



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: All Users of State Supplied Vaccine
FROM: Mick Bolduc-Vaccines For Children (VFC) Coordinator^{mb}
DATE: January 10, 2011
SUBJECT: New CPT administration codes-VFC collection clarification

The primary purpose of this communication is to provide you with clarification on the amount that can be collected for vaccine administration of state supplied vaccine, when using the new CPT codes.

New CPT Codes

The Centers for Disease Control and Prevention has composed a Q&A sheet to help clarify the administration fees that can be collected for VFC vaccines (see below). Per the Connecticut provider agreement, providers "shall not impose a charge for the cost of the vaccine received through this program; however may collect a reasonable administration fee per dose given". **The administration fee collected for uninsured or underinsured children cannot exceed \$21 per dose;** the administration fee for all Medicaid recipients shall be the fee schedule established by the Department of Social Services, **the administration fee for private insurance patients can be up to the maximum allowed per the insurance company's policy."** Therefore, while you are using the new CPT codes to bill for each vaccine antigen, you may only **collect** a maximum of \$21 per dose from **uninsured or underinsured children**.

For example, the combination vaccine DTaP - Hib - IPV (Pentacel®) has five antigens. The CPT coding would be: 90460, 90461, 90461 90461, & 90461. However, you can only collect a maximum of \$21 from uninsured or underinsured children.

The CT Chapter of the American Academy of Pediatrics recently sponsored a teleconference on the issue of the new CPT codes. To listen to an archive of the teleconference, visit <http://www.ct-aap.org/> and click on **teleconferences**.

As always, if you have any questions, please feel free to contact the Immunization Program at (860) 509-7929.

Question:

How will the change in CPT codes affect vaccine administration fees under the Vaccines for Children (VFC) program?

Answer:

The two new CPT codes are:

90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component,

90461 – Each additional vaccine/toxoid component.

These codes replace 90465, 90466, 90467, and 90468.

Every vaccine administered has exactly one first component, and many vaccines have second and subsequent components (e.g., MMR, DTaP, and DTaP/IPV).

In the VFC program, the regional vaccine administration fee cap rates were established on a per-vaccine basis, not a per-antigen or per-component basis. **Under current interpretation of CMS policy, the administration fee for the VFC program will continue to be based on a per-vaccine basis and not on a per-antigen or per-component basis.** CMS is looking closely at the VFC administration fee cap to ensure that it keeps up to date with changes in underlying costs of providing vaccines and with medical practice. CMS anticipates updating the fee cap in the near future, and is also examining the larger reimbursement structure of the VFC program. In the meantime, State Medicaid agencies can increase the amount they pay providers up to their regional cap by submitting a State Plan Amendment, as most States are currently paying providers rates that are below their State caps. In addition, a State could choose to establish different rates, up to their regional cap, for a vaccine with multiple antigens and those that are single components.