

# IHCP *bulletin*

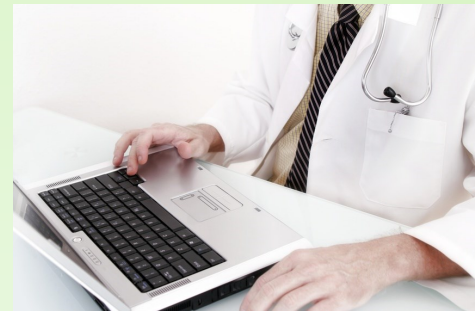
INDIANA HEALTH COVERAGE PROGRAMS    BT202407    JANUARY 23, 2024

## Additional updates made to the October 2023 quarterly HCPCS code update

The Indiana Health Coverage Programs (IHCP) previously announced, in *IHCP Bulletin* [BT2023165](#), coverage and billing information for new codes for the quarterly Healthcare Common Procedure Coding System (HCPCS) updates. This bulletin serves as notice of additional updates to the October 2023 quarterly HCPCS codes.

The following tables include additional information for the October 2023 quarterly HCPCS update, effective immediately and retroactive to dates of service (DOS) on and after **Oct. 1, 2023**:

- Table 1: Updates to procedure codes included in the October 2023 HCPCS update
- Table 2: Prior authorization (PA) criteria for the procedure codes that were updated to require PA



Updates will be made to the Professional Fee Schedule and the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers):

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. PA, billing and reimbursement information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Acentra Health Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies at 800-457-4584 or your [Provider Relations consultant](#).

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 and reimbursement should be directed to the MCE with which the member is enrolled.

*Table 1 – Updates to codes included in the October 2023 HCPCS update, effective for DOS on or after Oct. 1, 2023*

Procedure code	Description	Program coverage*	PA required	NDC required	Changes
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	Noncovered	N/A	N/A	Code made noncovered
J0801	Injection, corticotropin (Acthar gel), up to 40 units	Covered	Yes	Yes	PA now required and criteria added See <a href="#">Table 2</a>
J0802	Injection, corticotropin (Ani), up to 40 units	Covered	Yes	Yes	PA now required and criteria added See <a href="#">Table 2</a>

\* "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. "Noncovered" indicates that the IHCP does not cover the service for any programs.

*Table 2 – PA criteria for the procedure codes that were updated to require PA, effective for DOS on or after Oct. 1, 2023*

Procedure code	Description	PA criteria
J0801	Injection, corticotropin (Acthar gel), up to 40 units	<p>Must meet one of the following:</p> <ul style="list-style-type: none"> <li>■ Member is younger than 2 years of age and has the following diagnosis: <ul style="list-style-type: none"> <li>– Epileptic (infantile) spasms</li> </ul> </li> <li>■ Member is 2 years of age or older and has one of the following diagnoses: <ul style="list-style-type: none"> <li>– Acute exacerbation of ankylosing spondylitis</li> <li>– Acute exacerbation of psoriatic arthritis</li> <li>– Acute exacerbation of rheumatoid arthritis</li> <li>– Atopic dermatitis</li> <li>– Nephrotic syndrome or lupus nephritis</li> <li>– Severe acute and/or chronic allergic inflammatory disorder involving the eye (such as keratitis, iritis, iridocyclitis, diffuse posterior uveitis and choroiditis, optic neuritis, chorioretinitis, or anterior segment inflammation)</li> <li>– Severe erythema multiforme</li> <li>– Severe psoriasis</li> <li>– Stevens-Johnson syndrome</li> <li>– Symptomatic sarcoidosis</li> <li>– Systemic dermatomyositis (polymyositis)</li> <li>– Systemic lupus erythematosus</li> <li>– Transfusion reaction due to serum protein reaction</li> </ul> </li> <li>■ Member is 18 years of age or older and has one of the following criteria combinations: <ul style="list-style-type: none"> <li>– Diagnosis of acute exacerbation of multiple sclerosis AND</li> <li>– Member has tried and failed intravenous/oral corticosteroids, as confirmed by claim history, chart documentation or provider attestation including dates of trial</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>– Diagnosis of acute gout attack AND</li> <li>– Member has tried and failed colchicine, non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids, as confirmed by claim history, chart documentation or provider attestation including dates of trial</li> </ul> </li> </ul>

*Table 2 – PA criteria for the procedure codes that were updated to require PA, effective for DOS on or after Oct. 1, 2023 (Continued)*

Procedure code	Description	PA criteria
J0802	Injection, corticotropin (Ani), up to 40 units	<p>Must meet one of the following:</p> <ul style="list-style-type: none"> <li>■ Member is younger than 2 years of age and has the following diagnosis: <ul style="list-style-type: none"> <li>– Epileptic (infantile) spasms</li> </ul> </li> <li>■ Member is 2 years of age or older and has one of the following diagnoses: <ul style="list-style-type: none"> <li>– Acute exacerbation of ankylosing spondylitis</li> <li>– Acute exacerbation of psoriatic arthritis</li> <li>– Acute exacerbation of rheumatoid arthritis</li> <li>– Atopic dermatitis</li> <li>– Nephrotic syndrome or lupus nephritis</li> <li>– Severe acute and/or chronic allergic inflammatory disorder involving the eye (such as keratitis, iritis, iridocyclitis, diffuse posterior uveitis and choroiditis, optic neuritis, chorioretinitis, or anterior segment inflammation)</li> <li>– Severe erythema multiforme</li> <li>– Severe psoriasis</li> <li>– Stevens-Johnson syndrome</li> <li>– Symptomatic sarcoidosis</li> <li>– Systemic dermatomyositis (polymyositis)</li> <li>– Systemic lupus erythematosus</li> <li>– Transfusion reaction due to serum protein reaction</li> </ul> </li> <li>■ Member is 18 years of age or older and has one of the following criteria combinations: <ul style="list-style-type: none"> <li>– Diagnosis of acute exacerbation of multiple sclerosis AND</li> <li>– Member has tried and failed intravenous/oral corticosteroids, as confirmed by claim history, chart documentation or provider attestation including dates of trial</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>– Diagnosis of acute gout attack AND</li> <li>– Member has tried and failed colchicine, non-steroidal anti-inflammatory drugs (NSAIDs) or glucocorticoids, as confirmed by claim history, chart documentation or provider attestation including dates of trial</li> </ul> </li> </ul>

**QUESTIONS?**

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

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