

February 21, 2013

# Montana Health Care Programs Notice

## Physicians, Mid-Level Practitioners, Public Health Clinics, and Family Planning Clinics

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### Vaccine Administration Changes

Effective January 1, 2013, the regional maximum vaccine administration fee changed. Vaccine administration procedure codes and new fees are listed below.

Code	Modifier	Fee
90460		\$21.32
90460	SL	\$21.32
90461		\$13.38
90461	SL	\$0.00
90471		\$21.32
90471	SL	\$21.32
90472		\$13.38
90472	SL	\$13.38
90473		\$21.32
90473	SL	\$21.32
90474		\$13.38
90474	SL	\$13.38

These fee changes were made to the claims processing system January 31, 2013. Claims with a date of service and a claims processing date between January 1, 2013 and January 31, 2013, will be mass adjusted. This mass adjustment will take place in the next few weeks.

Montana Medicaid pays the lower of charge or fee for billed services. Therefore, if the amount billed is less than the fee listed above, the mass adjusted payment amount will be limited to the amount billed. In these instances, providers may submit an adjustment form to adjust charges.

Montana Medicaid reimburses the lower of the 2013 regional maximum (\$21.32) or an amount determined by multiplying the 2013 relative value unit for the procedure code by the greater of the Medicare conversion factors for calendar years 2009 and 2013. The Vaccines for Children (VFC) program does not permit a fee for procedure code 90461 SL.

**Note:** If a significant separately identifiable Evaluation and Management (E/M) is performed, the appropriate E/M service code and modifier should be reported in addition to the vaccine and administration codes. This warning has been given to providers in previous provider notices.

New edits were implemented in the Medicare and Medicaid National Corrective Coding Initiative (NCCI) January 1, 2013. These edits are based on the instruction in the section on “Immunization Administration for Vaccines/Toxoids” in the 2013 CPT Manual. These edits are causing some claims to deny. As a result, providers should pay particular attention to the correct usage of modifier 25.

**Note:** You may only bill for administration services if performed by, or under the direct supervision of, a reimbursable professional (i.e., physician, mid-level). All administration of VFC vaccines must be billed on a CMS-1500 at no charge (\$.00) for the VFC-supplied vaccine, and the administration should have the appropriate modifier (SL). For provider-based clinics, VFC services must be billed as a non-provider based service on a CMS 1500 only.

## **Contact Information**

If you have any questions, please contact Bob Wallace at (406) 444-5778 or [bwallace@mt.gov](mailto:bwallace@mt.gov).

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com). Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.