

TO: Physicians and Independent Clinics

SUBJECT: Hepatitis B Vaccine - Policy Change in Coverage and Reimbursement

EFFECTIVE: Immediately

BACKGROUND: The U.S. Department of Health and Human Services, Centers for Disease Control (CDC), and the American Academy of Pediatrics (AAP) have recently revised their recommendations for immunization against hepatitis B virus infection. While previously only infants with a history of perinatal exposure were targeted for this immunization, the revised recommendations call for universal immunization of all newborns. Accordingly, the New Jersey Medicaid program is amending its current policy regarding the coverage of hepatitis B vaccine for newborns who are Medicaid recipients.

Coverage continues to be available for post exposure prophylaxis and for vaccination of individuals in selected high risk groups, regardless of age, in accordance with the criteria defined by the CDC. In all such cases, the need for this vaccination must be fully documented in the recipient's medical record.

ACTION: The New Jersey Medicaid program shall reimburse physicians and independent clinics for hepatitis B immunization of newborns regardless of the perinatal history of exposure to the hepatitis B virus infection, and in accordance with the following recommended schedule:

<u>GROUP CLASSIFICATION</u>	<u>VACCINE</u>		<u>SCHEDULE</u>
	<u>Recombivax HB</u>	<u>Engerix-B</u>	
Infants of HBsAg negative mothers months	2.5 ug (0.25 ml)	10 ug (0.5 ml)	Birth, 1-2 months, 6-18 months, or 1-2, 4, 6-18
Infants of HBsAg positive mothers	5 ug (0.5 ml)	10 ug (0.5 ml)	Birth, 1 month, 6 months

EXCEPTION: The New Jersey Medicaid program will now reimburse for the universal vaccination of infants born on and after January 1, 1992, whose immunization was delayed beyond the newborn period because this policy was not yet in effect. However, the immunization schedule must be completed before the infant's second birthday.

In order to facilitate reimbursement for Hepatitis B immunoprophylaxis for high risk individuals, manufacturer, age, and dose specific procedure codes have been developed for use by physicians and independent clinics providing this service.

BILLING INSTRUCTIONS:

The following HCPCS procedure codes are to be used by physicians and independent clinics when billing for immunization of Medicaid recipients against hepatitis B infections.

HCPCS CODES	MOD	DESCRIPTION	MAXIMUM FEE ALLOWANCE
W9096		Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to newborns of HBsAg negative mothers.	\$17.46
W9096 22		Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to newborns of HBsAg positive mothers.	\$32.79
W9097		Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns).	\$17.46
W9098		Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to high risk recipients 11-19 years of age.	\$32.79
W9099		Hepatitis B immunoprophylaxis with Recombivax HB, 1.0 ml dose. This code applies only to high risk recipients over 19 years of age.	\$63.57
W9333		2. Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only when immunizing newborns.	\$27.88

W9334	Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns).	\$27.88
W9335	Hepatitis B immunoprophylaxis with Engerix-B, 1.0 ml dose. This code applies only to high risk recipients over 11 years of age.	\$62.09

In recognition of the "time lag" between the publication by the CDC of the recommendations for universal vaccination of newborns and the implementation of policy revisions by the New Jersey Medicaid program, Medicaid will reimburse under the universal immunization policy for newborns vaccinated on and after July 1, 1992 providing no reimbursement has been previously received.

With the implementation of the new dose and manufacturer specific procedure codes, the HCPCS procedure code 90731 will no longer be recognized by the New Jersey Medicaid program for billing purposes. Claims submitted with dates of service on and after November 15, 1992, using HCPCS procedure code 90731 will be denied.

Providers billing for the injection only should use the MODIFIER - "52" (reduced service) with the appropriate HCPCS procedure code on the claim form when billing for this immunization. The provider will be reimbursed \$2.50 for an injection. Do not use HCPCS procedure code 90799 when billing for immunizations with free vaccine.

Hepatitis B vaccination is a covered service for Garden State Health Plan (GSHP) members. At this time, prior authorization by the GSHP physician case manager is not required.

For further information or questions regarding this Newsletter, please contact Danuta Buzdygan, M.D., Chief Pediatric Consultant, Office of Medical Affairs and Provider Relations, Division of Medical Assistance and Health Services at (609) 588-2739.

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