



BANNER PAGE

BR200901

JANUARY 6, 2009

All Providers

Update on the Shortage of VFC Hemophilus Influenza B Vaccine

Hemophilus influenza b vaccine (Hib) HbOC conjugate (four-dose schedule) for intramuscular use is still in short supply, resulting from the Hib recall by Merck as of December 12, 2007. Effective **February 1, 2008**, the Indiana Health Coverage Programs (IHCP) is not limiting reimbursement for Current Procedural Terminology (CPT)¹ codes 90645, 90647, 90648, 90698, 90721, and 90748 – regardless of availability from the Vaccines for Children (VFC) program. This policy allows you to obtain reimbursement for using privately purchased Hib vaccine for VFC-eligible members, even if they do not have a VFC vaccine available because of delays in receiving the VFC supply. If you administer a free VFC vaccine, you should bill the appropriate CPT code, but not charge more than the \$8 VFC vaccine administration fee and not bill the separate administration CPT code.

When administering a privately purchased vaccine that contains Hib as a component, you may bill for the cost of the vaccine and administration. The IHCP-allowable reimbursement is based on the average wholesale price (AWP) of the vaccine. Providers may separately bill an appropriate CPT administration code, in addition to the Healthcare Common Procedure Coding System (HCPCS) CPT code.

Please note that CPT administration codes listed in earlier banner pages are no longer valid after December 31, 2008. See Table 1 for new codes effective January 1, 2009.

Table 1 – New Codes Effective January 1, 2009

Former Code	Description	New Code
90772	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	96372
90773	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	96373
90774	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	96374

If an evaluation and management (E/M) code is billed with the same date of service as an office-administered immunization, you should not separately bill the separate administration code. Reimbursement for the vaccine administration is included in the E/M code allowed amount. Separate reimbursement is allowed when the administration of the vaccine is the only service provided and billed by the practitioner. In addition, if more than one immunization is provided on the same date of service, and no E/M code is billed, you may bill a separate administration fee for each immunization that is provided separately, as appropriate.

You must continue to submit claims to the appropriate delivery system – EDS or the appropriate Managed Care Organization (MCO) – for each member, regardless of the source of the vaccine stock. Claims are eligible for postpayment review. You must maintain documentation and invoices related to private stock when substituting for VFC vaccine.

Rural health clinic (RHC) and Federally Qualified Health Center (FQHC) rates include payment for the vaccine and administration fee, and cannot be billed separately on claims submitted to EDS. RHCs and FQHCs must separately verify the billing policy for each MCO to which they submit claims.

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

Note: In BR200851, dated December 16, 2008, the effective date was listed incorrectly. The correct effective date is February 1, 2008. We apologize for the error.

FQHC and RHC Providers

Federally Qualified Health Center and Rural Health Clinic Workshop, January 28, 2009

EDS Provider Relations is offering a workshop for the FQHC and RHC provider community. Participating with EDS will be representatives from the MCOs and the CMOs who help administer *Care Select*. This is an excellent opportunity to become more familiar with Medicaid policies, procedures, and billing specific to FQHCs and RHCs.

The workshop is Wednesday, January 28, 2009. Details are below:

Daviess Community Hospital
Education Room 1
1314 E. Walnut St.
Washington, IN 47501
Time: 8:30 a.m.-noon

The agenda includes the following:

- How to check eligibility
- How to file a claim
- How to bill services
- What causes claims to deny
- Avenues to resolve denied claims
- An extensive question-and-answer period

Providers may enroll in the workshop at <http://www.indianamedicaid.com/> by selecting Provider Services, Education Opportunities, Workshop Registration. If you have questions, please call Provider Relations at (317) 488-5072.

Dental Providers

Pricing for Prefabricated Stainless Steel Crowns

Effective November 25, 2008, the IHCP began covering prefabricated esthetic coated stainless steel crowns (CDT code D2934) for primary anterior teeth only. The service is reimbursed at a Max Fee rate of \$155.86. Members are restricted to one type of crown per tooth, and billing for more than one crown per tooth will result in claim denial.

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.