



**New Requirements for Submission of Vaccines for Children Claims  
Effective for Dates of Service on and after Jan. 1, 2013**

***This information is subject to change based on final Centers for Medicare & Medicaid Services (CMS) approval of each state's plan amendment. Based on information obtained at the time of publication, this does not apply to providers in Maryland.***

Due to the change in federal regulations regarding increased reimbursement to qualified providers, effective Jan. 1, 2013, UnitedHealthcare Community Plan will require all providers to submit two CPT codes for vaccine services:

- One code will identify the vaccine administration service and
- The other will identify the actual vaccine administered.

CMS requires state Medicaid programs to reimburse for Vaccines for Children (VFC) services on **administration codes 90460, 90471, 90472, 90473, and/or 90474** rather than the serum/toxoid code. Per the Patient Protection and Affordable Care Act (PPACA), CPT code 90461 is not reimbursable for VFC services. While some states will reimburse for all of these administration codes, some will only reimburse for 90460. For further details, please refer to updates posted by your State Fee-for-Service Medicaid Plan or see our reimbursement policy on [UHCCommunityPlan.com](http://UHCCommunityPlan.com). If you have any questions, please contact your Provider Relations or Network Management representative.

In some states, specifically **AZ, DC, FL, NE, NJ, NY, OH, PA, RI, WA, and WI**, this means a change in both coding and payment methodologies. Many other states, however, have paid for these vaccine administration codes.

**Key Points to Remember:**

- There must be both an administration code AND a serum code on the claim for all VFC claims (check your state requirements for which administration codes and serum codes are appropriate).
- Administration codes should be submitted on the same line with multiple units wherever possible to avoid potential duplicate denials.
- If your state requires this, an appropriate modifier **MUST** be appended to the serum and/or administration code(s) (e.g. SL).
- In order to appropriately track the information for the Healthcare Effectiveness Data and Information Set (HEDIS), Early Periodic Screening, Diagnosis and Treatment (EPSDT), and encounters, the claim form submitted should reflect the appropriate vaccination code with the modifier SL appended with a charge of \$0.01 for the state-supplied vaccine, in addition to the appropriate code for administration of the vaccine. This will ensure administration reimbursement is processed accurately and that the state-supplied vaccine/serum is captured appropriately.

- All reimbursement for **VFC immunizations** will be made on the administration codes for **ALL** markets, effective for claims processed on or after May 18, 2013, beginning with Jan. 1, 2013 dates of service. Claims for dates of service prior will be processed as they had previously.

The final rule for the PPACA was not received until Nov. 6, 2012. Therefore, CMS has given states flexibility in implementing the regulations. UnitedHealthcare Community Plan is working with our state partners and has reconfigured our claims system to ensure that claims are processed accurately for each state.

UnitedHealthcare Community Plan will reprocess any correctly submitted claims with dates of service beginning Jan. 1, 2013 including the codes for vaccine administration and the vaccine code for both the fee increase component and the payment on the administration code without requiring provider resubmission.

We will provide regular updates regarding VFC claims through our provider bulletins on [UHCCommunityPlan.com](http://UHCCommunityPlan.com). If you have questions, please contact your local UnitedHealthcare Network Management Representative or Physician Advocate. Thank you.