

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT202531

MARCH 6, 2025

## IHCP will reprocess or mass adjust incorrectly denied claims for procedure code J2777

The Indiana Health Coverage Programs (IHCP) identified a claim-processing issue that affects certain fee-for-service (FFS) claims for Healthcare Common Procedure Coding System (HCPCS) code J2777 – *Injection, faricimab-svoa, 0.1 mg*.

Professional and outpatient FFS claims submitted with dates of service (DOS) on or after **Aug. 26, 2024**, may have denied incorrectly with the explanation of benefits (EOB) code 4300 – *Invalid NDC to procedure code combination*.

The claim-processing system has been corrected, and affected claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning April, 9, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non check related) or 80 (reprocessed denied claims).

If providers want to submit or resubmit any claims retroactively, they can submit claims within 180 days of this publication date for FFS claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

### For more information

Billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies at 800-457-4584 or your [Provider Relations consultant](#).

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