

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT2025186

DECEMBER 23, 2025

## Coverage added for physician-administered drug Photrexa (J2787) under the IHCP medical benefit

The Indiana Health Coverage Programs (IHCP) is adding coverage to the medical benefit for physician-administered riboflavin 5'-phosphate ophthalmic solution (Photrexa), effective immediately and retroactive to dates of service (DOS) on or after **Feb. 1, 2024**. Medical providers will use Healthcare Common Procedure Coding System (HCPCS) procedure code J2787 to bill for Photrexa (see [Table 1](#)).

IHCP coverage for this drug applies to both managed care and fee-for-service (FFS) delivery systems.

Prior authorization (PA) is not required for claims for procedure code J2787 with DOS prior to Jan. 30, 2026. However, PA **will** be required for DOS on or after Jan. 30, 2026. The IHCP will require the following PA criteria be met for Photrexa claims:

- Member is 14 years of age or older
- Member has a diagnosis of one of the following:
  - ⇒ Keratoconus, unstable
    - ◆ Right eye (H18.621), left eye (H18.622) or bilateral (H18.623)
  - ⇒ Corneal ectasia
    - ◆ Right eye (H18.711), left eye (H18.712) or bilateral (H18.719)
- Documentation demonstrating that the member's keratoconus or corneal ectasia has progressed beyond that which can be corrected with eyeglasses or contact lenses, or the member has a demonstrated inability to tolerate corrective lenses

All claims for this drug must include the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available for procedure code J2787 when billed in conjunction with revenue code 636 – *Drugs requiring detailed coding*.

The claim-processing system will be updated. Medical claims submitted for this drug with DOS on or after Feb. 1, 2024, that denied in error will be reprocessed. Providers should see adjusted or reprocessed FFS claims on remittance advices (RAs) beginning Dec. 30, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocessed denied claims).



*Table 1 – Newly covered procedure code for Photrex, effective retroactively for DOS on or after Feb. 1, 2024*

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3ml	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	Yes, for DOS on or after Jan. 30, 2026  No, for DOS from Feb. 1, 2024, through Jan. 30, 2026	Yes	Max fee: \$2,394.00  Linked to revenue code 636

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

Updates will be made to the following code tables, accessible from the [Code Sets](https://in.gov/medicaid/providers) webpage at in.gov/medicaid/providers:

- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes With Special Procedure Code Linkages*

### For more information

Questions about PA under the FFS medical benefit should be directed to Acentra Health Customer Service at 866-725-9991. Questions about billing and reimbursement under the FFS medical benefit 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 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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