

PROVIDER BULLETIN

NO. 08-31

September 18, 2008

TO: Physicians, Hospitals and Home Health Agencies participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

RE: INFLUENZA VACCINE – 2008/2009 UPDATE

THE INFORMATION IN THIS BULLETIN SUPERCEDES PREVIOUS INFLUENZA VACCINE PROVIDER BULLETINS

This memo will review current Nebraska Medicaid policy for coverage of the influenza vaccine for Medicaid eligible persons.

Payment for influenza vaccine for Nebraska Medicaid clients is available under circumstances of medical necessity. This means that the physician has evaluated the patient and determined that (s) he is at increased risk for complications of influenza. Documentation, including a written order for the flu vaccine must be in the patient's medical record and available upon request by the Department.

Circumstances meeting the criteria for medical necessity for Medicaid reimbursement include but are not limited to:

1. everyone 65 years of age and older (who is NOT Medicare eligible);
2. **all children/infants 6 months to 18 years of age;** (please note: new criteria)
3. women who will be pregnant during the flu season; ♦
4. adults who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus);
5. adults who have immunosuppression (including immunosuppression caused by medications or by HIV);
6. adults who have any condition (e.g. cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory functions or the handling of respiratory secretions or that can increase the risk for aspiration;
7. residents of nursing homes and other chronic-care facilities;
8. household members (including children) of people in high-risk groups;*
9. household contacts and out of home caregivers of children less than 6 months of age;*
10. Those clients determined to be at risk per the physician's discretion.

♦ Pregnant women age 18 and younger must receive the vaccine from the VFC program.

* Out of home care givers and household members of children and other high risk groups must be Medicaid eligible themselves for Medicaid reimbursement of their vaccine.

VACCINE FOR CHILDREN (VFC)

Influenza vaccines are available through the VFC program for infants/children 6 months – 18 years of age. (VFC has both the injectable and nasally administered vaccines.) Vaccine will be available at the Public Health Clinics for the routine 6month -18 year old immunizations but **will not be available at those clinics for the high risk children.** Please contact VFC at 1-800-798-1696 if you have not already ordered your vaccine. Medicaid is unable to reimburse providers for private stock vaccine when it is available free of charge through the VFC program.

On September 19, 2007 the FDA approved the use of the nasal influenza vaccine LAIV (Flumist) for healthy children ages 2 to 4 years old (24-59 months old) without a history of recurrent wheezing, as well as for healthy persons age 5-49 years who are not pregnant. The nasal influenza vaccine is now available through the VFC program and the administration is reimbursed by Medicaid for this expanded age range.

PRESERVATIVE FREE AND NASAL VACCINE FOR ADULTS

It is expected the adult influenza immunizations will be given with the most cost effective, standard vaccine. However, preservative free and nasal vaccines will be available for adults who have a medical need for one of these preparations versus the injectable preparation containing a preservative. Prior authorization will not be required but documentation of medical necessity must accompany claims.

BILLING INSTRUCTIONS

A. For VFC vaccines:

1. Medicaid pays only for the administration of vaccines available to providers through the VFC program.
 - a. Use the vaccine CPT code with a **SL** modifier for administration.

B. For Provider Stock Vaccines:

(Private stock vaccines are **only** to be used for client's over the age of 18)

1. Use an appropriate, applicable ICD-9 **diagnosis** code.
 - a. For conditions for which there may not be a specific ICD-9 code (e.g. household member on chemotherapy) a short documentation of condition (Field 19 on paper claims, narrative field on electronic claims) should be included to document the medical necessity.
 - b. For those receiving a specialized preparation – preservative free or nasal vaccine – document the medical necessity of administering that preparation.
 2. Use the appropriate CPT code for the **vaccine**.
 3. Use the appropriate CPT code for **administration** of the vaccine.
- As with any other service, Medicaid is the payor of last resort. When applicable, Medicare or other third party payors must be billed first and the EOB from that payor is to be attached to a Medicaid claim form.
 - Medicaid payment can only be made to a Medicaid enrolled provider who has administered this vaccine. Medicaid does not cover mass immunizations held at community centers, stores, etc.
 - Flu vaccine may also be administered at pharmacies if the pharmacist is willing to do so. If your *adult fee-for-service* patients (age 19 and over) wish to get the flu vaccine at their local pharmacy, then the pharmacist, per existing Medicaid policies, will require a prescription from the attending physician who has verified medical necessity, to administer the flu vaccine. All program policies and procedures outlined in this bulletin still apply when flu vaccine is administered at a pharmacy.
 - Flu vaccine may be administered by home health care providers during the course of an already scheduled visit.

For questions about this information, contact: Lorelee Novak, R.N. (402) 471-9368

For Home Health questions, contact: Gaylene Jeffries, R.N. (402) 471-9415