

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024185 NOVEMBER 21, 2024

IHCP announces coverage of additional biomarker testing codes

In accordance with *Senate Enrolled Act 273 (SEA 273)*, beginning July 1, 2024, the Indiana Health Coverage Programs (IHCP) expanded coverage for biomarker testing when certain conditions are met. In *IHCP Bulletin BT2024126*, the IHCP published an updated biomarker testing policy and a list of biomarker testing Current Procedural Terminology (CPT^{®1}) codes that met criteria for coverage. When supported by medical evidence, biomarker testing may be medically necessary and a covered benefit for the purposes of diagnosis, testing, treatment, appropriate management or ongoing monitoring of a member's disease or condition.



Since the publication of *BT2024126*, the IHCP has identified additional biomarker testing codes that meet the criteria outlined in the bulletin and are appropriate for coverage.

The IHCP coverage information in Table 1 is effective retroactive for dates of service (DOS) on or after **Nov. 1, 2024**. Coverage applies to both managed care and fee-for-service (FFS) delivery systems.

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

Table 1 – Newly covered biomarker testing codes, effective retroactive for DOS on or after Nov. 1, 2024

Procedure code	Description	Program coverage*	PA required
81422	Test for detecting genes associated with fetal disease, microdeletion(s) genomic sequence analysis	Covered	Yes
81450	Genomic sequence analysis panel of DNA or combined DNA and RNA of 5-50 genes associated with blood and lymphatic system disorders	Covered	Yes
0345U	Genomic analysis panel of 15 genes for detection of abnormalities associated with mental health disorders	Covered	Yes
0411U	Genomic analysis of 15 genes to evaluate for psychiatric disorders	Covered	Yes
0340U	DNA assays for detection of minimal residual disease in cancer	Covered	Yes

****Covered**** indicates that the service is 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.

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For more information

PA, billing and reimbursement information applies 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 Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish PA, billing and reimbursement requirements. Questions about managed care PA, billing and 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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