

# IHCP *bulletin*

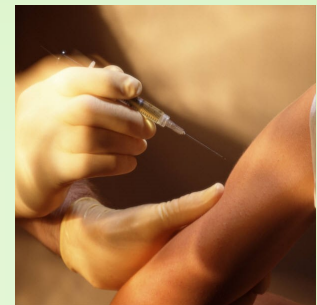
INDIANA HEALTH COVERAGE PROGRAMS    BT201812    MARCH 29, 2018

## IHCP to revise reimbursement policy regarding certain physician-administered drugs

Effective May 1, 2018, the Indiana Health Coverage Programs (IHCP) will revise its reimbursement policies regarding certain physician-administered drugs (PADs). The reimbursement policy revisions affect the procedure codes listed in Tables 1 and 2.

### PADs carved out from managed care

The IHCP will process prior authorizations (PAs) and claims for the PADs in [Table 1](#) through the fee-for-service (FFS) delivery system for all IHCP members, including members enrolled in Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise managed care programs. This action is referred to as a “carve-out” from managed care. Table 1 indicates the dates of service (DOS) the carve-out applies for each affected drug.



Beginning May 1, 2018, claims for the PAD codes listed in Table 1 must be submitted to DXC Technology as professional claims (*CMS-1500*) via the standard FFS submission methods.

- Claims for managed care members for PADs with **retroactive** carve-out dates – carve-outs that apply to **DOS before May 1, 2018** – that were previously submitted to the member’s managed care entity (MCE) must be voided by the provider with the MCE and rebilled as FFS claims.
- Claims for the gene therapy agents Kymriah and Yescarta should be billed only as FFS medical claims. The medical claims for these agents must include the appropriate National Drug Code (NDC) and follow special billing instructions. Claims for these agents cannot be processed through the pharmacy benefit. As such, pharmacy claims submitted for Kymriah and Yescarta will be denied and the pharmacy provider sent a text message indicating the claim needs to be resubmitted to DXC as a medical claim.
- Coverage of the gene therapy agent, Luxturna, is under consideration by the IHCP. If coverage is approved, Luxturna will also be carved out from the managed care medical benefit and will follow the same FFS medical claim process described for Kymriah and Yescarta.
- Claims for PADs administered to managed care members on **DOS before the date shown on the table** should continue to be sent to the MCE with which the member is enrolled.

See the [Claim Submission and Processing](#) provider reference module at indianamedicaid.com for additional information regarding the FFS claim submission process, including timely filing requirements.

Previously issued PAs from MCEs for the PADs listed in Table 1 will be honored by DXC. PA requests for DOS on or after May 1, 2018, must be submitted to Cooperative Managed Care Services (CMCS) for processing. When administered to managed care members, PADs not listed in Table 1 and not previously carved out of managed care per IHCP policy remain the responsibility of the MCE with which the member is enrolled.

Table 1 – PADs carved out of managed care for the DOS indicated

Procedure code	Description	Classification	MC carve-out applies to DOS on or after*
C9132	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	Blood factor	5/1/2018
C9468	Injection, factor IX (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.	Blood Factor	5/1/2018
J1428	Injection, eteplirsen, 10 mg	Exondys 51	<b>1/1/2018</b>
J2326	Injection, nusinersen, 0.1 mg	Spinraza	<b>1/1/2018</b>
J7175	Injection, Factor X, (human), 1 IU	Blood factor	5/1/2018
J7178	Injection, human fibrinogen concentrate, 1 mg	Blood factor	5/1/2018
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU vWF:RCo	Blood factor	5/1/2018
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	Blood factor	5/1/2018
J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	Blood factor	5/1/2018
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	Blood factor	5/1/2018
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Blood factor	5/1/2018
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Blood factor	5/1/2018
J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF:RCo	Blood factor	5/1/2018
J7188	Injection, Factor VIII (antihemophilic factor, recombinant), per IU	Blood factor	5/1/2018
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Blood factor	5/1/2018
J7190	Factor VIII (antihemophilic factor, human) per IU	Blood factor	5/1/2018
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	Blood factor	5/1/2018
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Blood factor	5/1/2018
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Blood factor	5/1/2018
J7194	Factor IX complex, per IU	Blood factor	5/1/2018
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Blood factor	5/1/2018
J7198	Antiinhibitor, per IU	Blood factor	5/1/2018
J7199	Hemophilia clotting factor, not otherwise classified	Blood factor (Hemlibra)	5/1/2018
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Blood factor	5/1/2018
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	Blood factor	5/1/2018
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Blood factor	5/1/2018
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	Blood factor	5/1/2018
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	Blood factor	5/1/2018
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Blood factor	5/1/2018

\*Carve-outs that apply to retroactive DOS are in boldface.

\*\*Q2041 was a new code effective April 1, 2018, and should be used instead of J9999 when billing for Yescarta (NDC 71287-0119-01 only) for DOS on or after April 1, 2018.

Table 1 – PADs carved out of managed care for the DOS indicated (Continued)

Procedure code	Description	Classification	MC carve-out applies to DOS on or after*
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Blood factor	5/1/2018
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Blood factor	5/1/2018
J9999	Not otherwise classified, antineoplastic drugs	Yescarta (for DOS from 1/1/18 through 3/31/18)	<b>1/1/2018</b>
Q2040	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	Kymriah	<b>1/1/2018</b>
Q2041**	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T cells, including leukapheresis and dose preparation procedures, per infusion	Yescarta (for DOS on or after 4/1/18)	<b>4/1/2018</b>

\*Carve-outs that apply to retroactive DOS are in boldface.

\*\*Q2041 was a new code effective April 1, 2018, and should be used instead of J9999 when billing for Yescarta (NDC 71287-0119-01 only) for DOS on or after April 1, 2018.

### PADs reimbursable outside the DRG

Effective May 1, 2018, the IHCP will allow reimbursement for the PAD codes listed in [Table 2](#) separate from the all-inclusive inpatient hospital diagnosis-related group (DRG) payment. These codes are also included in Table 1 and, accordingly, are carved out of managed care. Both the managed care carve-out and the separate reimbursement outside the DRG apply retroactively to DOS on or after **January 1, 2018**:

- Beginning May 1, 2018, providers may submit FFS claims for separate reimbursement of the codes in Table 2 for **DOS on or after January 1, 2018**. Claims must be submitted to DXC as professional claims (CMS-1500) via the standard FFS submission methods. See the [Claim Submission and Processing](#) provider reference module at indianamedicaid.com for additional information regarding the FFS claim submission process, including timely filing requirements.
- Claims for the codes in Table 2 with **DOS before January 1, 2018**, should be submitted using the policies in place for those service dates.

The IHCP will establish a code set listing the PAD procedure codes for which reimbursement separate from the DRG payment is allowed. The code set encompasses all the codes in Table 1, incorporating blood factor codes that are currently reimbursable outside the DRG, as well as the codes from Table 2. The code set will be published on the [Code Sets](#) page at indianamedicaid.com.

**Note: Long-acting reversible contraceptives (LARCs) are sometimes reimbursable outside the DRG, even though they are not included in Table 1. A separate, published code table for the LARC codes already exists. See the [Obstetrical and Gynecological Services](#) provider reference module for more information.**

*Table 2 – PADs reimbursable outside the DRG payment for DOS on or after January 1, 2018*

<b>Procedure code</b>	<b>Description</b>	<b>Classification</b>
J1428	Injection, eteplirsen, 10 mg	Exondys 51
J2326	Injection, nusinersen, 0.1 mg	Spinraza
J9999*	Not otherwise classified, antineoplastic drugs	Yescarta (for DOS from 1/1/18 through 3/31/18)
Q2040	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	Kymriah
Q2041*	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T cells, including leukapheresis and dose preparation procedures, per infusion	Yescarta (for DOS on or after 4/1/18)

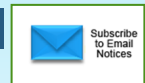
*\*Q2041 was a new code effective April 1, 2018, and should be used instead of J9999 when billing for Yescarta (NDC 71287-0119-01 only) for DOS on or after April 1, 2018.*

Please direct questions about FFS medical claims or about this bulletin to DXC by calling toll-free 1-800-457-4584. Questions regarding all other medical claims for members in HIP, Hoosier Care Connect, and Hoosier Healthwise should be referred to the MCE with which the member is enrolled.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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