



Vaccine Billing Guidelines

Revised: 033123

Our Promise

Knowing every child's life is sacred, we promise to improve the well-being of every child in our care and our communities.



Provider Support Services

888-243-3312

A representative is available Monday – Friday, 8am-5pm, excluding state holidays.

Benefits, Limitations and Exclusions

Providers should verify benefits, limitations and exclusions located in the Texas Medicaid Provider Procedures Manual (TMPPM) prior to rendering services. Always refer to the most recent publication.

In addition, prior to submitting services for reimbursement Providers should refer to the most recent publications of the:

- Cook Children's Health Plan Provider Manuals located on cookchp.org
- Electronic Data Interchange Requirements located on tmhp.com and cookchp.org
- CPT, ICD-10, HCPCS coding books
- Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Medicaid National Correct Coding Initiative (NCCI) Edits located on CMS.gov and Medicaid.gov

Reimbursement

Cook Children's Health Plan reimburses claims per the Texas Medicaid & Healthcare Partnership fee schedule.

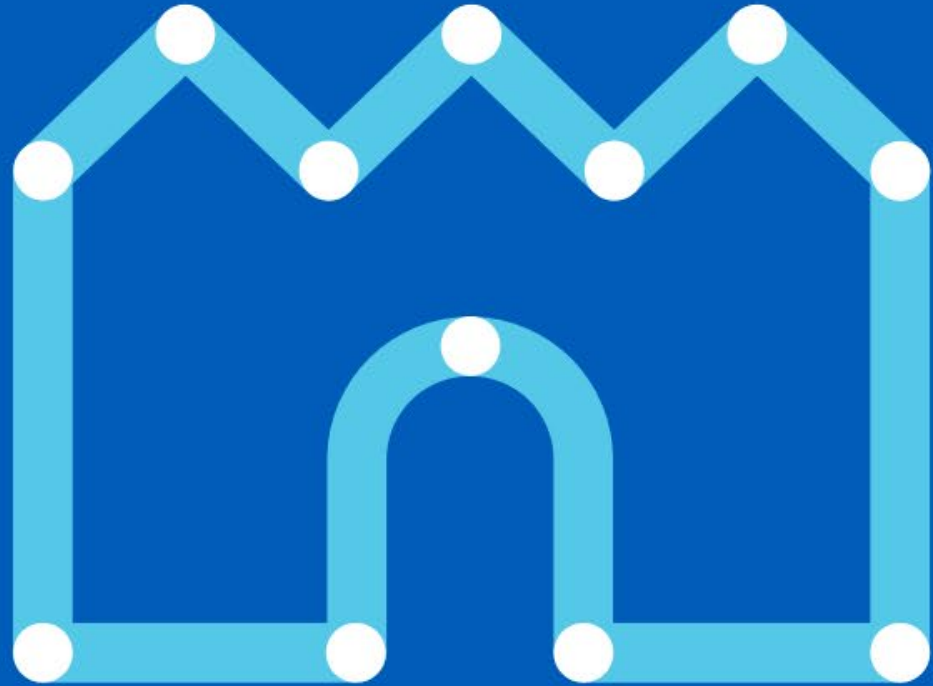
- Providers should follow the benefits, limitations, exclusions, and claim filing instructions within the Texas Medicaid Provider Procedures Manual
- Providers should bill their usual and customary rates
 - Do not bill less than the contracted reimbursement rate
 - If a Provider bills less than the contracted rate, the claim reimburses up to the Providers billed charge
- Claims are reimbursed based on the contracted rate schedule
 - Reimbursement will not exceed the Medicaid allowable
- Provider's agree to accept the reimbursement rate as payment in full for services rendered to Medicaid Members

Billing and Coding Guidance

Coding for healthcare services is complex and this training is not intended to provide a thorough treatment of the topic. This training includes a variety of topics based on data received from our claims and the most common billing questions received.

Providers should routinely audit their billing and coding activities to identify inconsistencies and errors and avoid improper payments. Inappropriately coded and/or billed claims can lead to audits (Fraud, Waste and Abuse) and recoupments.

Texas Medicaid

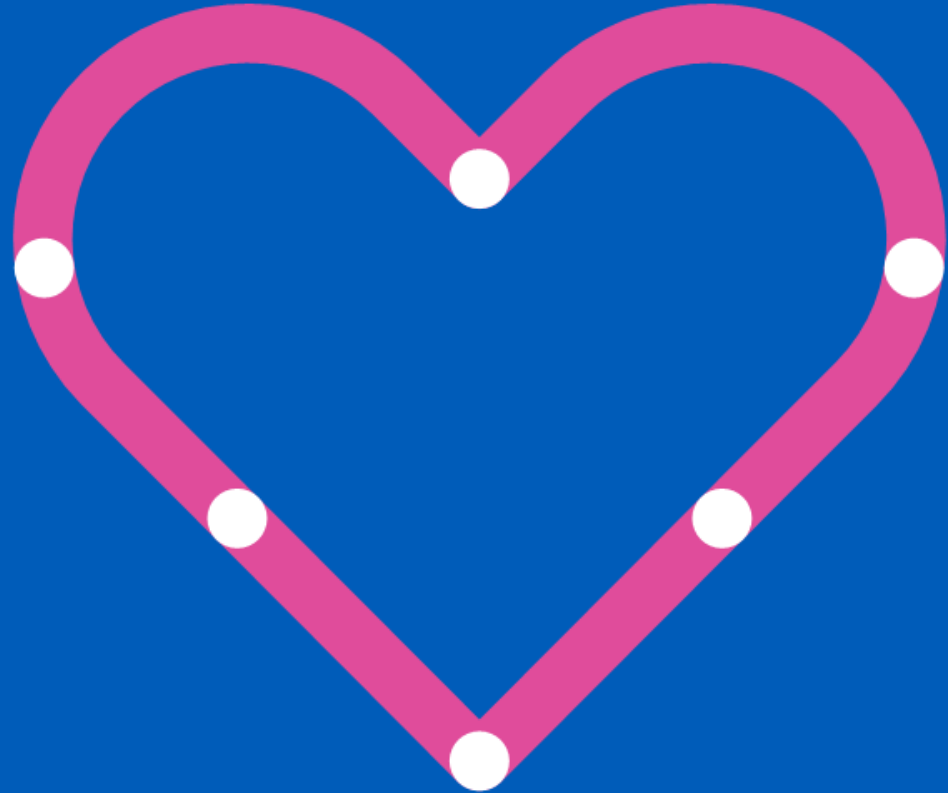


Texas Medicaid Provider

To be eligible for Texas Medicaid reimbursement, a Provider must be approved by the Texas Health and Human Services Commission (HHS) and enrolled with Texas Medicaid & Healthcare Partnership (TMHP).

- Providers can use the online Provider Enrollment and Management System (PEMS) tool to enroll electronically through the TMHP website

Immunizations



Immunizations

Providers must assess the Member's immunization status at every medical checkup to ensure all age requirements have been met.

- Vaccines and toxoids must be administered according to the Recommended Childhood and Adolescent Immunization Schedule (Advisory Committee on Immunization Practices [ACIP]) and the American Academy of Family Physicians
- Necessary vaccines and toxoids must be administered at the time of the checkup unless medically contraindicated
 - If a vaccine is not administered the reason must be documented in the Member's medical record
- Administered vaccines must be reported to DSHS

For more information, view the Texas Medicaid Provider Procedures Manual, Children's Services Handbook, section 4.3.12.3 Immunizations.

Texas Vaccines for Children Program



Texas Vaccines for Children Program

The Texas Vaccines for Children (TVFC) Program provides vaccines at no cost to the Providers.

- Texas Health Steps Providers are strongly encouraged to enroll in TVFC
- Obtain free vaccines for Member's who are birth through eighteen years of age
- Vaccines that are available through TVFC are not reimbursed separately
 - Providers may not charge Texas Medicaid for the cost of the vaccines obtained from TVFC

For more information, Providers can refer to the THSteps online educational module, Immunization, located on txhealthsteps.com.

Texas Vaccines for Children Enrollment

If you are not enrolled in TVFC, please consider enrolling. The process is simple:

- Verify that you meet the Provider eligibility requirements
- Complete the Vaccine Education Online web-based training course & submit the certificate of completion
- Complete the Vaccine Storage and Handling and the Vaccines for Children) of the CDC You Call The Shots Training & submit certificates of completion
- Complete the Vaccine Allocation and Ordering System Training
- Complete and submit your TVFC enrollment
- Agree to screen for patient eligibility and maintain screening records
- Agree to maintain vaccine safety and inventory

For more information visit the DSHS Immunization Unit page at <https://www.dshs.texas.gov/immunization-unit>.

Vaccine Coverage

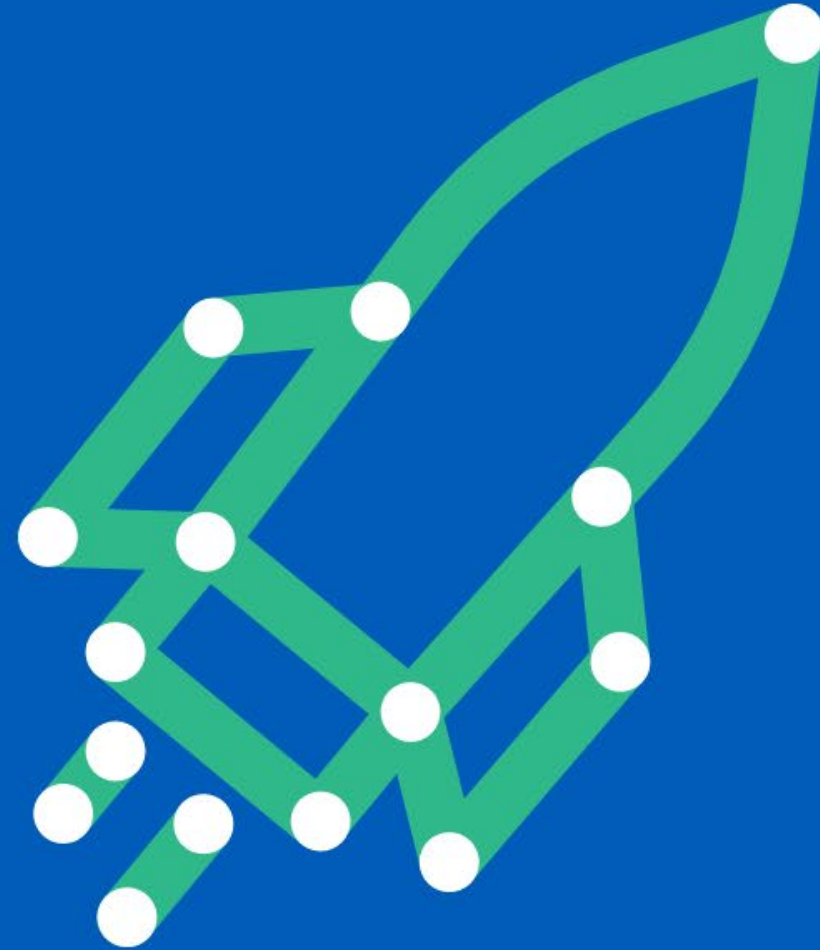
Providers should refer to the TVFC website, <http://www.dshs.texas.gov/immunize/tvfc/default.shtm>, for a list of available vaccines.

- All vaccines and toxoids recommended by ACIP are available from the TVFC Program to enrolled Providers
- When single antigen vaccines and toxoids or comparable antigen vaccines and toxoids are available for distribution through TVFC, but the Provider chooses to use a different ACIP-recommended, the administration fee will be reimbursed v
 - The vaccine/toxoid will not be covered

Enrollment in TVFC is not mandatory however:

- Texas Medicaid will not reimburse Providers when the vaccine is available through TVFC
- Only the administration fee will be reimbursed
- Members may not be billed for vaccines and toxoids available through TVFC

Vaccine Administration



Vaccine Administration

An administration fee may be reimbursed for all covered vaccines or toxoids.

- Only one administration fee may be reimbursed to any Provider for each vaccine or toxoid administered per day

The following procedure codes may be reimbursed when billed for vaccine and toxoid administration:

- 90460
 - Benefits for services rendered to clients who are birth through 18 years of age when counseling is provided for the immunization administered
- 90461
 - Benefits for services rendered to clients who are birth through 18 years of age when counseling is provided for the immunization administered
 - You can not bill code 90461 if 90460 is not billed first

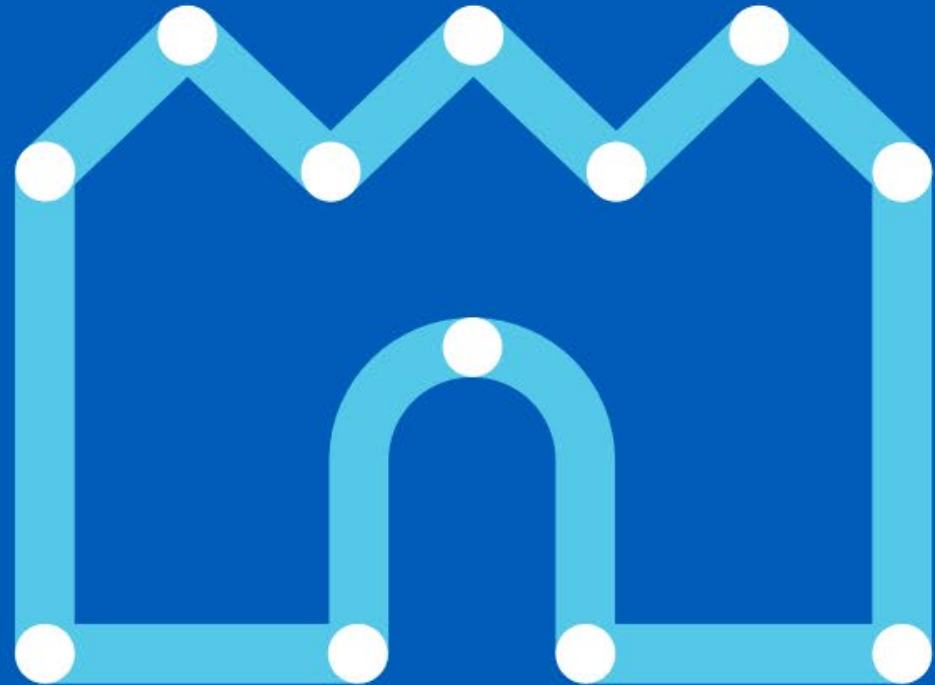
Vaccine Administration

- You can not bill code 90461 if 90460 is not billed first
- Procedure code 90461 may not be billed by TVFC Providers when administering TVFC eligible vaccines under the TVFC program
- 90471
 - Benefits when counseling is not provided for the immunization administered
 - May be reimbursed for services rendered to Members of any age
- 90472
 - Benefits when counseling is not provided for the immunization administered
 - May be reimbursed for services rendered to Members of any age
- 90473
 - Benefits when counseling is not provided for the immunization administered
 - May be reimbursed for services rendered to Members of any age

Vaccine Administration

- 90474
 - Benefits when counseling is not provided for the immunization administered
 - May be reimbursed for services rendered to Members of any age

Vaccine Administration with Counseling



Vaccine Administration with Counseling

- Report procedure code 90460 and 90461 only when the physician provides face-to-face counseling of the patient/family
 - Counseling provided by a nurse does not meet the guideline for billing procedure code 90460 or 90461
 - The necessary counseling must be documented in the Member's medical record
- Procedure code 90460 is submitted for the administration of the first component
- Procedure code 90461 is submitted for the administration of each additional component identified in the vaccine
 - Procedure code 90461 will be denied if procedure code 90460 has not been submitted on the same claim for the same vaccine or toxoid
 - Procedure code 90461 may not be billed by TVFC Providers when administering TVFC eligible vaccines under the TVFC program

Vaccine or Toxoid Components



Vaccine or Toxoid Components

- The term components refers to the number of antigens that prevent disease(s) caused by one organism
 - Combination vaccines are those that contain multiple vaccine components
- The number of components applies only if counseling is provided for the vaccines or toxoid administration

A list of vaccines and the number of recognized components can be found in the Texas Medicaid Providers Procedure Manual, Children's Services Handbook, section 4.5.4 Vaccine Reimbursement.

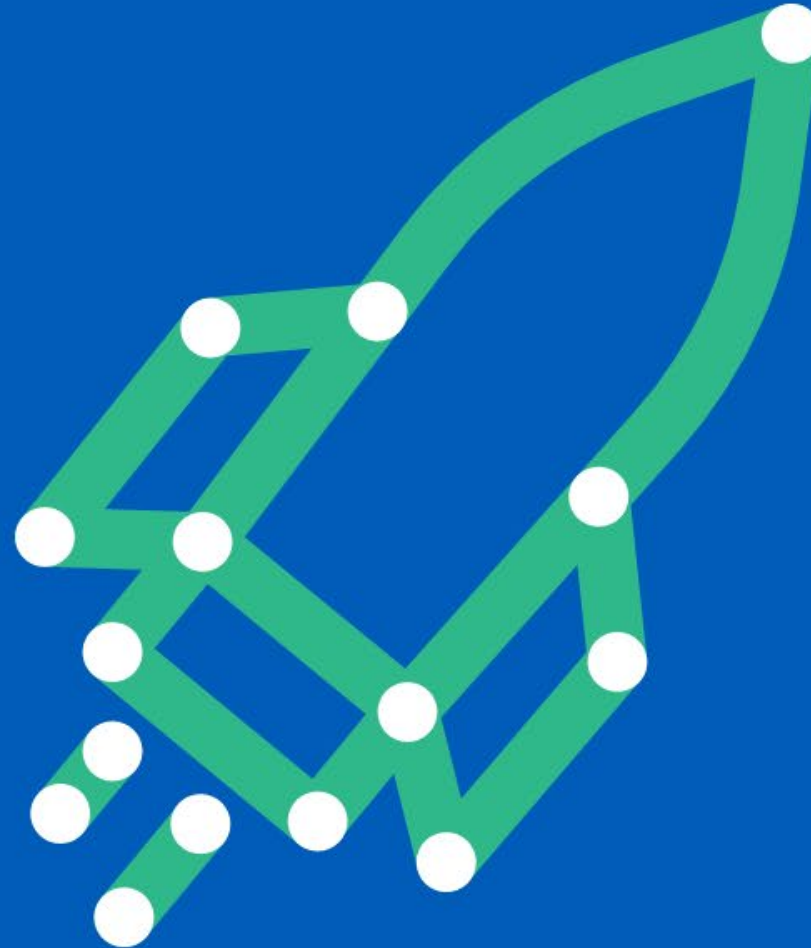
Vaccine Administration without Counseling



Vaccine Administration without Counseling

- Report code 90471-90474 when a vaccine is administered but counseling is not provided
 - Procedure code 90471, 90472, 90473, 90474
 - Reimbursed based on the route of administration
 - Only one unit allowed per code
 - Only one unit allowed per claim line
 - Procedure code 90471 can only be billed once per day

Vaccine Sequence



Vaccine Sequence

- For Members under the age of 18 (TVFC, THSteps, etc.)
 - Bill the vaccine code followed by vaccine administration code
 - The vaccine administration code cannot be billed first
- For adults/non TVFC eligible Members
 - Bill either the vaccine code followed by the vaccine administration code or the vaccine administration code followed by vaccine
 - Both the vaccine and the vaccine administration codes are reimbursed

Vaccine Administration with Counseling

The following is an example of how to submit a claim for the vaccine and vaccine administration procedure codes when counseling is provided to a Member under the age of 18:

- Vaccine procedure code
 - Billed with one unit
- Vaccine Administration code (90460)
 - Billed with one unit

Vaccine Administration with Counseling

The following is an example of how to submit a claim for vaccine and vaccine administration procedure codes when counseling is provided to a Member under the age of 18, the vaccine is not available through TVFC, and the vaccine has more than one component:

- Vaccine procedure code
 - Billed with one unit
- Vaccine Administration code (90460)
 - Billed with one unit for the first component
- Vaccine Administration code (90461)
 - Billed for each additional component

Vaccine Administration without Counseling

The following is an example of how to submit claims for vaccines with the vaccine was administered through injection and when counseling is not provided:

- Vaccine procedure code
 - Billed with one unit
- Vaccine Administration code (90471 or 90473)
 - Billed for the first vaccine administered without counseling
 - Choose the vaccine administration code for the route (oral, injection, intranasal) of administration
- Vaccine Administration code (9072 or 90473)
 - Billed for each additional vaccine administered without counseling
 - Choose the vaccine administration code for the route (oral, injection, intranasal) of administration

Vaccine Documentation

Providers must document the following information for each vaccine administered in the Member's medical record:

- Vaccine or toxoid given
- Date of the vaccine or toxoid administration (day, month, year)
- Name of the vaccine or toxoid manufacturer
- Vaccine or toxoid lot number
- Signature and title of the person administering the vaccine or toxoid
- Organization's name and address
- Publication date of the VIS issued to the Member, parent, or guardian
- Site at which the vaccine was given (recommended)

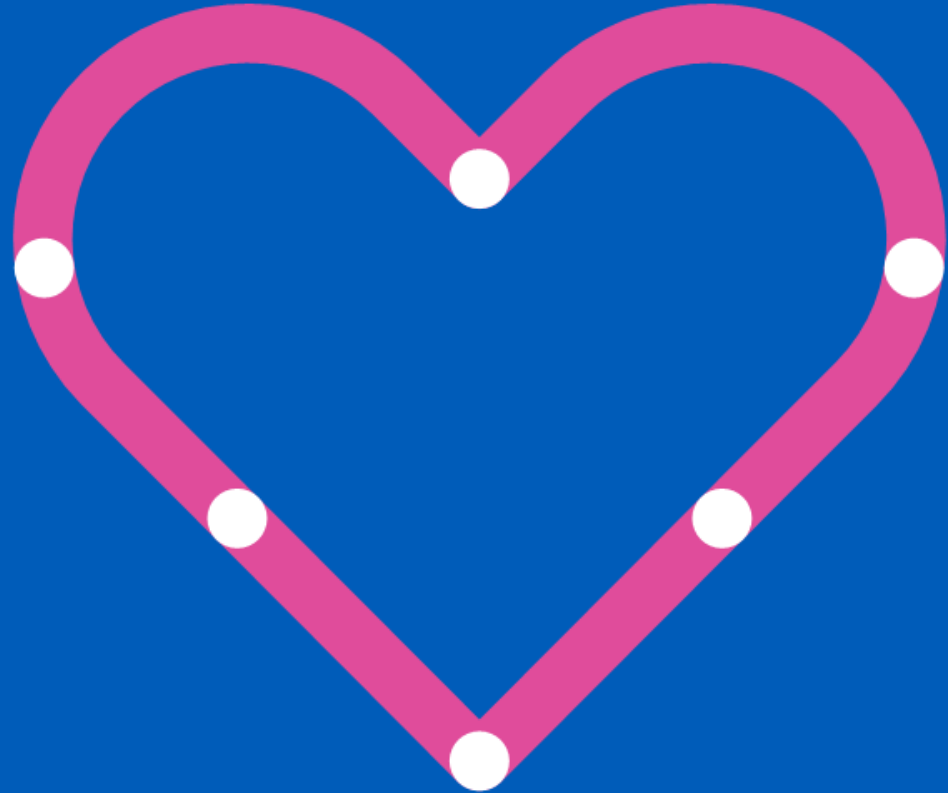
If a vaccine is given outside of ACIP's recommended schedule the reason for the vaccination must be documented. These records are subject to retrospective review to determine appropriate utilization and reimbursement for this service.

Vaccine Documentation

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Claims



Diagnosis

The age-appropriate diagnosis code for preventive care medical checkup must be submitted on the vaccine(s) and vaccine administration code(s) claim line(s) as the primary diagnosis code.

- Z00.110
 - Birth through seven days
- Z00.111
 - Eight days through 28 days of age
- Z00.121 or Z00.129
 - Twenty-nine days through seventeen years of age
- Z00.00 or Z00.01
 - Eighteen years of age or older

Z23 should be included on the claim as a secondary diagnosis for each vaccine and vaccine administration claim line.

Medical Checkup & Acute Visit

Providers can perform and bill a Texas Health Steps medical checkup or CHIP medical checkup and an acute visit on the same day.

- These services must be billed on a separate claim for STAR and STAR Kids Members
 - Modifier 25 should be submitted with the acute care E/M procedure code to signify the distinct service rendered
- The services can be billed on the same claim for CHIP Members
 - Modifier 25 should be submitted with the acute care E/M procedure code to signify the distinct service rendered

Other Insurance Claim Filing

THSteps Medical Providers are not required to bill other insurance before billing Medicaid. If a Provider is aware of other insurance, the Provider must choose whether or not to bill the other insurance.

If the Provider chooses to bill the other insurance:

- The Provider must submit the claim to the Member's other insurance before submitting the claim to the health plan

If the Provider chooses to bill the health plan and not the Member's other insurance:

- The Provider is indicating that he or she accepts the Medicaid payment as payment in full
- Medicaid then has the right to recover from the other insurance

Note: If the Provider learns that a Member has other insurance coverage after Medicaid has paid a claim, the Provider must refund the payment to Medicaid before billing the other insurance.

ImmTrac2

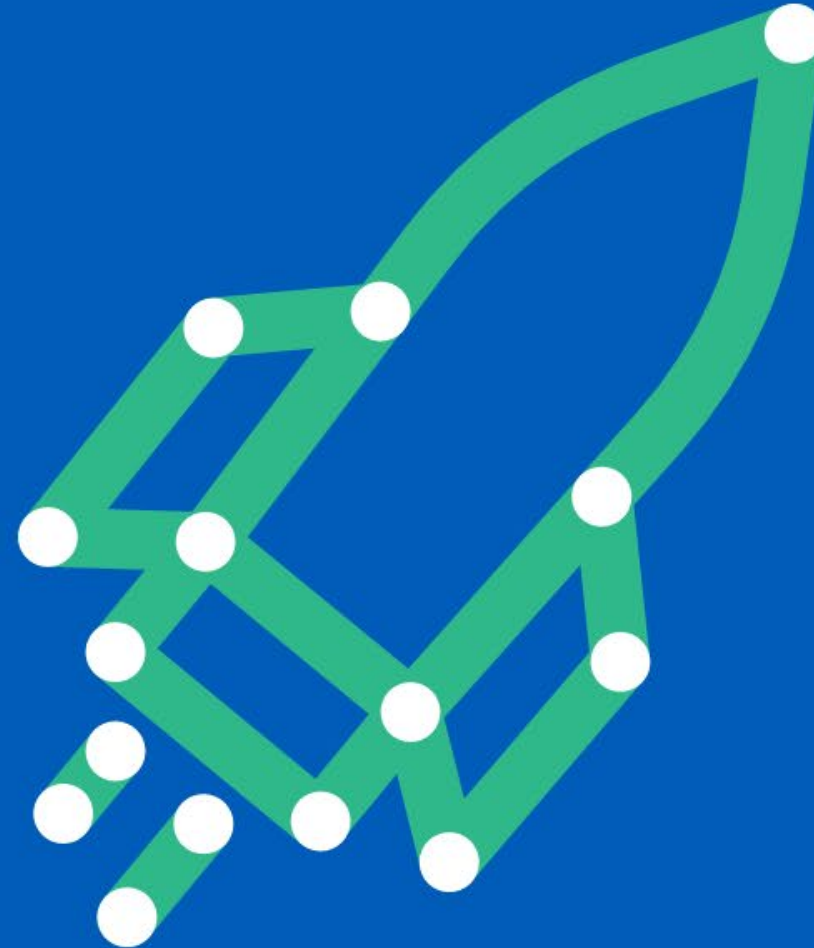


Vaccine Reporting to DSHS

Texas law requires medical Providers and Payors to report all immunizations administered to Members seventeen years of age or younger to ImmTrac2, the Texas immunization registry operated by the Department of State Health Services (DSHS).

- Providers must report all immunization information within 30 days of administration of the vaccine
- Payors must report within 30 days of receipt of data elements from a Provider

Provider Education



Provider Training

All Providers are encouraged to attend the Primary Care Provider or Specialty, Ancillary and Facility Provider Orientation and the Secure Provider Portal training.

The Provider Orientation includes:

- Provider Responsibilities
- Provider Resources
- Cook Children's Health Plan Products, Programs and Services

The Secure Provider Portal training includes:

- Registering for a new account
- Portal navigation
 - Member eligibility, Claim status, Claim appeals, Prior authorization, Provider reports

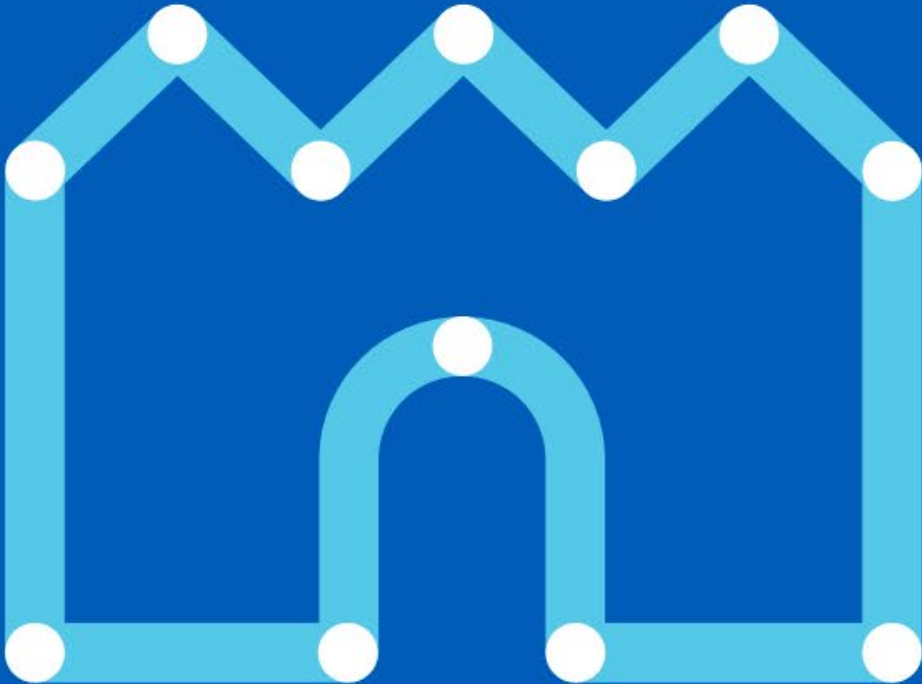
Provider Training Webinar Schedule

To view the most current Provider Training Webinar Schedule or self-paced training presentations visit the Provider Relations page located on our website, cookchp.org.

- Webinars are scheduled from 12pm – 1pm CT
 - Dates and times are subject to change
- You can register for a webinar at anytime
 - You do not need to wait until the day of the event

Note: In order to register for a webinar you must have a Zoom account. You can sign up for free, zoom.us/signup.

Training Resources



Training Resources

- [Texas Medicaid & Healthcare Partnership](#)
- [Texas Medicaid Provider Procedures Manual](#)
- [ACIP Recommended Childhood and Adolescent Immunization Schedule – United States](#)
- [Provider Eligibility – Texas Vaccines for Children](#)
- [Texas Vaccines for Children Program – TVFC](#)
- [DSHS Vaccine Provider Registration Portal](#)
- [Texas Vaccines for Children Provider Enrollment](#)
- [HPV Vaccination – Vaccinate Adolescents against Cancers](#)
- [You Call the Shots: Vaccines Web-based Training Course – CDC](#)
- [Immunization - Texas Health Steps Course Catalog](#)
- [Vaccine Allocation and Ordering System Training](#)

Training Resources

- [Immunization - Texas Health Steps Course Catalog](#)
- [Vaccine Allocation and Ordering System Training](#)
- [ImmTrac2, the Texas Immunization Registry](#)



www.cookchp.org

Cook Children's Health Plan

A local, non-profit health plan that cares about our community.

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Provider Relations



Thank You!