

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202274 SEPTEMBER 15, 2022

IHCP to reimburse HCPCS code Q0222

Effective immediately, the Indiana Health Coverage Programs (IHCP) will reimburse Healthcare Common Procedure Coding System (HCPCS) code Q0222 – *Injection, bebtelovimab, 175 mg*.

Coverage for this physician-administered drug applies to professional claims (CMS-1500 form or electronic equivalent) and outpatient claims (UB-04 form or electronic equivalent) with dates of service (DOS) on or after Aug. 15, 2022. Coverage applies to Traditional Medicaid and all other IHCP programs that include full Medicaid State Plan benefits. This procedure code may not be covered under IHCP plans with limited benefits.

The following reimbursement information applies:

- Pricing: Maximum fee of \$2,205.00
- Prior authorization (PA): None required
- Billing guidance:
 - Must be billed with the National Drug Code (NDC) of the product administered.
 - Separate reimbursement in the outpatient setting is allowed under revenue code 636 – *Pharmacy (extension of 025X) – Drugs Requiring Detailed Coding*. For reimbursement consideration, providers may bill the procedure code and the revenue code together, as appropriate.

Reimbursement, PA and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

This information will be reflected in the next regular update to the Outpatient Fee Schedule and the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, and in *Procedure Codes That Require NDCs and Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.



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