

		<b>Reimbursement Policy</b>
<b>Subject: Vaccines for Children (VFC) Program</b>		
Effective Date: <b>04/20/18</b>	Committee Approval Obtained: <b>04/20/18</b>	Section: <b>Prevention</b>
<p>***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://providers.amerigroup.com/DC">https://providers.amerigroup.com/DC</a>. *****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup District of Columbia, Inc. benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's District of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, District, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.</p> <p>Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
<b>Policy</b>	<p>Amerigroup allows reimbursement of the administration fee for vaccines provided by the Vaccines for Children (VFC) Program for eligible members under the age of 19 unless provider, District, federal or CMS contracts and/or requirements indicate otherwise. Medicaid providers who participate in the VFC Program and immunize children shall comply with all of the reporting requirements and procedures.</p> <p>Reimbursement is based on the fee schedule or contracted/negotiated rate of the vaccine administration up to maximum fee limits set by the CDC and applicable modifiers. We do</p>	

	<p>not reimburse providers for the vaccine serum as it is provided free-of-charge through the VFC Program.</p> <p>Although providers shall only be reimbursed for the administration of the vaccine, serum code(s) must be included on the claim to meet regulatory and HEDIS® reporting requirements that members are receiving the proper immunization(s). Claims submitted without applicable serum, administration codes and modifiers may be rejected and/or denied.</p> <p><b>Reimbursement of Office Visits</b>  Vaccine administrations are separately reimbursable expenses from well-child exams or office visits. When the vaccine administration is the only service performed, we do not allow reimbursement for a minimal office visit.</p> <p><b>Non-VFC Members/Vaccines</b>  For members not eligible or for vaccines not provided under the VFC Program, we reimburse providers for the administration and serum based on the fee schedule or contracted/negotiated rate.</p> <p><b>Reimbursement During District Supply Shortages</b>  During documented supply shortages within applicable District VFC programs, we will reimburse providers for serum(s) based on the fee schedule or contracted/negotiated rate and applicable modifiers. Health plans shall develop internal processes and procedures to track District VFC Program and CDC information to monitor vaccine shortages.</p> <p>HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).</p>
<p><b>History</b></p>	<ul style="list-style-type: none"> <li>• Biennial review approved and effective <b>04/20/2018</b>: Policy language updated</li> <li>• Initial approval <b>07/19/17</b> and effective <b>10/01/17</b></li> </ul>
<p><b>References and Research Materials</b></p>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• DC Department of Health Care Finance policies</li> <li>• Amerigroup contract with the DC Department of Health Care Finance</li> <li>• CDC § 441.615 Administration fee requirements</li> <li>• Social Security Act, Section 1928: Program for Distribution of Pediatric Vaccines</li> <li>• State VFC Programs</li> </ul>

<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Minimal Office Visit:</b> an office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician; the presenting problem(s) are usually minimal and typically five minutes are spent performing or supervising these services</li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Modifier Usage</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>