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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

DATE: February 11, 2013
TO: AHCCCS Vaccine Providers
FROM: Marc Leib, M.D., Chief Medical Officer
SUBJECT: Vaccine Administration Reporting Changes, Including the VFC Program

The Affordable Care Act (ACA) mandates that vaccine administration fees paid to certain physicians and other providers administering vaccines to Medicaid-enrolled members, including those administered to children under the Vaccines for Children program, be increased as of January 1, 2013. AHCCCS is currently revising our systems to allow physicians who qualify for the increased administration fee to receive those fees for vaccine administrations. The methodology and payment of the enhanced rate requires CMS approval, which could be delayed as late as July 1, 2013. Therefore enhanced payments for qualifying claims with dates of service on or after January 1, 2013 will not begin January 1 but will be made retroactively once CMS approval is received.

In addition to the increased fees for vaccine administrations, final regulations implementing this section of the ACA requires that vaccines be reported in a different manner than AHCCCS has utilized in the past. Previously, vaccines were reported with the CPT codes that identified the particular vaccines given, and for VFC, the SL modifier was attached to that vaccine code. Physicians and other providers also reported one vaccine administration code, which was not separately paid, regardless of how many vaccines were administered on that date of service.

With the changes under the ACA, both the specific vaccine code and the vaccine administration code must be reported by all providers reporting vaccine administration services. If the vaccine is provided through the VFC program, the SL modifier **must be added to both the vaccine code and the vaccine administration code**. Do not add the SL modifier to vaccine and administration codes used to report services provided to members who are over 18 years of age or for vaccines that are not covered under the VFC program administered to children.

CPT codes identifying the vaccine or toxoid given under the VFC program should be identified with the appropriate CPT code to identify the vaccine, the SL modifier, and the charge listed as \$0.00. Vaccines should be identified with the appropriate CPT code and the charge for that vaccine for members 18 years of age or older or for vaccines **not** covered under the VFC program.

When vaccines are administered separately, i.e., through separate injections, an administration fee will be paid for each separate administration. Additional administration fees are not paid when multiple vaccines are administered through a single injection. Physicians should not

separate vaccine toxoids typically administered together into separate syringes to report multiple vaccine administration codes.

Reporting multiple injections depends on which vaccine administration codes are used to report the services. When more than one vaccine is administered with counseling to a member 18 years of age or younger, each injection is reported with CPT code 90460 and SL modifier. Providers will be paid a separate fee for each injection. If more than one vaccine/toxoid is included in a single injection, the additional toxoids should be identified with the appropriate CPT code and the administrations of those other toxoids may be identified with CPT code 90461. AHCCCS will not make additional payment for administration of other additional toxoids included in the injection identified with CPT code 90460 and providers are not compelled to report 90461 for the administration of those additional toxoids.

When more than one injection is given to a member who is over the age of 18 or to a child without counseling, the administration of the first injection is identified with CPT code 90471 and additional injections are identified with CPT code 90472. Each vaccine or toxoid component should be identified with the appropriate CPT code on the claim form along with the charge for that toxoid. When more than one toxoid is included in the injection, each toxoid should be listed but only one administration code is reported (90471 for a single injection; 90471 and 90472 for multiple injections).

For example, a DTaP vaccine should continue to be administered through a single syringe and the physician should report a single administration code even though three vaccine toxoids are included in that syringe. If, however, the physician also administers a Hepatitis B vaccine through a separate injection site, s/he may report a second administration code. Please refer to the “New Requirements for Submission of Claims for Vaccine Administration” FAQs for more information at <http://www.azahcccs.gov/commercial/ProviderBilling/rates/PCSRates.aspx>