

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2022108 NOVEMBER 29, 2022

IHCP revises billing guidance for pediatric vaccine counseling services

The Indiana Health Coverage Programs (IHCP) is revising the billing guidance for stand-alone pediatric vaccine counseling and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The IHCP is making these changes to comply with the *American Rescue Plan Act of 2021*.

The revisions apply to all IHCP programs for beneficiaries under the age of 21 who are eligible for EPSDT. Paid claim details for EPSDT will post explanation of benefits (EOB) 9050 – *EPSDT pricing*. These revisions are effective Jan. 6, 2023, and retroactive to the dates of service (DOS) listed in [Table 1](#).

Additionally, the IHCP found the vaccine counseling codes listed in Tables 1 and 2 are not reimbursable in the outpatient setting and should not be linked to revenue code 636 – *Drugs requiring detailed coding*. These codes are eligible for reimbursement in the professional setting. These changes are effective Jan. 6, 2023, and retroactive to the DOS listed in Tables 1 and 2. These codes were originally announced in *IHCP Bulletin* [BT202285](#). These procedure codes are reimbursable for physician specialties, advanced practice registered nurses and physician assistants.



For information on EPSDT coronavirus disease 2019 (COVID-19) vaccine counseling, see IHCP Bulletins [BT202247](#) and [BT202278](#).

Stand-alone vaccine counseling refers to when a patient and/or caregiver receives counseling about a vaccine from a healthcare practitioner, but the patient does not receive the vaccine dose at the same time as the counseling. There is no actual delivery or injection of a vaccine during the practitioner visit, because it is not appropriate to provide the vaccine dose at that time (such as when a patient and/or caregiver does not consent to the patient receiving the vaccine dose).

Stand-alone vaccine counseling does not refer to vaccine counseling being the only service provided during the practitioner visit.

Table 1 – Revised billing guidance for pediatric vaccine counseling codes G0312 and G0313, effective for DOS on or after Sept. 1, 2022

HCPCS code	Description	Reimbursement information	Special billing guidance
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine (s) is not administered on the same date of service for ages under 21, 5 to 15 mins time	Max Fee: \$28.92	Must be billed as EPSDT service For professional claims only (no revenue code linkage) Diagnosis restriction: Z00.121 or Z00.129
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine (s) is not administered on the same date of service for ages under 21, 16-30 mins time	Max Fee: \$44.66	Must be billed as EPSDT service For professional claims only (no revenue code linkage) Diagnosis restriction: Z00.121 or Z00.129

Table 2 – Revised billing guidance for vaccine counseling codes G0310 and G0311, effective for DOS on or after Oct. 1, 2022

HCPCS code	Description	Special billing guidance
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time	For professional claims only (no revenue code linkage)
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time	For professional claims only (no revenue code linkage)

Reimbursement and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

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