

# Wisconsin Medicaid update and BadgerCare

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## Wisconsin Medicaid and BadgerCare Information for Providers

To:

Federally  
Qualified Health  
Centers  
Nurse  
Practitioners  
Physician  
Assistants  
Physician Clinics  
Physicians  
Rural Health  
Clinics  
HMOs and Other  
Managed Care  
Programs

## Immunization CPT code changes

This *Update* provides information about new and/or changed policies for reimbursement of *Current Procedural Terminology* (CPT) codes for immunizations. In addition, Wisconsin Medicaid is attaching a table of all vaccines that are provided through the Vaccines for Children (VFC) Program.

### Immunization code changes

Wisconsin Medicaid has adopted the American Medical Association's early release of several 2001 changes in *Current Procedural Terminology* (CPT) codes for immunizations. The following changes are effective for dates of service on and after July 1, 2000.

Please bill the appropriate age-based code on the claim form. Wisconsin Medicaid will monitor the use of these codes based on the definitions described in this *Update*. The administration fee is included in reimbursement for these immunizations and will not be reimbursed separately.

### Newly covered immunization codes

The following immunization codes are new:

- 90740 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use.
- 90743 – Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use. (**Note:** This vaccine is

not currently available through the Vaccines for Children [VFC] Program, however, it is expected that it will be added shortly. Until then Wisconsin Medicaid will continue to reimburse providers for both the vaccine and administration fee. For a complete list of vaccines provided through VFC, refer to the Attachment of this *Update*.)

### Soon-to-be covered immunization code

Wisconsin Medicaid will cover the following code when a product is approved by the Food and Drug Administration and available in the general market. A separate notice will be sent at that time.

- 90723 – Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use.

### Noncovered immunization codes

Wisconsin Medicaid will no longer cover the following immunization codes:

- 90712 – Poliovirus vaccine, (any type[s]) (OPV), live, for oral use.
- 90720 – Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza b vaccine (DTP-Hib), for intramuscular use.

## Description changes for immunization codes

The CPT descriptions of the following immunization codes have been revised.

Providers who have been reimbursed for dates of service on and after July 1, 2000, using the old CPT descriptions are not required to adjust those claims.

- 90378 – Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each.  
(**Note:** This immunization is manually priced, and providers are required to submit documentation of the age and weight of the recipient and the dosage given.)
- 90702 – Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use.
- 90718 – Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular or jet injection.
- 90732 – Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use.
- 90744 – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use.
- 90747 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use.
- 90669 – Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use. (**Note:** Effective for

dates of service on and after October 1, 2000, this vaccine is added to VFC.

Providers will only be reimbursed an administration fee for procedure code 90669 for dates of service after that date.)

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

**Note:** Wisconsin Medicaid is sending a separate mailing to HealthCheck agencies regarding use of these immunization codes.

If you have any questions, please contact Provider Services at (800) 947-9627 or (608) 221-9883.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT

## Immunizations provided through the Vaccines for Children (VFC) Program Effective October 1, 2000

Code	Description	Place of Service (POS)	Type of Service (TOS)
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	0, 3, 4	1
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	0, 3, 4	1
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	0, 3, 4	1
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	0, 3, 4	1
90669	Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use	0, 3, 4	1
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for intramuscular use	0, 3, 4	1
90702	Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use	0, 3, 4	1
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use	0, 3, 4	1
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use	0, 3, 4	1
90716	Varicella virus vaccine, live, for subcutaneous use	0, 3, 4	1
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular or jet injection	0, 3, 4	1
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	0, 3, 4	1

**Immunizations provided through VFC continued on next page**

**Immunizations provided through VFC, continued**

<b>Code</b>	<b>Description</b>	<b>POS</b>	<b>TOS</b>
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	0, 3, 4	1
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	0, 3, 4	1
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	0, 3, 4	1
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	0, 3, 4	1