IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT2025153 OCTOBER 30, 2025

IHCP adds coverage for RSV Immunization, Enflonsia (90382)

The Indiana Health Coverage Programs (IHCP) is announcing coverage of the new respiratory syncytial virus (RSV) immunization, clesrovimab (Enflonsia) under the medical benefit.

Effective immediately, retroactive for dates of service (DOS) on and after **July 1, 2025,** Current Procedural Terminology (CPT®[1]) procedure code 90382 – *Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use* is covered for members age 0 to < 8 months (see Table 1).This coverage applies to both the fee-for-service (FFS) and managed care delivery systems. Prior authorization (PA) and National Drug Code (NDC) are not required.

Because Enflonsia is included in the Vaccines for Children (VFC) program, providers are instructed to bill for the administration of this drug using modifier SL along with the appropriate CPT code (see Table 2). Providers will receive reimbursement for administration only; CPT code 90382 reimburses at $0.

The FFS claim-processing system has been updated. FFS professional and institutional outpatient claims for this service submitted with DOS on or after **July 1, 2025**, will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Dec. 8, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocessed denied claims).

Alternatively, if providers want to submit or resubmit claims retroactively for this procedure code (along with the applicable revenue code for the outpatient claims), they can do so within 90 days of this publication for managed care claims, or 180 days of this publication date for FFS claims, to satisfy timely filing requirements. Claims submitted beyond the standard filing limit must include a copy of this bulletin (first page only) as an attachment.

This change will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the *IHCP Fee Schedules* webpage at in.gov/medicaid/providers.

Table 1 – Newly covered procedure code for Enflonsia, effective for DOS on or after July 1, 2025

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 ml, for intramuscular use	Covered	No	No	$0.00 Covered for members age 0 to < 8 months old For VFC billing guidance see, *IHCP Bulletin BT201960*

Table 2 – Procedure codes and modifiers to be used for administration of Enflonsia

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
96380 SL	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Covered	No	No	Max fee: $15 For VFC billing guidance, see *BT201960*
96381 SL	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection.	Covered	No	No	Max fee: $15 For VFC billing guidance, see *BT201960*

For more information

This billing and reimbursement information applies to services delivered under the FFS delivery system. Questions about FFS billing should be directed to Gainwell Technologies at 800-457-4584 or your Provider Relations consultant.

Within the managed care system, individual managed care entities (MCEs) establish and publish their own PA, billing and reimbursement requirements. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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