



Reimbursement Policy

Subject: Vaccines for Children Program

Effective Date: **04/20/18**

Committee Approval Obtained:
04/20/18

Section: **Prevention**

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid/Medicare. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy

Amerigroup allows reimbursement of the administration fee for vaccines provided by the Vaccines for Children (VFC) Program for eligible members under the age of 19 unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Medicaid

	<p>providers who participate in the VFC Program and immunize children shall comply with all of the reporting requirements and procedures.</p> <p>Reimbursement is based on the fee schedule or contracted/negotiated rate of the vaccine administration up to maximum fee limits set by the CDC and applicable modifiers as listed in Exhibit A. Amerigroup does not reimburse providers for the vaccine serum as it is provided free-of-charge through the VFC Program.</p> <p>Although providers shall only be reimbursed for the administration of the vaccine, serum code(s) must be included on the claim to meet regulatory and HEDIS® reporting requirements that members are receiving the proper immunization(s). Claims submitted without applicable serum, administration and modifier codes may be rejected and/or denied.</p> <p>Reimbursement of Office Visits Vaccine administrations are separately reimbursable expenses from well-child exams or office visits. When the vaccine administration is the only service performed, Amerigroup does not allow reimbursement for a minimal office visit.</p> <p>Non-VFC Members/Vaccines For members not eligible or for vaccines not provided under the VFC Program, Amerigroup reimburses providers for the administration and serum based on the fee schedule or contracted/negotiated rate.</p> <p>Reimbursement During State Supply Shortages During documented supply shortages within applicable state VFC Programs, Amerigroup will reimburse providers for serum(s) based on the fee schedule or contracted/negotiated rate and applicable modifiers as listed in Exhibit A. Health plans shall develop internal processes and procedures to track state VFC Program and CDC information to monitor vaccine shortages.</p> <p>HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).</p>
Exemptions	<ul style="list-style-type: none"> • This policy does not apply to Medicare Advantage.
History	<ul style="list-style-type: none"> • Biennial review approved and effective 04/20/18: Policy language updated • Biennial review approved 09/15/16: Policy language updated • Review approved and effective 07/13/15: Definition section updated; Policy template updated

	<ul style="list-style-type: none"> • Biennial review approved 05/12/14: Policy template updated • Effective 04/07/14: Medicare Advantage exemption added 10/01/14 • Review approved 02/25/13: Kansas and Washington added to Exhibit A; Policy template updated • Biennial review approved 11/07/11 and effective 01/30/09: Policy template updated; Texas exemption removed • Review approved 07/31/09: Texas exemption updated • Review approved 12/29/08 and effective 01/30/09: Minimal office visit clarified; Texas exemption added • Biennial review approved 12/01/08 and effective 01/30/09: Non-VFC Members/Vaccines section added; State Supply Shortages section updated; Background updated; Market VFC Requirements for Eligible Members added • Initial approval and effective date 09/01/05
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • Amerigroup state contracts • CDC • Social Security Act, Section 1928: Program for Distribution of Pediatric Vaccines • State VFC Programs
Definitions	<ul style="list-style-type: none"> • Minimal Office Visit: an office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician; the presenting problem(s) are usually minimal and typically five minutes are spent performing or supervising these services • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Modifier Usage
Related Materials	<ul style="list-style-type: none"> • Exhibit A: Market VFC Requirements for Eligible Members

Exhibit A: Market VFC Requirements for Eligible Members

Health plan/product	VFC supplied serum	Private stock serum* (state supply shortages)
Medicare Advantage (all markets)	N/A	N/A
Florida	No requirement	Modifier SC
Georgia	Modifier EP	No requirement
Kansas	No requirement	Modifier SL
Maryland	Modifier SE	No requirement
New Jersey	No requirement	No requirement
Tennessee	No requirement	Modifier 32
Texas	No requirement	Modifier U1
Washington	Modifier SL	No requirement

* Modifiers are appended to the serum code

Eligibility

Amerigroup members that are eligible for VFC vaccines are children from birth through 18 years old (members who have not reached their 19th birthday at the time the service was rendered) and who fall into one of the following categories:

- Medicaid or Medicaid Managed Care eligible
- Native American or Alaska Native
- Texas CHIP program