# IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS

BR202208

**FEBRUARY 22, 2022** 

# **IHCP to cover HCPCS code J1437**

Effective March 24, 2022, the Indiana Health Coverage Programs (IHCP) will cover Healthcare Common Procedure Coding System (HCPCS) code J1437 - Injection, ferric derisomaltose, 10 mg.

Coverage for this physician-administered drug (PAD) applies to all IHCP programs, subject to limitations established for certain benefit packages, and for 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 March 24, 2022.



The following reimbursement information applies:

- Pricing: Maximum fee of \$25.87
- Prior authorization (PA): None required
- Billing guidance:
  - Must be billed with the National Drug Code (NDC) of the product administered.
  - Separate reimbursement 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 applies 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 reimbursement, PA and billing 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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