Table 1 – Newly covered injection codes, effective on or after the DOS indicated

| Procedure code | Description | Program coverage* | PA required | NDC required | Special billing information |
|----------------|---|-------------------|----------------|-----------------|--|
| C9145 | Injection, aprepitant, (aponvie), 1 mg | Covered | No | Yes | Effective for DOS on or after April 15, 2023 |
| | | | | | Max fee: \$1.90 |
| | | | | | Linked to revenue code 636 |
| Q5127 | Injection, pegfilgrastim, excludes biosimilar, 0.5 mg | Covered | No | Yes | Effective for DOS on or after April 15, 2023 |
| | | | | | Max fee: \$365.31 |
| | | | | | Linked to revenue code 636 |
| Q5129 | Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg | Covered | No | Yes | Effective for DOS on or after April 15, 2023 |
| | | | | | Max fee: \$71.13 |
| | | | | | Linked to revenue code 636 |
| Q5130 | Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg | Covered | No | Yes | Effective for DOS on or after May 24, 2023 |
| | | | | | Max fee: \$218.75 |
| | | | | | Linked to revenue code 636 |

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

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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