



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES SECTION
IMMUNIZATION PROGRAM
VACCINES FOR CHILDREN (VFC) PROGRAM
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VFC PROGRAM

Date: December 30, 2010
To: All VFC Providers
From: Robert Brown, Manager, Tennessee Vaccines for Children (VFC) Program

Subject: Federal VFC Guidance on New CPT Codes for Vaccine Administration

The following essential information from the Centers for Disease Control and Prevention (CDC) and Center for Medicare and Medicaid Services (CMS) was shared with state Immunization Programs today. We will share additional information in the future as we receive it. Please note that the state VFC Program does not play a role in setting vaccine administration fees for TennCare; they are established between the managed care organizations (MCOs) and contracted healthcare providers.

Question 1: How will the change in CPT codes affect vaccine administration fees under the VFC program?

Answer 1: The two new CPT codes are:

90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component,
90461 – Each additional vaccine/toxoid component.

These codes replace 90465, 90466, 90467, and 90468.

Every vaccine administered has exactly one first component, and many vaccines have second and subsequent components (e.g., MMR, DTaP, and DTaP/IPV).

In the VFC program, the regional vaccine administration fee cap rates were established on a per-vaccine basis, not a per-antigen or per-component basis. Under current interpretation of CMS policy, the administration fee for the VFC program will continue to be based on a per-vaccine basis and not on a per-antigen or per-component basis. CMS is looking closely at the VFC administration fee cap to ensure that it keeps up to date with changes in underlying costs of providing vaccines and with medical practice. CMS anticipates updating the fee cap in the near future, and is also examining the larger reimbursement structure of the VFC program. In the meantime, State Medicaid agencies can increase the amount they pay providers up to their regional cap by submitting a State Plan Amendment, as most States are currently paying providers rates that are below their State caps. In addition, a State could choose to establish different rates, up to their regional cap, for a vaccine with multiple antigens and those that are single components.

VFC-enrolled providers may not charge a vaccine administration fee to VFC-entitled children that exceeds the regional administration fee cap per dose of vaccine. *[NOTE: In Tennessee, providers may receive the administration fee established in their contract with the TennCare MCO.]*

Question 2: Given the VFC policy on the new CPT codes, what codes should providers use?

Answer 2: Providers are encouraged to use the new code 90460 for the administration of a vaccine under the VFC program. ***If code 90461 is used for a vaccine with multiple antigens or components, it should be given a \$0 value for a child covered under the VFC program. This applies to both Medicaid-enrolled VFC-entitled children as well as non-Medicaid-enrolled VFC-entitled children*** (i.e., uninsured, underinsured, and American Indian or Alaska Native children not enrolled in Medicaid).