

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024145    SEPTEMBER 19, 2024

## IHCP removes PA from Pylarify (A9595)

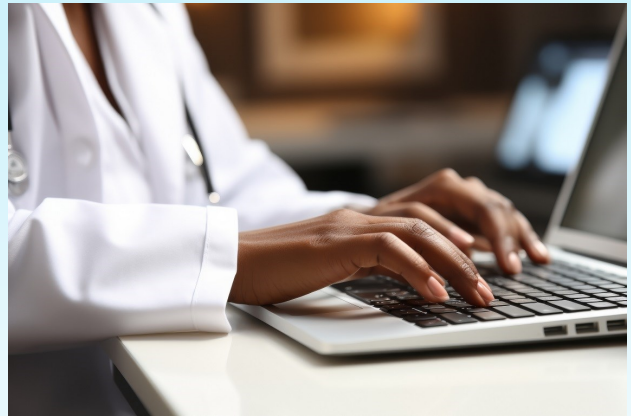
The Indiana Health Coverage Programs (IHCP) announced in *IHCP Bulletin* [BT2023152](#) that the prior authorization (PA) requirement was being removed for Pylarify, billed under Healthcare Common Procedure Coding System (HCPCS) code A9595 – *Piflufolastat f-18, diagnostic, 1 mCi*, effective for dates of service on or after **Dec. 11, 2023**.

The claim-processing system has been updated with this change. If providers need to submit any claims retroactively, they can resubmit the claims to the IHCP within 90 days from the date of this publication for managed care claims, or 180 days from the date of publication for fee-for-service (FFS) claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin when submitting claims beyond the standard filing limit.

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

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 entities (MCEs) establish and publish their own billing and reimbursement requirements. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.



### QUESTIONS?

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

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