

IHCP updates billing guidance for Novavax COVID-19 vaccination

On Oct. 3, 2023, the U.S. Food and Drug Administration (FDA) amended the emergency use authorization (EUA) of the Novavax coronavirus disease 2019 (COVID-19) vaccine to include the 2023-2024 formula (see [FDA news release](#)). The original Novavax monovalent formula is no longer authorized for use.

Additionally, effective Oct. 31, 2023, the Centers for Medicare & Medicaid Services (CMS) has announced that they will no longer reimburse providers for the previously payable Novavax COVID-19 vaccine administration codes (see [CMS newsletter](#)). See Table 1 for the codes no longer reimbursable.

Effective immediately, for dates of service (DOS) on or after **Nov. 1, 2023**, the Indiana Health Coverage Programs (IHCP) covers the updated Novavax COVID-19 vaccine (2023-2024 formula) for members 12 years of age and older. The updated vaccine is billed using Current Procedural Terminology (CPT^{®1}) code 91304, which is the same code used for the original formula (as announced in *IHCP Bulletin BT202267*). See [Table 2](#) for updated reimbursement information regarding this procedure code.



The IHCP reimburses enrolled providers for the administration of the Novavax COVID-19 vaccine 2023-2024 formula when billed with the universal COVID-19 vaccine administration code (effective for DOS on or after **Sept. 11, 2023**) 90480 – *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose*. All other Novavax administration codes will no longer be reimbursable. Any claims adjudicated incorrectly will be reprocessed.

Prior authorization (PA) and National Drug Code (NDC) are not required.

Table 1 Novavax COVID-19 vaccine administration codes no longer reimbursable for DOS on or after Nov. 1, 2023 (replaced with CPT code 90480)

Procedure code	Description
0041A	Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose
0042A	Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose
0044A	Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5mcg/0.5 mL dosage, booster dose

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Table 2 – Novavax COVID-19 vaccine code with updated pricing, effective for DOS on or after Oct. 31, 2023

Procedure code	Description	PA required	NDC required	Special billing information
91304 (2023-2024 formula)	Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	No	No	Max fee: \$136.50 Covered for members 12 years and older, including those with limited benefit plans Reimburses at \$0 for members ages 12 years through 18 years, due to availability through the VFC, effective June 22, 2023. For VFC billing guidance, see BT201960 . Linked to revenue code 636

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

- *COVID-19 Vaccination Codes*
- *Family Planning Eligibility Program Codes*
- *Preventive Care Services Exempt From Copay for Healthy Indiana Plan and Presumptive Eligibility – Adult*
- *Revenue Codes With Special Procedure Code Linkages*
- *Transportation Services Codes*

Professional or outpatient fee-for-service (FFS) claims submitted between July 1, 2023, and Oct. 31, 2023, may have processed incorrectly or been denied with explanation of benefits (EOB) code 9806 – *Pricing Adjustment – Payment Reduced Due*. Affected claims will be mass adjusted or reprocessed.

The claim-processing system has been corrected. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Jan. 31, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

COVID-19 vaccination reimbursement is carved out of managed care benefits. This billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement information within the managed care delivery system. Questions about managed care PA, billing and reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

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