

ATTENTION: PHARMACISTS AS IMMUNIZERS

**CHANGE IN MEDICAID BILLING FOR VACCINE ADMINISTRATION
FOR DATES OF SERVICE ON AND AFTER JANUARY 1, 2013**

Adult Vaccine Administration

Effective January 1, 2013, for pharmacist administration of select vaccines for ages 18 and over, including influenza and pneumococcal, and age 50 and over for zoster, providers will be required to bill under the procedure codes below (new code is bold).

- **Providers must continue to bill the specific vaccine code at acquisition cost.**
- **G0008 & G0009 will no longer be reimbursed, use the appropriate codes below.**

NOTE:

- **For administration of multiple vaccines on the same date beginning 1/1/13, code 90471 will be used for the first vaccine and 90472 for ANY other vaccines administered on that day. One line will be billed for 90472 indicating the additional number of vaccines administered (insert 1 or 2).**
- The administration fee remains \$13.23 for each vaccine. The intranasal code 90473 administration fee remains \$8.57.

90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$13.23
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE))	\$13.23
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	\$8.57

Questions:

Medicaid billing assistance: CSC, 1-800-343-9000
Medicaid Pharmacy Policy: 1-518-486-3209