

June 2018

Vaccine administration denials

A recent review of claim denial trends has identified that providers are not billing appropriately for vaccine administration, as per the Indiana Health Coverage Programs (IHCP) policy.

IHCP billing guidelines for vaccine administration for both Vaccines for Children (VFC) supplied vaccines and non-VFC supplied vaccines are identified in the *IHCP Injections, Vaccines and Other Physician-Administered Drugs Provider Reference Manual*. An overview of these guidelines follows, but providers are encouraged to review the reference manual for other important information about physician-administered drugs billing and coverage.

VFC program

The VFC program provides free vaccine products to providers. As such, providers may not charge IHCP for the vaccine product. Instead, providers bill IHCP for the injection administration fee. The administration fee allowable is limited to the lesser of the billed amount or \$8, unless otherwise identified in the provider contract.

Correct billing includes:

- Using the appropriate ICD-10 routine child health check code (see Z00.121, Z00.129) as the primary diagnosis code, with the applicable vaccine ICD-10 code in the secondary, tertiary or other position.
- Reporting the specific vaccine or combination vaccine administered by using the appropriate vaccine product procedure code with a billed amount of \$0.
- Using the appropriate vaccine administration code with modifier SL as the first modifier. Other applicable modifiers would be appended after the SL.
 - 90471 SL: *Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); one vaccine (single or combination vaccine/toxoid); VFC vaccine administration*
 - 90472 SL: *Each additional vaccine (single or combination vaccine/toxoid); VFC vaccine administration*
 - 90473 SL: *Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid); VFC vaccine administration*
 - 90474 SL: *Each additional vaccine by intranasal or oral route (single or combination vaccine/toxoid); VFC vaccine administration*

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Non-VFC vaccines

The IHCP allows separate reimbursement for the vaccine product and administration fee for vaccines that are not part of the VFC program. Providers should report these services following the billing guidelines above, except:

- Use the appropriate ICD-10 for the encounter.
- Report the specific vaccine or combination vaccine administered by using the appropriate vaccine product procedure code with your usual and customary charge.
- **Do not use modifier SL with the vaccine product or administration code.**
 - If an evaluation and management (E/M) code is billed by the provider on the same date of service as a physician-administered drug, including a non-VFC vaccine, do not bill the administration code separately. Reimbursement for the vaccine administration is included in the allowed amount for the E/M code.

Please note: Administration codes 90460 and 90461 are **not covered** by the IHCP. Review *IHCP Provider Bulletin BT201062* and the *IHCP Professional Fee Schedule* at www.anthem.com/inmedicaiddoc for more information. Claims billed with 90460 and 90461 will be denied with *EOP* code G18 (Disallow — not allowed under contract, the submitted service is not allowed per your contract) and CO-256 (Service not payable per managed care contract).

If you have any questions, please contact Provider Services:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-844-533-1995**
- Hoosier Care Connect: **1-844-284-1798**