

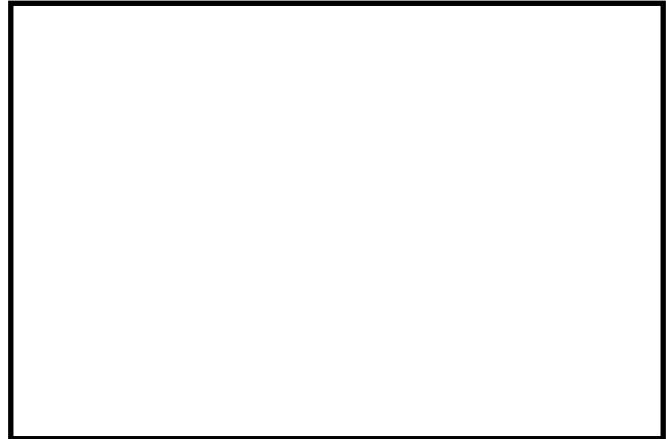
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2022106 NOVEMBER 29, 2022

IHCP adds coverage for Moderna and Pfizer COVID-19 bivalent vaccine booster codes

Effective immediately, for dates of service (DOS) on and after **Oct. 12, 2022**, the Indiana Health Coverage Programs (IHCP) will reimburse IHCP-enrolled providers for the administration of Moderna coronavirus disease 2019 (COVID-19) bivalent booster vaccine to members ages 6 through 11 years and Pfizer COVID-19 bivalent booster vaccine for members ages 5 through 11 years who have completed a primary COVID-19 vaccination series.

The Current Procedural Terminology (CPT^{®1}) Editorial Panel has approved new vaccine administration codes and vaccine product codes for the bivalent booster, as shown in Table 1. The new Moderna codes (91314 and 0144A) are covered for members ages 6 through 11 years. The new Pfizer codes (91315 and 0154A) are covered for members ages 5 through 11 years. Prior authorization (PA) is not required. The new codes are effective immediately and covered for DOS on or after **Oct. 12, 2022**. Any claims for these codes submitted on or after Oct. 12, 2022, that have denied in error will be reprocessed.



As established in previous *IHCP Bulletins*, Emergency Medical Services (EMS) providers ([BT2020129](#)), pharmacy providers ([BT2020127](#), [BT202102](#)), and federally qualified health center (FQHC) and rural health clinic (RHC) providers ([BT202112](#)) are allowed to bill for COVID-19 vaccine administration. In addition, Family Supports Waiver (FSW) and Community Integration and Habilitation (CIH) Waiver providers ([BT202129](#)) are allowed to bill COVID-19 vaccine and administration codes, with modifier U7 appended.

Vaccinations can be administered to all eligible IHCP members meeting vaccine Emergency Use Authorization (EUA) criteria and Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) age and dosing interval recommendations. Any additional requirements or limitations specified by the Indiana Department of Health (IDOH) or CDC must also be met.

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). 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.

COVID-19 vaccination reimbursement is carved out of managed care benefits. Professional claims 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.

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The new codes will be reflected in the next regular update to the Professional Fee Schedule and the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Updates will be made to the following code tables, accessible from the [Code Sets](#) page at in.gov/medicaid/providers:

- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Preventive Care Services Excluded From Copayment for Healthy Indiana Plan and Presumptive Eligibility – Adult*
- *Revenue Codes With Special Procedure Code Linkages*
- *Transportation Services Codes*

Table 1– Newly covered codes for COVID-19 vaccine and administration, effective for DOS on or after Oct. 12, 2022

Procedure code	Description	Program coverage	Reimbursement notes
91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	Covered for all programs that serve this age group, including limited benefit programs	Max fee: \$0.00* Covered for ages 6 through 11 years Allowed for CIH Waiver providers (specialty 359) and FSW providers (specialty 360) when billed with modifier U7 Linked to revenue code 636
91315	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	Covered for all programs that serve this age group, including limited benefit programs	Max fee: \$0.00* Covered for ages 5 through 11 years Allowed for CIH Waiver providers (specialty 359) and FSW providers (specialty 360) when billed with modifier U7 Linked to revenue code 636
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; booster dose	Covered for all programs that serve this age group, including limited benefit programs	Max fee: \$36.90 Covered for ages 6 through 11 years Allowed for Community Integration and Habilitation (CIH) Waiver providers (specialty 359) and Family Supports Waiver (FSW) providers (specialty 360) when billed with modifier U7 Allowed for Ambulance providers (specialty 260) Linked to revenue code 636
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Covered for all programs that serve this age group, including limited benefit programs	Max fee: \$36.90 Covered for ages 5 through 11 years Allowed for CIH Waiver providers (specialty 359) and FSW providers (specialty 360) when billed with modifier U7 Allowed for Ambulance providers (specialty 260) Linked to revenue code 636

**Providers should note that the vaccine is available at no charge to providers at this time. Therefore, the IHCP will pay at zero until further notice.*

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