

2013 CHANGES for Immunization Administration for Vaccines/Toxoids

Immunization administration for Vaccines for Children (VFC) vaccine/toxoid Guideline

Effective January 1, 2013 North Dakota (ND) Medicaid providers enrolled with the North Dakota Department of Health's (NDDoH) VFC Program must follow Current Procedural Terminology (CPT®) Guidelines when submitting claims for the *initial* immunization administration and *each additional* administration of VFC vaccine/toxoids to qualified children age 0 through 18 years of age.

- *90471 – Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
- *90472 – Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)
- *90473 – Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
- *90474 – Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)

Vaccines, Toxoids

Codes 90476-90749 identify the vaccine/toxoid product only. To report the administration of a VFC vaccine/toxoid the vaccine/toxoid product code(s) MUST be submitted **with the appropriate immunization administration code (90471-90474)**.

The vaccine/toxoid products (90476-90749) supplied through the **NDDoH VFC** Program for children 0-18 years is reported with the vaccine/toxoid CPT® code appended with modifier **SL**. ND Medicaid will not allow/reimburse for vaccines/toxoids or the immunization administration when the product is available through the NDDoH VFC Program. An exception will be made to allow/reimburse vaccine/toxoid **ONLY** when there is a **national** shortage of a particular vaccine/toxoid and ND Medicaid has been notified of the national shortage by the NDDoH Immunization Program Manager.

Do not report more than one *initial* immunization administration per date of service (i.e. *per CPT®*, "Do not report 90471 in conjunction with 90473").

ND Medicaid requires that providers report an immunization administration code for each vaccine/toxoid administered and reported. Currently the immunization administration codes **MAY NOT** be billed with multiple units. See Example 1.

See NDDoH Vaccine Coverage Table as of October 1, 2012 or current update:

http://www.ndhealth.gov/immunize/Documents/Providers/Forms/New_Vaccine_Coverage.pdf

EXAMPLE 1:

Effective 1/1/2013	
<p>Correct Coding per ND Medicaid – VFC guidelines</p> <p>Patient – female age 12</p> <p>90649-SL \$0.00</p> <p>90471 \$__.</p> <p>90713-SL \$0.00</p> <p>90472 \$__.</p> <p>90715-SL \$0.00</p> <p>90472 \$__.</p>	<p>Incorrect Coding for ND Medicaid</p> <p>Patient – female age 12</p> <p>90649 \$__.</p> <p>90471 \$__.</p> <p>90713 \$__.</p> <p>90715 \$__.</p> <p>90472 \$__ (UNITS 2)</p>

Immunization Administration for Adult vaccine/toxoid Guideline

The ND Medicaid providers administering vaccine/toxoids to adults (age 19 and older) must follow the CPT® guidelines when submitting claims for the *initial* immunization administration and *each additional* administration of vaccine/toxoids. The immunization administration codes 90471-90474 must be billed with the initial and each additional vaccine/toxoid.

Do not report more than one *initial* immunization administration per date of service (i.e. *per CPT®*, “Do not report 90471 in conjunction with 90473”).

ND Medicaid requires that providers report an immunization administration code for each vaccine/toxoid administered and reported. Currently the immunization administration codes MAY NOT be billed with multiple units. See Example 2.

Vaccines, Toxoids

Codes 90476-90749 identify the vaccine/toxoid product only. To report the administration of a vaccine/toxoid the vaccine/toxoid product code(s) MUST be submitted **with the appropriate immunization administration code(s) (90471-90474)**.

The NDDoH also makes available certain vaccines/toxoids for special populations (19 years and older) through the “Other State-Supplied Vaccines/317 Vaccine” program. When these products are available ND Medicaid expects providers to use the “Other State-Supplied/317” vaccines/toxoids when NDDoH specified criteria are met. The vaccine/toxoid product supplied through the NDDoH 317 Vaccine program is reported with the vaccine/toxoid CPT® code appended with modifier **SL**. ND Medicaid will **not** allow/reimburse for vaccines/toxoids or the immunization administration when the product is available through the NDDoH “Other State-Supplied/317” program for special populations (19 years and older) who meet NDDoH criteria.

See NDDoH Vaccine Coverage Table as of October 1, 2012 or current update:
http://www.ndhealth.gov/immunize/Documents/Providers/Forms/New_Vaccine_Coverage.pdf

The vaccines/toxoids for adults (19 years and older) which are **not** available through NDDoH “Other State-Supplied Vaccines/317 Vaccine” program OR the adult does not meet the “Other State-Supplied Vaccines” criteria **may** be allowed/reimbursed at the current ND Medicaid fee schedule along with the appropriate immunization administration.

NOTE: When ND Medicaid is the secondary payer, the provider must submit the claim with vaccine/toxoid and immunization administration CPT® code(s) according to ND Medicaid guidelines; therefore it is acceptable for providers to change/add the appropriate immunization administration CPT® code(s) on the claim.

Also see:

General Information for Provider Manual - Immunizations

<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf>

MEDICAID CODING GUIDELINE – Gardasil (HPV) vaccine

<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/cpt/gardasil-hpv-vaccine.pdf>

EXAMPLE 2:

Correct Coding per ND Medicaid – adult guidelines	Incorrect Coding for ND Medicaid
Patient – female age 19	Patient – female age 19
90649 \$__.	90649 \$__.
90471 \$__.	90471 \$__.
90713 \$__.	90713 \$__.
90472 \$__.	90715 \$__.
90715 \$__.	90472 \$__ (UNITS 2)
90472 \$__.	