



NETWORK *Notification*

Notice Date: January 14, 2026
To: Indiana Medicaid Providers
From: CareSource
Subject: Stand-Alone Chemotherapy and Radiation Services

Summary

In accordance with Indiana Health Coverage Programs (IHCP) Outpatient Facility Services reference module, CareSource would like to remind providers of billing guidance regarding Stand-Alone Chemotherapy and Radiation Services.

Importance

Providers should bill all outpatient facility chemotherapy and radiation treatment services on the institutional claim (UB-04 claim form or electronic equivalent).

Chemotherapy services consist of five components that are separately reimbursable when billed as follows:

- Administration of chemotherapy agent – Bill using revenue codes 331, 332 or 335, along with the appropriate chemotherapy CPT codes (96401 through 96549).
- Chemotherapy agent – Bill using revenue code 636 – Drugs Requiring Detailed Coding, along with the appropriate Healthcare Common Procedure Coding System (HCPCS) code. Preparation of chemotherapy agents is included in the service for administration of the agent.
- IV solution – Bill using revenue code 258.
- IV equipment – Bill using revenue code 261. No reimbursement will be made for other revenue codes associated with supplies.
- Treatment room services – Bill using revenue codes 45X, 48X, 51X, 52X or 76X.

Radiation treatment services consist of two components that are separately reimbursable when billed as follows:

- Administration of radiation treatment – Bill using revenue codes 330, 333 or 339, along with the appropriate radiation treatment CPT code (77261 through 77799).
- Treatment room services – Bill using revenue codes 45X, 48X, 51X, 52X or 76X.

Questions?

Please contact Health Partner Services at **1-844-607-2831**, available Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET)/7 a.m. to 7 p.m. Central Time (CT).

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