IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT2023144 OCTOBER 26, 2023

IHCP expands coverage for Prevnar 20 to the pediatric population

On April 27, 2023, the U.S. Food and Drug Administration (FDA) expanded the allowable age range for the Prevnar 20 (PCV 20) pneumococcal conjugate vaccine to the pediatric population (see the FDA announcement).

Effective immediately, for dates of service (DOS) on and after **April 27, 2023**, the Indiana Health Coverage Programs (IHCP) covers the administration of procedure code 90677 – *Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use* for members ages 6 weeks and older (see Table 1). Any claims submitted for DOS on or after **April 27, 2023**, that have denied in error will be reprocessed. Previous coverage for procedure code 90677 was limited to members ages 18 and older, as announced in *IHCP Banner Page BR202216*.



This vaccine is available through the Vaccines for Children (VFC) program; therefore, when administered to members ages 6 weeks through 18 years, IHCP reimbursement is limited to the administration fee only. Effective for dates of service on or after **June 22**, **2023**, due to vaccine availability through the VFC, the IHCP reimburses PVC 20 vaccine at \$0 for members ages 6 weeks through 18 years.

Prior authorization (PA) and National Drug Code (NDC) are not required. This procedure code has a quantity limit of one dose per member per lifetime for ages 6 and older, and a quantity limit of four doses per member per lifetime for ages 6 weeks through 5 years as recommended by the Advisory Committee on Immunization Practices (ACIP).

Table 1 – Prevnar 20 coverage expanded to include ages 6 weeks and older, effective for DOS on or after April 27, 2023

Procedure code	Description	Program coverage	Reimbursement notes
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits	Max Fee: \$265.87 Covered for members ages 6 weeks and older Linked to revenue code 636 Reimburses at \$0 for members ages 6 weeks through 18 years, due to availability through the VFC, effective June 22, 2023. For VFC billing guidance, see BT201960

Claims will be reprocessed if they were processed during the indicated time frame and previously denied in error for explanation of benefits (EOB) 4034 - Service billed not compatible with member's age. Providers should see the reprocessed claims on remittance advices (RAs) beginning Nov. 29, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

Questions about fee-for-service (FFS) reimbursement and billing should be directed to Gainwell Technologies at 800-457-4584. Individual managed care entities (MCEs) establish and publish reimbursement 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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