

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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## IHCP clarifies COVID-19 vaccination pharmacy claims process using the ordering pharmacist's NPI

The Indiana Health Coverage Programs (IHCP) has updated the pharmacy billing process for coronavirus disease 2019 (COVID-19) vaccine administration. *IHCP Bulletin* [BT202102](#) instructed pharmacy providers to use the pharmacy's National Provider Identifier (NPI) as the prescribing NPI and enter National Council for Prescription Drug Programs (NCPDP) Submission Clarification Code (SCC) 42 when submitting pharmacy claims for COVID-19 vaccinations ordered and administered by pharmacists. The IHCP will continue to accept pharmacy claims submitted that follow this process for the duration of the public health emergency.



Following a review of the Health and Human Services (HHS) [guidance regarding the Public Readiness and Emergency Preparedness \(PREP\) Act](#), the IHCP has determined that ordering pharmacists may use their own NPI as the prescribing NPI and enter the NCPDP SCC 42, if the pharmacy claim is submitted under an IHCP enrolled pharmacy provider's NPI. This process is effective for pharmacy claims with dates of service (DOS) on or after **Jan. 14, 2021**, and will continue for the duration of the public health emergency.

The IHCP reminds pharmacy providers that pharmacy claims may be submitted using the NPIs of enrolled prescribing providers (providers to whom prescribing authority has already been granted by their state's licensing boards), including those sponsoring COVID-19 vaccination protocols. These claims are not dependent upon the prescribing provisions of the PREP Act or the public health emergency and do not require utilization of NCPDP SCC 42.

## IHCP updates HAF exemption information on the Outpatient Fee Schedule

The Indiana Health Coverage Programs (IHCP) recently reviewed the Outpatient Fee Schedule and discovered discrepancies regarding procedure codes listed as Hospital Assessment Fee (HAF) exempt. The codes in Table 1 are exempt from HAF adjustments; however, the Outpatient Fee Schedule indicates that these codes are not exempt from HAF adjustments.



The procedure codes in Table 1 are exempt from HAF adjustments because the codes are either linked to revenue code 636 – *Pharmacy (Extension of 025X) – Drugs Requiring Detailed Coding* or they are laboratory codes.

Per *IHCP Bulletin* [BT202079](#), procedure codes linked to revenue code 636 are excluded from the outpatient HAF rate increase. Additionally, outpatient laboratory codes, defined as the procedure codes listed on the Medicare Clinical Laboratory Fee Schedule, are excluded from the outpatient HAF rate increase.

*continued*

*Table 1- Codes that will be corrected on the Outpatient Fee Schedule to reflect that they are excluded from HAF adjustment factor*

Procedure code	Description
81278	Gene analysis (IGH@/BCL2 (t(14;18)) translocation analysis
J0223	Injection, givosiran, 0.5 mg
J0691	Injection, lefamulin, 1 mg
J0791	Injection, crizanlizumab-tmca, 5 mg
J0896	Injection, luspatercept-aamt, 0.25 mg
J1429	Injection, golodirsen, 10 mg
J1558	Injection, immune globulin (Xembify), 100 mg
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
J3245	Injection, tildrakizumab, 1 mg
J7169	Injection, coagulation factor xa (recombinant), inactivated-zhzo (Andexxa), 10 mg
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
J9198	Injection, gemcitabine hydrochloride, (Infugem), 100 mg
J9246	Injection, melphalan (Evomela), 1 mg
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5119	Injection, rituximab-pvvr, biosimilar, (Ruxience), 10 mg
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo), 0.5 mg
S0148	Injection, pegylated interferon alfa-2b, 10 mcg

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

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

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