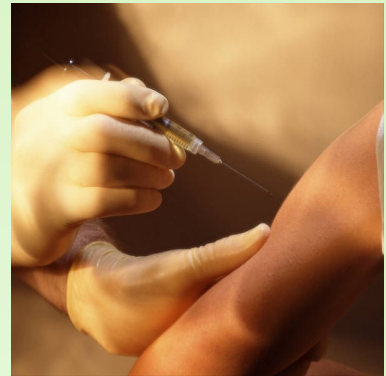


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2021100 NOVEMBER 16, 2021

IHCP to cover Covid-19 vaccine booster shots

On October 20, 2021, the U.S. Food and Drug Administration (FDA) authorized the use of the Pfizer, Moderna, and Johnson & Johnson coronavirus disease 2019 (COVID-19) vaccine booster shots. The Indiana Health Coverage Programs (IHCP) has received Current Procedural Terminology (CPT^{®1}) codes from the American Medical Association (AMA) for the administration of this additional dose.



Effective immediately, the IHCP will reimburse IHCP-enrolled providers for administration of the COVID-19 vaccine booster shots. As established in *IHCP Bulletins* [BT2020129](#), [BT202102](#) and [BT202172](#), Emergency Medical Service (EMS) providers and pharmacies will be allowed to bill the vaccine administration codes. Vaccinations can be administered to all eligible IHCP members meeting vaccine Emergency Use Authorization (EUA) criteria and any additional requirements or limitations specified by the Indiana Department of Health or the Centers for Disease Control and Prevention (CDC).

COVID-19 vaccination reimbursement is carved out of managed care benefits. Professional claims for managed care and fee-for-service (FFS) members should be submitted to the FFS claim-processing vendor, Gainwell Technologies. Pharmacy claims for managed care and FFS members should be submitted to the FFS pharmacy benefit manager, OptumRx, as announced in [BT202172](#).

COVID-19 vaccines are to be supplied free of charge, without copay, to all IHCP members, including members in limited benefit categories, such as Emergency Services Only (ESO), Family Planning Eligibility Program and all Presumptive Eligibility (PE) benefit programs. COVID-19 vaccination claims for IHCP members who are dually eligible for both Medicare and Medicaid must be billed to the member's Medicare plan provider.

The following code tables will be updated:

- *Family Planning Eligibility Program Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Preventive Care Services Excluded from Copayment for HIP and PE Adult*
- *Revenue Codes with Special Procedure Code Linkages*
- *Transportation Services Codes*

¹CPT copyright 2021 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Table 1 – Procedure codes and reimbursement for COVID-19 vaccine booster shots

Procedure code	Description	Effective date	Program coverage	PA required	Special billing instructions	Reimbursement notes
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	10/20/2021	Covered for all programs, including limited benefit programs	No	N/A	\$0.00* Linked to revenue code 636
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose	9/22/2021	Covered for all programs, including limited benefit programs	No	Pfizer booster: A single booster dose to the following individuals who have completed a primary series with Pfizer-BioNTech COVID-19 vaccine or COMIRNATY: <ul style="list-style-type: none"> • 65 years of age and older • 18 through 64 years of age at high risk of severe COVID-19 • 18 through 64 years of age with frequent institutional or occupational exposure to SARS-CoV-2 at least six months after completing the primary series 	Max Fee: \$37.21
0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage booster dose	10/20/2021	Covered for all programs, including limited benefit programs	No	Johnson & Johnson booster: A single Johnson & Johnson COVID-19 vaccine booster dose (0.5 mL) may be administered at least two months after primary vaccination with the Johnson & Johnson COVID-19 vaccine, to individuals 18 years of age and older	Max Fee: \$37.21

* Providers should note that the vaccine is available at no charge to providers at this time. Therefore, the IHCP will pay at zero until further notice.

Table 1 – Procedure codes and reimbursement for COVID-19 vaccine booster shots (Continued)

Procedure code	Description	Effective date	Program coverage	PA required	Special billing instructions	Reimbursement notes
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose	10/20/2021	Covered for all programs, including limited benefit programs	No	Moderna booster: The booster dose of the Moderna COVID-19 vaccine is 0.25 mL. A single Moderna COVID-19 vaccine booster dose (0.25 mL) may be administered intramuscularly at least six months after completing a primary series of the Moderna COVID-19 vaccine to individuals: <ul style="list-style-type: none"> • 65 years of age and older • 18 through 64 years of age at high risk of severe COVID-19 • 18 through 64 years of age with frequent institutional or occupational exposure to SARSCoV-2 	Max Fee: \$37.21

Updates to pharmacy claim processing

Effective immediately, the IHCP pharmacy benefit has made changes to its claim-processing system to reimburse for administration of an additional or “booster” dose of a COVID-19 vaccine. Pharmacy providers must submit vaccine administration pharmacy claims using point-of-sale (POS) National Council for Prescription Drug Programs (NCPDP) codes as described in Table 2.

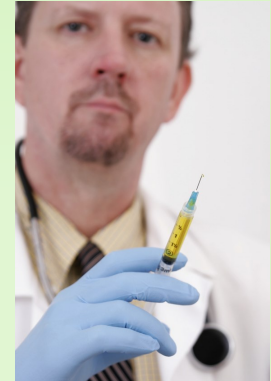
Table 2 – POS NCPDP codes and allowed amounts for vaccines

	Professional Service Code (440-E5)	Service Clarification Code (SCC, 420-DK)	Incentive Amount (Administration Fee, 438-E3)	Basis of Cost (423-DN)	Ingredient Cost (409-D9)
Moderna or Pfizer/BioNTech Vaccines					
First Dose	MA	2	\$37.21	15	\$0.00 or \$0.01
Second Dose	MA	6	\$37.21	15	\$0.00 or \$0.01
Third/“Booster” Dose	MA	7 and 10	\$37.21	15	\$0.00 or \$0.01
Johnson & Johnson Vaccine					
First Dose	MA	<blank>	\$37.21	15	\$0.00 or \$0.01
Second/“Booster” Dose	MA	<blank>	\$37.21	15	\$0.00 or \$0.01

As a result of a change in CDC COVID-19 vaccination recommendations, described as “mix and match”, pharmacy claims will reimburse for any manufactured approved vaccine for the additional or “booster” dose, regardless of the manufacturer of the vaccine administered to members for their primary dose(s).

Current COVID-19 vaccine administration pharmacy claim age limits:

- Johnson & Johnson: 18 years of age and older
- Moderna: 18 years of age and older
- Pfizer: 12 years of age and older



COVID-19 vaccine administration age limits are subject to change following updates to recommendations from the FDA and CDC, as new clinical data are evaluated. The IHCP will implement changes to age limits for pharmacy claims with dates of service on and after the date of FDA or CDC announcements and will notify providers as soon as possible in subsequent bulletins.

For more information

For information on nonpharmacy questions about COVID-19 vaccinations or this bulletin, contact Gainwell at 800-457-4584.

Please direct pharmacy questions about COVID-19 vaccinations or this bulletin to the OptumRx Clinical and Technical Help Desk by calling toll-free 855-577-6317.

Questions regarding all other pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise should be referred to the managed care entity (MCE) with which the member is enrolled.

QUESTIONS?

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

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Bulletins](#) page of the IHCP provider website at in.gov/medicaid/providers.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

