



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Physicians, Advanced Practice Nurses, Independent Clinics – **For Action**
Health Maintenance Organizations - **For Information Only**

SUBJECT: Revised Billing Procedures for New Jersey Vaccines for Children (VFC) Program

EFFECTIVE: Claims with service dates on or after September 1, 2004

PURPOSE: To notify practitioners of revised billing procedures for administration of VFC-covered vaccinations.

BACKGROUND: The VFC program offers practitioners the opportunity to obtain free vaccines for certain Medicaid/NJ FamilyCare-eligible children under 19 years of age.

In June of 1999, the Division terminated Medicaid/NJ FamilyCare fee-for-service (FFS) coverage and reimbursement for vaccines available from the VFC program. Vaccines for individuals age 19 and over continue to be covered by the Medicaid/NJ FamilyCare FFS program (Please see Newsletter Volume 9, Number 33 for additional information).

The Division provides an enhanced FFS administration fee of \$11.50 for the administration of vaccines ordered directly from the VFC program and administered to children who are eligible for Medicaid/NJ FamilyCare. The administration code for administering a single vaccine is 90471 (\$11.50). For two or more vaccines, the administration code is 90472 (\$11.50 per injection administered).

ACTION: Effective for claims with service dates on or after September 1, 2004, you must report **both** a vaccine administration CPT code **and** the associated VFC vaccine CPT code when requesting payment for the administration fee(s) of VFC vaccines.

The date of service you report on the claim for vaccine administration CPT codes 90471 and 90472 must be the same as the date of service you report on the accompanying claim for the vaccine CPT code. If the dates are different or missing, the claim will be denied payment by Error Code 778, "No immunization code provided on same date of service."

Although the provider is receiving the vaccines from VFC program, the charge amount(s) for the actual vaccine(s) CPT code must reflect a provider's usual and customary charge for the vaccine.

Vaccine Administration CPT codes

90471	Initial vaccine	\$11.50
90472	Two or more vaccines	\$11.50 per injection administered

VFC Vaccine CPT codes

90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90645	Hemophilus influenza B vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90655	Influenza virus vaccine, split virus, preservative-free, for children 6-35 months of age, for intramuscular or jet injection use
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular or jet injection use
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular or jet injection use
90669	Pneumococcal conjugate vaccine, polyvalent, for children under 5 years of age, for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for intramuscular use
90702	Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use
90716	Varicella virus vaccine, live, for subcutaneous use
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals 7 years or older, for intramuscular use

- 90721 Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
- 90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated, (DtaP-HepB-IPV), for intramuscular use
- 90732 Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use
- 90743 Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
- 90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
- 90748 Hepatitis B and Hemophilus influenza B vaccine (HepB-Hib), for intramuscular use

If you have any questions concerning this Newsletter, please contact the Office of Preventive Health Services, DMAHS at (609) 588-2739.

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