

**Policy terminated because Medicaid covers codes in the same manner as
Health Choice.**

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1.0 Description of the Procedure, Product, or Service

Immunization is a technique used to cause an immune response that results in resistance to a specific disease, especially an infectious disease. For the purpose of this medical policy, immunizations refer specifically to vaccinations for the prevention of communicable (infectious) diseases. Immunotherapy for allergies, rheumatologic disorders, and malignant diseases is not addressed by this clinical policy.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Benefits are provided for immunizations for the prevention of communicable diseases, when provided under the direction of a qualified, licensed health care provider in accordance with current recommendations of the Centers for Disease Control and Prevention, and/or its Advisory Committee on Immunization Practices (ACIP), and/or the American Academy of Pediatrics (AAP)

CDC and ACIP immunization recommendations are available at <http://www.cdc.gov/vaccines/hcp.htm>;

AAP immunization recommendations are available at <http://www.aap.org>.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Immunizations provided by an ineligible provider are not covered. Refer to **Section 6.0** for eligible providers.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for immunizations.

5.2 Other

Benefits for immune globulins (Immune Globulin, Rabies Immune Globulin, Varicella Immune Globulin, etc.) and other products that provide temporary passive immunity for protection against infectious diseases (e.g. Synagis, a humanized monoclonal antibody for RSV prophylaxis) are not addressed by this clinical policy.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Immunizations must be provided by an eligible provider to be covered. Eligible providers include: physicians' offices, public health departments, school health clinics, Smith-Kline Hepatitis B Program.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
4/30/12	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT codes				
90291	90296	90371	90375	90376
90396	90465	90466	90467	90468
90471	90472	90473	90474	90476
90477	90581	90585	90586	90632
90633	90634	90636	90645	90646
90647	90648	90649	90655	90656
90657	90658	90660	90665	90669
90675	90676	90680	90681	90690
90691	90692	90693	90696	90698
90700	90701	90702	90703	90704
90705	90706	90707	90708	90710
90712	90713	90714	90715	90716
90717	90718	90719	90720	90721
90723	90725	90727	90732	90733
90734	90735	90736	90740	90743
90744	90746	90747	90748	90749*
90650 and 90663 deny as experimental and investigational				
Note: *90749 denies as incidental services				

HCPCS Codes		
G0008	G0009	G0010

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Outpatient Hospital and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

Although no co-payment is required for covered immunizations or for routine wellness visits, co-payments indicated on the ID card may apply to other Evaluation and Management office visits, outpatient hospital visits, and emergency room visits, even if immunizations were given during those visits. Also, if the immunization is dispensed as a prescription drug, it will be considered a prescription benefit and is subject to the appropriate prescription co-payment.

H. Reimbursement

Providers must bill their usual and customary charges.

Date of Termination: 04.30.2012