

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2022101 NOVEMBER 17, 2022

IHCP adds coverage for COVID-19 booster vaccines and administration

The Indiana Health Coverage Programs (IHCP) has added coverage for new Pfizer and Moderna bivalent booster vaccines and administration for the prevention of coronavirus disease 2019 (COVID-19). Pharmacy billing and reimbursement for these services was announced in *IHCP Bulletin* [BT202279](#). Coverage under either the medical or pharmacy benefit is retroactive for claims with dates of service (DOS) on or after **Aug. 31, 2022**.

The Current Procedural Terminology (CPT^{®1}) Editorial Panel has approved new vaccine administration codes and vaccine product codes for the bivalent booster, as shown in Table 1. The new Moderna codes (91313 and 0134A) are covered for members age 18 years and older. The new Pfizer codes (91312 and 0124A) are covered for members age 12 and older. The new codes are effective



immediately and covered for DOS on or after **Aug. 31, 2022**. Any claims for these codes submitted on or after Aug. 31, 2022, that have denied in error will be reprocessed. Prior authorization (PA) is not required.

As established in previous *IHCP Bulletins*, Emergency Medical Services (EMS) providers ([BT2020129](#)), pharmacy providers ([BT2020127](#), [BT202102](#)), and federally qualified health center (FQHC) and rural health clinic (RHC) providers ([BT202112](#)) are allowed to bill for COVID-19 vaccine administration. In addition, Family Supports Waiver (FSW) and Community Integration and Habilitation (CIH) Waiver providers ([BT202129](#)) are allowed to bill COVID-19 vaccine and administration codes, with modifier U7 appended. Vaccinations can be administered to all eligible IHCP members meeting vaccine Emergency Use Authorization (EUA) criteria and Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) age and dosing interval recommendations. Any additional requirements or limitations specified by the Indiana Department of Health (IDOH) or CDC must also be met.

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.

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). 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.

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The new codes will be reflected in the next regular update to the Professional Fee Schedule and the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Updates will be made to the following code tables, accessible from the [Code Sets](#) page at in.gov/medicaid/providers:

- *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 Healthy Indiana Plan and Presumptive Eligibility - Adult*
- *Revenue Codes with Special Procedure Code Linkages*
- *Transportation Service Codes*

Table 1 – Newly covered COVID-19 vaccine booster and administration codes, effective for DOS on or after Aug. 31, 2022

| Procedure code | Description | Program coverage | Reimbursement notes |
|----------------|--|--|---|
| 91312 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | Covered for all programs, including limited benefit programs | Max Fee: \$0.00* Covered for members age 12 years and older Allowed for FSW and CIH Waiver providers (specialties 359 and 360) when billed with modifier U7 Linked to revenue code 636 |
| 91313 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | Covered for all programs, including limited benefit programs | Max Fee: \$0.00* Covered for members age 18 years and older Allowed for CIH Waiver (provider specialty 359) and FSW (provider specialty 360) when billed with modifier U7 Linked to revenue code 636 |
| 0124A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose | Covered for all programs, including limited benefit programs | Max Fee: \$36.90 Covered for members age 12 years and older Allowed for CIH Waiver (provider specialty 359) and FSW (provider specialty 360) when billed with modifier U7 Allowed for Ambulance (provider specialty 260) Linked to revenue code 636 |
| 0134A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose | Covered for all programs, including limited benefit programs | Max Fee: \$36.90 Covered for members age 18 years and older Allowed for CIH Waiver (provider specialty 359) and FSW (provider specialty 360) when billed with modifier U7 Allowed for Ambulance (provider specialty 260) Linked to revenue code 636 |

**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.*

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