

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024149    SEPTEMBER 24, 2024

## IHCP adds coverage for tick-borne encephalitis vaccines

The Indiana Health Coverage Programs (IHCP) is adding coverage to the medical benefit for tick-borne encephalitis virus vaccines, retroactive to **Oct. 1, 2023**. This coverage change is based on [guidance from the Centers for Medicare & Medicaid Services](#) (CMS) related to requirements in Section 11405 of the *Inflation Reduction Act* (IRA). The IHCP pharmacy benefit has included coverage for this vaccine since Oct. 1, 2023.



Effective immediately, retroactive for dates of service on or after **Oct. 1, 2023**, the IHCP medical benefit covers Current Procedural Terminology (CPT<sup>®1</sup>) codes 90626 – *Inactivated tick-borne encephalitis virus vaccine, 0.25 mL dosage, for intramuscular use* and 90627 – *Inactivated tick-borne encephalitis virus vaccine, 0.5 mL dosage, for intramuscular use*, as shown in Table 1.

Prior authorization (PA) is not required. For institutional outpatient claims, separate reimbursement is available for CPT codes 90626 and 90627 when billed in conjunction with revenue code 636 – *Drugs requiring detailed coding*. National Drug Codes (NDCs) are not required on claims for CPT codes 90626 or 90627.

The fee-for-service (FFS) claim-processing system has been updated. Providers can resubmit claims, or claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Oct. 30, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocessed denied claims).

*Table 1 – Newly covered procedure codes for tick-borne encephalitis vaccines, effective for DOS on or after Oct. 1, 2023*

Procedure code	Description	Program coverage	PA required	NDC required	Special billing information
90626	Inactivated tick-borne encephalitis virus vaccine, 0.25 mL dosage, for intramuscular use	Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; may not be covered under IHCP plans with limited benefits	No	No	Max fee: \$303.90*  Linked to revenue code 636
90627	Inactivated tick-borne encephalitis virus vaccine, 0.5 mL dosage, for intramuscular use	Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; may not be covered under IHCP plans with limited benefits	No	No	Max fee: \$303.90*  Linked to revenue code 636

*\*Because this vaccine is available through the Vaccines for Children (VFC) program, IHCP reimbursement is limited to the administration fee only when it is provided to members under 19 years of age. For VFC billing guidance, see IHCP Bulletin [BT201960](#).*

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If providers need to submit any claims retroactively, they can submit claims to the IHCP within 90 days from the date of this publication for managed care claim submission, or 180 days of this publication date for FFS claim submission, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

This change 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](https://in.gov/medicaid/providers).

The codes will also be added to *Revenue Codes with Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at [in.gov/medicaid/providers](https://in.gov/medicaid/providers).

### For more information

Coverage applies to both managed care and FFS delivery systems.

Questions about FFS medical billing and reimbursement should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). Questions about FFS pharmacy billing should be directed to Optum Rx Clinical and Technical Help Desk at 855-577-6317.

Within the managed care delivery system, individual managed care entities (MCEs) establish and publish their own billing and reimbursement requirements. Questions about managed care billing and reimbursement 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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