Important update from AHCCCS on VFC Vaccines Coding and Reimbursement

This applies to: UnitedHealthcare Complete Care, UnitedHealthcare Long Term Care, UnitedHealthcare Developmentally Disabled.

AHCCCS has requested that we share this information with our Network providers who are participating in the VFC Program.

It has come to AHCCCS' attention that there may be confusion regarding the reimbursement for immunization administration fees when Vaccines for Children (VFC) stock is administered to members. The descriptions for 90460 and 90461 are silent as to what source of vaccine is being administered. AHCCCS is sharing this guidance for clarification and to ensure all managed care plans are reimbursing administration fees equitably when VFC stock is given to an eligible member.

The Affordable Care Act (ACA) mandates that vaccine administration fees be paid to certain physicians and other providers administering vaccines to Medicaid-enrolled members, including those administered to children under the VFC program.

Effective 10/1/24, per Contract, AHCCCS has increased the administration fee from $15.43 to $21.33.

In addition to the increased reimbursement fees for vaccine administrations, final regulations implementing this section of the ACA clarifies reimbursement. The **finalized rule** HERE includes the following language **"The provider will also receive a single administration fee for any vaccine provided, regardless of the number of vaccine/toxoid components, and will not receive the Medicare administration rate for those services**."

The provision for providers to only bill a flat fee per given vaccine, regardless of the number of vaccines/toxoid components comes from **section 1928(c)(2)(C)(ii)** of the SSA. This section permits the provider to impose an administration fee, but does not authorize different fees based on the type of vaccine. [x]

The CDC **VFC Operations guide** further highlights this point on page 65 or pdf page 73 HERE which states, "Administration fees are per vaccine and not per antigen."

With the changes under the ACA, both the vaccine code and the vaccine administration code must be reported by all providers reporting vaccine administration services. **If the vaccine is provided through the VFC program, the SL modifier must be added to both the vaccine code and the vaccine administration code.**[See FFS Provider Billing Manual Chapter 10].

Providers shall not add the SL modifier to vaccine and administration codes used to report services provided to members who are over 18 years of age or for vaccines that are not covered under the VFC program administered to children.

When vaccines are administered separately, i.e., through separate injections, an administration fee will be paid for each separate administration, Physicians should not separate vaccine toxoids typically administered together into separate syringes to report multiple vaccine administration codes whereby inappropriately giving single-antigen vaccines when a combo could be used: **"In addition, section 1903(i)(15) of the Act provides that no payment shall**

be made “with respect to any amount expended for a single-antigen vaccine and its administration in any case in which the administration of a combined-antigen vaccine was medically appropriate (as determined by the Secretary)"

Reporting multiple injections depends on which vaccine administration codes are used to report the services. When more than one vaccine is administered with counseling to a member 18 years of age or younger, each injection is reported with CPT code 90460 and SL modifier. Providers will be paid a separate fee for each injection. If more than one vaccine/toxoid is included in a single injection, AHCCCS will not make additional payment for administration of other additional toxoids included in the injection identified with CPT code 90460.

Claims: Effective 10/1/24, code 90461 will be closed. The only code billable for VFC immunization administration will be 90460 with the SL modifier. Any claim with 90461, regardless of modifier, will be denied. This applies to both OMB-0938-1197 FORM 1500 or UB50.

Reimbursement: Effective 10/1/24, per Contract, the full reimbursement rate of $21.33 will be paid for each claim. “The Contractor shall reimburse providers for the administration of vaccines at the regional maximum allowable reimbursement rate as stated in the AHCCCS State Plan and may not discount the amount reimbursed.”

Encounters: The claim must include 90460 with SL modifier (Box 24) ; the toxoid administered (Box 19), and the rendering provider (Box 17). Incomplete or inaccurate claims will result in a pended encounter.

ASIIS: Per ARS 36-135; all vaccines administered shall be reported to the Arizona State Immunization Information System. https://www.azleg.gov/ars/36/00135.htm