

Procedure codes added to renal dialysis composite rate

The Indiana Health Coverage Programs (IHCP) has updated its reimbursement policy for select end-stage renal disease (ESRD) drugs that qualify for the Transitional Drug Add-On Payment Adjustment (TDAPA) under the Medicare ESRD prospective payment system (PPS).

The Healthcare Common Procedure Coding System (HCPCS) codes in Table 1 are now recognized by the IHCP as encompassed under the renal dialysis composite rate and, therefore, not separately reimbursable when billed for members receiving outpatient dialysis services for ESRD. This change is effective immediately and retroactive to dates of service (DOS) on or after the Centers for Medicare & Medicaid (CMS) effective date for each code, as presented in Table 1.



Table 1 – Procedure codes added to the renal dialysis composite rate

Procedure code	Code description	CMS effective date
J0605	Sucroferric oxyhydroxide, oral, 5 mg (for ESRD on dialysis)	Jan. 1, 2025
J0609	Ferric citrate, oral, 3 mg iron ferric iron, (for ESRD on dialysis)	Jan. 1, 2025
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	July 1, 2024

These codes will be added to the *Procedure Codes Included in the Renal Dialysis Composite Rate* table in *Renal Dialysis Services Codes*, accessible from the [Code Sets](#) webpage at in.gov/medicaid/providers.

Providers should see reprocessed claims on remittance advices (RAs) beginning Jan 14, 2026, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related).

Billing and reimbursement guidance

Providers are reminded of the following billing and reimbursement guidelines for the procedure codes listed in Table 1:

- Claims for these HCPCS procedure codes must include the appropriate number of units and National Drug Code (NDC) information.
- Coverage is limited to Food and Drug Administration (FDA)-approved indications and medically necessary use within the ESRD treatment setting.
- Providers must follow all IHCP documentation requirements, including drug acquisition cost reporting when applicable.
- These procedure codes are not separately reimbursed when billed for the same date of service as a renal dialysis composite-rate revenue code.

Provider action required

Providers are advised to take the following actions:

- Review internal billing workflows to ensure correct use of procedure codes J0605, J0609 and J0911.
- Confirm that clinical documentation supports ESRD-related use consistent with TDAPA criteria.
- Monitor future IHCP bulletins for updates to TDAPA status or reimbursement methodology.

Additional information

For detailed policy guidance, providers should refer to the [CMS ESRD PPS regulations](#), [Renal Dialysis Services](#) provider reference module and latest IHCP bulletins.

QUESTIONS?

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