

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202529 MARCH 4, 2025

IHCP adds coverage for adjuvanted flu vaccine Flud (90653)

In accordance with [guidance from the Centers for Medicare & Medicaid Services](#) (CMS) related to requirements in Section 11405 of the *Inflation Reduction Act* (IRA), the Indiana Health Coverage Programs (IHCP) is adding coverage for the adjuvanted flu vaccine, Flud, under the medical benefit.

Effective immediately, retroactive for dates of service (DOS) on or after **Aug. 1, 2024**, Current Procedural Terminology (CPT^{®1}) procedure code 90653 – *Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use* is covered for members age 65 and older (see Table 1). This coverage applies to both the fee-for-service (FFS) and managed care delivery systems. Prior authorization (PA) and National Drug Code (NDC) are not required.



Any affected claims that denied in error, with DOS on or after Aug. 1, 2024, will be mass reprocessed. Affected FFS claims will be reprocessed on remittance advices (RAs) beginning March 27, 2025, with internal control numbers (ICNs)/ Claim IDs that begin with 52 (mass replacements non-check related) and 80 (reprocessed denied claims).

If providers want to submit or resubmit any claims retroactively, they can submit claims within 90 days from the date of this publication for managed care claims, or 180 days of this publication date for FFS claims, 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, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Table 1 – Newly covered procedure code for Flud vaccine, effective for DOS on or after Aug. 1, 2024

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	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: \$76.24 Limited to members age 65 and older

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For more information

Questions about FFS billing and reimbursement under the medical benefit should be directed to Gainwell Technologies at 800-457-4584 or your [Provider Relations consultant](#).

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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