

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202333    APRIL 25, 2023

## Booster administration of Pfizer COVID-19 bivalent vaccine covered for ages 6 months through 4 years

Effective March 14, 2023, the U.S. Food and Drug Administration (FDA) amended the Emergency Use Authorization (EUA) of the Pfizer-BioNTech coronavirus disease 2019 (COVID-19) bivalent vaccine to provide for a single booster dose of the vaccine in children 6 months through 4 years of age at least two months after completion of primary vaccination with three doses of the monovalent (single strain) Pfizer-BioNTech COVID-19 vaccine (see [Coronavirus \(COVID-19\) Update: FDA Authorizes Bivalent Pfizer-BioNTech COVID-19 Vaccine as Booster Dose for Certain Children 6 Months through 4 Years of Age](#) at [fda.gov](#)).

The Current Procedural Terminology (CPT<sup>®1</sup>) Editorial Panel has approved a new vaccine administration code: 0174A – *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; booster dose.*

This booster code is to be billed with previously established Pfizer-BioNTech vaccine CPT code 91317 – *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, for intramuscular use.*



Effective immediately, for dates of service (DOS) on and after **March 14, 2023**, the Indiana Health Coverage Programs (IHCP) will reimburse IHCP-enrolled providers for the administration of Pfizer COVID-19 bivalent booster vaccine to members ages 6 months through 4 years who have completed a primary COVID-19 vaccination series. Prior authorization is not required.

The claim-processing system has been updated to include coverage for CPT code 0174A as indicated in [Table 1](#).

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 EUA criteria and the 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, or *Health and Human Services (HHS) Public Readiness and Emergency Preparedness (PREP) Act* must also be met.

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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.

COVID-19 vaccines are to be supplied free of charge, without copay, to all IHCP members, including members in limited benefit categories. 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.

The new code 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](http://in.gov/medicaid/providers).

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

- *Revenue Codes With Special Procedure Code Linkages*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Transportation Services Codes*

*Table 1 – Newly covered procedure code and reimbursement for Pfizer-BioNTech vaccine administration, effective for DOS on or after March 14, 2023*

Procedure code	Description	Program coverage	Reimbursement notes
0174A	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; booster dose	Covered for all programs that serve this age group, including limited-benefit programs	Max Fee: \$38.95 Covered for members ages 6 months through 4 years Linked to revenue code 636

**QUESTIONS?**

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