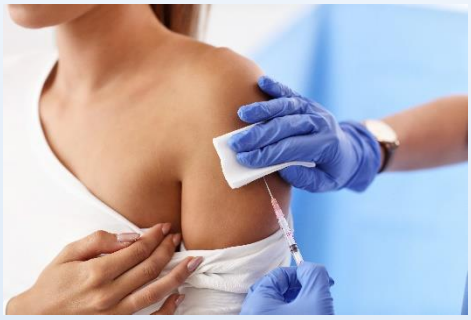
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026126 JULY 23, 2026

IHCP adds coverage for subcutaneous injection Selarsdi (Q9998) under the medical benefit



Effective immediately, retroactive for dates of service (DOS) on or after **Dec. 13, 2025**, the Indiana Health Coverage Programs (IHCP) is adding coverage for Healthcare Common Procedure Coding System (HCPCS) code Q9998 (see Table 1) under the medical benefit. IHCP coverage for this injection applies to both managed care and fee-for-service (FFS) delivery systems.

Prior authorization (PA) is required for coverage of procedure code Q9998 under the medical benefit. The same PA criteria are already required for Selarsdi (generic name ustekinumab-aekn) under the FFS pharmacy benefit. For PA requirements for Selarsdi, see *Targeted Immunomodulators Prior Authorization Criteria* on the Optum Rx Indiana Medicaid website under Preferred Products > Pharmacy Criteria and Forms.

The IHCP FFS claim-processing system has been updated. Providers may submit or resubmit claims retroactively for procedure code Q9998 (along with the applicable revenue code, for outpatient claims) within 90 days from the date of this publication for managed care claims and 180 days of this publication date for FFS claims, to satisfy timely filing requirements. Claims submitted beyond the standard filing limit must include a copy of this bulletin (first page only) as an attachment.

These updates 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 procedure code for Selarsdi injection, effective for DOS on or after Dec. 13, 2025

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 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	Yes, for DOS on or after Dec. 13, 2025	Yes	Max fee: $11.31 Linked to revenue code 636

For more information

For drugs provided under the FFS medical benefit, PA should be requested through Acentra Health. Questions about FFS medical PA should be directed to Acentra Health Customer Service at 866-725-9991.

FFS professional or institutional claims should be submitted to Gainwell Technologies. Questions about billing and reimbursement for these claims should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your Provider Relations consultant.

FFS pharmacy claims should be submitted to the FFS pharmacy benefit manager, Optum Rx. Questions about FFS pharmacy claim processing or reimbursement should be directed to Optum Rx Clinical and Technical Help Desk at 855-577-6317.

Individual managed care organizations (MCOs) establish and publish PA, billing and reimbursement information within the managed care delivery system. Questions about managed care PA, billing or reimbursement should be directed to the MCO 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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