

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202580 JUNE 5, 2025

IHCP updates coverage for physician-administered drug code J0911

The Indiana Health Coverage Programs (IHCP) announces a coverage update for a physician-administered drug Healthcare Common Procedure Coding System (HCPCS) code reimbursed through the medical benefit. This update is a result of a recent review of the Medicaid Drug Rebate Program (MDRP) database. The newly covered physician-administered drug procedure code is listed in Table 1, and coverage updates are effective retroactively for dates of service (DOS) on or after July 1, 2024. This bulletin updates the coverage announced in *IHCP Bulletin* [BT2024122](#).

IHCP coverage for this drug applies to both managed care and fee-for-service (FFS) delivery systems. Prior authorization (PA) is not required. All claims for this drug must include the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available.



The FFS claim-processing system has been updated. Claims submitted for procedure code J0911 with DOS on or after July 1, 2024, that denied in error will be reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning July 9, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims). The managed care claim-processing systems will also be updated.

Providers can submit or resubmit claims to the IHCP within 90 days from the date of this publication for managed care claims, or 180 days from the date of this publication for FFS claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

Table 1 - Procedure code for physician-administered drug with updated coverage, effective retroactively for DOS on or after July 1, 2024

Procedure code	Description	Program coverage	PA required	NDC required	Special billing information
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	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: \$8.75 Linked to revenue code 636

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](#) webpage at in.gov/medicaid/providers.

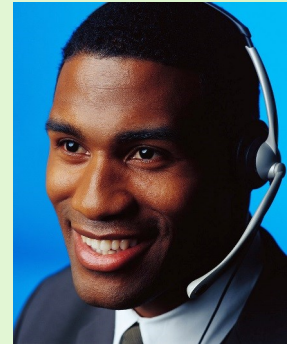
Updates will be made to the following code tables, accessible from the [Code Sets](#) webpage at in.gov/medicaid/providers:

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

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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