

IHCP *bulletin*

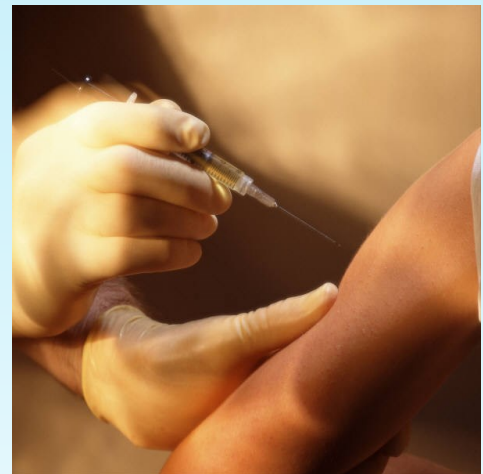
INDIANA HEALTH COVERAGE PROGRAMS BT2022105 NOVEMBER 29, 2022

IHCP adds coverage for Novavax COVID-19 booster vaccine

Effective immediately, for dates of service (DOS) on and after **Oct. 19, 2022**, the Indiana Health Coverage Programs (IHCP) will reimburse IHCP-enrolled providers for the administration of Novavax coronavirus disease 2019 (COVID-19) booster vaccine to members ages 18 years and older who have completed a primary COVID-19 vaccination series.

The Current Procedural Terminology (CPT^{®1}) Editorial Panel added a new Novavax booster administration vaccine code, **0044A**, for members ages 18 and older, as shown in [Table 1](#). Prior authorization is not required. This code is to be reported with previously established Novavax vaccine CPT code **91304** – *Severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use*.

The new code is effective immediately and covered for DOS on or after **Oct. 19, 2022**. Any claims submitted on or after **Oct. 19, 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) and Family Planning Eligibility Program. 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 code 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:

- *Family Planning Eligibility Program Codes*
- *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 code for COVID-19 vaccine administration, effective for DOS on or after Oct. 19, 2022

Procedure code	Description	Program coverage	Reimbursement notes
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; booster dose	Covered for all programs, including limited benefit programs	Max fee: \$36.90 Covered for ages 18 years and older 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

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