


MEDICAL POLICY STATEMENT			
Effective Date	Next Annual Review Date	Last Review / Revision Date	
10/01/2011	7/2012	9/13/2011	
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

Flu Vaccine Coverage and Reimbursement

B. BACKGROUND

CareSource encourages flu vaccines for all eligible members over the age of 6 months. Members should contact their PCP offices and make arrangements to receive the flu vaccine which will be covered by CareSource.

C. POLICY

Seasonal Flu vaccination:

Children <19 years of age: The seasonal flu vaccine is available through the Vaccines for Children (VFC) program. CareSource members under the age of 19 are eligible to receive the flu vaccine from providers participating in the VFC program.

To be reimbursed, providers are required to bill the appropriate vaccine code, CPT 90654 – 90668, together with the appropriate vaccine administration code, CPT 90460 or 90461 or 90471-90474. CareSource will reimburse only the administration code fee. (VFC supplies the vaccine free of charge to providers and CareSource reimburses the provider the cost of vaccine administration only.)

Claims submitted for the administration code only without a corresponding vaccine code will deny.

Not all providers participate in the VFC program. Those not participating in the VFC program can refer members to the health department or other provider sites participating in the program.

Adults 19 years of age and older: CareSource will reimburse providers for flu vaccines given to members 19 and older. Reimbursement for the flu vaccine will be consistent with existing immunization reimbursement policy. Providers are required to bill the appropriate vaccine code, CPT 90656, 90658, 90660, 90663, together with the

appropriate vaccine administration code, CPT 90471 – 90474. Reimbursement will be made based on the state Medicaid fee schedule for both vaccine and administration fee.

For Special Needs Plan members, providers are required to bill the appropriate vaccine code, 90656, 90658, 90660 and 90663, together with the appropriate vaccine administration code, 90471-90474 or G0108. Reimbursement will be made based on the CMS Physician Fee Schedule for both vaccine and administration fee.

CareSource encourages flu shots be given through participating providers. CareSource will not reimburse members' out of pocket expenses for a flu shot given by a non-participating provider.

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

D. REVIEW / REVISION HISTORY

Date Issued: 10/11/2007

Date Revised: 10/1/2009, 9/2011

Date Reviewed: 9/28/2009, 7/1/2011, 9/13/2011

E. REFERENCES

1. Member Handbook, Member's Rights and Responsibilities Policy and Provider Manual
2. Medical Necessity Determination Policy and Procedure
3. Immunization and Administration Billing Policy

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.