

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 08/15/02</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Immunization</b>	<b>Section: <u>34.01-77.01</u></b>	
<b>Subject: Introduction</b>	<b>Pages: 1</b>	
	<b>Cross Reference:</b>	

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

An immunization provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, he/she must accept the Medicaid payment as payment in full for those services covered by Medicaid. He/she cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. The Division of Medicaid (DOM) is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers and for notifications regarding billing. Medicaid Policy as it relates to these factors is initiated by DOM.

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Section: Immunization	Section: <del>34.02-77.02</del>	
Subject: New Vaccines	Pages: 1	
	Cross Reference:	

New vaccines will **not** be covered as a routine Medicaid benefit before the Centers for Disease Control and Prevention (CDC) has negotiated a price for the vaccine and has added it to the Vaccines for Children program.

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<b>Section: Immunization</b>	<b>Section: 34-03-77.03</b>	
	<b>Pages: 4-2</b>	
<b>Subject: Tuberculin Skin Test</b>	<b>Cross Reference:</b>	

According to the Centers for Disease Control and Prevention (CDC), the American Thoracic Society, and the American Academy of Pediatrics, the standard diagnostic test for determining if a person is infected with *Mycobacterium tuberculosis* is the Mantoux tuberculin skin test, in which 0.1 ml of 5 tuberculin units (TU) of purified protein derivative (PPD) is injected intradermally using a small gauge needle and tuberculin syringe. The test should be administered and interpreted by persons who are trained in correct intradermal injection technique and interpretation of test reactions.

Multiple puncture tests (i.e., Tine and Heaf) are not as reliable as the Mantoux method of skin testing and should not be used as a diagnostic test.

Tuberculin skin testing also should be targeted to 1) persons or groups with presumed recent *M. tuberculosis* infection, and 2) persons with clinical conditions associated with rapid progression to active tuberculosis (TB). Routine testing of persons at low risk for TB for administrative purposes, i.e., schoolteachers, food workers, school entry for children, is not recommended.

Additionally, the purpose of tuberculin testing is to identify persons at high risk for TB who would benefit by treatment of latent TB infection. Therefore, persons with a positive tuberculin skin test must be medically evaluated to rule out active TB disease and for treatment of latent TB infection. Providers are encouraged to consult with the Mississippi State Department of Health concerning tuberculin testing programs and evaluation and treatment of latent TB infection and TB disease.

Therefore, a tuberculin skin test will be a covered service only if the following conditions are met:

- The test is administered using the Mantoux intradermal method
- The test is billed using CPT code 86580 "tuberculosis, intradermal test"
- The beneficiary has a risk for TB substantially higher than that of the general U.S. population, or has a clinical condition associated with an increased risk of progression from latent TB infection to active TB disease, based on recommendations from the CDC
- There is a plan for a beneficiary with a positive tuberculin skin test to receive a medical evaluation, including chest x-ray and clinical assessment, and to be evaluated for a course of treatment for latent TB infection

Tuberculin skin testing for routine screening of pregnant women and children in the absence of specific risk factors for TB is not a covered service. The provider must document the medical necessity for tuberculin skin testing and appropriate evaluation and treatment of persons with a positive tuberculin skin test in the medical record and must maintain auditable records that will substantiate the claim submitted to Medicaid.

**Populations at Increased Risk Who Should Be  
Screened for Latent Tuberculosis Infection**

<b>Condition</b>	<b>Examples</b>
Increased risk of exposure to infectious TB cases	Recent contact of persons known to have clinically active TB  Health-care workers
Increased risk of TB infection	Foreign-born persons from high-prevalence countries  Homeless persons  Persons living or employed in long-term care facilities
Increased risk of TB once infection has occurred	HIV infection  Recent TB infection (e.g. children < 4 years old and TB skin test converters*)  Injection drug users  End-stage renal disease  Silicosis  Diabetes mellitus  Immunosuppressive therapy  Hematologic malignancies  Malnutrition  Gastrectomy or jejunioileal bypass

\* TB skin test conversion is defined as an increase of 10 mm induration within a 2-year period.

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<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Immunization</b>	<b>Section: 34.04-77.04</b>	
	<b>Pages: 1</b>	
<b>Subject: Vaccines for Children</b>	<b>Cross Reference:</b>	

In an effort to increase the immunization levels of Mississippi's children by two years of age, the Mississippi Department of Health and the Mississippi Division of Medicaid implemented the Vaccines for Children (VFC) Program on October 1, 1994.

VFC provides vaccines at no cost to participating health care providers. This allows children aged 18 years and under to receive free vaccines. Eligible children include children who are enrolled in Medicaid and children without health insurance. Native American and Alaskan Native children and children with health insurance that does not cover vaccines (underinsured) are also eligible. Underinsured children are eligible to receive VFC vaccines at Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHC). Providers may receive VFC vaccine and administer this vaccine at no charge if they are enrolled in the program and agree to follow the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule.

The Mississippi State Department of Health (MSDH) is the lead agency in administering the VFC Program. Enrollment and vaccine order forms are available through the MSDH Immunization Division. Questions regarding enrollment should be directed to the VFC Coordinator at the MSDH.

For children enrolled in Medicaid, the DOM covers the administration of each vaccine dose at a reimbursement fee of \$10.00 per dose. When multiple doses are given on the same visit, Medicaid will reimburse for each dose. When vaccines are given in conjunction with an EPSDT screening visit or a physician office visit, the administration fee of \$10.00 will also be reimbursed for beneficiaries 18 years and under, in addition to the reimbursement for the visit.

Providers must supply appropriate coding on the HCFA-1500 claim form in order to receive reimbursement for the administration of each immunization from the VFC stock.

**The Division of Medicaid reimburses for the administration of vaccines ONLY if the vaccines are obtained from the Vaccines for Children (VFC) Program through the Mississippi State Department of Health. The DOM does not pay for the administration of vaccines obtained from other sources.**

EPSDT VFC providers should use the most current recommended childhood immunization schedule developed and endorsed by the ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians.

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<b>Section: Immunization</b>	<b>Section: <del>34.06</del> 77.05</b>	
<b>Subject: Vaccines for Adults</b>	<b>Pages: 1</b>	<b>Cross Reference:</b>

Adult immunization is an important public health opportunity. The Mississippi Division of Medicaid (DOM) covers immunizations for adults that are related to the treatment of injury or direct exposure to a disease such as rabies or tetanus. Influenza and pneumococcal vaccinations are covered services for Medicaid beneficiaries 19 years of age or older.

### **Influenza Vaccine**

Influenza ("the flu") is a highly contagious viral infection of the nose, throat, and lungs that is one of the most severe illnesses of the winter season. Influenza viruses continually change over time, and each year the vaccine is updated. In the United States the best time to vaccinate against influenza is from October to mid-November; however, influenza vaccinations can be given at any time during the season. Providers should use the most current influenza vaccine recommendations developed and endorsed by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

### **Pneumococcal Polysaccharide Vaccine**

Pneumococcal disease is an infection caused by the bacteria *Streptococcus pneumoniae*. The major clinical syndromes of invasive pneumococcal disease include pneumonia, bacteremia, and meningitis. Pneumococcal disease is a significant cause of morbidity and mortality in the United States. Providers should use the most current pneumococcal vaccine recommendations developed and endorsed by the CDC's ACIP.

Pneumococcal and influenza vaccinations may be given at the same time at different sites without increased side effects.

### **Reimbursement**

To receive maximum reimbursement for flu and pneumonia immunizations for adults, providers should bill as follows:

- For beneficiaries who come in only for these immunizations, providers may bill E&M procedure code 99211, the vaccine code(s), and the G administration code(s). This E&M procedure code does not count toward the twelve (12) office visit limit for beneficiaries.
- For beneficiaries who are seen by the provider for evaluation or treatment and receive these immunizations, the provider may bill the appropriate E&M procedure code, the vaccine code(s), and the G administration code(s). The E&M procedure code billed in this instance will count toward the twelve (12) office visit limit for beneficiaries.
- Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) providers will count visits under current procedures. Providers will not count or bill visits when the only service involved is the administration of influenza or pneumonia vaccine.

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<b>Section: Immunization</b>	<b>Section: <del>34.06</del> <u>77.06</u></b>	
<b>Subject: Nursing Facility Residents</b>	<b>Pages: 1</b>	<b>Cross Reference:</b>

The Division of Medicaid supports the Standing Orders Program for Influenza and Pneumococcal Immunizations in an effort to ensure that the immunization status of all nursing facility residents is routinely assessed and that all residents are offered influenza and pneumococcal vaccines.

Influenza and pneumococcal vaccines will be reimbursed by the DOM for residents with a payment source of Medicaid only in nursing facilities. The facilities may have the provider come to the facility and administer the injections or may send a resident to the provider's office for the injection. The provider may bill and be reimbursed by Medicaid, or the facility may purchase the vaccine, administer the injection, and claim the cost of the vaccine in the Medicaid cost report for Medicaid only residents.

For residents with a payment source of Medicare and Medicaid, Medicare must be billed. The facility cannot claim the cost of the influenza or pneumococcal vaccine in the Medicaid cost report for Medicare/Medicaid residents.