IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026137 AUGUST 18, 2026

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 retroactively for dates of service (DOS) on or after **July 1, 2026**. 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* webpage at in.gov/medicaid/providers.

Table 1 – Newly covered biomarker testing codes, effective for DOS on or after July 1, 2026

Procedure code	Code description	Program coverage*	PA Required
0211U	Next-generation sequencing of DNA and RNA in tumor tissue specimen with interpretative report	Covered	Yes
0473U	Next-generation sequencing of DNA from tissue sample of 648 genes with comparative sequence analysis from a matched normal blood or saliva specimen in solid tumor 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.

For more information

Prior authorization (PA), billing and reimbursement information applies to services delivered under the 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 organizations (MCOs) establish and publish PA, billing and reimbursement requirements. Questions about managed care PA, billing and reimbursement should be directed to the member's MCO.

QUESTIONS

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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