Vaccine Questions from NC Pediatric Society

1. **Will your claims system be updated in time to process the vaccine codes appropriately as of January 1, 2011? Yes**

2. **If your systems will not be updated by January 1, 2011, on what date will you be ready? N/A**

3. **If applicable, how do you propose to fill the gap between January 1 and the date your system is ready in order to pay these claims appropriately? N/A**

4. **What is the new fee schedule for the codes listed above and what methodology are you using to calculate those rates (RVUs, etc.)? BCBSNC will implement the 2011 fees consistent with our pricing policies. This year will be the eighth year of a December revision to the Medicare Physician Fee Schedule, and we are prepared to implement the rates for new codes quickly once they are published. Providers are encouraged to contact their network management representatives at any time to discuss any questions they may have about their specific fee schedules.**

5. **Please confirm that every vaccine administered is entitled to ONE unit of 90460 PLUS as many additional units of 90461 as there are additional components in that particular vaccine. Yes. Units are based on the description of the CPT code. 90461 is intended to be used for each additional vaccine or component. A component refers to all antigens in a vaccine that prevent disease caused by one organism. Units submitted for administration of the vaccine should coincide with the components of the vaccine. For example, claims for the IPV vaccine should be filed with 1 unit of 90460. Claims for Pentacel (DTaP-IPV-Hib) should be filed with 1 unit of 90460 and 4 units of 90461.**

6. **Please confirm that you will recognize the same number of components for each of the vaccines, as well as the corresponding CPT codes listed for each one as listed in the Vaccine Component and Coding Table.** **Yes as appropriate. (Please see response to #5.)**

7. **In addition to verifying the CPT codes, please also state whether or not you will recognize the following ICD-9-CM codes billed in conjunction with the new CPT codes:**

    a. **V20.2 for all age appropriate vaccines administered during a routine health check to patients through 17 years of age?** **Yes**

    b. **V70.0 for patients 18 years and older?** **Yes**

    c. **V06.8 for multiple component vaccines when administered without a well visit?** **Yes.**

    These diagnosis codes are all classed as wellness, designed to allow 100% coverage when applicable for a particular member's benefit plan. The diagnosis should be correctly linked as primary diagnosis for the vaccine and vaccine administration code lines.

8. **Advise on how multiple units and/or multiple claim lines of the same code will be handled. Examples:**

    a. **Paper claims have a maximum of eight billable items, what will happen if administration codes run on to a second set of claim lines?** **8 lines should be sufficient if units are used rather than several claim lines of administration codes. If 8 lines are insufficient, providers should file the claim on separate claim forms, but combine the units of 90460 and 90461 on a single claim form. Filing 90460 or 90461 on separate paper claim forms on a single date of service for the same member will cause a duplicate claim denial.**

    b. **For vaccines that have multiple components, such as MMR, we will bill 90460 on one line and 90461 on the next TWO lines – will your system read the**

second 90461 as a duplicate and deny? Not the preferred method and duplicate denials are likely. See d. below.

c. **Using the same example of MMR, can your system process UNITS if we bill 90460 x 1 unit and 90461 x 2 units, or will your system deny? This is the preferred method to ensure no duplicate denials.**

9. **Please confirm that in the case of, say, a child receiving MMR, Hib and Prevnar 13 vaccines on the same date of service, your claims processing system will NOT reject the billing of THREE units of 90460 on the same date of "duplicate claims". Yes, in fact, this is the preferred way to bill these. CPT instructions say, "Use 90460 for each vaccine administered. For vaccines with multiple components [combo vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine." It is important to use units instead of multiple claim lines for a given code to prevent duplicate denials.**

10. **Will your company append co-pays to vaccine administration services? Member benefit plans are not impacted by these new codes, and they will continue to process as they do today.**

11. **Who are "other qualified healthcare personnel" for the purposes of vaccine coding? CPT does not define "other qualified healthcare personnel. According to the American Academy of Pediatrics,**

"Each state's scope of practice laws determine what types of individuals are "qualified healthcare professionals."

"Scope of practice is terminology that is used by state licensing boards for various professions to define the procedures, actions, and processes that are permitted for a licensed individual. It defines the level of medical responsibility and/or health services (boundaries within which a health care provider may practice) and/or range of activities that a practitioner is legally authorized to perform based on their specific education and experience.

"Physicians, registered nurses, clinical nurse practitioners, physician assistants, licensed practical nurses, physical therapists, and nutritionists are among some of the professions for which scope of practice laws are defined. However, it can vary by state.

"Each state has laws and regulations that describe the requirements of education and training for health care professionals. However, some states do not have different scope of practice laws for every level of professional (eg, licensed practical nurse).

"In order to report CPT codes 90460-90461, *either* the physician or a qualified health care professional must perform counseling (and so document that the counseling was personally performed). To determine if someone other than a physician meets the criteria of a qualified health care professional, each practice should refer to their particular state scope of practice laws.

"A clinical or advanced nurse practitioner and registered nurse meet the criteria because of their level of education.

"Typically licensed practical nurses (LPNs) will not meet the criteria and medical assistants (MAs) never meet it, again, because of the level of education received. For more information about LPNs and MAs, please see http://bhpr.hrsa.gov/healthworkforce/reports/nursing/lpn/c3.htm#1. In those cases, unless the immunization counseling is performed and documented by a physician or registered nurse, codes 90460 and 90461 cannot be reported. Rather, codes 90471-90474 (immunization administration, via injection, oral or intranasal route, first or each additional) would be reported as appropriate based on the reporting guidelines."