Billing Adult Immunizations

Montana Immunization Program
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Presenters

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Discussion

- Immunization Schedule for Adults
- Resources for those without insurance for immunizations
- Billing for those less than 65 years of age
- Billing immunizations for those 65 years of age and older with Medicare Part D

- We will not be covering how to submit bills, nor how to specifically use TransactRx.
- 2016 Billing Training on Medicare Part B: www.immunization.mt.gov, under Newsletters/Presentations
Adult Immunization Schedule

• Covers adults 19 years and older
• Routinely recommended vaccines and vaccine recommended due to risk
• ACA requires insurance to cover routinely recommended vaccines. Insurance may or may not cover travel vaccines.
• Medicare Part B insurance covers influenza and pneumococcal for all patients; and hepatitis B and Td when there is a risk factor. In addition a vaccine would be covered if there was a direct exposure to the disease.
• Medicare Part D, depending on the plan may or may not cover other immunizations. Patient responsible for part of the cost is likely.
Figures 1 and 2 should be read with the footnotes that contain important general information and considerations for special populations.

**Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2017**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19–21 years</th>
<th>22–26 years</th>
<th>27–59 years</th>
<th>60–64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza¹</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td/Tdap²</td>
<td>Substitute Tdap for Td once, then Td booster every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR¹</td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAR⁴</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HZV⁴</td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV-Female⁴</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV-Male⁴</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13⁷</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
</tr>
<tr>
<td>PPSV23⁷</td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA⁴</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB⁸</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY or MPSV4¹⁰</td>
<td>1 or more doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB¹⁰</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib¹¹</td>
<td>1 or 3 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection**
- **Recommended for adults with additional medical conditions or other indications**
- **No recommendation**
## Figure 2. Recommended immunization schedule for adults aged 19 years or older by medical condition and other indications, United States, 2017

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy**</th>
<th>Immuno-compromised (excluding HIV infection)**</th>
<th>HIV Infection CD4+ count ≤50 cells/μl</th>
<th>Asplenia, persistent complement deficiencies*</th>
<th>Kidney failure, end-stage renal disease, on hemodialysis*</th>
<th>Heart or lung disease, chronic alcoholism*</th>
<th>Chronic liver disease*</th>
<th>Diabetes*</th>
<th>Healthcare personnel**</th>
<th>Men who have sex with men***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td/Tdap†</td>
<td></td>
<td>1 dose Tdap each pregnancy</td>
<td>Substitute Tdap for Td once, then Td booster every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR*</td>
<td></td>
<td>contraindicated</td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAB*</td>
<td></td>
<td>contraindicated</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HZV*</td>
<td></td>
<td>contraindicated</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV-Female†</td>
<td></td>
<td></td>
<td>3 doses through age 26 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV-Male†</td>
<td></td>
<td></td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 21 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13†</td>
<td></td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPSV23†</td>
<td></td>
<td></td>
<td>1, 2, or 3 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA*</td>
<td></td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB*</td>
<td></td>
<td></td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY or MPSV4**</td>
<td></td>
<td></td>
<td>1 or more doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB**</td>
<td></td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib†</td>
<td></td>
<td></td>
<td>3 doses post-HSCT recipients only</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection
- ***Recommended for adults with additional medical conditions or other indications
- Contraindicated
- No recommendation
### Montana Public Vaccine and Eligible Populations – 2017 Federal Fiscal Year (starting October 1, 2016)

*“X” indicates eligible population at your facility. ■ Indicates ineligible population or unavailable vaccine.*

<table>
<thead>
<tr>
<th>Vaccine Category</th>
<th>Vaccines</th>
<th>Funding Source</th>
<th>VFC Categories (through 18 years)</th>
<th>Medicaid</th>
<th>American Indian/Alaskan Native</th>
<th>Uninsured$</th>
<th>VFC/CDC Underinsured$</th>
<th>State-Underinsured$</th>
<th>Adult</th>
<th>CDC Underinsured$</th>
<th>CDC Fully Insured$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric</td>
<td>DTaP, IPV, Hib, Hep B, Hep A, PCV13, PPSV23, MMR, Varicella, Rotavirus</td>
<td>VFC, State</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent</td>
<td>MCV, Tdap, HPV</td>
<td>VFC, State</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult$</td>
<td>Hep A/B, Tdap/Td, MMR, HPV, PPSV23, Varicella</td>
<td>317, State</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

**ImMTrax Eligibility Designation**
- Medicaid Recipient
- American Indian or Alaskan Native
- Not Insured
- Underinsured
- Not Eligible

1. State-supplied adult vaccine is only distributed to public clinics.
2. Uninsured: A person who has no public or private health insurance.
3. VFC/CDC Underinsured: A person who has health insurance, but the coverage does not include vaccines, only covers select vaccines, or coverage is capped at a certain amount. They are underinsured for the non-covered vaccines and vaccines received after exceeding the cap (FOHC/RHCs only).
4. State Underinsured: A person who has health insurance that covers or partially covers vaccines, but the co-pay or deductible is considered not affordable by the patient/parent/guardian (local health departments only).
5. CDC Fully Insured: Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied or paid in full by the insurance carrier because the plan’s deductible has not been met.

The imMTrax eligibility designation “Unknown or Undetermined” is not allowed when using public vaccine.

MT HC form 240.5 (revised 01/2017)
Vaccine Manufacturer
Patient Assistance Programs

• Some vaccine manufacturers will reimburse doses to clinics who participate in their Patient Assistance Programs. Eligibility for patients is dependent on having no insurance or being underinsured. Often times it is dependent on family income as well.
  • GSK - https://www.gskforyou.com/
  • Merck - http://www.merckhelps.com/
  • Pfizer - http://www.pfizerrxpathways.com/
  • Sanofi Pasteur - http://www.sanofipatientconnection.com/patient-assistance-connection
Billing for Adults <65 years

- Routinely recommended vaccines should process through insurance with no issues
  - Insurance should always be checked to be sure
  - Travel vaccines may or may not be covered by insurance
  - Payment is likely dependent on whether or not clinic is contracted with the plan

- Vaccines recommended based on medical condition might need supporting documentation. Some examples include:
  - HPV started but not complete prior to 27 years may complete the series
  - PCV13 or PPSV23 based on medical condition
  - Zoster vaccine for persons 50-59 years of age
  - MCV4 – medical conditions or travel – can be hard to get through for payment
Medicare/Medicaid eligibility

- Details on the process can be found in the General Provider Manual under Coordination between Medicare and Medicaid -
  - http://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual#604026798-member-eligibility-and-responsibilities – scroll to Coordination between Medicare and Medicaid
  - Coordination of benefits is generally accomplished through electronic crossover of claims
  - Medicaid payment is subsequent to Medicare
  - The manual explains the differences in eligibility. The MATH Web Portal will show the patient’s eligibility
    - Qualified Medicare Beneficiary (QMB) Medicaid pays some or all coinsurance and deductibles, see Manual for information
Billing for Adults ≥65 years
Medicare Part B

- Medicare Part B
  - 2016 Billing Training: www.immunization.mt.gov, under Newsletters/Presentations
  - Be sure the billing matches the influenza vaccines administered
    - NDC numbers https://www.cdc.gov/vaccines/programs/iis/code-sets.html
  - May need an Advance Beneficiary Notice of Non-payment (ABN) form when billing Part B for vaccines that are not routinely covered, but may be medically necessary
Billing for Adults ≥65 years
Medicare Part C

• Medicare Part C – Medicare Advantage
  • Must offer similar coverage to Medicare Part A (inpatient) and Part B
  • May or may not cover prescription drugs
  • May have different out-of-pocket costs and rules
  • Use Medicare coding when billing Medicare Part C
  • Services not at the primary care office will need a preauthorization number (HMOs)
    • If your are not the primary care clinic, will probably reimburse at out-of-network rate
    • If no preauthorization, may not reimburse at all
Billing for Adults ≥65 years
Medicare Part D

• Medicare Part D is the Pharmacy benefit
  • Set up for pharmacies to bill
  • Other providers can use specific web-assisted portal for Part D vaccines, i.e., TransactRx
Web-assisted Portals

- Can identify coverage for more than just Tdap and zoster
- Some Part D plans have specific vaccine brand name coverage only or syringe vs. vial that can be identified in the portal
TransactRx

- http://www.transactrx.com/
  - TransactRx offers training on their services
  - No setup or access fees
- When they present in the clinic, the service should be checked to determine coverage information
  - This allows for collection of co-pay at visit
  - Co-pay may be dependent on their Part D deductible
- Can shorten the list of vaccines to what the clinic offers
  - Vaccines show up in “green” in TransactRx if covered
  - If blacked out, not necessarily not covered, just cannot submit electronically. Have patients pay upfront and patient submits to Part D.
  - Not all part D plans are contracted through the service
TransactRx Reminders

- 90 days in which to submit a claim
- Claim fee dependent on service
- Payment turnaround can be up to 2 months
- Payment options
  - ACH transaction
  - Check - charge of $2.50 for check processing
TransactRx
Vaccine Billing Solution flyers

• Health Departments
  • http://www.transactrx.com/images/TransactRx-Public-Health-Department-Vaccine-Billing-Solution.pdf

• Physician Offices
  • http://www.transactrx.com/images/TransactRx-Public-Health-Department-Vaccine-Billing-Solution.pdf
Summary

• Billing immunizations for adults less than 65 years is a similar process to billing for child immunizations.
  • For vaccines recommended due to a medical condition, justification may need to be provided in order to receive payment
• Billing influenza and pneumococcal immunizations for adults 65 years and older through Medicare Part B is fairly common
• Web assisted portals allow provider offices other than pharmacies to bill for vaccines covered under Medicare Part D