

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202126    MARCH 30, 2021

## Additional codes covered for COVID-19 vaccine and treatment

The Indiana Health Coverage Programs (IHCP) has received additional Healthcare Common Procedure Coding System (HCPCS) procedure code updates from the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA). This publication contains four new procedure codes.



Two of the new procedure codes pertain to vaccine and vaccine administration of the coronavirus disease 2019 (COVID-19) and are effective for dates of service (DOS) on or after **February 27, 2021** (see [Table 1](#)). The other two new procedure codes are for the treatment of COVID-19 and are effective for DOS on or after **February 9, 2021** (see [Table 2](#)).

As established in *IHCP Bulletin* [BT2020129](#), Emergency Medical Service (EMS) providers 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). See the [Health and Human Services \(HHS\) Guidance regarding Public Readiness and Emergency Preparedness \(PREP\) Act Coverage](#).

COVID-19 vaccination reimbursement is carved out of managed care benefits. Claims for managed care members should be submitted to the fee-for-service (FFS) claim-processing vendor, Gainwell Technologies. 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.

For special billing instructions for limited benefit programs, see Table 4 on [BT2020129](#).

The following code tables (accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers)) will be updated with changes announced in this bulletin:

- Transportation Services Codes
- Family Planning Eligibility Program Codes
- Preventive Care Services Excluded from Copayment for HIP and PE Adult
- Revenue Codes with Special Procedure Code Linkages
- Procedure Codes That Require National Drug Codes

Table 1 – New vaccine and vaccine administration codes, effective for DOS on or after February 27, 2021

Procedure code	Description	Program coverage	NDC required	Reimbursement notes
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use	Covered for all programs, including limited benefit programs	No	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.  Linked to revenue code 636  Carved out of managed care and reimbursable outside the inpatient DRG
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, single dose	Covered for all programs, including limited benefit programs	No	<i>Professional and Outpatient Claims:</i> \$37.21 (rate effective 3/17/21) \$26.11 (rate effective 2/27/21 through 3/16/21)  Allowed for EMS providers (provider specialty 260)  Carved out of managed care and reimbursable outside the inpatient DRG

Table 2 – New HCPCS codes for treatment of COVID-19, effective for DOS on or after February 9, 2021

Procedure code	Description	Program coverage	NDC required	Reimbursement notes
Q0245*	Injection, bamlanivimab and etesevimab, 2100 mg	Covered	Yes	Providers should note that these drugs are available at no charge to providers at this time. Therefore, the IHCP will pay zero until further notice.  Linked to revenue code 636
M0245*	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	Covered	No	<i>Professional Claim:</i> \$278.98  <i>Outpatient Claim:</i> \$309.60  Restricted to Ages 12 and up  Linked to revenue code 636

\*Q0245 is to be billed if both bamlanivimab and etesevimab are administered to a patient. M0245 is used to bill the administration of the combination of bamlanivimab and etesevimab. Etesevimab must be administered with bamlanivimab per the Food and Drug Administration (FDA) EUA. If both drugs are administered to a patient, both drugs are included in the same infusion. Therefore, if both drugs are administered, M0245 must be billed for that administration.

If bamlanivimab alone is administered to a patient, providers should bill procedure code M0239 – *Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring.*

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