

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202547 APRIL 17, 2025

IHCP revises reimbursement criteria for monkeypox vaccine (90611)

The Indiana Health Coverage Programs (IHCP) is announcing a revision to reimbursement previously announced in *IHCP Bulletin* [BT202299](#) for monkeypox vaccine. The JYNNEOS vaccine (Current Procedural Terminology [CPT®¹] code 90611) is now commercially available. This change is in response to guidance announced from the Centers for Disease Control and Prevention (CDC): [Vaccine for Mpxv Prevention in the United States](#).

Effective immediately, retroactive for dates of service (DOS) on or after **April 1, 2024**, the IHCP will reimburse providers for procedure code 90611 in accordance with the current reimbursement rates (see Table 1). Prior authorization (PA) and National Drug Code (NDC) are not required for this service.



The ACAM2000 vaccine (CPT code 90622 – *Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use*) still remains available via national stock; therefore, no changes to reimbursement will occur. See [BT202299](#) for billing information.

If providers want to submit or resubmit any claims for code 90611 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 fee-for-service (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.

The reimbursement change for procedure code 90611 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.

Table 1 – Updated reimbursement for procedure code 90611, effective for DOS on or after April 1, 2024

Procedure code	Code description	Program coverage	PA required	NDC required	Special billing information
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	Covered for all programs that serve this age group, including limited benefit programs	No	No	Max fee: \$283.50 Covered for members 18 years of age and older Requires administration of two doses 28 days apart Linked to revenue code 636

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For more information

The billing and reimbursement information in this bulletin applies to services delivered under the FFS delivery system. Questions about FFS billing and reimbursement under the medical benefit should be directed to Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#). For questions regarding FFS billing or reimbursement under the FFS pharmacy benefit, contact Optum Rx at 855-577-6317.



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