IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT202172 AUGUST 24, 2021

IHCP to reimburse administration for third dose of specified COVID-19 vaccines

On August 12, 2021, the U.S. Food and Drug Administration (FDA) authorized the use of the Pfizer and Moderna coronavirus disease 2019 (COVID-19) vaccines to allow a third dose for certain immunocompromised individuals. The Indiana Health Coverage Programs (IHCP) has received Current Procedural Terminology (CPT®1) codes from the American Medical Association (AMA) for the administration of this additional dose.

Effective immediately for claims with dates of service (DOS) on or after **August 12**, **2021**, the IHCP will reimburse IHCP-enrolled providers for the administration of a third dose of the specified COVID-19 vaccines as listed in <u>Table 1</u>. Additional providers listed



in *IHCP Bulletins* <u>BT2020129</u> (Emergency Medical Services [EMS] and waiver providers), <u>BT202102</u> (pharmacies) and <u>BT202112</u> (federally qualified health centers [FQHCs] and rural health clinics [RHCs]) will be allowed to bill these vaccine administration procedure codes. Vaccinations can be administered to all eligible IHCP members who meet vaccine Emergency Use Authorization (EUA) criteria and any additional requirements or limitations specified by the Indiana Department of Health (IDOH) or the Centers for Disease Control and Prevention (CDC).

COVID-19 vaccination reimbursement is carved out of managed care benefits. Claims billed through the medical benefit (*CMS-1500* claim form, *UB-04* claim form or electronic equivalents) for managed care and fee-for-service (FFS) members should be submitted to the FFS claim-processing vendor, Gainwell Technologies. Pharmacy claims for managed care and FFS members should be submitted to the FFS pharmacy benefit manager, OptumRx, as announced in *BT2020127* and the update as summarized in <u>Table 2</u>.

COVID-19 vaccines are to be supplied free of charge, without copay, to all IHCP members, including members in limited benefit categories, such as Emergency Services Only (ESO), Family Planning Eligibility Program and all Presumptive Eligibility (PE) benefit plans. COVID-19 vaccination claims for IHCP members who are dually eligible for both Medicare and Medicaid must be billed to the member's Medicare plan provider.

The following code tables will be updated:

- Transportation Services Codes
- Family Planning Eligibility Program Codes
- Preventive Care Services Excluded from Copayment for HIP and PE Adult

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Table 1 – Newly covered procedure codes and reimbursement, effective for DOS on or after August 12, 2021

Procedure code	Description	Program coverage	Reimbursement
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease	Covered for all programs, including limited benefit programs	Max Fee: \$37.21 No PA
	[COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose		
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL	Covered for all programs, including limited benefit programs	Max Fee: \$37.21 No PA
	protein, preservative free, 100 mcg/0.5 mL dosage; third dose		

Table 2 – Summary of pharmacy point-of-sale (POS) National Council for Prescription Drug Programs (NCPDP) codes and allowed amounts for the additional vaccine

	Professional Service Code (440-E5)	Service Clarifi- cation Code (SCC, 420 DK)	Incentive Amount (Administration Fee, 438-83)	Basis of Cost (423-DN)	Ingredient Cost (409-D9)			
Two-Dose Vaccines								
Additional dose After initial two doses	MA	7	\$37.21	15	\$0.00 or \$0.01			

Single-Dose Vaccines

The FDA EUA for and CDC guidelines pertaining to the currently available single-dose vaccine have not been changed. The IHCP is unable to reimburse for additional doses at this time.

The additional dose should be administered at least 28 days following the two-dose regimen of the same vaccine.

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