



All Providers

VFC Flu Vaccine

The flu season is starting. To address the need for immunizations and to deal with potential shortage of available influenza vaccines, the Indiana Health Coverage Programs (IHCP) is not limiting reimbursement for any influenza vaccines, regardless of their availability from the Vaccines for Children (VFC) program.

This policy, effective October 1, 2008, allows you to obtain reimbursement for privately purchased influenza vaccines for eligible VFC members when VFC vaccines are not available and supplies are delayed. If you administer a free VFC vaccine, you should bill the appropriate Current Procedural Terminology (CPT^{®1}) procedure code but not charge more than the \$8 VFC vaccine administration fee. Do not bill the separate administration CPT code.

When administering a privately purchased influenza vaccine, you may bill for the cost and administration of the vaccine. The IHCP-allowable reimbursement is based on the average wholesale price (AWP) of the vaccine. You may separately bill an appropriate CPT administration code (90772-90774, 90779) in addition to the CPT vaccine procedure code. If an evaluation and management (E&M) service code is billed with the same date of service as an office-administered immunization, do not bill the vaccine administration code separately. Reimbursement for administration is included in the E&M code allowed amount. Separate reimbursement is allowed when the administration of the drug is the only service billed by the practitioner. In addition, if you give more than one injection on the same date of service and no E&M code is billed, you may bill for an administration fee for each injection using 90772-90774 or 90779, as appropriate.

Remember – bill no more than the \$8 VFC administration fee for free VFC influenza vaccine; or bill your usual and customary rate for the influenza vaccine CPT plus the appropriate administration CPT for provider-purchased influenza vaccine when the immunization is provided without the E&M service.

You must continue to submit claims to the appropriate delivery system (EDS or the member's managed care organization) for each member, regardless of the source of the vaccine stock. Claims are eligible for post-payment review, and you must maintain documentation and invoices related to private stock when substituting for VFC vaccine. Rates for rural health clinics (RHCs) and Federally Qualified Health Centers (FQHCs) include payment for the vaccine and administration fee.

Incontinence, Ostomy, and Urological Supplies

In bulletin [BT200815](#), dated March 26, 2008, a procedure code was mistakenly listed in Table 1. Procedure code A4542 should not have been included in this table. Procedure code T4542 – *Incontinence product, disposable underpad, small size, each*, should have been listed. Procedure code T4542 is a covered code and part of the contract with three vendors to provide incontinence, ostomy, and urological supplies.

Pricing Change for HCPCS G0238

Effective for claims with dates of service as of January 13, 2009, the rate for Healthcare Common Procedure Coding System (HCPCS) code G0238 – *Therapeutic Procedures To Improve Respiratory Function, Other Than Described By G0237, One On One, Face To Face Per 15 Minutes (Includes Monitoring)* will be \$12.98 per unit.

Screening and Brief Intervention Services

Beginning October 1, 2008, the IHCP will reimburse providers for screening and brief intervention (SBI) services. SBI identifies and intervenes with individuals who are at risk for substance abuse-related problems or injuries.

¹ CPT[®] is a registered trademark of the American Medical Association.

SBI services use established systems, such as trauma centers, emergency rooms, community clinics, and school clinics, to screen patients who are at risk for substance abuse and, if necessary, provide them with brief interventions or referrals to appropriate treatment.

The IHCP reimburses you when you bill the following CPT codes:

- 99408 – Alcohol and/or substance abuse structured screening and brief intervention services, 15-30 minutes
- 99409 – Alcohol and/or substance abuse structured screening and brief intervention services, greater than 30 minutes

These codes were developed by the American Medical Association (AMA) to make it possible for the healthcare system to “efficiently report screening services for drug and alcohol abuse.”

Initial screening is included in E&M services. Bill procedure code 99408 or 99409 only after a positive finding from an initial screen for alcohol or drug abuse by a healthcare professional indicates the member needs more intensive screening.

SBI services currently do not require prior authorization. You may submit claims for services rendered for dates of service beginning October 1, 2008.

Home Health Providers

Evaluations for Physical, Occupational, and Speech Therapy in Home Settings

This is a follow-up to banner page [BR200832](#), dated August 5, 2008, regarding reimbursement of therapy evaluations performed by licensed therapists in home settings.

The Office of Medicaid Policy and Planning (OMPP) has determined that reimbursement for therapy evaluations should be billed using one of the following CPT codes in conjunction with the appropriate Revenue Code:

Table 1 – CPT Codes for Reimbursement of Therapy Evaluations in Home Settings

Therapy	CPT/Description	Revenue Code/Description	Rate
Physical	97001 – Physical Therapy Eval	424 – Physical Therapy Eval or Re-Eval	\$60.72
Occupational	97003 – Occupational Therapy Eval	434 – Occupational Therapy Eval or Re-Eval	\$60.48
Speech	92506 – Speech Therapy Eval	444 – Speech Pathology Eval or Re-Eval	\$62.80

Note: Occurrence code 53 (Therapy Evaluation – HHA) is no longer required when billing for evaluations.

The rates in Table 1 reflect the current reimbursement for CPT 97001, 97003, and 92506 evaluations when performed in home settings. Prior authorization is not required for initial therapy evaluations. One unit of service equals one evaluation.

Providers may submit claims for dates of service as of October 16, 2003, for processing. For claims beyond the one-year filing limit, providers must attach a copy of this banner page to each claim for proper processing.

Contact Information

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278, unless otherwise noted.