

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202431 MARCH 12, 2024

IHCP adds coverage for Beyfortus RSV vaccine administration for babies

As announced in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT2023157](#), the IHCP covers the Beyfortus respiratory syncytial virus (RSV) vaccine for members from birth to 24 months old. This bulletin announces coverage of new administration procedure codes for the Beyfortus RSV vaccine for members from birth to 24 months old for dates of service (DOS) on or after **Oct. 6, 2023**.

On Oct. 6, 2023, the American Medical Association (AMA) released two new Current Procedural Technology (CPT^{®1}) codes specific to the administration of nirsevimab (Beyfortus). These codes are listed in [Table 1](#). CPT code **96380** is used to report the counseling and administration of Beyfortus, and **96381** is used to report the administration of Beyfortus on a different date than the counseling by a physician or qualified healthcare professional (QHP). For claim DOS on or after Oct. 6, 2023, **do not** report procedure code **96372** – *Injection of a drug or substance, subcutaneous or intramuscular* for administering Beyfortus (see [Table 2](#)). For more information, see [How to use new CPT codes for administration of RSV vaccinations](#) on American Academy of Pediatrics (AAP) website at aap.org.



Additionally, because Beyfortus is included in the Vaccines for Children (VFC) program, providers are instructed to bill with appropriate SL modifier for administration of this vaccine.

Any claims submitted for DOS on or after **July 17, 2023**, and **Oct. 6, 2023**, respectively, that have denied in error will be reprocessed. Providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning April 17, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

Prior authorization (PA) and National Drug Code (NDC) are not required. The updates will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

This billing and reimbursement information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS billing should be directed to Gainwell Technologies at 800-457-4584.

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 or reimbursement should be directed to the MCE with which the member is enrolled.

¹CPT copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Table 1 – Beyfortus administration procedure codes, effective for DOS on or after Oct. 6, 2023

Procedure code/modifier	Description	Program coverage	PA required	NDC required	Special billing information
96380 SL	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	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	No	No	Max Fee: \$15 Covered for members birth to 24 months old For VFC billing guidance, see BT201960
96381 SL	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection.	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	No	No	Max Fee: \$15 Covered for members birth to 24 months old For VFC billing guidance, see BT201960

* VFC reimbursement for 96380 and 96381 is effective for DOS on or after Oct. 6, 2023.

Table 2 – Temporary Beyfortus administration procedure code, effective for DOS on July 17, 2023, through Oct. 5, 2023

Procedure code/modifier	Description	Program coverage	PA required	NDC required	Special billing information
96372 SL	Injection of drug or substance under skin or into muscle	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	No	No	Max Fee: \$15 Covered for members birth to 24 months old For VFC billing guidance, see BT201960

* VFC reimbursement for 96372 is effective **only** for DOS on July 17, 2023, through Oct. 5, 2023. Resource-based relative value scale (RBRVS) pricing remains in effect for all non-VFC program billing.

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.

