IHCP *bulletin*

Additional updates made to the July 2023 quarterly HCPCS code update

The Indiana Health Coverage Programs (IHCP) previously announced coverage and billing information for new codes for the quarterly Healthcare Common Procedure Coding System (HCPCS) updates in *IHCP Bulletin* BT202375. This bulletin serves as notice of additional updates to the July 2023 quarterly HCPCS codes.

BT202375 listed several codes with pricing pending. Professional and outpatient pricing has been updated in the Core Medicaid Management Information System (*Core*MMIS). Providers may view current pricing on the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the *IHCP Fee Schedules* page at in.gov/medicaid/providers.

The following tables include additional information for the July 2023 quarterly HCPCS update, effective immediately and retroactive to dates of service (DOS) on and after **July 1, 2023**:

- Table 1: Additional procedure code that requires a National Drug Code (NDC)

- Table 2: Additional procedure codes linked to revenue code 636

Updates will also be made to the following code table documents, accessible from the *Code Sets* page at in.gov/medicaid/providers:

- Procedure Codes that Require NDCs

- Revenue Codes With Special Procedure Code Linkages

The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. PA, billing and reimbursement information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Kepro Customer Service at 866-725-9991. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies at 800-457-4584.

Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement information within the managed care delivery system. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

Table 1 – Additional procedure code that requires an NDC, effective for DOS on or after July 1, 2023

Procedure code	Description
C9151	Injection, pegcetacoplan, 1 mg

Table 2 – Additional procedure codes linked to revenue code 636,
effective for DOS on or after July 1, 2023

Procedure code	Description
C9151	Injection, pegcetacoplan, 1 mg
J1440	Fecal microbiota, live-jslm, 1 ml
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1961	Injection, lenacapavir, 1 mg
J2249	Injection, remimazolam, 1 mg
J2329	Injection, ublituximab-xiiy, 1mg
J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg
J2561	Injection, phenobarbital sodium (sezaby), 1 mg
J2598	Injection, vasopressin, 1 unit
J2599	Injection, vasopressin (american regent) not therapeutically equivalent to J2598, 1 unit
J7213	Injection, coagulation factor IX (recombinant), ixinity, 1 i.u.
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg
J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg
J9347	Injection, tremelimumab-actl, 1 mg
J9350	Injection, mosunetuzumab-axgb, 1 mg
J9380	Injection, teclistamab-cqyv, 0.5 mg
J9381	Injection, teplizumab-mzwv, 5 mcg

QUESTIONS?

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

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