

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2026182 OCTOBER 29, 2026

COVID-19 vaccine administration to no longer be carved out of managed care

Beginning Jan. 1, 2027, coronavirus disease 2019 (COVID-19) vaccines and vaccine administration services for members enrolled in the Healthy Indiana Plan (HIP), Hoosier Healthwise, Hoosier Care Connect and Indiana PathWays for Aging (PathWays) will no longer be carved out of managed care under the medical benefit.

Professional and institutional claims for COVID-19 vaccines and vaccine administration provided to managed care members with dates of service (DOS) on and after Jan. 1, 2027, must be submitted to the managed care organization (MCO) with which the member is enrolled for processing and reimbursement.



FQHC and RHC exception

For federally qualified health centers (FQHCs) and rural health clinics (RHCs), both the COVID-19 vaccine and its administration will remain carved out of the managed care delivery system. The COVID-19 vaccine administration fee will also remain carved out of the FQHC/RHC prospective payment system (PPS) rate. Therefore, FQHC and RHC providers must continue to submit all claims for these services to the fee-for-service (FFS) claim processor, using place of service (POS) code 71 – *Public health clinic* and without the T1015 encounter code. FQHCs/RHC will continue to receive payment for the COVID-19 vaccine administration outside of the PPS rate, and the vaccine will pay at zero dollars as it is included in the PPS payment logic.

Codes no longer carved out

This change affects the procedure codes listed in Table 1. These codes will be removed from *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*, accessible from the [Code Sets](#) webpage at [in.gov/medicaid/providers](https://www.in.gov/medicaid/providers). Updates will also be made to any applicable provider reference modules.

Table 1 – COVID-19 vaccination and administration procedure codes no longer carved out of managed care for DOS on or after Jan. 1, 2027

Procedure code	Code description
90480	Administration of severe acute respiratory syndrome coronavirus 2 of severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine by intramuscular injection, first component of each vaccine administered
91304	Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5mL dosage, for intramuscular use

Table 1 – COVID-19 vaccination and administration procedure codes no longer carved out of managed care for DOS on or after Jan. 1, 2027

Procedure code	Code description
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
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
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
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
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

This transition supports IHCP's ongoing efforts to align benefit administration with the requirement under the *American Rescue Plan Act of 2021* (ARP) and the conclusion of flexibilities implemented during the COVID-19 public health emergency (PHE).

This change builds on the previous carve-in of pharmacy claims for COVID-19 vaccines, as described in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT2024135](#), and further aligns the medical and pharmacy benefits within the managed care programs.

QUESTIONS

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