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TO: Physicians, Independent Clinics and Hospitals - Chief Executive Officer

ROUTE TO: Clinical, Finance, Accounting and Billing Departments

SUBJECT: Reimbursement for Measles, Mumps and Rubella (MMR) Immunizations

EFFECTIVE: Immediately

BACKGROUND: The Omnibus Budget Reconciliation Act of 1993 (42 U.S.C.1396 (i), Section 1903(i)), prohibits federal financial participation (FFP) to States for the cost of "single antigen vaccine and its administration in any case in which the administration of a combined antigen vaccine was medically appropriate (as determined by the Secretary)." Therefore, the New Jersey Medicaid program will not reimburse providers for immunization against measles, mumps, and rubella where such immunization involves single antigens rather than the recommended trivalent vaccine (MMR), unless the trivalent vaccine is medically contraindicated.

The currently recognized contraindications to the use of MMR are as follows: anaphylactic reaction to egg ingestion and to neomycin; pregnancy; and the presence of known altered immunodeficiency, such as hematologic and solid tumors, congenital immunodeficiency, and long term immuno-suppressive therapy. Additionally, recent (i.e. within three (3) months) immunoglobulin administration is considered a precaution calling for a careful review of benefits versus the risks of administering a live virus vaccine to an individual under the circumstances. (Reference: Standards for Pediatric Immunization Practices reprinted by the U.S. Department of Health and Human Services, Public Health Service, April, 1993).

ACTION: As a rule, providers will be reimbursed for immunization against measles, mumps, and rubella only when delivering this immunization as MMR identified on the claim form by HCPCS 90707 procedure code. EXCEPTION: When a medical emergency exists, infants between 6 and 12 months of age can be immunized using single measles antigen or MMR. In all other instances, the use of a single antigen must be medically justified and appropriately documented in the Medicaid recipient's medical record which must be available for the Division's review, when requested.

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