



2017/2018 Influenza & Adult Pneumococcal Immunization Summary Sheet

* This document applies to BCBSRI participating providers and is subject to change.

| Topic | Instructions |
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| <p>Vaccine Administration Code 90460-90461, 90471-90474</p> <p>G0008-G0009*</p> | <ul style="list-style-type: none"> ▪ Use the proper CPT code based on age, whether the physician, NP, or PA performed counseling, number of vaccines administered, and route of administration. <p>* G codes are applicable to BlueCHiP for Medicare and Plan 65 only. * Do not report G codes in conjunction with CPT codes.</p> |
| <p>Influenza Vaccine Codes 90630, 90653-90658, 90660-90662, 90664, 90672, 90673, 90674, 90682, 90685-90688, Q2034-Q2039</p> | <ul style="list-style-type: none"> ▪ Use the proper CPT code based on the vaccine type administered. ▪ For state-supplied vaccine, bill the CPT code. ▪ For non-state-supplied vaccine, bill the CPT code and append the 22 modifier. |
| <p>Pneumococcal Vaccine Codes 90670, 90732</p> | <ul style="list-style-type: none"> ▪ For state-supplied vaccine, bill the CPT code. ▪ For non-state-supplied vaccine, bill the CPT code and append modifier 22 |
| <p>ICD-10[®] Diagnosis Code</p> | <ul style="list-style-type: none"> ▪ Z23 – Encounter for Immunization |
| <p>Flu Vaccine At Retail Program</p> | <ul style="list-style-type: none"> ▪ Participating Rhode Island pharmacies can submit for vaccine administration and supply using the pharmacy claims system. ▪ No cost share for BCBSRI members who receive a flu vaccine at one of the Rhode Island pharmacies that have agreed to participate in this program. ▪ Members who use a pharmacy that has not agreed to participate will be responsible for the vaccine administration. ▪ Visit bcsri.com for more information on the Flu Vaccine At Retail Program and for a list of pharmacies that have agreed to this arrangement. <p><i>Note:</i> Pharmacies may also provide Zoster vaccine for Commercial BCBSRI members.</p> |

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| <p>Standard Reimbursement</p> | <ul style="list-style-type: none"> ▪ Visit the Provider section of bcbsri.com for reimbursement information. | |
| <p>Claim Forms</p> | <ul style="list-style-type: none"> ▪ Institutional Providers: UB-04 or electronic equivalent ▪ Professional Providers: CMS-1500 (08-05) or electronic equivalent <p><i>Note:</i> BCBSRI does not accept roster billing.</p> | |
| <p>Key Points</p> | <ul style="list-style-type: none"> ▪ Vaccinations are covered for all BCBSRI plans. ▪ Follow standard vaccination billing protocol for all Plan 65 members. ▪ There is no copayment or coinsurance for members simply getting an immunization. ▪ If the immunization occurs during an office visit, the member's office visit copayment will apply. ▪ BCBSRI members who use a Rhode Island pharmacy that has not agreed to participate in the Flu Vaccine At Retail Program will be responsible for the vaccine administration. <p><i>Note:</i> It is incorrect coding to bill 99211 when the only service is vaccine administration.</p> | |
| <p>Contacts</p> | <p>Institutional Providers: Facility Call Center (401) 274-3103 or 1-800-637-3718</p> <p>Hours of operation: Monday through Friday, 8:00 a.m. to 4:30 p.m.</p> | <p>Professional Providers: Physician & Provider Service Center (401) 274-4848 or 1-800-230-9050</p> <p>Hours of operation: Monday through Friday, 8:00 a.m. to 4:30 p.m.</p> |
| <p>Claims Mailing Address</p> | <p>Blue Cross & Blue Shield of Rhode Island Basic Claims Department 500 Exchange Street Providence, RI 02903</p> | |

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