



Wyoming Department of Health

Dave Freudenthal, Governor

Brent D. Sherard, M.D., M.P.H.
Director and State Health Officer

August 15, 2005

From The Desk of Dr. Gary Melinkovich
EqualityCare Medical Officer

Important Information Regarding Vaccinations

In recent months you have received several policy bulletins from EqualityCare regarding billing and claims reimbursement for vaccinations. In order to be in compliance with CPT guidelines, HIPAA requirements, the VFC program, and guidance from the American Academy of Pediatrics, we have determined a need to again revise our policy. Effective October 1, 2005 please use the following guidelines when submitting claims to EqualityCare.

- Providers must use a VFC-provided vaccine when available and client-appropriate. Codes 90477-90748 identify the vaccine product only. To report the administration of a vaccine/toxoid, the vaccine/toxoid product code(s) 90477-90748 must be reported in addition to an immunization administration code(s). When the vaccine/toxoid product is a state supplied (VFC) vaccine, you must append the vaccine/toxoid product with modifier – SL and you will be reimbursed for the administration only. The specific vaccine CPT code must be included along with the appropriate 90465-90468 or 90471-90474 immunization administration code(s).
- When a vaccine is privately obtained due to lack of availability through the VFC program, it will be reimbursed at 100% of purchase invoice. **Do not use the SL modifier in this instance.** This policy applies exclusively to situations where the VFC program has issued a notice of vaccine shortage and has specified which vaccines are affected.
- When EqualityCare is the secondary payer, you must submit the claim according to EqualityCare guidelines. Bill other potential payers before billing EqualityCare.
- Providers are reminded that use of any vaccine or immunization solely for the purpose of travel is not covered by EqualityCare.
- For vaccines administered to adults over 18 years of age, or for vaccines not supplied by VFC, report the appropriate CPT code and administration fee. **DO NOT USE** the 'SL' modifier. EqualityCare will reimburse for the cost and the administration of the vaccination.
- According to VFC policy, providers may not impose a charge for the administration of the vaccine that is higher than the maximum fee established by the CDC regional cap of \$14.31 per dose.
- A previous policy from our office indicated that additional units could be billed for each antigen in a combination vaccination. **Effective September 1, 2005, billing additional units will not be allowed.** Separate codes are available for combination vaccines. It is inappropriate to code each component of a combination vaccine separately.
- Codes 90477-90748 identify the vaccine product only. To receive reimbursement for administration they must be reported in addition to an immunization administration code from the tables on the

EqualityCare - Office of Medicaid

6101 Yellowstone Road, Suite 210 • Cheyenne WY 82002
FAX (307) 777-6964 • TTY (307) 777-5648 • (307) 777-7531

following page.

Report codes 90465-90468 only when the physician provides face-to-face vaccine counseling to the patient and/or family during the administration of a vaccine. For immunization administration of any vaccine that is not accompanied by face-to-face physician vaccine counseling to the patient/family, report codes 90471-90474. If a significant separately identifiable Evaluation and Management service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

CPT Code	Description	Maximum Allowable Fee
90465	Immunization administration, under age 8 years (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsel the patient/family; first injection (single or combination vaccine/toxoid), per day. Do not report with 90467.	\$14.00 (\$10.00 administration, \$4.00 counseling)
90466	Each additional injection (single or combination vaccine/toxoid), per day. List separately in addition to code for primary procedure (90465 or 90467).	\$14.00 (\$10.00 administration, \$4.00 counseling)
90467	Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid) per day. Do not report with 90465.	\$14.00 (\$10.00 administration, \$4.00 counseling)
90468	Each additional administration (single or combination vaccine/toxoid), per day. List separately in addition to code for primary procedure (90465 or 90467).	\$14.00 (\$10.00 administration, \$4.00 counseling)

Use the following codes to report administration when face-to-face vaccine counseling is not provided by the physician.

90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid). Do not report in conjunction with 90473.	\$10.00
90472	Each additional vaccine (single or combination vaccine/toxoid). List separately in addition to code for primary procedure (90471 or 90473).	\$10.00
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid). Do not report with 90471.	\$10.00
90474	Each additional vaccine (single or combination vaccine/toxoid). List separately in addition to code for primary procedure (90471 or 90473).	\$10.00

Should you have questions regarding this policy, please contact me at 307-777-7751.