

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201542 JUNE 30, 2015

IHCP announces coverage of Retisert for the treatment of chronic posterior uveitis

Effective August 1, 2015, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code J7311 – *Fluocinolone acetonide, intravitreal implant* (Retisert®) for the treatment of chronic posterior uveitis. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies to dates of service (DOS) on or after August 1, 2015.

The following reimbursement information applies:

Pricing: Max fee

Prior Authorization: This procedure is subject to prior authorization (PA) with the following criteria:

- Member must have a diagnosis of chronic noninfectious posterior uveitis having lasted at least one year.
- Member must have previously failed conventional treatments, including peri-ocular injections or corticosteroid therapy.

Billing Guidance: The following billing guidelines apply:

- Limited to one unit per DOS.
- May be billed, as appropriate, with revenue code 636 – *Drugs requiring detailed coding for separate reimbursement in an outpatient setting*.
- Must be billed with a National Drug Code (NDC).
- HCPCS code J7311 should not be billed for the treatment of diabetic macular edema. In *IHCP Bulletin [BT201522](#)*, the IHCP announced coverage of HCPCS code C9450 – *Injection, fluocinolone acetonide intravitreal implant, 0.01 mg* (Iluvien®) for the treatment of diabetic macular edema, effective for DOS on or after April 1, 2015. See the bulletin for coverage details.

This coverage change will be reflected in the next monthly update to the [Fee Schedule](#) and added to the *Optometrist and Procedure Codes that Require NDCs* code sets on the [Code Sets](#) page at indianamedicaid.com. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system.

Questions about FFS-PA should be directed to ADVANTAGE Health SolutionsSM at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the risk-based managed care (RBMC) delivery system. Questions about RBMC-PA should be directed to the MCE with which the member is enrolled.



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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