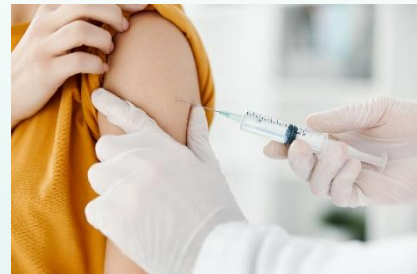


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026140 AUGUST 20, 2026

IHCP reminds providers of E/M and physician-administered drug guidance

The Indiana Health Coverage Programs (IHCP) is reminding providers of the correct billing guidance when providing the administration of a drug when billed with the appropriate Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®¹) code. The IHCP may provide separate reimbursement for the administration of a drug (including vaccines) when billed with the appropriate procedure code.



However, if an evaluation and management (E/M) code is billed with the same date of service (DOS) as a physician-administered drug, the provider should **not** bill a drug administration procedure code separately. Reimbursement for administration is included in the E/M code allowed amount.

Per [National Correct Coding Initiative \(NCCI\) guidelines](#), Procedure-to-Procedure (PTP) claim-adjudication rules identify specific PTP-associated modifiers, which are needed to bypass PTP edits that have a Correct Coding Modifier Indicator (CCMI) of "1." PTP-associated modifiers may be appended when appropriate. These guidelines are based on clinical circumstances and in accordance with the NCCI program and HCPCS/CPT code manual instructions/definitions for the modifier/procedure code combinations.

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