



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group

Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Bulletins](#) and [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information.

For information about using this code table, see the [Injections, Vaccines and Other Physician-Administered Drugs](#) provider reference module. For a list of drugs that are carved out of the IHCP **pharmacy** benefit, follow the Carved-out Drug Benefits quick link on the [Optum Rx Indiana Medicaid website](#).

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Reviewed/Updated: January 1, 2024

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In addition to the codes listed in this table, certain long-acting reversible contraceptives (LARCs) are sometimes reimbursable outside the DRG. See the [Obstetrical and Gynecological Services](#) provider reference module for more information.

Procedure Code	Description	Classification
91304*	Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	COVID-19 Vaccine
91318*	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	COVID-19 Vaccine
91319*	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	COVID-19 Vaccine
91320*	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	COVID-19 Vaccine

* COVID-19 vaccine codes (as well as the associated administration code) are carved out of managed care, but are **not** separately reimbursable outside the inpatient DRG.

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Procedure Code	Description	Classification
91321*	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 ml dosage, for intramuscular use	COVID-19 Vaccine
91322*	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 ml dosage, for intramuscular use	COVID-19 Vaccine
J0221**	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Lumizyme
J0791	Injection, crizanlizumab-tmca, 5 mg	Non-hydroxyurea Sickle Cell Agents (Adakveo)
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2×10^{13} vector genomes	Gene Therapies for Hemophilia A (Roctavian)
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Gene Therapies for Duchenne Muscular Dystrophy
J1426	Injection, casimersen, 10 mg	Non-corticosteroid Muscular Dystrophy Agents (Amondys 45)
J1427	Injection, viltolarsen, 10 mg	Non-corticosteroid Muscular Dystrophy Agents (Viltepso)
J1428	Injection, eteplirsen, 10 mg	Non-corticosteroid Muscular Dystrophy Agents (Exondys 51)
J1429	Injection, golodirsen, 10 mg	Non-corticosteroid Muscular Dystrophy Agents (Vyondys 53)
J2326	Injection, nusinersen, 0.1 mg	Spinal Muscular Atrophy Agents (Spinraza)
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Gene Therapies for Retinal Dystrophy (Luxturna)
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{15} vector genomes	Gene Therapies for Spinal Muscular Atrophy (Zolgensma)
J3401***	Beremagene geperpavec-SVDT for topical administration, containing nominal 5×10^9 pfu/ml vector genomes, per 0.1 ml	Gene Therapies for Dystrophic Epidermolysis Bullosa (Vyjuvek)
J7168	Prothrombin complex concentrate (human), Kcentra, per i.u. of factor IX activity	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents

* COVID-19 vaccine codes (as well as the associated administration code) **are** carved out of managed care, but are **not** separately reimbursable outside the inpatient DRG.

** J0221 is **not** carved out of managed care. However, it is reimbursable outside the inpatient DRG and must be billed on a professional claim for both FFS and managed care members.

***J3401 is carved out of managed care, but it is **not** separately reimbursable outside the inpatient DRG.

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In addition to the codes listed in this table, certain long-acting reversible contraceptives (LARCs) are sometimes reimbursable outside the DRG. See the [Obstetrical and Gynecological Services](#) provider reference module for more information.

Procedure Code	Description	Classification
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents (Hemlibra)
J7175	Injection, factor X, (human), 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7178	Injection, human fibrinogen concentrate, 1 mg	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 i.u. vWF:RCo	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7180	Injection, factor XIII (antihemophilic factor, human), 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7181	Injection, factor XIII A-subunit, (recombinant), per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 i.u. vWF:RCo	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7187	Injection, von Willebrand factor complex (Humate-P), per i.u. vWF:RCo	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7188	Injection, factor VIII (antihemophilic factor, recombinant), per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7190	Factor VIII (antihemophilic factor, human) per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7191	Factor VIII (antihemophilic factor, porcine), per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7192	Factor VIII (antihemophilic factor, recombinant) per i.u., not otherwise specified	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents

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Procedure Code	Description	Classification
J7194	Factor IX complex, per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7195	Injection, factor IX (antihemophilic factor, recombinant) per i.u., not otherwise specified	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7198	Antiinhibitor, per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7202	Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7203	Injection factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7204	Injection, factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7205	Injection, factor VIII Fc fusion protein (recombinant), per i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7207	Injection, factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7208	Injection, factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7209	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7210	Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7211	Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 i.u.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
J7214	Injection, factor VIII/von Willebrand factor complex, recombinant (Altuviiiio), per factor VIII I.U.	Hemophilia Blood Coagulation Factors and Hemophilia Hemostatic Agents
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T cells, including leukapheresis and dose preparation procedures, per infusion	Chimeric Antigen Receptor (CAR) T-Cell Gene Therapies (Yescarta)

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Procedure Code	Description	Classification
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Chimeric Antigen Receptor (CAR) T-Cell Gene Therapies (Kymriah)
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Chimeric Antigen Receptor (CAR) T-Cell Gene Therapies (Tecartus)
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Chimeric Antigen Receptor (CAR) T-Cell Gene Therapies (Breyanzi)
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Chimeric Antigen Receptor (CAR) T-Cell Gene Therapies (Abecma)
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T-cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Chimeric Antigen Receptor (CAR) T-Cell Gene Therapies (Carvykti)

Table Revision History

January 1, 2024, update:

Added (effective January 1, 2024): J1412, J1413, J3401 (J3401 not reimbursed outside inpatient DRG)

December 28, 2023, update:

Removed (effective November 1, 2023): 91312, 91313, 91314, 91315, 91316, 91317

November 30, 2023, update:

Added (effective September 11, 2023): 91318–91322

October 1, 2023, update:

Added (effective October 1, 2023): J7214

July 25, 2023, update:

Removed (effective May 22, 2023): 91303

July 1, 2023, update:

Added (effective July 1, 2023): J7213

June 13, 2023, update:

Removed (effective April 18, 2023): 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311

January 26, 2023, update:

Added (effective December 8, 2022): 91316, 91317

Removed (effective October 1, 2022): C9098

November 29, 2022, update:

Added (effective October 12, 2022): 91314, 91315

November 17, 2022, update:

Added (effective October 1, 2022): 91312, 91313

October 25, 2022, update:

Added (effective October 1, 2022): Q2056

Table Revision History

August 25, 2022, update:

Added (effective July 13, 2022): 91304

August 9, 2022, update:

Added (effective June 17, 2022): 91308, 91311

July 1, 2022, update:

Added (effective July 1, 2022): C9098

May 17, 2022, update:

Added (effective March 29, 2022): 91309

March 3, 2022, update:

Added (effective October 29, 2021): 91305

January 1, 2022, update:

Added (effective January 1, 2022): Q2055

Removed (effective January 1, 2022): C9081

November 16, 2021, update:

Added (effective October 20, 2021): 91306

Added (effective February 27, 2021): 91303

Added (effective December 18, 2020): 91301

Added (effective December 11, 2020): 91300

October 1, 2021, update:

Added (effective October 1, 2021): C9081, J1426, Q2054

Removed (effective October 1, 2021): C9075, C9076

July 1, 2021, update:

Added (effective July 1, 2021): C9075, C9076, J7168

Removed (effective July 1, 2021): C9132

May 21, 2021, update:

Removed (effective May 21, 2021): J7169

April 1, 2021, update:

Added (effective April 1, 2021): J1427, Q2053

Removed (effective April 1, 2021): C9073

February 9, 2021, update:

Added (effective January 1, 2021): C9073, J7212

August 27, 2020, update:

Clarified classification descriptions and footnote information

August 18, 2020, update:

Added (effective July 1, 2020): J0791

July 1, 2020, update:

Added (effective July 1, 2020): J1429, J3399, J7169, J7204

Removed (effective July 1, 2020): C9041, J3490 (for Zolgensma)

November 8, 2019, update:

Added (effective November 8, 2019): J3490 (for Zolgensma; not reimbursed outside inpatient DRG)

October 24, 2019, update:

Added (effective October 24, 2019): C9041

August 2, 2019, update:

Added (effective August 2, 2019): J0221 (not carved out of managed care)

July 1, 2019, update:

Added (effective July 1, 2019): J7208

Removed (effective July 1, 2019): C9141

April 1, 2019, update:

Added (effective April 1, 2019): C9141

January 1, 2019, update:

Added (effective January 1, 2019): J3398, J7170, J7177, J7203, Q2042

Removed (effective January 1, 2019): C9032, C9468, Q2040, Q9995

Table Revision History

July 1, 2018, update:

Added (effective July 1, 2018): C9032, Q9995
Removed (effective July 1, 2018): J7199 (for Hemlibra)

June 1, 2018, update:

Added (effective June 1, 2018): J7186

Created table May 1, 2018:

Added (effective May 1, 2018, for managed care carve-out; reimbursement separate from DRG already in effect):
C9132, C9468, J7175, J7178–J7183, J7185, J7187–J7195, J7198, J7199 (for Hemlibra), J7200–J7202, J7205, J7207,
J7209–J7211
Added (effective April 1, 2018): Q2041
Added (effective January 1, 2018): J1428, J2326, Q2040
Omitted (applicable for table from January 1, 2018, through March 31, 2018): J9999 (for Yescarta)