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by UnitedHealthcare

October 8, 2009

Dear Physician or Health Care Practitioner:

Thank you for your continued participation in the UnitedHealthcare network and the care you provide to the people we insure. We are working collaboratively with federal and state officials to ensure the success of the national H1N1 vaccination campaign. As previously announced, UnitedHealthcare and our affiliated companies will reimburse for the administrative costs of H1N1 vaccine administration, regardless of the individual's benefit plan. As such, UnitedHealthcare and other health plans are waiving deductibles and providing coverage for services rendered by out-of-network physicians, public clinics and pharmacies.

Please refer to the enclosed Frequently Asked Questions (FAQ) which details the billing procedures related to the vaccine administration for the commercial, Medicare and Medicaid populations as well as detailing payment methodologies for fee-for-service and capitated groups.

We take this opportunity to remind you that in the face of this pandemic, all stakeholders in the delivery system are stepping up to do their part to ensure the broadest possible immunization of the population. As you may be aware, U.S. Department of Health and Human Services Secretary Kathleen Sebelius asked that all health care professionals waive any copayments or coinsurance amounts to eliminate as many financial barriers to vaccination as possible. Secretary Sebelius further noted in a letter to health plans, "It is in everyone's interests to help reduce the demand for and costs associated with emergency room use and in-patient hospitalizations and to minimize disruption in the workforce's productivity by having as many people as possible vaccinated... Together, all of us doing our part will ensure that we minimize the consequences of the H1N1 virus on our citizens, businesses and the economy." We appreciate your response to the call by the Secretary in this time of crisis.

If you choose not to administer the vaccine or it is not made available to you through your state health department, we encourage you to refer your patients to public health immunization clinics, pharmacies or physicians who have a relationship with our networks. You can access a searchable list of pharmacies, physicians and other health care professionals by visiting UnitedHealthcareOnline.com > Tools & Resources > H1N1 Flu Resources or by visiting the Web site listed on the back of your patient's health care ID card.

For continuously updated information about UnitedHealthcare's H1N1 initiatives, billing guidance and other information please visit UnitedHealthcareOnline.com. For more information about state-specific Medicaid information, please visit AmeriChoice.com. And to find other information specific to your local area, please visit the Centers for Disease Control and Prevention Web site at www.cdc.gov/h1n1flu/vaccination/statecontacts.htm.

During this public health emergency, we appreciate your special efforts and your responsiveness in supporting the national call to action. We hope that our efforts to eliminate financial barriers associated with H1N1 vaccine administration will significantly enhance the national effort. We also hope that we can administer this special initiative in a manner that is as convenient for you and your practice as possible.

Sincerely,

Reed V. Tuckson, MD, FACP
Executive Vice President and Chief of Medical Affairs
UnitedHealth Group

Enclosure

H1N1 Vaccine Administration

Frequently Asked Questions for physicians and hospitals

1. What is UnitedHealthcare covering related to the H1N1 vaccination?

As previously announced, UnitedHealthcare and our affiliated companies will reimburse for the administrative costs of H1N1 vaccine administration, regardless of the individual's benefit plan. As such, UnitedHealthcare and other health plans are waiving deductibles and providing coverage for services rendered by out-of-network physicians, public clinics and pharmacies.

Based on its analysis of the current situation, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices has recommended prioritizing the following population segments to receive the vaccine:

- Pregnant women;
- Household contacts and caregivers for children younger than six months of age;
- Health care and emergency medical services personnel;
- Children and young adults from six months through 24 years old; and
- Persons aged 25 through 64 years who have underlying health conditions that might increase their risk for flu-related complications.

Other population segments who wish to be immunized will be able to receive the H1N1 vaccine as it is made available.

Please note that under CDC guidelines, persons over 65 are not considered a prioritized group for H1N1 vaccination, but are considered a prioritized group for seasonal influenza vaccination. When supply of H1N1 vaccine becomes more plentiful, it will be available to persons not on the current priority lists. Persons over age 65 are less likely to become ill with H1N1 flu than younger persons, but if they do become ill, they are more likely to need hospital-based care.

UnitedHealthcare will continue to follow the CDC's guidance on this evolving situation. For more information from the CDC on vaccines and immunizations visit www.cdc.gov/h1n1flu or call 800-CDC-INFO (1-800-232-4636) or e-mail: cdcinfo@cdc.gov.



2. How should my practice bill for the H1N1 vaccine and administration service?

The American Medical Association Current Procedural Terminology (CPT®) Editorial Panel and the Centers for Medicare & Medicaid Services (CMS) have developed special codes for the H1N1 pandemic. Please note that these are unique codes that permit us to administer special policies for this specific clinical interaction.

For all UnitedHealthcare, SecureHorizons®, Evercare®, AARP® MedicareComplete® and AmeriChoice® members, health care professionals should bill CPT code **90663** (influenza virus vaccine, pandemic formulation, H1N1) or **G9142** (influenza A vaccine [H1N1], any route of administration) on claims for the administration of the vaccine with ICD-9 code V04.81 (need for prophylactic vaccination and inoculation against influenza). Claims should include the appropriate immunization administration code **90470** (H1N1 immunization administration [intramuscular, intranasal], including counseling when performed) or **G9141** (influenza A [H1N1] immunization administration [includes the physician counseling the patient/family]) in conjunction with code 90663 or G9142, respectively, for the administration of the vaccine.

To ensure proper processing, please include your allowable charge for 90663 or G9142 at \$0.01. Services billed with vaccine allowable charges at \$0.00 may not be processed.

If this vaccine is being administered in two doses on different dates of service, please bill both claims using the guidance noted above.

Where state governments have provided billing instructions for Medicaid patients, please check AmeriChoice.com for the latest information on specific billing guidance.

3. In my agreement to accept vaccines, I was prohibited from charging health insurance plans for the vaccine. Why is UnitedHealthcare requiring me to charge \$0.01 for the vaccine?

UnitedHealthcare understands that this may be an administrative burden for your practice. However, due to the quick turnaround required for this implementation, our claims platforms have not been updated to accept claims billed at \$0.00. To ensure claim recognition and processing for the H1N1 vaccine administration, we are advising physicians and other health care practitioners billing on a CMS 1500 or UB04 to submit the vaccine code with \$0.01.

4. What will I be paid for the administration of the vaccine?

As part of your agreement to receive the federally-subsided H1N1 vaccine, you agreed to limit your charge for the administration of the vaccine to the regional Medicare or Medicaid vaccine administration fee. Therefore, we will pay for 90470 or G9141 at the billed amount up to the Adjusted Medicare Allowable Amount for commercial and Medicare patients. For Medicaid patients we will pay for 90470 or G9141 at the billed amount up to the state-published Medicaid fee.

5. What about patient coinsurance for the administration of the vaccine?

Secretary of the U.S. Department of Health and Human Services, Kathleen Sebelius, noted during recent interviews that her office is encouraging physicians and health care practitioners to waive coinsurance amounts to eliminate as many financial barriers to vaccination as possible. We appreciate your response to the call by U.S. Department of Health and Human Services in this time of crisis.

6. Does this affect coverage of seasonal flu vaccines?

No. UnitedHealthcare, SecureHorizons, Evercare, AARP MedicareComplete and AmeriChoice will still cover the seasonal flu vaccine and administration of the vaccine, in accordance with a member's benefit plan.

7. May I bill the administration services with an Evaluation & Management code?

Yes, we will reimburse for Evaluation and Management (E&M) services per the individual's benefit plan. UnitedHealthcare, SecureHorizons, Evercare, AARP MedicareComplete and AmeriChoice will reimburse vaccine administration services rendered on the same day as E&M services. For SecureHorizons and Evercare claims, please follow the Medicare guidelines for billing E&M services rendered on the same day of service.

8. I am an obstetrician and billing for the administration of the H1N1 vaccine for my pregnant patient during the global period. Will this service be covered or considered part of the global reimbursement?

UnitedHealthcare will pay for the administration of the H1N1 vaccine for pregnant women, regardless of benefit design. If the office visit is solely for the administration of the H1N1 vaccine, then report the H1N1 vaccine and administration codes. If the visit requires a face-to-face visit with a physician that is not part of a routine antepartum visit, then report the appropriate E&M code with a primary diagnosis for the H1N1 vaccination using ICD-9 code V04.81, in addition to the H1N1 vaccine and administration codes. If the H1N1 vaccine is administered during a routine antepartum visit, do not report an E&M service but report the H1N1 codes as instructed above.

For women receiving no pre-natal services at that visit, who are seen solely for the purpose of H1N1 flu immunization, the appropriate E&M code is frequently CPT code 99211 (office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician). Usually, the presenting problems(s) are minimal.

9. Are there any age limitations on reimbursing for H1N1 vaccine administration or age requirements associated with billing?

The CDC has given guidance for the priority populations for vaccine administration. Ultimately, the decisions regarding vaccination are between the patient and physician based upon risk factors and other considerations. As such, our policy does not limit access to the vaccine based on age alone. Where age is important, it is for the population that requires a second dose of the H1N1 vaccine. Therefore, it is important to include the age of your patients so that we may recognize the appropriateness of a second H1N1 vaccine administration claim.

The CDC recommendation states that children between six months of age and nine who are being vaccinated against influenza for the first time need to receive two doses. Further, the CDC recommends that the two doses of 2009 H1N1 vaccine be separated by four weeks. Therefore, we will require information regarding the patient's age on the claim so that we may appropriately process a second claim for H1N1 vaccine administration.

10. I am providing the H1N1 vaccine at a pharmacy or certain other facilities. How should I bill for the administration in this setting?

Vaccines provided through pharmacies or mass vaccinators will be billed through a roster billing methodology. Specific information regarding roster billing is being provided to pharmacies and is available at UnitedHealthcareOnline.com.

Hospitals and other ancillary providers should bill using standard billing processes for vaccine administration. Hospitals and facilities should report H1N1 vaccine administration with revenue code 0771, Vaccine Administration, along with either 90470 or G9141.

11. I am a physician practicing as part of an HMO IPA/medical group serving patients who are covered under your current capitation contract for PacifiCare and SecureHorizons HMO products or MAMSI®. How will the H1N1 vaccine be paid?

Specific information regarding capitated group billing is being provided to these groups and is available at UnitedHealthcareOnline.com, PacifiCare.com and MAMSIUnitedHealthcare.com, as applicable.

12. My practice is not administering the H1N1 vaccine. Where can I get a list of network UnitedHealthcare health care professionals that I can use to identify local practices to refer my patients?

If you choose to not administer the vaccine, we encourage you to refer your patients to public health immunization clinics, pharmacies and physicians that participate in the networks in your local area that will offer H1N1 immunizations for your patients who are insured by UnitedHealthcare, SecureHorizons, Evercare and AmeriChoice. You can access a searchable list of in-network pharmacies, physicians and other health care professionals by visiting UnitedHealthcareOnline.com > Tools & Resources > H1N1 Flu Resources or by visiting the Web site listed on the back of your patients' health care ID card.

13. What is UnitedHealthcare's coverage policy for the Rapid Flu Test?

UnitedHealthcare, SecureHorizons, Evercare and AARP MedicareComplete cover the rapid flu test. However, please keep in mind that CDC guidance instructs that not all persons with symptoms suggestive of flu require rapid flu testing. Please refer to the CDC Web site for specific guidance.

We reclassified the Rapid Flu Test (CPT code 87804) from the Clinical Laboratory to the Office Lab Type of Service, a category that includes lab tests particularly appropriate to point of care testing.

14. How should I bill for the Rapid Flu Test?

This test requires two samples. Following the guidance of CPT, the billing provider should use modifier 59 on the second test when both tests are submitted for the same patient on the same date of service.

