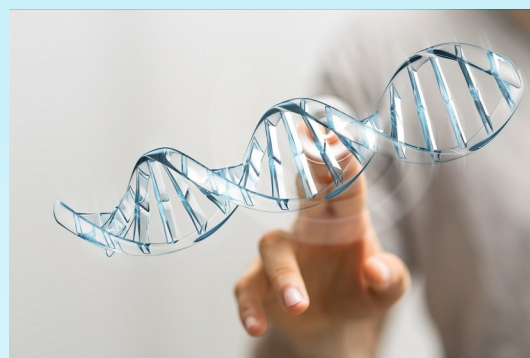


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202578 JUNE 5, 2025

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 **May 1, 2025**. 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 May 1, 2025

Procedure code	Description	Program coverage*	PA required
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Covered	Yes
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	Covered	Yes
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Covered	Yes

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Table 1 – Newly covered biomarker testing codes, effective retroactive for DOS on or after May 1, 2025 (Continued)

Procedure code	Description	Program coverage*	PA required
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	Covered	Yes
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	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.

For more information

Prior authorization (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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