



NETWORK *Notification*

Notice Date: February 18, 2026
To: Ohio Medicaid Providers
From: CareSource
Subject: Ohio Medicaid Coverage of Itvisma
Effective Date: December 29, 2025

Summary

The Ohio Department of Medicaid (ODM) added coverage for Itvisma® (onasemnogene abeparvovec-brve) under the Ohio Medicaid Fee-for-Service (FFS) medical benefit, including coverage for Medicaid Managed Care enrollees. Claims guidance provided explains how coverage of the drug is handled in the managed care delivery system.

Impact

Managed care organizations (MCOs) are required to cover, and provide payment for, all medically necessary inpatient or outpatient hospital claims associated with the treatment of these individuals. Regardless of the setting and the payer (FFS or Managed Care), **this therapeutic agent must be prior authorized through FFS**. The approved prior authorization will be shared with the appropriate MCO for care management purposes.

The guidance below provides claim guidance for the outpatient and inpatient hospital setting.

Outpatient Hospital Setting

- The hospital submits all services, except for the medication provided on the date(s) of service on an outpatient claim to the recipient's MCO prior to submitting the medication claim to fee-for-service.
- The hospital submits a fee-for-service outpatient claim for the medication and only bills for drug acquisition charges on revenue code 631 with J3490 or J3590 and medication-specific NDC.

Inpatient Hospital Setting

- The hospital submits an inpatient claim for admission, except for the medication, to the recipient's MCO prior to submitting the medication claim to fee-for-service.
- The hospital submits a fee-for-service outpatient claim for the medication and only bills for drug acquisition charges on revenue code 631 with J3490 or J3590 and medication-specific NDC.

Questions for CareSource?

Please contact Provider Services at **1-800-488-0134**. We are open Monday through Friday, 7 a.m. to 8 p.m. Eastern Time (ET).

OH-MED-P-5043756