

## STATE SUPPLIED IMMUNIZATION

Policy # 22

Implementation Date: 10/6/04

Revision Dates: 10/1/10, 9/3/14

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

### Description

The Vaccines for Children (VFC) program is offered through the state to supply providers vaccines free of charge for use in individuals up to age 18 that meet eligibility requirements. Individuals eligible for these vaccines are those that are not insured, are on Medicaid, are Native American or Alaskan Native, or for those whose insurance does not cover immunizations. The Utah VFC Program provides all current immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). These include: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Polio, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B, Varicella, and Pneumococcal Conjugate.

### Commercial Plan Policy

SelectHealth will **not reimburse providers for these free vaccines or the administration of these vaccines**. Immunizations that are purchased by the physician will be reimbursed in accordance with the plan guidelines for immunization coverage.

The SL modifier being appended to the appropriate immunization identifies immunizations that are state supplied. The SL modifier is not appropriate to be appended to the immunization administration codes and will be denied as inappropriate. All claims received with the SL modifier will be denied.

Vaccines purchased by the provider and their related administration fee should be billed to Health Plans with the appropriate CPT codes without the SL modifier. Claims received in the correct manner will be processed at the regular plan rates.

*Exception: CHIP members, members approved to receive the vaccines through the state (ex: Native Americans), and Idaho providers will be reimbursed for the administration fees associated with these immunizations. The administration codes should be appended with the SL modifier and the vaccine codes should also be billed with no charge or a .01 cent charge.*

### SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy**

### SelectHealth Community Care (Medicaid)

SelectHealth Community Care will reimburse for the administration fees associated with these immunizations for members that are approved to receive the vaccines through the

state. The administration codes should be appended with the SL modifier and the vaccine codes should also be billed with no charge or a .01 cent charge.

### Applicable Codes

Modifier	Descriptions
SL	State supplied vaccine

### Sources

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from [https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9\\_guidelines.pdf](https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf)
3. Utah Department of Health. (2014, October 1). PHYSICIAN SERVICES. Retrieved November 3, 2014, from <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20And%20Anesthesiology/SECTION%20-%20Physician%20Services/Physician10-14.pdf>
4. Vaccines for Children Program (VFC). Centers for Disease Control and Prevention (2014, August 19). Retrieved November 3, 2014, from <http://www.cdc.gov/vaccines/programs/vfc/providers/eligibility.html>

### Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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