IHCP announces VFC vaccine reimbursement updates

Effective January 1, 2020, the Indiana Health Coverage Programs (IHCP) reimbursement for administering Vaccines for Children (VFC) vaccine will increase to $15 per dose. Providers will continue to bill the appropriate procedure code (CPT codes 90471-90474) with the SL modifier. For dates of service (DOS) on or after January 1, 2020, the VFC administration fee will be a maximum of $15 (payment is made at whichever is lower - $15 or the submitted charge).

No changes will be made to the billing instructions. See the Injections, Vaccines, and Other Physician-Administered Drugs provider reference module for more information about billing for the VFC administration fee. If the VFC vaccine is administered during the course of an office visit, providers may bill the VFC vaccine administration procedure code/modifier combination in addition to the evaluation and management (E/M) procedure code. However, if the vaccine administered is not a VFC vaccine, reimbursement for the administration of the private stock vaccine is included in the E/M procedure code allowed amount.

Also effective January 1, 2020, for children under the age of 19, if a vaccine is available through the VFC program, the IHCP will not reimburse the use of a non-VFC vaccine (referred to as private stock vaccine). This change applies to members in fee-for-service (FFS) and managed care delivery systems. Providers that are not currently enrolled in the VFC program are encouraged to enroll in the VFC program to ensure members do not experience a disruption in care. More information about the VFC program can be found at Vaccines for Children Information for Providers page at in.gov/isdh or by calling 1-800-701-0704. This change does not impact covered vaccines that are not a part of the VFC program.

The following examples are provided to show the difference in reimbursement for a VFC-enrolled provider and a provider not enrolled in the VFC program.

Example 1
Dr. A is a VFC-enrolled provider and sees a 6-year-old member enrolled in the IHCP. During the course of a well child visit, Dr. A administers a mumps, measles, and rubella (MMR) vaccine to the member. This vaccine was received at no cost to Dr. A, because it was received as part of the VFC program. The provider can bill the following:

- E/M procedure code for the well child visit billed with the provider’s usual and customary charges
- 90471 SL with a billed amount of $8 ($15 for DOS on or after January 1, 2020)
- 90707 - Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use with a billed amount of $0, because the vaccine was supplied as part of the VFC program

The IHCP will reimburse Dr. A for the E/M procedure code (up to the allowed amount) and for the VFC administration fee (up to $8 for DOS before January 1, 2020, and up to $15 for DOS on or after January 1, 2020).
Example 2
Dr. B is not enrolled in the VFC program and sees a 6-year-old member enrolled in the IHCP. During the course of a well child visit, Dr. B administers an MMR vaccine to the member. This vaccine was purchased by Dr. B, because the doctor is not enrolled in the VFC program.

The provider can bill the following:

- **E/M procedure code for the well child visit billed with the provider’s usual and customary charges**
- **90707 - Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use billed with the provider’s usual and customary charges**

A vaccine administration procedure code cannot be billed, because the vaccine was private stock and the administration of a private stock vaccine is included in the reimbursement for the E/M procedure code.

For DOS **before** January 1, 2020, the IHCP will reimburse Dr. B for the E/M procedure code (up to the allowed amount) and for the MMR vaccine (up to the allowed amount).

For DOS on or **after** January 1, 2020, the IHCP will reimburse Dr. B **only** for the E/M procedure code (up to the allowed amount), because private stock will not be reimbursed for DOS on or after January 1, 2020.

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