

IHCP *bulletin*

Note: This bulletin has been corrected. The ages covered through the VFC program are for members ages 6 weeks through 18 years.

INDIANA HEALTH COVERAGE PROGRAMS BT2023103 AUGUST 22, 2023

IHCP expands coverage for Vaxneuvance to the pediatric population

On June 17, 2022, the U.S. Food and Drug Administration (FDA) expanded the allowable age range for the Vaxneuvance pneumococcal 15-valent conjugate vaccine (PCV15) to the pediatric population: [VAXNEUVANCE](#).

Additionally, on June 22, 2022, the Advisory Committee on Immunization Practices (ACIP) with the Centers for Disease Control and Prevention (CDC) provided its recommendation for use in children who meet medically indicated criteria: [GRADE: PCV15 use in children aged <2 years](#).



Effective immediately, for dates of service (DOS) on or after **June 17, 2022**, the Indiana Health Coverage Programs (IHCP) will reimburse IHCP-enrolled providers for procedure code 90671 – *Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use* for members when administered to members 6 weeks of age and older. Any claims submitted for DOS on or after **June 17, 2022**, that have denied in error will be reprocessed.

Prior authorization and National Drug Code (NDC) are not required. This code has a quantity limit of one dose per member per lifetime for adult members, and a quantity limit of four doses per member per lifetime as recommended by the ACIP through the Vaccines for Children (VFC) program.

The updated code age range will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Table 1 – Vaxneuvance procedure code expanded to include ages 6 weeks and older, effective for DOS on or after June 17, 2022

Procedure code	Description	Program coverage	Reimbursement notes
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	Coverage applies to all Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits. This procedure code may not be covered under IHCP plans with limited benefits.	Max Fee: \$226.10 Covered for members ages 6 weeks and older (covered through the VFC program for members ages 6 weeks through 18 years) Linked to revenue code 636 For VFC billing guidance, see BT201960

Questions about FFS billing should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing 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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