



NETWORK *Notification*

Notice Date: March 16, 2021
To: Indiana Medicaid Providers
From: CareSource
Subject: Pharmacy Carve-Out Drugs

Summary

On Feb. 9, 2021, the Indiana Health Coverage Programs (IHCP) published bulletin [BT202109](#) with information on Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group. The code table with billing guidance can be found [here](#). These medications should not be billed to the managed care organizations (MCOs) and claims for the medication should be billed directly to the fee-for-service vendor, Gainwell Technology.

Impact

Below is a table of newly covered procedure codes carved out of managed care and reimbursable outside the inpatient DRG, effective for DOS on or after Jan. 1, 2021.

Procedure Code	Description
C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 microgram

Questions?

Questions about fee-for-service should be directed to Gainwell Technologies at 1-800-457-4584, option 7. CareSource establishes and publishes reimbursement, prior authorizations and billing information applicable to the members assigned to the CareSource HIP and Hoosier Healthwise care delivery system. Questions about managed care prior authorizations should be directed to Provider Services at **1-844-607-2831**, or your Indiana [Provider Engagement Specialist](#). Note that the procedure codes carved out of managed care will follow fee-for-service guidance.

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