



## BANNER PAGE

BR200853

DECEMBER 30, 2008

## 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 following Current Procedural Terminology (CPT)<sup>1</sup> codes 90645, 90647, 90648, 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, 90772-90774 or 90779, in addition to the Healthcare Common Procedure Coding System (HCPCS) CPT code. 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, using 90772-90774 or 90779, as appropriate.

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

Note: In the previous banner page, the effective date was listed incorrectly. The effective date is February 1, 2008. We apologize for the error.

### Coverage for Radioimmunotherapy Limited to One Reimbursement Per Lifetime

IHCP reminds providers that the codes for radioimmunotherapy in Table 1 below are limited to reimbursement to one per lifetime:

Table 1 – Reimbursement Codes for Radioimmunotherapy – One Reimbursement Per Lifetime

Code	Description
A9542	Indium IN-111 Ibritumomab Tiuxetan, Diagnostic, per Study Dose, Up to 5 Millicuries
A9544	Iodine I-131 Tositiumomab, Diagnostic, Per Study Dose
A9545	Iodine I-131 Tositumomab, Therapeutic, Per Treatment Dose
A 9543	Yttrium Y-90 Ibritumomab Tiuxetan, Therapeutic, Per Treatment Dose, Up to 40 Millicuries

Claims billing the above codes in excess of one per lifetime will deny.

<sup>1</sup> CPT<sup>®</sup> is a registered trademark of the American Medical Association.

## **Kinrix and Rotarix Will Be Covered Through VFC**

In October 2008, two new vaccines, Kinrix and Rotarix, became available through the Indiana VFC Program. The CPT codes for Kinrix (90696) and Rotarix (90681) vaccines were recently released by the Centers for Medicare & Medicaid Services (CMS), along with the 2009 HCPC annual updates. The Office of Medicaid Policy and Planning (OMPP) is now determining coverage of the 2009 codes. Please refer to future banner pages and bulletins for instructions about resubmitting denied claims.

## **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 will be an excellent opportunity to become more familiar with Medicaid policies, procedures, and billing specific to FQHCs and RHCs.

The workshop will be Wednesday, January 28. Details are below:

#### **Workshop location and time:**

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.

## **Physicians, Hospitals, Clinics, Mental Health, and Pharmacy Providers**

### **RespiGam No Longer Eligible for Reimbursement**

Effective immediately, the IHCP no longer reimburses for the drug RespiGam (RSV-IVIG), which is no longer manufactured. The following codes are no longer reimbursable: CPT 90379 – *Respiratory Syncytial Virus Immune Globulin (RSV-IGIV), for Intravenous Use* – and Healthcare Common Procedure Coding System code J1565 – *Injection, Respiratory Syncytial Virus Immune Globulin, Intravenous, 50 mg*. The IHCP will continue to provide coverage for Synagis, as detailed in the *IHCP Provider Manual* and [BR200240](#), dated October 1, 2002.

## **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.