

# IHCP *banner page*

## IHCP will reprocess or mass adjust claims for procedure codes Q5105 and Q5106

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) codes Q5105 and Q5106, billed with the National Drug Codes (NDCs) indicated in Table 1.



Professional or outpatient FFS claims submitted before Aug. 16, 2022, with dates of service (DOS) on or after the date indicated in Table 1, may have denied incorrectly with explanation of benefits (EOB) 4300 – *Invalid NDC to procedure code combination*.

The claim-processing system has been corrected and claims will be mass adjusted or reprocessed. Providers should see adjusted/reprocessed claims on Remittance Advices (RAs) beginning Oct. 19, 2022, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

*Table 1 – Procedure-code/NDC combinations that will be reprocessed or mass adjusted submitted prior to Aug. 16, 2022*

Procedure code	Description	NDC	Earliest affected date
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	00069-130-901	1/1/2019
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	00069-130-904	11/9/2020
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	00069-131-101	11/30/2020
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	00069-131-110	11/30/2020
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	00069-131-801	11/9/2020

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*Table 1 – Procedure-code/NDC combinations that will be reprocessed or mass adjusted submitted prior to Aug. 16, 2022 (Continued)*

<b>Procedure code</b>	<b>Description</b>	<b>NDC</b>	<b>Earliest affected date</b>
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	00069-131-810	11/9/2020
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	59353-012-001	11/30/2020
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	59353-012-010	11/30/2020
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	59353-022-001	11/9/2020
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	59353-022-010	11/9/2020
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	00069-131-101	11/30/2020
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	00069-131-110	11/30/2020
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	59353-012-001	11/30/2020
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	59353-012-010	11/30/2020

## Pricing updated for certain physician-administered drug codes

Effective Oct. 13, 2022, the Indiana Health Coverage Programs (IHCP) will update pricing for the Healthcare Common Procedure Coding System (HCPCS) physician-administered drug codes listed in Table 2. Pricing for the procedure codes in Table 2 is changing from maximum-fee pricing to manual pricing and will follow the standard IHCP reimbursement methodology for physician-administered drugs. The detail will pay 105% of the wholesale acquisition cost (WAC) of the National Drug Code (NDC) billed.

The codes in Table 2 currently have no active NDCs from a rebating manufacturer. If an active, rebateable NDC becomes available in the future for any of these codes, the IHCP will determine if a new maximum-fee rate should be established. The pricing changes for the listed codes apply to dates of service (DOS) on or after Oct. 13, 2022.

This reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement information within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

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This change will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

*Table 2 – HCPCS drug codes updated from maximum-fee pricing to manual pricing for DOS on or after Oct. 13, 2022*

<b>Procedure code</b>	<b>Description</b>
J0130	Injection, abciximab, 10 mg
J0220	Agglucosidase alfa, 10 mg, not otherwise specified
J0570	Buprenorphine implant, 74.2 mg
J0716	Injection, centruroides immune F(Ab)2, up to 120 milligrams
J0795	Injection, corticorelin ovine triflutate, 1 microgram
J0841	Injection, crotalidae immune F(Ab)2 (equine), 120 mg
J1130	Injection, diclofenac sodium, 0.5 mg
J1162	Injection, digoxin immune fab (ovine), per vial
J1201	Injection, cetirizine hydrochloride, 0.5 mg
J1267	Injection, doripenem, 10 mg
J1430	Injection, ethanolamine oleate, 100 mg
J2062	Loxapine for inhalation, 1 mg
J2278	Injection, ziconotide, 1 microgram
J2325	Injection, nesiritide, 0.1 mg
J2410	Injection, oxymorphone hcl, up to 1 mg
J2503	Injection, pegaptanib sodium, 0.3 mg
J2797	Injection, rolapitant, 0.5 mg
J2810	Injection, theophylline, per 40 mg
J3070	Injection, pentazocine, 30 mg
J7316	Injection, ocriplasmin, 0.125 mg

*continued*

Table 2 – HCPCS drug codes updated from maximum-fee pricing to manual pricing for DOS on or after Oct. 13, 2022 (Continued)

Procedure code	Description
J7330	Autologous cultured chondrocytes, implant
J7342	Installation, ciprofloxacin otic suspension, 6 mg
J8650	Nabilone, oral, 1 mg
J8670	Rolapitant, oral, 1 mg
J9015	Injection, aldesleukin, per single use vial
J9202	Goserelin acetate implant per 3.6 mg
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg
J9247	Injection, melphalan flufenamide, 1 mg
J9285	Injection, olaratumab, 10 mg
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml
Q9954	Oral magnetic resonance contrast agent, per 100 mL
S0148	Injection, pegylated interferon alfa-2b, 10mcg

## Pricing updated for certain physician-administered vaccine codes

Effective Oct. 13, 2022, the Indiana Health Coverage Programs (IHCP) will update pricing for the Current Procedural Terminology (CPT<sup>®1</sup>) physician-administered vaccine codes listed in Table 3. Pricing for the procedure codes in Table 3 is changing from maximum-fee pricing to manual pricing and will follow the standard IHCP reimbursement methodology for physician-administered vaccines. The detail would pay 105% of the wholesale acquisition cost (WAC) of the National Drug Code (NDC) billed.

The pricing changes for the listed codes apply to dates of service (DOS) on or after Oct. 13, 2022.

This reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement information within the managed care delivery system. Questions about managed care claims should be directed to the MCE with which the member is enrolled.

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This change will be reflected in the next regular update to the Professional Fee Schedule and the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

*Table 3 – CPT® vaccine codes updated from maximum-fee pricing to manual pricing for DOS on or after Oct. 13, 2022*

Procedure code	Description
90634	Hepatitis A vaccine pediatric or adolescent dosage (3 dose schedule)
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type B vaccine
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent
90654	Influenza vaccine, trivalent, split virus, preservative-free
90655	Influenza vaccine, trivalent, split virus, preservative-free, 0.25 mL dosage
90657	Influenza vaccine, trivalent, 0.25 mL dosage
90660	Influenza vaccine, trivalent for nasal administration
90673	Influenza vaccine, trivalent derived from recombinant DNA
90733	Meningococcal vaccine, serogroups A, C, Y, W-135
90748	Hepatitis B and Haemophilus influenzae type B vaccine

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