

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202550 APRIL 24, 2025

IHCP updates coverage for physician-administered drug codes

The Indiana Health Coverage Programs (IHCP) announces coverage updates for physician-administered drug Healthcare Common Procedure Coding System (HCPCS) codes reimbursed through the medical benefit. These updates are a result of a recent review of the Medicaid Manufacturer Drug Rebate Program (MDRP) database. Impacted physician-administered drug procedure codes are listed in Table 1, and coverage updates are effective retroactively for the dates of service (DOS) listed under *Special billing information*. This bulletin updates the coverage announced in *IHCP Bulletin* [BT2024182](#).

IHCP coverage changes for these drugs apply to both managed care and fee-for-service (FFS) delivery systems. Prior authorization (PA) is not required. All claims for these drugs must include the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available for the procedure code that is indicated in Table 1 as linked to revenue code 636 – *Drugs requiring detailed coding*.

The claim-processing system will be updated.



Table 1 – Procedure codes for physician-administered drugs with updated coverage, effective retroactively for claims with DOS on or after the date listed under Special billing information

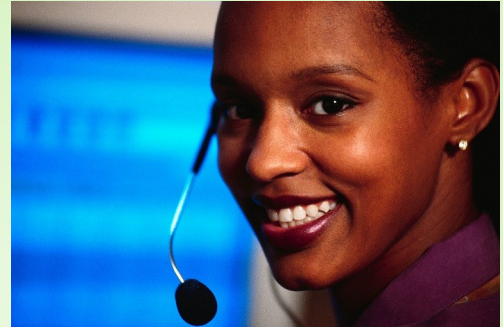
Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
J2253	Injection, midazolam (seizalam), 1 mg	Noncovered	N/A	N/A	Effective for DOS on or after Oct. 1, 2024
J9329	Injection, tislelizumab-jsgr, 1 mg	Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits	No	Yes	Max fee: \$57.37 Effective for DOS on or after Oct. 7, 2024 Covered for members age 18 years and older Linked to revenue code 636

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.

Updates will be made to *Procedure Codes That Require National Drug Codes (NDCs)* and *Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) webpage at in.gov/medicaid/providers.

For more information

Billing and reimbursement information in this bulletin applies to services delivered under the FFS delivery system. Questions about FFS billing and reimbursement under the medical benefit should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). For questions regarding FFS pharmacy billing or reimbursement, please contact Optum Rx at 855-577-6317.



Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own billing and reimbursement requirements. Questions about managed care 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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