



USA CareSM

January 1, 2008 Vaccine Changes and what providers need to know...

Beginning January 1, 2008 vaccines and the associated administration costs will be covered under the Part D benefit ONLY. For USA Care members, patients will have to pay out-of-pocket for the vaccines and vaccine administration costs, and submit paper claims to Medco Health Solutions (USA Care's Pharmacy Benefit Manager). Vaccine Specific Direct Member Reimbursement Forms will be available to providers and members on the Preferred Care website. The patient will be reimbursed at the negotiated rate less their Part D copay. Negotiated rates for vaccines through Medco will always be the Average Wholesale Price (AWP) minus 15%. If members are charged more than AWP-15% less their applicable copay, they will be responsible for the difference. Vaccine Administration fees will be reimbursed to members at a flat rate (to be determined).

If a particular vaccine is available to be obtained through a retail pharmacy, prescribers are encouraged to send members there. Pharmacies have the ability to bill Medicare Part D claims on-line and members can avoid having to pay out-of-pocket up front for vaccines.

Exceptions to the rule:

Pneumococcal, Influenza, and Rabies vaccines and their associated administration costs will always be considered a Part B (medical) benefit and should be billed directly to USA Care by the physician office. They must be billed as follows:

Vaccine Type	Vaccine Code(s)	Administration Code(s)	*Diagnosis Code(s)
Pneumococcal	90669, 90732	90465-90468 90471-90474	V03.82, V06.6
Influenza	90655-90660	90465-90468 90471-90474	V04.81
Rabies	90675-90676	90465-90468 90471-90474	V01.5, V04.5

*Administration claims MUST include the diagnosis for the applicable vaccine. Claims that include generic diagnosis codes will deny.

B vs. D Vaccinations:

Hepatitis B, Tetanus, Tetanus/Diphtheria, Tetanus/Diphtheria/Pertussis vaccines and their associated administration costs could fall under the Part B or the Part D benefit depending on the member's situation. These claims should be billed directly to USA Care by the physician office if the following situations apply:

Vaccine Type	Vaccine Code(s)	Administration Code(s)	*Diagnosis Code(s)
Hepatitis B for Intermediate to High Risk Individuals	90740-90748	90465-90468 90471-90474	V02.6, V05.3
**Tetanus when incident to an injury	90703	90465-90468 90471-90474	V03.7
**Tetanus/Diphtheria when incident to an injury	90702, 90714, 90718	90465-90468 90471-90474	V06.5
**Tetanus/Diphtheria/ Pertussis when incident to an injury	90700, 90701, 90715	90465-90468 90471-90474	V06.1

*Administration claims MUST include the diagnosis for the applicable vaccine. Claims that include generic diagnosis codes will deny.

**Tetanus, Tetanus/Diphtheria, Tetanus/Diphtheria/Pertussis vaccinations must be billed in conjunction with the injury they are incident to.

Hepatitis B should not be billed to USA Care if it is not for an intermediate to high risk individual. Tetanus, Tetanus/Diphtheria, and Tetanus/Diphtheria/Pertussis vaccines and their associated administration costs should not be billed to USA Care directly if they are not incident to an injury.