

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201105 FEBRUARY 1, 2011



Reminder: Billing guidelines for vaccines and vaccine administration

The Indiana Health Coverage Programs (IHCP) reminds providers of the appropriate vaccine and vaccine administration billing practices for all vaccinations. The guidelines below remain unchanged from those previously communicated:

Vaccines that are part of the Vaccines for Children (VFC) program and are received free by the provider as part of VFC: The provider may bill the appropriate Current Procedural Terminology (CPT^{®1}) vaccine procedure code and the lesser of the usual and customary administration fee or \$8. Do not bill a separate CPT administration code for a VFC-administered vaccine.

Vaccines that are typically part of the VFC program but have been purchased or supplied out of private stock: Providers may bill for both the vaccine and its administration (using CPT code 96372, 96373, or 96374). However, if an evaluation and management (E/M) service code is billed with the same date of service as an office-administered immunization, providers should not bill the vaccine administration code separately. Reimbursement for the administration is included in the E/M code-allowed amount. Separate reimbursement is allowed only when the administration of the drug is the only service billed by the practitioner.

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Vaccines that are not part of the VFC program: Providers may bill for both the vaccine and its administration (using CPT code 96372, 96373, or 96374). However, if an E/M service code is billed with the same date of service as an office-administered im-

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munization, providers should not bill the vaccine administration code separately. Reimbursement for the administration is included in the E/M code-allowed amount. Separate reimbursement is allowed when the administration of the drug is the only service billed by the practitioner. In addition, if more than one vaccine is administered on the same date of service and no E/M code is billed, providers may bill an administration fee for each injection.

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Documentation requirements for voluntary sterilization and hysterectomy

This is a reminder of the Indiana Health Coverage Program's (IHCP's) documentation requirements for voluntary sterilization and hysterectomy:

- A properly completed consent form, found online at the [U.S. Department of Health and Human Services](#), must accompany all claims for voluntary sterilization.
- All hysterectomy claims must be submitted with an Acknowledgement of Receipt of Hysterectomy Information. While no specific format is mandated for the acknowledgement, an example that includes the information necessary to satisfy documentation requirements can be found in [Chapter 8, Section 7 of the IHCP Provider Manual](#).

Providers must attach a photocopy of the properly completed form to each paper claim form or send it separately as an attachment to the electronic claim transaction.

These requirements apply to all providers, including attending physicians and surgeons, assistant surgeons, anesthesiologists, inpatient and outpatient hospital facilities, or other providers of directly related services. Claims that do not include proper documentation will be denied. Please see [Chapter 8, Section 7 of the IHCP Provider Manual](#) at indianamedicaid.com for additional information.



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