

September 19, 2006

# MEDICAID BULLETIN

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**TO:** Medicaid Physicians

**SUBJECT:**

- I. Clarification of Medicaid Coverage Policy for Vaccines
- II. Clarification of Current Procedural Terminology (CPT) Codes and Rates for the Administration of Vaccines and Immunizations in the “Vaccine Administration For All Children” (VAFAC) Program
- III. Adult Influenza Vaccine
- IV. Adult Meningococcal Vaccine

## I. Clarification of Medicaid Coverage Policy for Vaccines

Effective with dates of service on or after October 1, 2006, the South Carolina Department of Health and Human Services (SCDHHS) will no longer reimburse providers for the vaccine products that are available free of charge for children under 19 years of age through the VAFAC program. SCDHHS will only cover the administration of these vaccines as outlined in the State Plan. The VAFAC program is a federally funded program providing vaccine serum for children under the age of 19. Please refer to your “Dear VAFAC Provider” letter from the South Carolina Department of Health and Environmental Control (SCDHEC), Immunization Division, for any questions concerning availability or program specifics, or contact SCDHEC by telephone at (800) 277-4687.

Please note that SCDHHS will continue to cover vaccines for Medicaid Beneficiaries over 19 years of age.

## II. Clarification of Current Procedural Terminology (CPT) Codes and Rates for the Administration of Vaccines and Immunizations in the VAFAC Program

The SCDHHS will continue to utilize CPT code 90471 and 90472 for administration of vaccines by injection:

**90471** Immunization administration for one vaccine (single or combination vaccine/toxoid), (Includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections). **This code will only cover the first vaccine administered.** The administration fee for this CPT code will be \$13.00. Do not use this CPT code for reporting administration of oral or intranasal vaccines such as FluMIST®.

**90472** Each additional vaccine (single or combination vaccine/toxoid). Use 90472 in conjunction with code 90471. **This code can only be used twice per visit, regardless of the number of additional vaccines administered.** The administration fee for this CPT code will be \$13.00.

For the administration of the FluMIST® immunization, by intranasal or oral, the following CPT codes must be used:

- 90473** Immunization administration by intranasal or oral, one vaccine. **This code will only cover the first vaccine administered.** The administration fee for this CPT code will be \$3.00.
- 90474** Each additional vaccine (single or combination vaccine/toxoid). Use 90473 in conjunction with code 90474. **This code can only be used twice per visit, regardless of the number of additional vaccines administered.** The administration fee for this CPT code will be \$13.00.

The Influenza vaccine FluMIST® will only be available through the VAFAC program for beneficiaries age 5 through 18 years of age. SCDHHS will not reimburse for the FluMIST® vaccine product or the administration fee outside of the VAFAC program.

### III. Adult Influenza Vaccine

Medicaid covers the Influenza vaccine and vaccine injection administration for beneficiaries over 19 years of age.

- 90656** Influenza Virus Vaccine, split virus, preservative free, for use in individuals 3 years of age and above, for intramuscular use. **Note:** *This code requires documentation and copy of invoice for reimbursement.*
- 90658** Influenza Virus Vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use.

### IV. Adult Meningococcal Vaccine

Medicaid covers the Meningococcal vaccine and vaccine injection administration for beneficiaries over 19 years of age.

- 90733** Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use.
- 90734** Meningococcal conjugates vaccine, serogroups A, C, Y, and W-135 (tetravalent), for intramuscular use.

When billing for the adult Influenza or Meningococcal vaccines, the provider may also bill the vaccine administration code, 90772, which will reimburse at \$4.00.

If you have questions, please contact your program manager at (803) 898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Robert M. Kerr  
Director

RMK/bgwd

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