

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202237 MAY 17, 2022

Additional COVID-19 vaccine and administration codes covered for Moderna second booster shots

On March 29, 2022, the U.S. Food and Drug Administration (FDA) authorized the use of Moderna COVID-19 vaccine second booster shots for individuals 50 years of age and older or individuals 18 years of age and older who are immunocompromised. 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 dates of service (DOS) on or after **March 29, 2022**, the IHCP will cover the CPT codes listed in Table 1 for eligible IHCP-enrolled providers. As established in *IHCP Bulletins* [BT2020129](#), [BT202102](#) and [BT202172](#), Emergency Medical Services (EMS) providers and pharmacies are allowed to bill the vaccine administration codes. Vaccinations can be administered to all eligible IHCP members meeting vaccine Emergency Use Authorization (EUA) criteria and any additional requirements or limitations specified by the Indiana Department of Health or the Centers for Disease Control and Prevention (CDC).

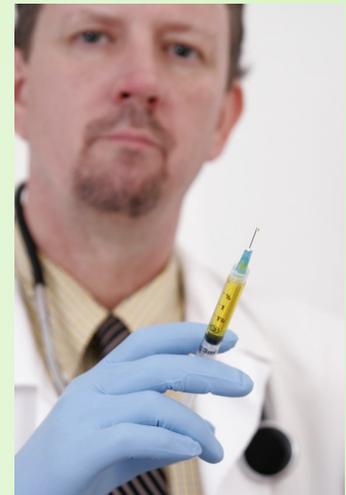
COVID-19 vaccination reimbursement is carved out of managed care benefits. Professional claims for managed care and fee-for-service (FFS) members should be submitted to the FFS claim-processing vendor, Gainwell Technologies. Pharmacy claims for managed care and FFS members should be submitted to the FFS pharmacy benefit manager, OptumRx, as announced in [BT2020127](#).

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 programs. 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.

Providers have 180 days from the date of publication for FFS claim submission to bypass timely filing limits. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.

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

- *Transportation Services Codes*
- *Family Planning Eligibility Program Codes*
- *Preventive Care Services Excluded from Copayment for Healthy Indiana Plan (HIP) and PE Adult*
- *Revenue Codes With Special Procedure Code Linkages*



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Updates will also be made to the Professional Fee Schedule and the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Table 1 summarizes the CPT codes and reimbursement.

Table 1 – Newly covered procedure codes and reimbursement, effective for DOS on or after March 29, 2022

Code	Description	Program coverage	Reimbursement
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, booster dose	Covered for all programs, including limited benefit programs	Max Fee: \$36.90 Linked to revenue code 636
91309	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	Covered for all programs, including limited benefit programs	\$0.00* 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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