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5101:3-4-12 **Immunizations.**

(A) General information.

(1) Immunizations are usually given in conjunction with a medical service. When an immunization is the only service performed, the lowest level of office visit (evaluation and management code) may be billed in addition to the immunization procedure code. Immunization procedure codes include the supply of materials and the provision of the vaccine.

(2) Designated free vaccines.

(a) As of January 1, 2001, pending the availability of the vaccine, the term "designated free vaccine(s)" shall mean:

(i) All immunizations covered under the federal vaccines for children (VFC) program which include the following immunizations for individuals eighteen years or younger:

90645	~~HIB~~ Hib (Hemophilus influenza B), ~~HBOC~~ HbOC Conjugate
90646	~~HIB~~ Hib, PRP-D conjugate, for booster ~~Only~~ only
90647	~~HIB~~ Hib, PRP-OMP conjugate
90648	~~HIB~~ Hib, PRP-T conjugate
90657	Influenza, split virus, six to thirty-five months of age
90658	Influenza, split virus three years of age ~~through eighteen years of age~~and above)
90669	Pneumococcal conjugate, polyvalent children under five years of age
90700	~~DtaP~~ DTaP (~~diptheria~~ diphtheria, tetanus and acellular pertussis)
90702	DT~~,~~ diphtheria and tetanus toxoids ,for individuals younger than seven years of age
	~~Individuals younger than seven years of age~~
90703	Tetanus toxoid adsorbed

90706	Rubella virus
90707	MMR (measles, mumps and rubella)
90712	OPV (oral poliovirus)
90713	~~Poliomyelitis (c-IP-v)~~ Poliovirus , inactivated, (IPV), subcutaneous
90716	Varicella (chickenpox)
90718	Td Tetanus and diphtheria toxoids ~~absorbed~~ adsorbed, for individuals seven years or older
90744	Hepatitis B vaccine; pediatric/adolescent dosage (three dose schedule)
90748	~~HIB~~ Hib/Hep B (combined) vaccine

(ii) MMR boosters provided to twelve year olds (or preteens) who did not receive the recommended MMR booster from the ages of four years through six years.

(iii) Hepatitis B vaccines provided to children eighteen years or younger in high risk categories.

(b) Providers of medicaid services may obtain the designated free vaccines from the Ohio department of health (ODH) free of charge for the immunization of eligible medicaid recipients. The availability of these vaccines is made possible through an ~~ODHS~~ODJFS/ODH interagency agreement, and beginning October 1, 1994 through the federal vaccines for children program. Information regarding participation in the designated free vaccine program is detailed in paragraph (D) of this rule.

(3) The term "nondesignated vaccines" shall mean all covered active and passive immunizations not designated as free vaccines in paragraph (A)(2) of this rule.

(4) Under the medicaid program, "provision of the vaccine" or "provided the vaccine" means the provider either received the designated free vaccines from ODH or purchased, from the manufacturers, vaccines that are not designated as free vaccines. The provision of the vaccine is the hospital's responsibility when immunizations are provided in a hospital setting.

(B) Active immunizations.

(1) The active immunizations specified in paragraphs (B)(1)(a) and (B)(1)(b) of this rule are covered by the department when administered in accordance with the "Advisory Committee on Immunization Practices" (ACIP), the "American Academy of Pediatrics" (AAP) or the "Centers for Disease Control" (CDC) recommendations. Additional coverage limitations are specified in paragraphs (B)(2) to (B)(4) of this rule for certain immunizations listed in this paragraph.

(a) All designated free vaccines specified in paragraph (A)(2) of this rule.

(b) All nondesignated vaccines specified in this paragraph.

90585	BGG, percutaneous
90586	BCG, intravesical
90632	Hepatitis A, adult
90633**	Hepatitis A, pediatric/adolescent, two dose schedule
90634**	Hepatitis A, pediatric/adolescent, three dose schedule
90636	Hepatitis A and hepatitis B, ~~Adult~~ adult
90659	Influenza, whole virus
90660	Influenza, ~~Intranasal~~ intranasal
90675	Rabies, intramuscular
90676	Rabies, intradermal
90703	Tetanus toxoid
90710**	Measles, mumps, rubella, varicella (MMRV)
90732	Pneumococcal polysacharide vaccine, twenty-three-valent, adult or immuno-suppressed patient, for individuals two years or older
90733**	Meningococcal polysaccharide
90735**	Encephalitis
90740	Hepatitis B, dialysis or immuno-suppressed patient (three dose schedule)
90746	Hepatitis B vaccine, adult (nineteen years or older)

90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (four dose schedule)
~~W0703~~ 90703	~~Tetanus, adult (nineteen years or older)~~ Tetanus toxoid adsorbed
~~W0706~~ 90706	~~Rubella, adult (nineteen years or older)~~Rubella virus
~~W0718~~ 90718	~~Td, adult (nineteen years or older)~~Tetanus and diptheria toxoids (Td) for individuals seven years or older
~~W0658~~ 90658	~~Influenza, split vaccine, adult (nineteen years and older)~~ Influenza split virus, three years and above

(2) Hepatitis B vaccines (HBV).

(a) Regardless of the formulation (pediatric or adult), hepatitis B vaccines administered to individuals under the age of nineteen, to include those who require dialysis or are immunosuppressed, are available free from ODH and must be billed using ~~CPT~~ code 90744.

(b) Hepatitis B vaccines administered to individuals nineteen years or older ~~provided free and~~ must be billed using ~~CPT~~ code ~~90744~~90746.

(3) ~~DTAP~~ DTaP and ~~HIB~~ Hib combined vaccine.

~~CPT code~~ Code 90721, ~~DTAP~~ DTaB/HIB vaccine, is not eligible for reimbursement by medicaid. Providers may bill for separately administered DTAP and HIB vaccines by using ~~CPT~~ codes 90700 and one of the following: 90645, 90646, 90647, or 90648. Providers may bill for the combined DTP/~~HIB~~ Hib vaccine by using ~~CPT~~ code 90720.

(4) Active immunizations identified with an asterisk (*) in paragraph (A)(2)(a) of this rule are available and covered only under special circumstances as determined and approved, on the basis of medical necessity, by the Ohio department of health.

(5) Active immunizations identified with a double asterisk (**) in paragraph (B)(1)(a) of this rule are covered on a case-by-case basis and only if determined by ~~ODHS~~ ODJFS as medically necessary.

(C) ~~Passive immunizations~~ Immune globulins.

(1) ~~Passive immunizations~~ Immune globulins are covered when it is medically necessary to provide passive immunity to an individual who is immunosuppressed, has an acquired or congenital immunodeficiency, is at risk of RHO (D) isoimmunization, or is in immediate danger of contracting hepatitis B, tetanus,or rabies through direct contamination with blood, saliva or other body fluids, through an open wound, bite, puncture, or mucous membrane. ~~Passive immunizations~~ Immune globulins would include nonspecific human serum globulin and specific hyperimmune globulins such as hepatitis B, measles, pertussis, rabies, ~~RHO (D)~~ Rho(D), tetanus, vaccinia, and varicella-zoster.

(2) Use immune globulin codes in the range of 90281 through 90396 for immune globulins administered through the intramuscular or subcutaneous route. Otherwise, use an injection code as listed in appendix DD of rule 5101:3-1-60 of the Administrative Code. The following provisions apply to specific types of immune globulin services effective for services provided on and after January 1, 2003:

(a) For botulinum antitoxin, bill code 90287 if the antitoxin is for non-cosmetic purposes. Code 90288 for botulism immune globulin, human for intravenous use is no longer recognized by the department. Providers may be reimbursed for this service by billing the appropriate injection code as listed in appendix DD of rule 5101:3-1-60 of the Administrative Code.

(b) For cytomegalovirus immune globulin, human for intravenous use, bill 90291 per ml in the unit field. The injection code, J1565 is no longer recognized by the department for this service.

(c) For respiratory syncytial virus immune globulin for intra-muscular use, bill 90378. Code 90379 for intravenous use will no longer be recognized by the department. Providers may be reimbursed for this service by billing the appropriate injection code as listed in appendix DD of rule 5101:3-1-60 of the Administrative Code.

(d) For Rho(D) immune globulin codes 90384 and 90385, bill one vial in the units field for each dose provided. Injection code J2790 will no longer be recognized by the department for this service. For Rho(D) for intravenous use, bill the appropriate injection code. Code 90386 will no longer be recognized by the department.

~~(2)~~(3) ~~CPT codes~~ Effective January 1, 2003, code 90281 will be covered by the department when billed per ml..~~, 90282, and~~ Code 90399 will not be recognized by the department when billing ~~passive immunizations~~ immune globulins. ~~Providers may be reimbursed for passive immunizations by billing~~

~~the appropriate HCPCS injection code as listed in appendix DD of rule 5101:3-1-60 of the Administrative Code~~.

(D) Participation in the free vaccine program for immunizations provided on or after October 1, 1994.

(1) The Ohio department of health (ODH) will be the agency responsible for the enrollment of providers and the purchase, provision and distribution of the free vaccines under the federal vaccines for children (VFC) program. Therefore, Ohio medicaid will not be involved in the purchase, the provision, nor the distribution of the free vaccines available for medicaid patients after October 1, 1994.

(2) To receive free vaccines for the immunization of their medicaid patients, medicaid providers must enroll as participants in the federal vaccines for children (VFC) program by completing the federally required forms and submitting them to the Ohio department of health.

(E) Ordering.

(1) Providers may order the designated free vaccines listed in paragraph (A)(2) of this rule for all of their medicaid patients (both fee-for-service and managed care plan) directly from ODH by completing a vaccine order form and submitting it to ODH.

(2) Medicaid vaccine orders may be combined and submitted with the provider's orders for their other VFC-eligible patients (i.e., uninsured, American Indian and native Alaskan patients).

(F) Billing.

(1) Designated free vaccines/VFC covered vaccines.

Medicaid providers are required:

(a) To bill medicaid for the administration of the designated free vaccines provided to their fee-for-service medicaid patients using the appropriate ~~CPT/HCPCS~~ codes; and

(b) To report to medicaid contracting managed care plans (MCPs), as instructed by those managed care plans, the number of immunizations administered to their MCP-enrolled medicaid patients.

(2) Nondesignated vaccines.

(a) Providers who provided the vaccines identified in paragraphs (B)(1)(b) of this rule may be reimbursed the medicaid maximum for each immunization provided. For reimbursement the provider must bill the corresponding ~~HCPCS~~ code for the immunization.

(b) ~~Nondeginated~~Nondesignated vaccines identified in paragraph (B)(1)(b) by a double asterisk (**) must be billed by report with the medical indications for coverage.

(G) Reimbursement.

(1) ~~The medicaid maximum for each nondesignated vaccine is limited to the lowest acquisition cost available to providers as determined by the department plus two dollars seven cents for dates of service prior to January 1, 1997, and limited to the lowest acquisition cost available to providers as determined by the department plus two dollars twenty-eight cents for dates of service on and after January 1, 1997.~~The medicaid maximum for each designated vaccine is limited to the lowest acquisition cost available to providers as determined by the department plus two dollars twenty eight cents not to exceed the Medicare maximum for the vaccine. The department will pay the lesser of the provider's billed charge or the medicaid maximum as described in this paragraph.

(2) The medicaid maximum for each designated free vaccine code is limited to two dollars seven cents for services provided prior to October 1, 1994, and to five dollars for services provided on or after October 1, 1994. As long as the designated free vaccines are available free through an ~~ODHS~~ODJFS/ODH interagency agreement and/or the vaccines for children program, the provider's lowest acquisition cost for the designated free vaccines is zero and reimbursement for these vaccines will be limited to the maximum set forth in this paragraph.

(3) Effective July 1, 2003, the codes 90658, 90703, 90706, and 90718 for individuals eighteen years or younger will be covered under the federal vaccines for children program and will be reimbursed at five dollars as described in paragraph (G) (2) of this rule. For adults over eighteen years of age, the codes will be reimbursed at the lesser of the provider's billed charge or the medicaid maximum as described in paragraph (G) (1) of this rule.

~~(3)~~(4) Immunizations are reimbursable as a physician or clinic service only if the

immunization was provided in a nonhospital setting.

~~(4)~~(5) Immunizations administered in a hospital setting are reimbursable only to a hospital billing on an ~~UB-92~~ institutional claim form/transaction.

~~(5)~~(6) Reimbursement is not available for the cost of designated free vaccines obtained from a source other than ODH.

~~(6)~~(7) Immunizations prescribed for residents of a long-term care facility (LTCF) for subsequent administration by LTCF staff are reimbursable only to a pharmacy participating in the medicaid program.

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Certification

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