

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025184 DECEMBER 18, 2025

Additional biomarker testing codes covered for DOS on or after Jan. 12, 2026

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 for dates of service (DOS) on or after Jan. 12, 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 Jan. 12, 2026

Procedure code	Code description	Program coverage*	PA required
0493U	Testing of donor-derived cell-free DNA, reported as percentage of donor-derived cell-free DNA to inform likelihood of organ rejection	Covered	Yes
81459	Genomic sequence analysis panel of DNA or combined DNA and RNA for copy number variants, microsatellite instability, tumor mutation burden, and rearrangements in solid organ abnormal growth of tissue	Covered	Yes
81463	Genomic sequence analysis of DNA in plasma for copy number variants and microsatellite instability in solid organ abnormal growth of tissue	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.

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For more information

Prior authorization (PA), billing and reimbursement information applies to services delivered under the fee-for-service (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 entities (MCEs) establish and publish PA, 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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