



<p>Answers from Insurers to Vaccine Administration Code Changes for January 1</p> <p>If a paper claim is submitted, will it matter at what point the claim splits onto the second page (i.e. will all vaccine administration codes need to be listed on the same page as the corresponding vaccine)?</p>	<p>Antem encourages electronic billing but if paper claims submitted, yes; the vaccine code and the administration code have to be on the same page otherwise manual adjustment and a call to the Provider Call Center may be required.</p>				<p>Yes, it does matter. Our system configuration looks at vaccines and administration within the same claim. If they are split out it can cause claims denied as duplicates or vaccines billed without administration.</p>		
<p><b>Question #6</b></p> <p>The AMA has set the RVUs for these codes at 0.68 for 90460 and 0.34 for 90461. At the current Medicare conversion factor, these RVU's are equivalent to \$24.54 and \$12.27, respectively. Congress has recently postponed the scheduled 23% decrease in Medicare rates to January 1<sup>st</sup> and is likely to postpone it again. What will your insurance company be using as a basis for determining payment for these codes? If you have a standard fee for these codes that we can distribute to our membership, please inform us so that we can include it in our communications with CT-AAP member</p>	<p>All drug &amp; immunization codes are priced using ASP +6% when priced by Medicare or 85% of AWP for those that are not. The fees are updated according to Medicare on a quarterly basis.</p>				<p>CHNCT lines of business include: HUSKY A; HUSKY B; and Charter Oak. The vaccines and referenced codes for administration of these apply only to the HUSKY programs. Applicable CHNCT fees for these services are in accord with those of the Connecticut Department of Social Services (DSS). The DSS reimbursement fee schedule is based on Medicare rates. The DSS fees for the 2011 new codes have not been formally released as of this date. It is anticipated that DSS will also be notifying providers of relevant codes, fees, and policies.</p>	<p>I am awaiting guidance from DSS Medicaid Administration on how these will be handle and how the changes will be reflected on their fee schedule.</p>	
<p>Additional Information</p>						<p>CTAAP has contacted DSS for answers</p>	<p>CTAAP has contacted DSS for answers</p>

<p>Answers from Insurers to Vaccine Administration Code Changes for January</p>	<p>Effective 2011, two new immunization administration codes (through 18 years of age) will replace the pediatric immunization administration codes (younger than 8 years of age) 90465-90468. They are: +90461 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure.)</p>	<p>ConnectiCare is currently in the process of configuring our claim system to accept all new and modified CPT/HCPCS for 2011. In accordance with established administrative policy, new 2011 codes that are not yet loaded and priced within the claim system will temporarily pay \$0.00 and the following statement will appear on the EOP, "New code, rate not yet established, will be adjudicated by April 15, 2011." As soon as the codes are loaded, claims will be processed and paid according to physician contract; offices will not need to resubmit claims. This information can also be found on the ConnectiCare provider web portal at <a href="http://www.connecticare.com">www.connecticare.com</a>. Please be advised that I will again be in communication with you, Dr. Stone and Dr. Carlson when I have answers to all of the questions outlined in your letter of December 8.</p>	<p>We should have a communication out to all of our providers next week. I will copy you on the final information. We do not see this as a major issue for our systems but will be diligent in tracking the first claims we get. In the test environment, things look good for autoadjudication.</p>	<p>We understand that physicians will be submitting the add on code multiple times for the same enrollee on the same date of service. We will not incorrectly deny multiple submissions as duplicate submissions. Physicians may submit multiple codes on one line or one code on multiple lines; it is their choice, and we will adjudicate the claims correctly in any event. 5. A substantial component of these new codes is for counseling patients for each component of multiple component vaccines. It is our expectation that physicians will perform the work involved if they submit these codes.</p>	<p>No response</p>			<p>Will not have information until after the new year.</p>
	<p>The deleted codes (90465-90468) were used to report the first and subsequent injections/administrations of a vaccine/toxoid. The two new codes (90460-90461) are used to report each component (antigen) of the vaccine/toxoid, not per administration.</p>							

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