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Immunizations**Vaccine Codes**

Providers should refer to the Immunization Fee Schedules to determine covered vaccines and any restriction to the use of the vaccine codes. (See Appendix A for information on how to access the Immunization Fee Schedules)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Immunizations

Combination vaccines are encouraged in order to maximize the opportunity to immunize and to reduce the number of injections a child receives in one day. Louisiana Medicaid does not reimburse providers for a single-antigen vaccine and its administration if a combined-antigen vaccine is medically appropriate and the combined vaccine is approved by the Secretary of the United States Department of Health and Human Services.

Immunization Administration Coding

Providers should refer to the *Current Procedural Terminology* (CPT) code description to determine the appropriate code for the administration of a vaccine.

Reimbursement

Medicaid immunization administration rates cannot exceed the maximum regional charge as determined by the Centers for Medicare and Medicaid Services (CMS). The CMS determined rate is utilized where applicable. Reimbursement rates can be found on the Immunization Fee Schedules located on the Louisiana Medicaid website. (See Appendix A for information on how to access the fee schedule)

Providers must indicate the CPT code for the specific vaccine in addition to the appropriate administration CPT code(s) in order to receive reimbursement for the administration of appropriate immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) in the current immunization schedule. The listing of the vaccine on the claim form is required for federal reporting purposes.

Vaccines from the Vaccines for Children (VFC) Program are available at no cost to the provider and are required to be used for Medicaid recipients who are birth through 18 years of age. Therefore, CPT codes for vaccines available from the VFC Program will be paid at zero (\$0) for a recipient birth through 18 years of age.

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Providers should submit claims with their usual and customary charge for the vaccine for recipients 19 through 20 years of age. These claims will be reimbursed at the fee on file or the billed charges, whichever is lower.

Billing For a Single Administration

Providers should bill CPT immunization administration code(s) (Immunization administration - first injection/first administration/one vaccine) when administering one immunization. The next line on the claim must contain the specific CPT code for the vaccine, with \$0.00 in the “billed charges” column.

Billing for Multiple Administrations

When administering more than one immunization, providers should bill as described for billing for a single administration. The appropriate procedure code(s) (Immunization administration - each additional injection/administration/vaccine) should be listed with the appropriate number of units for the additional vaccines placed in the “units” column. The specific vaccines should then be listed on subsequent lines. The number of specific vaccines listed after CPT codes should match the number of units listed in the “units” column.

Hard Copy Claim Filing for Greater Than Four Immunizations

Providers should bill on two CMS-1500 claim forms when billing hard copy claims for more than four immunizations and the six-line claim form limit is exceeded. The first claim should follow the instructions for billing for a single administration. A second CMS-1500 claim form should be used to bill the remaining immunizations as described for billing for multiple administrations.

Coverage of Vaccines for Recipients Age 19 through 20 Years

Providers should submit claims reporting the appropriate immunization administration CPT code along with the specific CPT code and their usual and customary charge for the vaccine administered to recipients 19 through 20 years of age. The claims will be reimbursed at the fee on file or the billed charge, whichever is lower for the vaccine and administration.

Pediatric Flu Vaccine: Special Situations

If a Medicaid provider does not have VFC pediatric influenza vaccine on hand to vaccinate a **high priority VFC Medicaid eligible child**, the provider should not turn away, refer or reschedule the recipient for a later date if vaccine is available from private stock. The provider should use pediatric influenza vaccine from private stock and replace the dose(s) used from private stock with dose(s) from VFC stock when VFC vaccine becomes available.

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If a Medicaid provider does not have VFC pediatric influenza vaccine on hand to vaccinate a **non-high priority or non-high risk** VFC Medicaid eligible recipient, the recipient can:

- Wait for the VFC influenza vaccine to be obtained, or
- If the recipient chooses not to wait for the VFC influenza vaccine to be obtained, and the provider has private stock of the vaccine on hand, only the administration of this vaccine will be reimbursed by Medicaid.

NOTE: If the provider intends to charge the recipient for the vaccine, then prior to the injection the provider should inform the recipient/guardian that the actual vaccine does not come from the VFC program and the recipient will be responsible for the cost of the vaccine. In these situations the provider should obtain signed documentation that the recipient is responsible for payment of the vaccine only.

Louisiana Medicaid utilizes the weekly Remittance Advices and the *Louisiana Medicaid Provider Update* to provide current information regarding availability of vaccines through the VFC program.

Providers should contact the Louisiana Office of Public Health VFC Program for vaccine availability information. (See Appendix A for contact information)

Supplemental Payments

Supplemental payments may be available to physicians participating in a Medicaid managed care program when a certain percentage of their Medicaid recipient panel is current with the age appropriate vaccine series. (See Appendix A for accessing information about CommunityCARE)

Adult Immunizations

Louisiana Medicaid provides coverage for certain immunizations administered by enrolled Medicaid providers to adult recipients, age 21 or older. Adult immunizations shall be covered for the following diseases:

- Influenza,
- Pneumonia, and
- Human papillomavirus (HPV).

The following immunization guidelines shall be followed:

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- Recommendations from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practice (ACIP) for these vaccines as identified in the current *Recommended Adult Immunization Schedule*. Providers are responsible for obtaining current copies of the schedule as the schedule is updated frequently. (See Appendix A for web address)
- Usual and customary charges shall be used for the billed charges for all claim lines. Louisiana Medicaid reimburses the vaccine administration as well as the specific vaccine(s), as identified in this policy. A fee schedule for Adult Immunizations is available on the Louisiana Medicaid website. (See Appendix A for web address)
- Federally qualified health centers (FQHCs) and rural health clinics (RHCs) should enter the appropriate immunization administration procedure code(s) as well as the vaccine procedure code(s) as encounter detail lines when submitting claims for these services. When billing an FQHC or RHC encounter, minimum requirements as identified in FQHC or RHC program policy must be met.

Billing a Single/First Administration

Providers should bill the appropriate CPT immunization administration code for the first vaccine administration. The next line on the claim must contain the specific CPT code for the vaccine administered.

Only one initial administration CPT code is allowable on the same date of service for the same recipient.

NOTE: Providers should refer to the CPT manual and the Immunization Fee Schedule for appropriate administration codes.

Billing Multiple Administrations

When administering more than one immunization on the same date of service to the same recipient, providers shall bill as described for billing a single/first administration. The appropriate procedure code(s) for additional immunization administrations should then be listed with the appropriate number of units for the additional vaccine(s). The specific CPT code(s) for the additional vaccine(s) administered should be listed on subsequent line(s) following the appropriate administration code. The number of specific vaccines listed after each immunization administration code should match the number of units listed for each administration code.

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NOTE: Providers should refer to the CPT manual and the Immunization Fee Schedule for appropriate administration codes.

Appropriate Use of CPT Evaluation/Management Codes with Immunization Administrations

If a significant, separately identifiable medically necessary evaluation/management (E/M) service is performed on the same date of service, an appropriate E/M procedure code may be reported in addition to the vaccine and immunization administration codes. The separately identifiable service must be reflected in the medical record documentation.