



**BlueCross BlueShield
of Texas**

Non-Risk Based Status for Viltepso – Texas Medicaid

What's changing?

Effective Jan. 1, 2021, Viltepso, a Duchenne muscular dystrophy (DMD) treatment, will be reimbursed as a non-risk-based payment for Texas Medicaid. As a clinician-administered drug benefit of Medicaid, Viltepso was billed under the Healthcare Common Procedure Code (HCPCS) C9071 with an effective date of Jan. 1, 2021. A new permanent HCPCS code **J1427**, will be used starting April 1, 2021.

Beginning April 1, 2021, BCBSTX will not accept HCPCS code C9071, providers must use HCPCS code **J1427** when submitting claims for Viltepso.

Payment Information:

The following applies:

- Payments are limited to the actual amount paid to providers for the cost of ingredients of the drugs, up to the fee-for-service reimbursement amount.
- Drug administration is included in the capitation rate and is **not included** in the non-risk-based payment.
- The correct HCPCS code and NDC code must be billed to be eligible for non-risk-based payment.
- Dates of services as of Jan. 1, 2021 and after, payments will apply to medical encounters.
- HCPCS Code **J1427** is the permanent code as of April 1, 2021.
- Fee-for-service rate is **\$60.51** per HCPCS unit.

Questions

You can contact our BCBSTX Medicaid Provider Service Center at 1-877-560-8055 or contact your BCBSTX Medicaid Provider Network Representative at 1-855-212-1615.

Clinical payment and coding policies are based on using healthcare professionals and industry standard guidelines. The clinical payment and coding guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.

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