

**PRACTITIONER AND ORDERED AMBULATORY PROVIDERS:
CHANGE IN MEDICAID BILLING FOR VACCINE ADMINISTRATION
FOR DATES OF SERVICE ON AND AFTER JANUARY 1, 2013**

Vaccines for Children Program (VFC) - Vaccine Administration

For administration of vaccines supplied by VFC, including **influenza and pneumococcal administration**, providers will be required to bill **vaccine administration** code **90460**. Providers **must continue to bill the specific vaccine code with the “SL”** modifier on the claim (payment for “SL” will be \$0.00). If an administration code is billed without a vaccine code with “SL”, the claim will be denied. For reimbursement purposes, the administration of the components of a combination vaccine will continue to be considered as one vaccine administration. More than one vaccine administration is reimbursable under 90460 on a single date of service.

90460	(IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; FIRST OR ONLY COMPONENT OF EACH VACCINE OR TOXOID ADMINISTERED)	\$17.85
--------------	---	---------

Adult and non-VFC Vaccine Administration

For administration of vaccines ages 19 and over, including influenza and pneumococcal, and children’s vaccines not covered by VFC, providers will be required to bill under the procedure codes below (new codes are bold). **Providers must continue to bill the specific vaccine code at acquisition cost, but should no longer add \$2.00 to the charge for the vaccine as previously instructed.** G0008 & G0009 will no longer be reimbursed, use the appropriate codes below.

90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$13.23
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$2.00
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$8.57
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$2.00

Medicaid Primary Care Rate Increase

Transition to these vaccine administration codes will allow primary care physicians and other practitioners to be eligible for the Medicaid Primary Care Rate Increase under the Affordable Care Act. Additional information on the Primary Care Rate Increase will be disseminated in upcoming Medicaid Update articles and emedny.org. Sign up for the eMedNY Listserv to get immediate updates for your provider type:

https://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx

Questions:

Medicaid billing assistance: CSC, 1-800-343-9000.

VFC Program: 1-800-543-7468.

Coding, reimbursement: OHIP Operations, dprum@health.state.ny.us or (800) 342-3005, option 8.