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 nineteen (19) years of age or older. Quadrivalent Human Papillomavirus (HPV) vaccinations are covered services for Medicaid beneficiaries 19 to 26 years of age. Hepatitis B vaccinations are covered services for Medicaid beneficiaries 19 years of age and 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 (different injection 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 appropriate 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 appropriate 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.

DOM does not allow a separate reimbursement fee for the administration of FluMist.

Providers should refer to Section 77.06 in this manual for information on nursing facility residents.

Quadrivalent Human Papillomavirus (HPV) Vaccine

Genital human papillomavirus is a common sexually transmitted virus that can cause cervical cancer in women. Most HPV infections, however, may occur without any symptoms and go away on their own. The vaccine is proven to be effective only if given before infection with HPV.

Quadrivalent Human Pappillomavirus (Types 6, 11, 16, and 18) Recombinant Vaccine is indicated for vaccination in females 9 to 26 years of age for prevention of the following diseases caused by Human Papillomavirus (HPV) Types 6, 11, 16, and 18:

- Cervical cancer
- Genital warts (condyloma acuminate)
- The following precancerous or dysplastic lesions:
    - Cervical adenocarcinoma *in situ* (AIS)
    - Cervical intraepithelial neoplasia (CIN) grade 2 and grade 3
    - Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3
    - Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3
    - Cervical intraepithelial neoplasia (CIN) grade 1

This vaccine is not intended to be used for treatment of cervical cancer, CIN, VIN, VaIN, or genital warts.

This vaccine has not been shown to protect against diseases due to non-vaccine HPV types.

If this vaccine is given to women who may already be infected with one (1) or more vaccine related HPV types prior to vaccination, they may find that the vaccine protects them from the clinical disease caused by the remaining vaccine types but that it may not alter the course of an infection that is already present.

Reimbursement

To receive maximum reimbursement for the HPV immunization for adults, providers should bill as follows:

- For beneficiaries who come in only for this immunization, providers may bill E&M procedure code 99211 and the vaccine code. 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 this immunization, the provider may bill the appropriate E&M procedure code and the vaccine code. The E&M procedure code billed in this instance will count toward the twelve (12) office visit limit for beneficiaries.

- For Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), and the Mississippi State Department of Health (MSDH) providers, the vaccine and its administration is covered in the encounter rate for a core service. An encounter will not be paid solely for administration of the vaccine.

Dosage and Administration

This vaccine should be administered in three (3) separate intramuscular injections in the upper arm over a six-month period. The following dosage schedule is recommended: first dose at elected date, second

dose two (2) months after the first dose, and the third dose six months after the first dose. Mississippi Medicaid will not reimburse for a vaccine administration fee.

This vaccine is not covered for beneficiaries covered through the Family Planning Waiver.

Hepatitis B Vaccine

Hepatitis B is a disease caused by the hepatitis B virus (HBV), which is transmitted through percutaneous (i.e., puncture through the skin) or mucosal (i.e., direct contact with mucous membranes) exposure to infectious blood or body fluids. Hepatitis B virus is one of several hepatitis viruses that cause a systemic infection, with a major pathology in the liver.

The Division of Medicaid will cover the Hepatitis B vaccine for adults who are at risk for contracting Hepatitis B. The following list includes, but is not limited to, examples of persons at risk for contracting the Hepatitis B virus:

- Persons with more than one sex partner in six months
- Homosexual men
- Sex contacts with prostitutes or infected persons
- HIV-positive persons
- Current or recent injection drug users
- Health care and public safety workers who might be exposed to infected blood or body fluids
- Household members and sex partners of persons with chronic HBV infection
- Hemodialysis patients and patients with early renal failure before they require hemodialysis
- Persons who received a blood transfusion or other blood products prior to 1992
- Individuals with hemophilia who received Factor VIII or IX concentrates
- Staff and residents of institution or group homes for the developmentally disabled

Reimbursement

To receive maximum reimbursement for Hepatitis B immunization for adults, providers should bill per dose and not as a series, and should bill as follows:

- For beneficiaries who come in only for this immunization, providers may bill E&M procedure code 99211 and the vaccine code. This E&M procedure code does not count toward the twelve (12) office visit limit for beneficiaries.
- For the beneficiary who is seen by the provider for evaluation or treatment and receives this immunization, the provider may bill the appropriate E&M procedure code and the vaccine code. The E&M procedure code billed in this instance will count toward the twelve (12) office visit limit for beneficiaries.

- For Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), and the Mississippi State Department of Health (MSDH) providers, the vaccine and its administration is covered in an encounter rate for a core service. An encounter will not be paid solely for administration of the vaccine.

Dosage and Administration

This vaccine should be administered in three (3) separate intramuscular injections in the upper arm over a six-month period. The following dosage schedule, depending upon the brand of vaccine, is recommended: first dose at elected date, second dose at least one-to-two months after the first dose, and the third dose six months after the first dose. If, after the third injection, the HBV titer is not within normal limits, DOM will cover a fourth HBV injection being administered.

Mississippi Medicaid will not reimburse for a vaccine administration fee.

Documentation

The provider's medical records must indicate the high risk factor for the adult Medicaid beneficiary receiving the vaccine. Claims must be submitted with appropriate ICD-9 diagnosis coding.