



# Provider Bulletin

Reference: B1200315

February 2012

[colorado.gov/hcpf](http://colorado.gov/hcpf)

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## Immunization Benefits

This bulletin provides a summary of the Colorado Medicaid immunization benefits for adults and children, and billing guidelines for providers when administering vaccines to adult and pediatric clients. The Immunization Quick Coding Reference, page 14, contains information regarding valid ages and reimbursement rates for each covered Current Procedural Terminology (CPT) code.

The recommended childhood immunization schedule and recommended adult immunization schedule may be accessed on the Centers for Disease Control and Prevention Web site at [www.cdc.gov](http://www.cdc.gov).

Any qualified Colorado Medical Assistance Program enrolled provider including, but not limited to, private practitioners, public health agencies, Rural Health Centers (RHC), hospital outpatient clinics, and Federally Qualified Health Centers (FQHC) may provide immunization services.

Providers must use CPT procedure codes to submit all immunization claims.



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Denver, Colorado 80202

### ACS Contacts

**Billing and Bulletin Questions**  
1-800-237-0757

**Claims and PARs Submission**  
P.O. Box 30  
Denver, CO 80201

**Correspondence, Inquiries, and Adjustments**  
P.O. Box 90  
Denver, CO 80201

**Enrollment, Changes, Signature authorization and Claim Requisitions**  
P.O. Box 1100  
Denver, CO 80201

## Deleted/Added Codes for 2012

Effective **December, 31, 2011**, the following immunization administration codes have been deleted: **90470** for H1N1 immunization administration (intramuscular, intranasal), including counseling when performed, and **90663** for the influenza virus vaccine, pandemic formulation, H1N1.

Effective **January 1, 2012**, the following immunization administration code has been added: **90654**, a preservative-free influenza vaccine, for intradermal administration. According to the American Medical Association's (AMA) *2012 CPT Changes An Insider's View Manual*, it is to be rendered using a prefilled single dose disposable microinjection system consisting of a small needle for intradermal delivery. 90654 is only for the vaccine. To report the administration of the vaccine, 90654 should be billed in addition to the appropriate immunization administration code 90460-90474, as defined in the AMA's *2012 CPT Manual*.

## Immunizations for adults ages 21 and older

### Benefit information

Immunizations for adults ages 21 and older are a Colorado Medicaid benefit when medically necessary. Medical necessity may include the need to enter the work force, or to attend school. Immunizations for the sole purpose of international travel are not a benefit for Colorado Medicaid clients.

### Billing information

Colorado Medicaid will reimburse for both vaccine administration and the vaccine product itself. The immunization administration code (90471 – 90474) needs to be billed as one line item and the vaccine product should be billed as a separate line item. In order for an immunization claim to be reimbursed, both an administration code and the vaccine product must be billed. Vaccine administration codes 90471 – 90474 are reimbursed at \$6.33. Reimbursement is subject to change. Providers must submit claims for adult immunization services on the Colorado 1500 paper claim form or as an 837 Professional (837P) transaction.

Please refer to the [Provider Services](#) home page on the Department's Web site at [colorado.gov/hcpf](http://colorado.gov/hcpf) for the current fee schedule. If an immunization is the only service rendered, providers may not submit charges for an Evaluation/Management (E/M) service.

### Reimbursement rate

Adult immunizations are reimbursed at the lower of billed charges or the Medicaid fee schedule amount for each immunization.

## Immunizations for children ages 20 and under

### Benefits information

Immunizations for children age 20 and under are a Colorado Medicaid benefit when medically necessary. Medical necessity may include: when needed to enter the work force, or to attend school. Immunizations for the sole purpose of international travel are not a benefit for Colorado Medicaid clients.

The Colorado Department of Public Health and Environment (CDPHE) supplies some vaccines to medical providers at no cost through two programs: the federal Vaccines for Children Program and the Colorado Immunization Program.

Covered CPT codes are listed on page 14. Benefits are as follows:

- An administration fee of \$6.33 can be billed in conjunction with each vaccine given. Vaccines available through the Vaccines for Children are not reimbursed by Colorado Medicaid.

### Billing information

- Codes 90460 and 90461 should only be billed when face to face counseling is provided to the client, under age 19, and family during the vaccine administration.
- If no counseling is provided during the vaccine administration to the client, under age 19, and family, then bill immunization codes 90471 – 90474.

- Immunization administration codes 90471 – 90474 should also be billed for clients 19 years of age and older regardless of whether face to-face counseling is provided.

The immunization administration codes 90460 and 90461 are component based and replace codes 90465 – 90468. These new codes allow the provider to bill for each vaccine component separately. As defined by the CPT, a vaccine component is each antigen in the vaccine that prevents disease(s) caused by one (1) organism. Combination vaccines are vaccines that contain multiple components and the provider should bill 90460 for the first component and 90461 for each additional component in a given vaccine when counseling is provided.

The immunization administration codes 90460, 90461 and 90471 – 90474 need to be billed as one line item. Vaccine administration codes 90460 and 90471 – 90474 will be reimbursed at \$ 6.33. Immunization administration add-on code for each additional vaccine component in a given vaccine, 90461, will be reimbursed at zero. Reimbursement is subject to change. Please refer to the [Provider Services](#) home page on the Department's Web site for the current fee schedule. If an immunization is the only service rendered, providers may not submit charges for an Evaluation/Management (E/M) service.

## 1. Vaccines for Children (VFC) Program

The VFC program is a federally funded program that provides vaccines at no cost to children, under age 19, who might not otherwise be vaccinated because of inability to pay. Children who are eligible for VFC vaccines are entitled to receive pediatric vaccines recommended by the federal advisory committee, Advisory Committee on Immunization Practices (ACIP). All vaccines recommended by ACIP for the VFC program are part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit package. EPSDT is for all Medicaid enrolled children ages 20 and under and all pregnant women, and focuses on comprehensive care that screens for diagnoses, and treats potentially disabling conditions through early detection.

Children under age 19 are eligible to receive vaccines at no cost through the VFC Program if they are:

- On Medicaid,
- Uninsured,
- American Indian/Native Alaskan, or
- Underinsured (only eligible when provided by RHCs or FQHCs. Children are considered underinsured if their insurance does not provide immunizations as a regular benefit).

For questions or additional information regarding the VFC Program, please contact Debra Zambrano, RN, BSN at CDPHE at [Debra.Zambrano@state.co.us](mailto:Debra.Zambrano@state.co.us) or 303-692-2650.

## 2. Colorado Immunization Program

The Colorado Immunization Program furnishes vaccines at no cost to providers for Colorado Medicaid clients who are 19 and 20 years of age. The vaccines are provided only for clients on Medicaid at the time of service. The free vaccine obtained through the Colorado Immunization Program may be used only for Colorado Medicaid clients ages 19 and 20.

CDPHE monitors vaccine usage by comparing the number of doses billed to Colorado Medicaid with the number of vaccine doses shipped to providers. Only doses billed to and paid for by Colorado Medicaid are recognized. It is important that providers use accurate procedure codes and bill vaccine doses to Colorado Medicaid as soon as possible after the vaccine is administered.

Vaccines available from the VFC and the Colorado Immunization Programs are shown on page 14.

### Provider Participation in CDPHE Vaccine Programs

Participation in the VFC and Colorado Immunization Programs is strongly encouraged by Colorado Medicaid. Providers, including but not limited to private practitioners, managed care providers, public health agencies, RHCs, hospital outpatient clinics, and FQHCs, who wish to participate in the immunization programs must enroll with the CDPHE.

Information about the CDPHE immunization programs is available at:

Colorado Department of Public Health and Environment  
Immunization Program  
DCEED-IMM-A3  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
Phone 303-692-2650/303-691-6118

Providers are required to give clients the federally required "Important Information Statement" or, for vaccines covered by the national Vaccine Injury Compensation Program, the appropriate "Vaccine Information Statement". These statements may be downloaded from the Centers for Disease Control and Prevention (CDC) Web site at: [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm).

### Billing Information

Immunizations can be given during an Early Periodic Screening Diagnosis and Treatment (EPSDT) periodic screening appointment, an EPSDT inter-periodic visit, or any other medical appointment

- If immunizations are given during an EPSDT periodic screening appointment or during any other medical care appointment, referred to as an EPSDT inter-periodic visit, submit claims on the Colorado 1500 paper claim form or as an 837P transaction using the appropriate procedure and diagnosis codes. Practitioners must maintain records that document the full nature and extent of the services rendered during this visit.
- If an immunization is the only service provided to a Colorado Medicaid client age 20 and under, the service must be billed on the Colorado 1500 paper claim form or as an 837P transaction. Practitioners should use the appropriate procedure and diagnosis codes.

### Reimbursement rate

- If the vaccine is not available from the VFC and Colorado Immunization Programs, providers are reimbursed at the lower of billed charges or the Medicaid fee schedule amount for each immunization.
- If the vaccine is available through the VFC or Colorado Immunization Program, Colorado Medicaid pays providers an administration fee for immunizations. Because the vaccine is available at no cost through these programs, providers who choose to obtain vaccines from other suppliers may not request nor receive reimbursement from the Colorado Medical Assistance Program for the vaccine. Vaccines available from the VFC and Colorado Immunization Programs are shown on page 14.

## **Provider Specific Billing Instructions**

### Managed Care Programs

Colorado Medicaid Health Maintenance Organization (HMO) or Prepaid Inpatient Health Plan (PIHP) enrolled clients must receive immunization services from the HMO or PIHP and providers may not bill Medicaid for vaccines provided to these clients. For clients enrolled in the Primary Care Physician Program (PCPP), the primary care physician (PCP) should provide the immunization services.

### Outpatient, Emergency Room, or Inpatient Hospital

Immunization administration may be billed as part of an outpatient or emergency room visit when the visit is for medical reasons. Outpatient or emergency room visits cannot be billed for the sole purpose of immunization administration. Administration of an immunization at the time of an inpatient stay is included in the Diagnosis Related Group.

### Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC)

FQHCs and RHCs may bill an encounter fee even if the only service provided is administering an immunization. If an immunization is administered in addition to a routine office visit, then an additional encounter fee should not be billed.

### Nursing Facilities

Nursing facility residents may receive immunizations if ordered by their physician. The skilled nursing component for immunization administration is included in the facility's rate. The vaccine itself may be billed directly to Colorado Medicaid by a Colorado Medical Assistance Program enrolled pharmacy. The pharmacy must bill the appropriate National Drug Code (NDC) for the individual vaccine dose under the client's Colorado Medical Assistance Program ID.

### Home Health

A client confined to the home and receiving home health services may receive an immunization if the administration is part of a normally scheduled home health visit.

The pharmacy bills the vaccine as an individual dose under the client's Colorado Medical Assistance Program ID. The home health agency may not bill for the vaccine.

### Alternative Health Care Facilities (ACFs) / Group Homes

Residents of an ACF may receive immunizations from their own physician. They may also receive vaccines under home health as stated above in the home health guideline.

Colorado Medicaid does not pay for home health agencies, physicians, or other non-physician practitioners to go to nursing facilities, group homes, or residential treatment centers to administer immunizations (for example: flu vaccines) to groups of clients.

## **Medicare crossover claims**

For Medicare crossover claims, Colorado Medicaid pays the Medicare deductible and coinsurance or Colorado Medicaid allowed benefit minus the Medicare payment, whichever amount is less. If Medicare's payment for immunization services is the same or greater than the Colorado Medicaid allowable benefit, no additional payment is made. If Medicare pays 100 percent of the Medicare allowable, Colorado Medicaid makes no additional payment.

## **Additional Information on Synagis®, Influenza, and Human Papilloma Virus (HPV) Vaccines**

The Department of Health Care Policy and Financing (the Department) often receives questions regarding Synagis®, Influenza, and HPV vaccines. The following information addresses these questions and applies only to Synagis®, Influenza, and HPV vaccines. Please note that all benefit, billing, and reimbursement information prior to this section also applies to Synagis®, Influenza, and HPV vaccines.

### **Synagis® (palivizumab)**

The 2011-2012 Synagis® season began November 15, 2011 and will end March 31, 2012. The Colorado Medical Assistance Program will approve requests for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections. Requests for doses exceeding the 5 dose maximum or beyond the season end date will be **DENIED**. Providers should be aware that the Colorado Respiratory Syncytial Virus (RSV) season typically has a later onset (i.e starts closer to December) and should schedule their Synagis® doses accordingly.

### **Reimbursement and Prior Authorization of Synagis ®**

Reimbursement for Synagis ® administered in a physician's office for the 2011-2012 season is \$1,207.85 and is calculated at 50mg per unit. Providers should bill less than the reimbursement maximum per unit, if the 50mg vial is split between two patients.



The Department is continuing use of coverage criteria based on the American Academy of Pediatrics (AAP) 2009 and the Colorado Chapter of the AAP recommendations for RSV prophylactic therapy. Synagis® is used to prevent serious lower respiratory tract disease caused by RSV in pediatric patients at high risk for RSV disease.

Synagis® is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community. Requests for Synagis® that do not meet the AAP indications listed on the Colorado Medicaid Synagis® prior authorization request (PAR) Form will be **DENIED**. Clients must appeal this decision through normal client appeal process.

On November 1, 2011, the Colorado Medical Assistance Program began accepting PARs for Synagis®. All requests for Synagis® (Palivizumab) require prior authorization and can either be called in or faxed to the Pharmacy Prior Authorization Help desk. For faster processing, the preferred method is to call the Pharmacy PA Helpdesk at 1-800-365-4944. However, the form may be faxed to 1-888-772-9696. The form can be found in the Provider Services [Forms](#) section of the Department's Web site. If submitting a paper PAR, **no other forms will be accepted**. All requests, whether administered in the office or in the home, must use this common form. Should you have any questions regarding the status of a Synagis® PAR or the PAR form, please direct all inquires to the Pharmacy Prior Authorization Helpdesk at 1-800-365-4944.

***Prior Authorization is required and will be approved if:***

The client is under age 2 at the start of the current RSV season or at the time of the first injection for the current RSV season, who meets all of the following:

- Diagnosis of Chronic Lung Disease (CLD) AND having one for more of the following clinical needs during the previous 6 months:
  - a. Supplemental oxygen;
  - b. Regular use of inhaled or oral bronchodilators;
  - c. Recent use of corticosteroid therapy; or
  - d. Regular or intermittent use of diuretics to treat pulmonary disease.

**\*A maximum of five monthly doses is recommended.**
- Diagnosis of Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function
 

**\* A maximum of five monthly doses is recommended.**
- Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets any of the following criteria:
  - a. Receiving medication to control congestive heart failure (diuretics, antihypertensives);
  - b. Suffer moderate to severe pulmonary hypertension; or
  - c. Suffer Cyanotic Heart Disease.

**\*A maximum of five monthly doses is recommended.**
- Any infant up to 6 months of age, born 29 to less than 32 weeks gestation
 

**\*A maximum of five monthly doses is recommended.**
- Any infant up to 12 months of age, born at 28 weeks or less gestation
 

**\*A maximum of five monthly doses is recommended.**
- Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following:
  - a. Infants receiving medication to control congestive heart failure;
  - b. Infants with moderate to severe pulmonary hypertension; or
  - c. Infants with cyanotic heart disease.

**\*A maximum of five monthly doses is recommended.**
- Any infant younger than 3 months of age at the start of the RSV season, born at 32 to less than 35 weeks gestation and meets one of the following risk factors:
  - a. Currently attends day care;
  - b. Has a sibling younger than 5 years of age;
  - c. Congenital abnormalities of the airway; or
  - d. A neuromuscular condition that compromises handling of respiratory secretions.

**\*A maximum of three monthly doses is recommended for patients in this category, or until the child reaches 3 months of age.**



**Additional PAR instructions:**

- Please note that the first 6 boxes on the PAR form for qualifying diagnosis are for 5 monthly injections. The last qualifying diagnosis box is only for 3 monthly injections.  
**DO NOT** check criteria underneath both the 5 monthly and 3 monthly injections as your request will be **DENIED**. All Synagis® PARs must be signed by the prescribing physician, even if submitted by an infusion or long-term care facility.

**Billing instructions:**

- Providers administering Synagis® in the office must use Current Procedural Terminology (CPT) code 90378 on the Colorado 1500 paper claim form or on a electronically submitted 837 Professional (837P) transaction. Electronically submitted claims must include the National Drug Code (NDC) 6057441141.
- Providers may not ask clients to obtain Synagis® from a pharmacy and bring it to the practitioner's office for administration.
- Synagis® given in a doctor's office, hospital, or dialysis unit is to be billed directly by those facilities as a medical benefit. **Synagis® may only be a pharmacy benefit if the medication is administered in the client's home or long-term care facility.**

**Note:** A separate Synagis® PAR process exists for the CHP+ State Managed Care Network members. Any questions regarding this process should be directed to Colorado Access at 303-751-9005 or 1-800-511-5010, or US Bioservices at 303-706-0053.

For additional questions, please contact Amanda Belles at [Amanda.Belles@state.co.us](mailto:Amanda.Belles@state.co.us) or 303-866-2830. You may also contact Richard Delaney at [Richard.Delaney@state.co.us](mailto:Richard.Delaney@state.co.us) or 303-866-3436.

## Synagis® and Home Health Agencies

If a client has been approved for Synagis® injections to be delivered in the client's home by a Home Health Agency (HHA), the HHA must use the Long Term Home Health (LTHH) PAR form for the visits related to the Synagis® injections. If the client has an active LTHH PAR in place, then the agency is not required to submit a separate PAR for the Synagis® injections and should use the standing PAR to administer the Synagis® injections.

The number of visits requested by the HHA, for the sole purpose of administering Synagis®, should equal the number of Synagis® doses for which the client has been approved. These visits **cannot** exceed 5 standard RN visits, if approved. The provider's order for or approval of the Synagis® injections must be included with the PAR request.

For questions or additional information, please contact Guinevere Blodgett at [Guinevere.Blodgett@state.co.us](mailto:Guinevere.Blodgett@state.co.us) or 303-866-5927.

## Colorado Medicaid Synagis® Information Sheet

This information sheet does not need to be faxed or submitted with the Prior Authorization Request form as it is intended to provide information only. Refer to the Synagis® 2011-2012 Provider Bulletin for more information.

The 2011-2012 Synagis® season will begin November 15, 2011 and end March 31, 2012. Colorado Medicaid will approve requests for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections. Requests for doses exceeding the 5 dose maximum or beyond the season end date will be **DENIED**. Providers should be aware that the Colorado RSV season typically has a later onset (i.e starts closer to the end of December) and should schedule their Synagis® doses accordingly. Area virology trend reporting is available on the CDC Web site at: <http://www.cdc.gov/surveillance/nrevss/rsv/default.html>.

Effective November 1, 2011, Colorado Medicaid will begin accepting prior authorization (PAR) requests for Synagis®. All requests for Synagis® (Palivizumab) require prior authorization and must be submitted on the Colorado Medicaid Synagis Prior Authorization Request (PAR) form. The form can be found in the Provider Services [Forms](#) section of the Department's Web site. **No other forms will be accepted.** All requests, whether administered in the office or in the home, must use this common form. All prior authorizations must be requested by calling the Pharmacy Prior Authorization Helpdesk at 1-800-365-4944 or faxing the form to 1-888-772-9696.

- Please note that the first 6 boxes on the PAR form for qualifying diagnosis are for 5 monthly injections. The last qualifying diagnosis box is only for 3 monthly injections. **DO NOT** check criteria underneath both the 5 monthly and 3 monthly injections as your request will be **DENIED**.
- All Synagis® PARs must be signed by the prescribing physician, even if submitted by an infusion or long-term care facility.

The Department is continuing use of coverage criteria based on the American Academy of Pediatrics (AAP) 2009 and the Colorado Chapter of the AAP recommendations for (RSV) prophylactic therapy. Synagis® is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high risk for RSV disease. Synagis® is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community. Requests for Synagis® that do not meet the AAP indications listed on the Colorado Medicaid Synagis® Prior Authorization Request Form will be **DENIED**. Clients must appeal this decision through our client appeals process.

### Reimbursement and Prior Authorization of Synagis® Immune Globulin

- Reimbursement for Synagis® administered in a physician's office is \$1207.85 per 50mg unit. Providers should bill less than the reimbursement maximum per unit, if the 50mg vial is split between two patients.
- Reimbursement for Synagis® through a pharmacy will be based on the current pharmaceutical reimbursement method. Go to [colorado.gov/hcpf](http://colorado.gov/hcpf) for more information.

### Dispensing Guide (for Pharmacy Administration Only)

Weight	Dosage	Dispense Units
Up to 3.3 kg	Up to 49.5 mg	1 x 50 mg vial
3.4 kg to 6.6 kg	51 mg to 99 mg	1 x 100 mg vial
6.7 kg to 10 kg	100.5 mg to 150 mg	1 x 100 mg vial + 1 x 50 mg vial
10.1 kg to 13.3 kg	151.5 mg to 199.5 mg	2 x 100 mg vials
13.4 kg to 16.6 kg	201 mg to 249.5 mg	2 x 100 mg vials + 1 x 50 mg vial
16.7 kg to 20 kg	250.5 mg to 300 mg	3 x 100 mg vials

**Reminder:** The provider must retain copies of all documentation for six years (10 C.C.R. 2505-10, Section 8.040.2)



### Synagis® Medical PAR Example

Select one

#### Colorado Medicaid Synagis® Prior Authorization Request Form

Fax Requests to: 1-888-772-9696 (forms need to be faxed for approval) or call the PA Help Desk: 1-800-365-4944

Submitted as:  Medical Benefit (administered in physician's office)  Pharmacy Benefit (administered in client's home)

Include all provider information

Provider Information		Client Information	
Requesting Physician	Bee Well, M.D.	Client ID #	A123456
Requesting Medicaid Provider #	012345678	Name (L/F/M)	Client, Iman
NPI	N/A for Medical PARs	Date of Birth	09/01/2011
DEA	BW123456	Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Phone	(555) 123-4657	Current Weight (kg)	2.4kg
Fax	(555) 123-4658	Quantity Requested (Units)	2
Address	123 Any Street	Number of Months Requested	2
City	Denver	State	CO
ZIP	80000	Today's Date	11/08/2011
Billing Provider #	012345678	Dates of Service From	11/20/2011 To 3/20/2012

Include all patient information, including weight

Colorado Medicaid will approve Synagis® prior authorization requests for client for clients under the age of two, at the start of the current RSV season, who meet one of the following conditions. Requests will be approved for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections. Requests will be accepted beginning November 1, 2011, prior to the season start date of November 15, 2011.

The following diagnoses qualify for up to five (5) monthly doses of Synagis®:

Chronic Lung Disease (CLD) with one of the following clinical needs in last 6 months: ICD 9-CM Code: \_\_\_\_\_

- Supplemental Oxygen
- Regular use of inhaled or oral bronchodilators
- Recent use of corticosteroid therapy
- Regular or intermittent use of diuretics to treat pulmonary disease.

Include appropriate ICD-9 codes

Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: \_\_\_\_\_

Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria:  
ICD 9-CM Code: \_\_\_\_\_

- Receiving medication to control congestive heart failure (diuretics, antihypertensives);
- Suffering from moderate to severe pulmonary hypertension
- Suffering from Cyanotic Heart Disease.

Any infant up to 6 months of age, born 29 to less than 32 weeks gestation. ICD 9-CM Code: \_\_\_\_\_

Any infant up to 12 months of age, born at 28 weeks or less gestation. ICD 9-CM Code: \_\_\_\_\_

Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following:  
ICD 9-CM Code: \_\_\_\_\_

- Infants receiving medication to control congestive heart failure;
- Infants with moderate to severe pulmonary hypertension; or
- Infants with cyanotic heart disease.

The following diagnoses qualify for up to three (3) monthly doses of Synagis® or until the child reaches 3 months of age:

Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors. ICD 9-CM Code: \_\_\_\_\_

- Currently attends day care;
- Having a sibling younger than 5 years of age;
- Having Congenital abnormalities of the airway; or
- Having a neuromuscular condition that compromises handling of respiratory secretions.

Has the child received prior doses as an inpatient?  Yes  No

If yes, how many doses did the child receive? \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Internal use only: If PAR is for pharmacy please use Therapeutic Class W5D to W5D, if PAR is for medical please use CPT Code 90378.

Include prescribing provider's signature and date

Up to 3 monthly doses criteria only. Do not select criteria in the up to 3 - and 5 - month diagnoses

5 monthly doses criteria only

### Synagis® Pharmacy PAR Example

Select one

#### Colorado Medicaid Synagis® Prior Authorization Request Form

Fax Requests to: 1-888-772-9696 (forms need to be faxed for approval) or call the PA Help Desk: 1-800-365-4944

Submitted as:  Medical Benefit (administered in physician's office)  Pharmacy Benefit (administered in client's home)

Include all provider information

Provider Information				Client Information	
Requesting Physician	Bee-Well, M.D.			Client ID #	A123456
Requesting Medicaid Provider #	N/A for Pharmacy PARs			Name (L/F/M)	Client, Iman
NPI	9876543210			Date of Birth	09/01/2011
DEA	8W123456			Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Phone	(555) 123-4657			Current Weight (kg)	2.4kg
Fax	(555) 123-4658			Quantity Requested (Units)	2
Address	123 Any Street			Number of Months Requested	2
City	Denver	State	CO	ZIP	80000
Billing Provider #	N/A for Pharmacy PARs			Today's Date	11/08/2011
				Dates of Service From	11/20/2011 To 3/20/2012

Include all patient information, including weight

Colorado Medicaid will approve Synagis® prior authorization requests for client for clients under the age of two, at the start of the current RSV season, who meet one of the following conditions. **Requests will be approved for a max of 5 doses, at a dosing interval of no fewer than 28 days between injections.** Requests will be accepted beginning November 1, 2011, prior to the season start date of November 15, 2011.

The following diagnoses qualify for up to five (5) monthly doses of Synagis®:

Chronic Lung Disease (CLD) with one of the following clinical needs in last 6 months: ICD 9-CM Code: \_\_\_\_\_

- Supplemental Oxygen
- Regular use of inhaled or oral bronchodilators
- Recent use of corticosteroid therapy
- Regular or intermittent use of diuretics to treat pulmonary disease.

Include appropriate ICD-9 codes

Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function. ICD 9-CM Code: \_\_\_\_\_

Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets one of the following criteria: ICD 9-CM Code: \_\_\_\_\_

- Receiving medication to control congestive heart failure (diuretics, antihypertensives);
- Suffering from moderate to severe pulmonary hypertension
- Suffering from Cyanotic Heart Disease.

Any infant up to 6 months of age, born 29 to less than 32 weeks gestation. ICD 9-CM Code: \_\_\_\_\_

Any infant up to 12 months of age, born at 28 weeks or less gestation. ICD 9-CM Code: \_\_\_\_\_

Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following: ICD 9-CM Code: \_\_\_\_\_

- Infants receiving medication to control congestive heart failure;
- Infants with moderate to severe pulmonary hypertension; or
- Infants with cyanotic heart disease.

The following diagnoses qualify for up to three (3) monthly doses of Synagis® or until the child reaches 3 months of age:

Any infant younger than 3 months of age at the start of the RSV season, born from 32 weeks to less than 35 weeks gestation who also meets one of the following risk factors. ICD 9-CM Code: \_\_\_\_\_

- Currently attends day care;
- Having a sibling younger than 5 years of age;
- Having Congenital abnormalities of the airway; or
- Having a neuromuscular condition that compromises handling of respiratory secretions.

Has the child received prior doses as an inpatient?  Yes  No

If yes, how many doses did the child receive? \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Internal use only: If PAR is for pharmacy please use Therapeutic Class W5D to W5D, if PAR is for medical please use CPT Code 90378.

Include prescribing provider's signature and date

Up to 3 monthly doses criteria only. Do not select criteria in the up to 3 - and 5 - month diagnoses

5 monthly doses criteria only

## Seasonal Influenza Vaccine

Seasonal influenza vaccine is a benefit for children and adults.

### For Children/Adolescents:

Free seasonal influenza vaccine is available through the Vaccines for Children Program (VFC Program) and the Colorado Immunization Program (CIP) for Colorado Medicaid enrolled children/adolescents (age 20 and under). It is also available to enrolled children/adolescents meeting any of the following criteria:

- Children aged 6 months through 23 months
- Children and adolescents aged 6 months through 18 years with chronic disorders of the pulmonary or cardiovascular systems, including asthma
- Children and adolescents aged 2 through 18 years who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by HIV)
- Children and adolescents aged 2 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye's Syndrome after influenza
- Children and adolescents aged 2 through 18 years who are residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Adolescent females under 19 years of age who will be pregnant during influenza season
- Children (6 months-18 years) who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration
- Children and adolescents aged 2 years through 18 years who are household contacts or out-of-home caregivers of persons in the following high-risk groups:
  - Children less than 2 years old
  - Adults aged 50 years or older
  - Persons with chronic disorders of the pulmonary or cardiovascular systems, including asthma
  - Persons who have required regular medical follow-up or hospitalization during the preceding year for chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by HIV)
  - Children and adolescents aged 2 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye Syndrome after influenza
  - Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
  - Women who will be pregnant during influenza season
  - Persons who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration

### For Adults:

Note the valid CPT billing codes (90656, 90658) in the following **Billing Information** table for adult seasonal influenza immunization.

### Who Should Get Seasonal Influenza Immunization:

Seasonal influenza immunization is strongly recommended for individuals who are 6 months or age or older and because of age or underlying medical conditions are at increased risk for complications of influenza. Health care workers and other contacts (including household contacts) of individuals in high-risk groups should also be vaccinated.

High-risk groups include:

- Children /Adolescents who meet the criteria for VFC and CIP seasonal influenza vaccine (see previous section)
- Persons 65 years of age or older

- Persons with chronic disorders of the pulmonary or cardiovascular systems, including asthma
- Persons who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)
- Residents of nursing homes and other chronic-care facilities that house persons at any age who have chronic medical conditions

Flu vaccine may also be administered to individuals who wish to reduce the chance of becoming infected with seasonal influenza.

#### Dosages:

At-risk children should receive seasonal influenza vaccine in an age appropriate dosage (0.25 ml if age 6-35 months or 0.5 ml if age is greater or equal to 3 years). Two doses of vaccine are recommended for children less than 9 years of age if they have not been previously vaccinated for seasonal influenza. The two doses should be administered at least one month apart and, if possible, the second dose should be given before December. Note: Only one dose is necessary if a child has received one dose of seasonal influenza vaccine in any previous year.

#### Billing Information:

CPT Code	Valid Ages	Reimbursement for children (under age 21)	Reimbursement for adults (age 21 and over)	Administration reimbursement
90655	2 and under	\$0	Not a benefit	\$6.33
90656	3 years and above	\$0	\$17.44	\$6.33
90657	2 and under	\$0	Not a benefit	\$6.33
90658	3 years and above	\$0	\$13.74	\$6.33
90660	2-20 years	\$0	Not a benefit	\$6.33

CPT codes 90460, 90461, and 90471-90474 for vaccine administration are a benefit and can be billed in conjunction with the vaccine code. Vaccine administration codes 90460 and 90474-90474 are reimbursed at \$6.33. Immunization administration add-on code for each vaccine component in a given vaccine, 90461, will be reimbursed at zero. For clients 20 and under, seasonal influenza vaccine reimbursement is limited to an administration fee of \$6.33. Since the vaccines are available at no cost through the VFC Program and CIP, providers will only be reimbursed the vaccine administration fee for clients 20 and under. Please refer to the Provider Services home page on the Department's Web site by clicking [here](#) for the current fee schedule.

Please note that CPT code 90660, Influenza virus vaccine, live, for intranasal use (brand name FluMist) is not a benefit for adults aged 21 or older. For more information on FluMist, please see the Centers for Disease Control Vaccine Information Statement by clicking [here](#).

#### **Pharmacies are not an eligible provider and will not be reimbursed for any rendered services.**

Additionally, providers who choose to obtain VFC Program/CIP eligible vaccine from other suppliers may not request nor receive reimbursement for the vaccine in addition to the administration payment.

#### **Human Papilloma Virus (HPV) Vaccine**

The quadrivalent HPV vaccine (CPT code 90649) administered to protect against HPV is a benefit for males and females ages 9-26 for prevention of diseases caused by HPV types 6, 11, 16, and 18. The bivalent HPV vaccine (CPT code 90650) is only a benefit for females age 9-26. The bivalent HPV and the quadrivalent HPV vaccines are each administered in a 3-dose schedule. The HPV vaccines series should be completed with the same HPV vaccine product whenever possible.

### Immunization Coding Quick Reference

Practitioners billing for immunizations to Colorado Medicaid enrolled children (age 20 and under) when vaccine is available at no-cost through the Vaccines for Children and Colorado Immunization Programs are paid an administration fee of \$6.33 for each immunization using CPT codes 90460 and 90471 – 90474. Immunization administration add-on code for each additional vaccine component in a given vaccine, 90461, is paid an administration fee of zero.

Medically necessary vaccines that are not provided to practitioners at no cost by the VFC or Colorado Immunization Programs, are reimbursed at the lower of billed charges or Medicaid fee schedule for each immunization. Reimbursement subject to change. Please refer to the [Provider Services](#) home page on the Department's Web site at [colorado.gov/hcpf](http://colorado.gov/hcpf) for the current fee schedule.

Codes listed as “manually priced” means that there was insufficient AWP information available to establish a reimbursement rate using the formula shown above. Manually priced codes are processed on a per-claim basis by fiscal agent staff to determine the appropriate reimbursement rate for the claim.

#### Key

Ig – immune globulin

INJ – jet injection

SQ – subcutaneous

IM – intramuscular

IV – intravenous

vacc – vaccine

Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC Program Benefit	Colorado Immunization Program Benefit
<b>Immune Globulins</b>					
90281	Human Ig, IM	All ages	\$14.74		
90283	Human Ig, IV	All ages	\$258.11		
90284	Human Ig, SQ	All ages	\$581.13		
90287	Botulinum antitoxin, equine	All ages	\$193.13		
90288	Botulism Ig, IV	All ages	\$453.57		
90291	CMV Ig, IV	All ages	\$360.04		
90296	Diphtheria antitoxin, equine	All ages	\$40.65		
90371	Hep B Ig, IM	All ages	\$165.56		
90375	Rabies Ig, IM/SQ	All ages	\$95.24		
90376	Rabies Ig, heat-treated, IM/SQ	All ages	\$94.22		
90378	RSV Ig, IM, 50mg (Synagis®)	0-3	\$1,201.85		
90384	Rh Ig, full-dose, IM	All ages	\$113.42		
90385	Rh Ig, mini-dose, IM	All ages	\$51.62		
90386	Rh Ig, IV	All ages	\$129.22		
90389	Tetanus Ig, IM	All ages	\$112.01		
90393	Vaccinia Ig, IM	All ages	\$114.21		
90396	Varicella-zoster Ig, IM	All ages	\$108.49		
90399	Unlisted immune globulin	All ages	\$56.14		

Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC Program Benefit	Colorado Immunization Program Benefit
<b>Vaccines, Toxoids</b>					
90476	Adenovirus vacc, type 4, oral	All Ages	\$34.39		
90477	Adenovirus vacc, type 7, oral	All ages	\$34.39		
90632	Hep A vacc, adult, IM	19-20	\$0		√
		21+	\$77.65		
90633	Hep A vacc, ped/adol, 2 dose, IM	0-18	\$0	√	
90636	Hep A & Hep B vacc adult, IM	18+	\$104.03		
90645	Hib vacc HbOC, 4 dose, IM	0-4	\$0	√	
90647	Hib vacc, PRP-OMP, 3 dose, IM	0-4	\$0	√	
90648	Hib vacc, PRP-T, 4 dose, IM	0-4	\$0	*Please see below	
90649	HPV vacc types 6,11,16,18 quadrivalent 3 dose, IM	9-20	\$0	√	√
		21-26	\$156.82		
90650	HPV vacc types 16, 18 bivalent 3 dose, IM	9-20	\$0	*Please see below	√
		21-26	\$156.82		
90654	Influenza virus vaccine, split virus, preservative free, for intradermal use	All ages	\$18.38		
90655	Flu vacc, 6-35 mo, preserv free, IM	0-2	\$0	√	
90656	Flu vacc, 3 yrs +, preserv free, IM	3-20	\$0	√	√
		21+	\$17.44		
90657	Flu vacc, 6-35 mo, IM	0-2	\$0	√	
90658	Flu vacc, 3 yrs +, IM	3-20	\$0	√	√
		21+	\$13.74		
90660	Flu vacc, live, intranasal	2-20	\$0	√	√
90669	Pneum conj vacc, polyval, < 5 yrs, IM	0-4	\$0	√	
90670	Pneumococcal Conj Vacc, 13 Valent, IM	0-5	\$0	√	
90675	Rabies vacc, IM	All ages	\$189.33		
90680	Rotavirus vacc, pentavalent, oral	0-1	\$0	√	
90681	Rotavirus vacc, attenuated, oral	0-1	\$0	√	
90696	D Tap-IPV vacc, IM	4-6	\$0	√	
90698	DTaP – Hib – IPV vacc, IM	0-4	\$0	√	
90700	DTaP vacc, < 7 yrs, IM	0-6	\$0	√	
90702	DT vacc, < 7 yrs, IM	0-6	\$0	√	
90703	Tetanus vacc, IM	All ages	\$51.84		
90704	Mumps vacc, SQ	All ages	\$29.34		
90705	Measles vacc, SQ	All ages	\$23.10		
90706	Rubella vacc, SQ	All ages	\$25.51		

Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC Program Benefit	Colorado Immunization Program Benefit
90707	MMR vacc, SQ	0-20	\$0	√	√
		21+	\$52.37		
90708	Measles-rubella vacc, SQ	All ages	\$28.01		
90710	MMRV vacc, SQ	1-12	\$0	√	
90713	Poliovirus vacc, IPV, SQ, IM	0-20	\$0	√	√
		21+	\$62.55		
90714	Td vacc, 7 yrs +, preserv free, IM	7-20	\$0	√	√
		21+	\$50.53		
90715	Tdap vacc, 7 yrs +, IM	7-20	\$0	√	√
		21+	\$95.35		
90716	Varicella (chicken pox) vacc, SQ	0-20	\$0	√	√
		21+	\$100.46		
90718	Td vacc, 7 yrs +, IM	7-20	\$0	√	√
		21+	\$28.24		
90719	Diphtheria vacc, IM	All ages	\$10.25		
90721	DTaP/Hib vacc, IM	0-6	\$0	√	
90723	DTaP-Hep B-IPV vacc, IM	0-6	\$0	√	
90732	Pneum polysacc vacc, 23 valent, adult or ill pat, SQ/IM	2+	\$74.83		
90733	Meningococcal polysacc vacc, SQ	All ages	\$116.22		
90734	Meningococcal conj vacc, serogrp A, C, Y, W-135, IM	10-20	\$0	√	√
		21-25	\$107.75		
90735	Encephalitis vacc, SQ	All ages	\$114.31		
90736	Zoster vacc, SQ	Code 90736 is not a benefit at this time			
90740	Hep B vacc, ill pat, 3 dose, IM	0-20	\$0	√	√
90743	Hep B vacc, adol, 2 dose, IM	11-15	\$0	√	
90744	Hep B vacc, ped/adol, 3 dose, IM	0-18	\$0	√	
90746	Hep B vacc, adult, IM	18-20	\$0		√
		21+	\$71.37		
90747	Hep B vacc, ill pat, 4 dose, IM	0-20	\$0	√	√
		21+	\$71.37		
90748	Hep B/Hib vacc, IM	0-6	\$0	√	
90749	Unlisted vaccine/toxoid	All ages	Manually priced		
S0195	Pneum conj, polyvalent, IM, 5-9 yrs with no previous dose	5-9	\$0	√	

\*90648 – as of March 1, 2012, the VFC Program will no longer be supplying providers with Hiberix®

\*90650 – as of March 1, 2012, the VFC Program will no longer be supplying providers with Cervarix®