

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202308    JANUARY 26, 2023

## Coverage added for COVID-19 bivalent vaccines and administration for children as young as 6 months

On Dec. 8, 2022, the U.S. Food and Drug Administration (FDA) amended the Emergency Use Authorizations (EUAs) of the updated (bivalent) Moderna and Pfizer-BioNTech coronavirus disease 2019 (COVID-19) vaccines to include use in children as young as 6 months of age (see [Coronavirus \(COVID-19\) Update: FDA Authorizes Updated \(Bivalent\) COVID-19 Vaccines for Children Down to 6 Months of Age](#)).

The FDA authorizes the following:

- Children 6 months through 5 years of age who received the original (monovalent) Moderna COVID-19 vaccine are eligible to receive a single booster of the updated (bivalent) Moderna COVID-19 vaccine two months after completing a primary series with the monovalent Moderna COVID-19 vaccine.
- Children 6 months through 4 years of age who have not yet begun their three-dose primary series of the Pfizer-BioNTech COVID-19 vaccine or have not yet received the third dose of their primary series will now receive the updated (bivalent) Pfizer-BioNTech COVID-19 vaccine as the third dose in their primary series following two doses of the original (monovalent) Pfizer-BioNTech COVID-19 vaccine. The monovalent Pfizer-BioNTech COVID-19 vaccine is no longer authorized for use as the third dose of the three-dose primary series in children 6 months through 4 years of age.



Effective immediately, for dates of service (DOS) on and after **Dec. 8, 2022**, the Indiana Health Coverage Programs (IHCP) will reimburse IHCP-enrolled providers for the administration of bivalent Moderna and Pfizer-BioNTech COVID-19 vaccines to members as young as 6 months meeting FDA EUA criteria and the 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.

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.

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.

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.

### Medical billing and reimbursement

For professional and outpatient claims, the IHCP covers new bivalent vaccine administration codes and vaccine product codes, as shown in Table 1. The new Moderna codes (91316 and 0164A) are covered for members ages 6 months to 5 years of age. The new Pfizer codes (91317 and 0173A) are covered for members ages 6 months to 4 years of age. The new codes are effective immediately and covered for DOS on or after **Dec. 8, 2022**. Any claims for these codes submitted on or after Dec. 8, 2022, that have denied in error will be reprocessed. Prior authorization (PA) is not required.

*Table 1 – New COVID-19 vaccine and administration procedure codes, effective for DOS on or after Dec. 8, 2022*

Code	Description	Reimbursement notes
91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use	Max Fee: \$0.00* Covered for members ages 6 months to 5 years Linked to revenue code 636
91317	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	Max Fee: \$0.00* Covered for members ages 6 months to 4 years Linked to revenue code 636
0164A	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, 10 mcg/0.2 mL dosage, booster dose	Max Fee: \$36.90 Covered for members ages 6 months to 5 years Allowed for Ambulance (provider specialty 260) Linked to revenue code 636
0173A	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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose	Max Fee: \$36.90 Covered for members ages 6 months to 4 years Allowed for Ambulance (provider 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.*

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](http://in.gov/medicaid/providers).

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

- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient Diagnosis-Related Group (DRG)*
- *Revenue Codes With Special Procedure Code Linkages*
- *Transportation Services Codes*

**Pharmacy billing and reimbursement**

Pharmacy providers must submit vaccine administration pharmacy claims using point-of-sale (POS) National Council for Prescription Drug Programs (NCPDP) codes, as described in Table 2.

*Table 2 – POS NCPDP codes and allowed amounts for Moderna or Pfizer/BioNTech mRNA bivalent vaccines*

	Professional service code (440-E5)	Service clarification code (SCC, 420-DK)	Incentive amount (Administration fee, 438-E3)	Basis of cost (423-DN)	Ingredient cost (409-D9)
<i>Moderna bivalent vaccine for ages 6 months to 5 years</i>					
Booster dose	MA	7 or 10	\$37.21	15	\$0.00 or \$0.01
<i>Pfizer bivalent vaccine for ages 6 months to 4 years</i>					
Third dose	MA	7	\$37.21	15	\$0.00 or \$0.01

For information related to all IHCP-covered COVID-19 vaccine products, please visit the *COVID-19 Vaccination Information* page under the Preferred Products tab on the [OptumRx Indiana Medicaid website](#).

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

**COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please download them from the [IHCP Bulletins](#) page of the IHCP provider website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

**SIGN UP FOR IHCP EMAIL NOTIFICATIONS**

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

