

Vaccines For Children Policy, Professional for Louisiana

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare **Community Plan** reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general reference resource regarding UnitedHealthcare's **Community Plan's** reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare **Community Plan** may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare **Community Plan** strives to minimize these variations.

UnitedHealthcare **Community Plan** may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. {CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.}

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

The Vaccines for Children (VFC) program was established in 1993 to serve children defined as "federally vaccine eligible" under section 1928(b)(2), which includes both "uninsured" and "Medicaid eligible" children. American Indian, Alaskan Native children and children whose insurance does not cover immunizations are also eligible for VFC. States will continue to receive federal funding for reduced-price vaccines under this program.

All children from birth through 18 years of age (18 years + 364 days) who are covered by Medicaid are considered VFC eligible because of their Medicaid status.

The Advisory Committee on Immunization Practices (ACIP) is a federal advisory committee whose role is to provide advice and guidance to the Secretary and the Assistant Secretary for Health and Human Services, and the Director, Centers for Disease Control and Prevention (CDC), regarding the most appropriate selection of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States.

Immunization programs that receive VFC funds are required to implement ACIP-recommended vaccines for which there are VFC resolutions and for which federal contracts have been established to purchase these vaccines.

The ACIP proposes that vaccines to prevent the following diseases be included in the Vaccines for Children (VFC) program:

- Diphtheria
- Haemophilus influenza type b
- Hepatitis A
- Hepatitis B Human
- Papillomavirus
- Influenza
- Measles
- Meningococcal
- Mumps
- Pertussis (whooping cough)
- Pneumococcal
- Poliomyelitis
- Rotavirus
- Rubella
- Tetanus
- Varicella

The ACIP includes in the Vaccines for Children program vaccines which are used to prevent the 16 diseases listed above; to be administered as provided in other VFC resolutions.

Generally, only combined antigen vaccines - such as MMR or DTaP - will be provided through the VFC Program. Single antigen vaccines will be available and related administration fees reimbursable only when a normally appropriate combined antigen is contraindicated and documented in the member's medical records.

While Influenza vaccine is part of the VFC program, the influenza vaccine ("flu shot") is generally ordered separately from other VFC vaccines. Flu vaccine is ordered on a different schedule as it is not a vaccine supplied year round. Many states have Influenza vaccination programs in addition to VFC program.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS measures address a broad range of important health issues including Childhood and Adolescent Immunization Status.

Reimbursement Guidelines

Through this policy, UnitedHealthcare Community Plan will ensure compliance with the federally mandated Vaccines For Children program, while reducing inappropriate payments where providers have access to free vaccines for children enrolled in Medicaid, and also meet all State specific requirements. This policy applies to members under age 19 only (age 18 + 364 days). As part of the Patient Protection and Affordable Care Act (PPACA) regulations the Centers for Medicare & Medicaid Services (CMS) require Medicaid programs to reimburse for VFC services on administration codes ~~90460~~, 90471, 90472, 90473, and/or 90474 rather than the serum/toxoid code. Per the PPACA legislation, CPT code 90461 is NOT reimbursable for VFC services. ~~Some States have determined to pay all of these administration codes (except 90461), some only 90460. Any variations from this are listed under the State Exceptions portion of this policy. Please refer to the communication posted by your State Fee for Service Medicaid Plan for further details on which administration codes are payable in each State and which immunizations are considered part of the VFC program in each State.~~

The vaccine code(s) and administration code(s) may be submitted on separate claims, but the claims must be for the same date of service by the same provider and the number of units for each must match. Excessive units of either code(s) will be denied – i.e.

- ~~90658~~1 (vaccine) – 1 unit
- 90471 (administration) – 1 unit
- 90696 (vaccine) – 1 unit
- 90472 (administration) – 2 units – 1 unit would deny as there is no corresponding vaccine code billed

***Administration codes should be billed on **one line with multiple units wherever possible** to avoid duplicate denials. Some States require that modifiers be appended to the serum code (s) and/or the vaccine administration code(s). ~~Please refer to the communication posted by your State Fee for Service Medicaid Plan for further details for modifier requirements of each State.~~





Definitions

CHIP	Children's Health Insurance Program
Modifier SE	State or Federally Funded Program
Modifier SL	State Supplied
VFC	Vaccines for Children

Questions and Answers

1	<p>Q: What are PPACA and VFC?</p> <p>A: PPACA is the Patient Protection and Affordable Care Act (Healthcare Reform initiative) and VFC is the Vaccines for Children Program.</p>
2	<p>Q: What has changed?</p> <p>A: As part of the PPACA Regulations, changes take effect Jan. 1, 2013 regarding increased reimbursement to qualified providers for certain CPT codes. As part of this increase, the Centers for Medicare & Medicaid Services (CMS) requires state Medicaid programs to reimburse for VFC services on administration codes 90460, 90471, 90472, 90473, and/or 90474 rather than the serum/toxoid code.</p>
3	<p>Q: Are there any States that have determined to pay differently than referenced in Question 2?</p> <p>A: Yes, those States are listed in the "State Exceptions" portion of this policy document.</p>

Attachments: Please right-click on the icon to open the file

 Serum Toxoid Code List.xlsx <hr/>  Serum Toxoid Code List.xlsx	<p>List of VFC Serum Toxoid and Administration Codes</p>
<p>VFC Serum Toxoid and Admin Code List</p>	
 VFC Administration Codes.xlsx <hr/>  VFC Administration Codes.xlsx	<p><u>List of VFC Administration Codes</u></p>

<p style="color: red; text-align: center;"><u>VFC Administration Codes List</u></p>	
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Resources

~~Individuals~~ State Medicaid contracts, regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

<u>5/21/2020</u>	<p style="color: red;"><u>Update IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY section</u></p> <p style="color: red;"><u>Remove State Exceptions</u></p> <p style="color: red;"><u>Update VFC Serum-Toxoid and Admin Code List and List of VFC Administration Codes excel file Attachments section</u></p> <p style="color: red;"><u>History section: Entries prior to 2/25/2020 archived</u></p>
6/22/2013	Policy implemented by UnitedHealthcare Community Plan