

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202419 FEBRUARY 20, 2024

IHCP mass adjusts or reprocesses claims for COVID-19 vaccine and administration codes

The Indiana Health Coverage Programs (IHCP) has made several updates to the Core Medicaid Management Information System (*CoreMMIS*) for the coronavirus disease 2019 (COVID-19) vaccine and administration codes listed in [Table 1](#). Coverage has been added and pricing updated. These updates are effective immediately, retroactive to dates of service (DOS) on or after **Sept. 11, 2023**.

Added coverage

IHCP Bulletin [BT2023165](#) announced coverage and billing information for the COVID-19 vaccine and administration codes listed in Table 1. The coverage information has been added to *CoreMMIS*. The IHCP will mass adjust or mass reprocess, as applicable, claim details for these codes that denied for explanation of benefits (EOB) 4801 – *Procedure code not covered for benefit plan*.



Revised reimbursement rates

The IHCP revised the rates for the COVID-19 vaccine administration code 90480 and for vaccine code 91322, as indicated in Table 1. The revised rate is retroactive to initial effective date for these codes, Sept. 11, 2023.

FQHC and RHC reimbursement

COVID-19 vaccine products are **not** carved out of the prospective payment system (PPS) rate for federally qualified health centers (FQHCs) and rural health clinics (RHCs). FQHC and RHC claims for COVID-19 vaccine codes 91318–91322 are reimbursed at \$0, because payment for the vaccine is included in the PPS rate. Any FQHC or RHC claims for these codes that were paid outside of the PPS rate will be recouped.

The COVID-19 vaccine administration fee **is** carved out of the PPS rate for FQHCs and RHCs. FQHC and RHC claims for procedure code 90480 continue to be reimbursed at the rate indicated in Table 1, when billed on a claim without the T1015 encounter code and with place of service (POS) code 71 – *Public health clinic*.

Additionally, the COVID-19 vaccine administration is carved out of the managed care delivery system and should be billed as fee-for-service (FFS) for all IHCP members. The IHCP will mass adjust or mass reprocess, as applicable, FQHC and RHC claims for COVID-19 vaccine administration code 90480 that denied with EOB 2017 – *The member is enrolled in the risk based managed care portion of the Hoosier Healthwise Program or has been identified as a member of the Hoosier Care Connect Program. The member must seek care from the appropriate managed care entity*.

Table 1 – COVID-19 vaccine and administration codes, with revised rates effective for DOS on or after Sept. 11, 2023

Procedure code	Description	Previous rate	Revised rate
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	\$38.75	\$38.95
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	\$60.37	N/A
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	\$80.85	N/A
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID -19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use	\$120.75	N/A
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 ml dosage, for intramuscular use	\$134.40	N/A
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 ml dosage, for intramuscular use	\$134.50	\$134.40

More information

The claim-processing system has been updated. Applicable claim details adjudicated through Feb. 7, 2024, will be mass adjusted or mass reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning March 27, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check-related) or 80 (reprocessed denied claims). For claims that were underpaid, the net difference will be paid and reflected on the RA. If a claim was overpaid, the net difference appears as an accounts receivable. The accounts receivable will be recouped at 100% from future claims paid to the respective provider number.

Please direct questions to IHCP Reimbursement at FSSA.IHCPReimbursement@fssa.in.gov.

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.

