

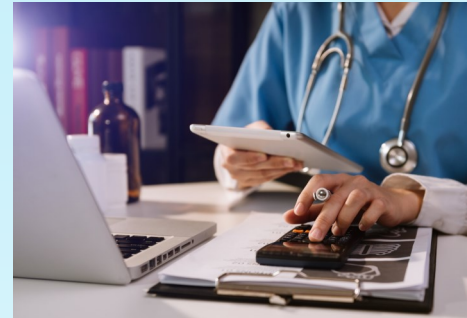
IHCP *bulletin*

This bulletin is being replaced with IHCP Bulletin [BT2024122](#).

INDIANA HEALTH COVERAGE PROGRAMS BT202497 JUNE 27, 2024

Coverage information for the July 2024 quarterly HCPCS update

The Indiana Health Coverage Programs (IHCP) has reviewed the July 2024 quarterly Healthcare Common Procedure Coding System (HCPCS) update to determine coverage. The IHCP coverage information in Table 1 provided in this bulletin is effective for dates of service (DOS) on or after July 1, 2024, unless otherwise specified.



The IHCP is awaiting the final posting of the Centers for Medicare & Medicaid Services (CMS) fee schedules and documentation affecting coverage and pricing for the procedure codes. The IHCP will issue a publication detailing the additional coverage and pricing information after final review is completed.

The covered HCPCS codes from the July 2024 quarterly update will be added to the claim-processing system. For more information about the July 2024 quarterly HCPCS update, see the [HCPCS Quarterly Update](#) page of the CMS website at [cms.gov](#).

The coverage information applies to services delivered under the fee-for-service (FFS) and managed care delivery systems. Any questions regarding FFS coverage should be directed to Gainwell Technologies at 800-457-4584. Questions about managed care coverage should be directed to the managed care entity (MCE) with which the member is enrolled.

Table 1 – New codes included in the July 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024, unless otherwise noted

Procedure code	Description	Program coverage*
90637	Influenza virus vaccine, quadrivalent (QIRV), mRNA; 30 mcg/0.5 ml dosage, for intramuscular use	Noncovered
90638	Influenza virus vaccine, quadrivalent (QIRV), mRNA; 60 mcg/0.5 ml dosage, for intramuscular use	Noncovered
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	Noncovered
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Noncovered
0452U	Oncology (bladder), methylated penk DNA detection by linear target enrichment-quantitative methylation-specific real-time pcr (LTE/QMSP), urine, reported as likelihood of bladder cancer	Noncovered

* "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 1 – New codes included in the July 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	Noncovered
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, translocations, and other structural variants by optical genome mapping	Noncovered
0455U	Infectious agents (sexually transmitted infection), chlamydia trachomatis, neisseria gonorrhoeae, and trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected	Noncovered
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFI) therapy	Noncovered
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Noncovered
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzymelinked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Noncovered
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Noncovered
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	Noncovered
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	Noncovered
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	Noncovered
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	Noncovered
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including Lass4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	Noncovered
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	Noncovered
0466U	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	Noncovered

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Table 1 – New codes included in the July 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*
0467U	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	Noncovered
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL-40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	Noncovered
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	Noncovered
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	Noncovered
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	Noncovered
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjogren syndrome	Noncovered
0473U	Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	Noncovered
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	Noncovered
0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	Noncovered
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 ml	Noncovered
0868T	High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation and report	Noncovered
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	Noncovered

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Table 1 – New codes included in the July 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	Noncovered
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	Noncovered
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	Noncovered
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	Noncovered
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	Noncovered
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	Noncovered
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	Noncovered
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Noncovered
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	Noncovered
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	Noncovered
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	Noncovered
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	Noncovered
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (list separately in addition to code for primary procedure)	Noncovered
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (list separately in addition to code for primary procedure)	Noncovered
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	Noncovered

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Table 1 – New codes included in the July 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Noncovered
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Noncovered
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (list separately in addition to code for primary procedure)	Noncovered
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Noncovered
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	Noncovered
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	Noncovered
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Noncovered
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	Noncovered
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	Noncovered
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Noncovered
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	Noncovered
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (list separately in addition to code for primary procedure)	Noncovered
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	Noncovered
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	Noncovered

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Table 1 – New codes included in the July 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (list separately in addition to code for primary procedure)	Noncovered
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (list separately in addition to code for primary procedure)	Noncovered
A9506	Graphite crucible for preparation of technetium Tc 99m-labeled carbon aerosol, each	Covered
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	Covered
C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	Covered
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	Covered
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in CMMI model	Noncovered
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in CMMI model	Noncovered
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in CMMI model	Noncovered
G0522	Management of a new patient with dementia, low complexity, for use in CMMI model	Noncovered
G0523	Management of a new patient with dementia, moderate to high complexity, for use in CMMI model	Noncovered
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in CMMI model	Noncovered
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in CMMI model	Noncovered
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in CMMI model	Noncovered
G0527	Management of established patient with dementia, low complexity, for use in CMMI model	Noncovered
G0528	Management of established patient with dementia, moderate to high complexity, for use in CMMI model	Noncovered
G0529	In-home respite care, 4-hour unit, for use in CMMI model	Noncovered
G0530	Adult day center, 8-hour unit, for use in CMMI model	Noncovered
G0531	Facility-based respite, 24-hour unit, for use in CMMI model	Noncovered
G9037	Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient (i.e. not for professional education or scheduling) and may include subsequent follow up on the specialist's recommendations; 30 minutes	Noncovered

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Procedure code	Description	Program coverage*
G9038	Co-management services with the following elements: new diagnosis or acute exacerbation and stabilization of existing condition; condition which may benefit from joint care planning; condition for which specialist is taking a co-management role; condition expected to last at least 3 months; comprehensive care plan established, implemented, revised or monitored in partnership with co-managing clinicians; ongoing communication and care coordination between co-managing clinicians furnishing care	Noncovered
J0211	Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (Nithiodote)	Noncovered
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	Covered
J0872	Injection, daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg	Covered
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Noncovered
J1597	Injection, glycopyrrolate (Glyrx-PF), 0.1 mg	Covered
J1598	Injection, glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg	Covered
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	Covered
J2183	Injection, meropenem (wg critical care), not therapeutically equivalent to J2185, 100 mg	Covered
J2246	Injection, micafungin in sodium (Baxter), not therapeutically equivalent to J2248, 1 mg	Noncovered
J2267	Injection, mirikizumab-mrkz, 1 mg	Covered
J2373	Injection, phenylephrine hydrochloride (Immphentiv), 20 micrograms	Covered
J2468	Injection, palonosetron hydrochloride (Avyxa), not therapeutically equivalent to J2469, 25 micrograms	Noncovered
J2470	Injection, pantoprazole sodium, 40 mg	Covered
J2471	Injection, pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg	Covered
J3247	Injection, secukinumab, intravenous, 1 mg	Covered
J3263	Injection, toripalimab-tpzi, 1 mg	Covered
J3393	Injection, betibeglogene autotemcel, per treatment	Noncovered
J3394	Injection, lovetibeglogene autotemcel, per treatment	Noncovered
J7171	Injection, ADAMTS13, recombinant-krhn, 10 iu	Covered
J7355	Injection, travoprost, intracameral implant, 1 microgram	Covered
J8611	Methotrexate (Jylamvo), oral, 2.5 mg	Noncovered
J8612	Methotrexate (Xatmep), oral, 2.5 mg	Noncovered
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Noncovered
Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered (effective April 4, 2024)

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Table 1 – New codes included in the July 2024 quarterly HCPCS update, effective for DOS on or after July 1, 2024, unless otherwise noted (Continued)

Procedure code	Description	Program coverage*
Q4311	Acesso, per square centimeter	Covered
Q4312	Acesso AC, per square centimeter	Covered
Q4313	Dermabind FM, per square centimeter	Covered
Q4314	Reeva FT, per square centimeter	Covered
Q4315	Regenelink amniotic membrane allograft, per square centimeter	Covered
Q4316	Amchoplast, per square centimeter	Covered
Q4317	Vitograft, per square centimeter	Covered
Q4318	E-graft, per square centimeter	Covered
Q4319	Sanograft, per square centimeter	Covered
Q4320	Pellograft, per square centimeter	Covered
Q4321	Renograft, per square centimeter	Covered
Q4322	Caregraft, per square centimeter	Covered
Q4323	Alloply, per square centimeter	Covered
Q4324	Amniotx, per square centimeter	Covered
Q4325	Acapatch, per square centimeter	Covered
Q4326	Woundplus, per square centimeter	Covered
Q4327	Duoamnion, per square centimeter	Covered
Q4328	Most, per square centimeter	Covered
Q4329	Singlay, per square centimeter	Covered
Q4330	Total, per square centimeter	Covered
Q4331	Axolotl graft, per square centimeter	Covered
Q4332	Axolotl dualgraft, per square centimeter	Covered
Q4333	Ardeograft, per square centimeter	Covered
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, subcutaneous, 1 mg	Noncovered
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, intravenous, 1 mg	Noncovered

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QUESTIONS?

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