

To:
Federally
Qualified Health
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Programs

Wisconsin Medicaid Reimbursement of Influenza Vaccine for the 2004-2005 Season

Injectable influenza vaccine will be made available free of charge to all Wisconsin Medicaid providers participating in the Vaccines for Children Program for the 2004-2005 influenza season. Therefore, Wisconsin Medicaid will reimburse providers for the administration fee only for recipients up to and including age 18 who meet the criteria listed in this *Wisconsin Medicaid and BadgerCare Update*. For recipients 19 years of age and older, Wisconsin Medicaid will reimburse providers for both the cost of the vaccine and the administration fee.

Vaccines for Children 2004-2005 Season Influenza Vaccine Supply

The federal Vaccines for Children (VFC) Program will supply providers with the influenza vaccine through the Wisconsin Immunization Program for the following Medicaid recipients for the 2004-2005 influenza season:

- Any high-risk child up to and including age 18.
- Any child 6-23 months of age.
- Any household contact up to and including age 18 of a child 0-23 months of age.
- Any child up to and including age 18 who is a household contact of an individual who is at high risk for the complications of influenza.

Wisconsin Medicaid Reimbursement

Providers cannot request payment or a donation from a Medicaid recipient for the influenza vaccine or the administration fee. There is no copayment for the vaccine regardless of the recipient's age.

Recipients Up to and Including Age 18

The VFC Program provides the influenza vaccine to participating Medicaid providers free of charge. For recipients up to and including age 18, providers will be reimbursed for the administration fee only. Providers should use the appropriate *Current Procedural Terminology* (CPT) procedure code listed in the Attachment of this *Wisconsin Medicaid and BadgerCare Update* when submitting claims for reimbursement.

Recipients 19 Years of Age and Older

For recipients who are 19 years of age and older, Wisconsin Medicaid will reimburse providers for both the cost of the influenza vaccine and the administration fee. Providers should use the appropriate CPT procedure code listed in the Attachment when submitting claims for reimbursement.

If Vaccine Becomes Unavailable

In the event that an individual provider's VFC-supplied influenza vaccine is depleted, that provider will be permitted to purchase the vaccine from another source or use a privately purchased vaccine supply on hand and be reimbursed for the cost of the vaccine by Wisconsin Medicaid. After the provider has called the Wisconsin Immunization Program at (608) 264-9884 to verify that there is no additional VFC supplied vaccine, the provider should request a letter verifying that the VFC-supply of the vaccine has been depleted. The Wisconsin Immunization Program will then send the letter to the provider. Providers will also be given instructions at that time for submitting claims for both the cost of the vaccine and the administration fee for children up to and including 18 years of age.

Coverage of FluMist™ Vaccine

Wisconsin Medicaid will reimburse for the FluMist™ vaccine only when the prescribing physician determines that it is a medically necessary replacement for the injectable inactivated influenza vaccine. In these cases, the physician should document in the medical record the reason why FluMist™ is medically necessary. If FluMist™ is medically necessary, Wisconsin Medicaid will reimburse the cost of the vaccine and the administration fee. Providers should refer to the Attachment for the appropriate CPT procedure code.

For More Information

For more information about the Wisconsin Immunization Program and the VFC Program, refer to the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/immunization/ or contact the Wisconsin Immunization Program at (608) 266-1506. For questions about claims submission, providers may contact Provider Services at (800) 947-9627 or (608) 221-9883.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT

Influenza Vaccine Procedure Codes

Providers should use the following *Current Procedural Terminology* (CPT) procedure codes when submitting claims to Wisconsin Medicaid for influenza vaccines and/or the administration fee. Wisconsin Medicaid's reimbursement for these procedure codes includes reimbursement for the administration of the vaccine. Therefore, providers should not bill an administration code (i.e., CPT procedure codes 90471-90472) concurrently with any of the procedure codes listed in the following table.

CPT Procedure Code	Description
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years of age and above, for intramuscular use
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use