

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023142 OCTOBER 24, 2023

IHCP adds coverage for COVID-19 vaccination and Alzheimer's treatment codes

On July 11, 2023, the Centers for Medicare & Medicaid Services (CMS) released seven additional Healthcare Common Procedure Coding System (HCPCS) codes for coverage after the 2023 July quarterly code update was completed.

COVID-19 vaccination

Effective immediately, retroactive for dates of service (DOS) on or after **April 18, 2023**, the Indiana Health Coverage Programs (IHCP) will reimburse enrolled providers for the Pfizer and Moderna coronavirus disease 2019 (COVID-19) vaccine administration codes in [Table 1](#) for the ages indicated.

The claim-processing system has been updated, and claims will be mass adjusted or reprocessed. Providers should see adjusted/reprocessed claims on remittance advices (RAs) beginning Nov. 29, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or beginning with 52 (mass replacements non-check related).

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.

COVID-19 vaccinations can be administered to all eligible IHCP members meeting vaccine Emergency Use Authorization (EUA) criteria and Centers for Disease Control (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), CDC, or Health and Human Services (HHS) Public Readiness and Emergency Preparedness (PREP) Act must also be met.

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. Prior authorization (PA) is not required for COVID-19 vaccination.



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, Optum Rx.

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

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

- *COVID-19 Vaccination Codes*
- *Family Planning Eligibility Program Codes*
- *Revenue Codes With Special Procedure Code Linkages*
- *Transportation Services Codes*

Table 1 – New COVID-19 vaccine and administration procedure codes, effective for DOS on or after Dec. 8, 2022

Procedure code	Description	Program coverage	PA required	NDC required	Reimbursement notes
0121A	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; single dose	Covered for all programs, including limited benefit programs	No	No	Max Fee: \$38.95 Restricted to ages 12 years and older For use with Pfizer vaccine code 91312 Linked to revenue code 636
0141A	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, 25 mcg/0.25 ml dosage; first dose	Covered for all programs, including limited benefit programs	No	No	Max Fee: \$38.95 Restricted to ages 6 months through 11 years For use with Moderna vaccine code 91314 Linked to revenue code 636
0142A	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, 25 mcg/0.25 ml dosage; second dose	Covered for all programs, including limited benefit programs	No	No	Max Fee: \$38.95 Restricted to ages 6 months through 11 years For use with Moderna vaccine code 91314 Linked to revenue code 636

Table 1 – New COVID-19 vaccine and administration procedure codes, effective for DOS on or after Dec. 8, 2022 (Continued)

Procedure code	Description	Program coverage	PA required	NDC required	Reimbursement notes
0151A	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, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; single dose	Covered for all programs, including limited benefit programs	No	No	Max Fee: \$38.95 Restricted to ages 5 through 11 years For use with Pfizer vaccine code 91315 Linked to revenue code 636
0171A	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, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Covered for all programs, including limited benefit programs	No	No	Max Fee: \$38.95 Restricted to ages 6 months through 4 years For use with Pfizer vaccine code 91317 Linked to revenue code 636
0172A	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, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Covered for all programs, including limited benefit programs	No	No	Max Fee: \$38.95 Restricted to ages 6 months through 4 years For use with Pfizer vaccine code 91317 Linked to revenue code 636

Alzheimer's disease treatment

Effective immediately, retroactive for DOS on or after **July 6, 2023**, the IHCP will cover HCPCS code J0174 – *Injection, lecanemab-irmb, 1 mg* for the treatment of Alzheimer's disease. See Table 2.

Coverage applies to Traditional Medicaid and all Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise benefit plans. This service may not be covered under other IHCP plans with limited benefits.

Table 2 – Newly covered code to treat Alzheimer's disease, effective for DOS on or after July 6, 2023

Procedure code	Description	Program coverage	PA required	NDC required	Reimbursement notes
J0174	Injection, lecanemab-irmb, 1 mg	Covered for most programs, but may not be covered under IHCP plans with limited benefits	Yes	Yes	Max Fee: \$1.34 Restricted to ages 50 through 90 years Linked to revenue code 636

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

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

- *Revenue Codes With Special Procedure Code Linkages*
- *Procedure Codes That Require National Drug Codes*

The claim-processing system has been updated, and claims will be mass adjusted or reprocessed. Providers should see adjusted/reprocessed claims on remittance advices (RAs) beginning Nov. 29, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims) or beginning with 52 (mass replacements non-check related).

Reimbursement, PA and billing information apply to services delivered under the FFS delivery system. Questions about FFS reimbursement and billing should be directed to Gainwell Technologies at 800-457-4584. Questions about PA for FFS services should be directed to Kepro Customer Service at 866-725-9991.

Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing information within the managed care delivery system. Questions about managed care reimbursement, PA and 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.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [IHCP 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.

