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Attention: Immunizing Pharmacists

Influenza Vaccine and Reimbursement Guidelines for 2017-2018 for NC Medicaid

Effective January 1, 2016, NC Medicaid will reimburse pharmacies for covered vaccines, including influenza vaccines, as permitted by G.S. 90-85.15B when administered to NC Medicaid beneficiaries 19 years of age and older by an immunizing pharmacist.

The composition of the trivalent influenza vaccines for the 2017-2018 influenza season is:

- A/Michigan/45/2015 (H1N1) pdm09-like virus,
- A/Hong Kong/4801/2014 (H3N2)-like virus,
- B/Brisbane/60/2008-like (B/Victoria lineage) virus.

The quadrivalent influenza vaccines will contain these vaccine viruses and a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

Details on the 2017-2018 influenza vaccine can be found on the Centers for Disease Control (CDC) Flu Season web page.

FluMist Quadrivalent (LAIV4) should not be used during the 2017-18 season due to concerns about its effectiveness against influenza A(H1N1) pdm09 viruses in the United States during the 2013-14 and 2015-16 influenza seasons.

NC Division of Medical Assistance (DMA) does not expect that providers will be vaccinating beneficiaries with the 2017-2018 influenza season's vaccine after date of service June 30, 2018.

Influenza vaccine and administration fee rates for pharmacists are the same as for other providers; refer to the Physician's Drug Program fee schedule on DMA's Fee Schedule web page and Physician Services Fee Schedule web page.

Refer to the tables on the following page for the appropriate CPT billing codes.

Table 1
Influenza Virus Vaccine Billing Codes to be used by Pharmacist for NC Medicaid Beneficiaries 19 Years of Age or Older

Vaccine CPT Code to Report	CPT Code Description
90630CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90656CG	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90658CG	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90674CG	Influenza virus vaccine, quadrivalent (IIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90686CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90688CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use

The CG modifier must be appended to every vaccine and vaccine administration CPT code used to bill vaccines by pharmacists. The CG modifier identifies a Pharmacy Provider in NCTracks for vaccine claims billing purposes.

Table 2
Vaccine Administration Billing Codes to be used by Pharmacists for NC Medicaid Beneficiaries 19 Years of Age and Older

CPT Code(s)	CPT Code Description
90471CG	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); **one vaccine** (single or combination vaccine/toxoid)
90472CG (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); **each additional vaccine.** (Separately list the add-on code(s) for each additional single vaccine and/or combination vaccine/toxoid administered, in addition to the primary procedure)

The CG modifier must be appended to every vaccine and vaccine administration CPT code used to bill vaccines by pharmacists. The CG modifier identifies a Pharmacy Provider in NCTracks for vaccine claims billing purposes.

*Providers *may* bill more than one unit of 90472 as appropriate.

Detailed information about the regulations regarding pharmacist immunization can be found at Pharmacist Administrated Vaccine and Reimbursement Guidelines published on the October 2016 Medicaid Bulletin.

Procedures for Prior Authorization of Synagis for Respiratory Syncytial Virus Season 2017/2018

The clinical criteria used by NC Medicaid for the 2017/2018 Respiratory Syncytial Virus (RSV) season are consistent with guidance published by the *American Academy of Pediatrics (AAP): 2015 Report of the Committee on Infectious Diseases, 30th Edition*. This guidance for Synagis use among infants and children at increased risk of hospitalization for RSV infection is available online by subscription. The coverage season is Nov. 1, 2017, through March 31, 2018. Providers are encouraged to review the AAP guidance prior to the start of the RSV season. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) criteria are evaluated for Synagis requests.

Guidelines for Evidenced-Based Synagis Prophylaxis

- Infants younger than 12 months at start of season with a diagnosis of:
  - Prematurity - born before 29 weeks 0 days gestation
  - Chronic Lung Disease (CLD) of prematurity (defined as birth at less than 32 weeks 0 days gestation and requiring greater than 21 percent oxygen for at least 28 days after birth),
  - Hemodynamically significant acyanotic heart disease, receiving medication to control congestive heart failure, and will require cardiac surgical procedures
  - Moderate to severe pulmonary hypertension.

  Note: Infants with cyanotic heart disease may receive prophylaxis with cardiologist recommendation.

- Infants during first year of life with a diagnosis of:
  - Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airways.

- Infants less than 24 months of age with a diagnosis of:
  - Profound immunocompromise during RSV season
  - CLD of prematurity (see above definition) and continue to require medical support (supplemental oxygen, chronic corticosteroid or diuretic therapy) during the six-month period before start of second RSV season
  - Cardiac transplantation during RSV season

Prior Approval Request

During the Synagis coverage period, submit all prior approval (PA) requests electronically to www.documentforsafety.org. The web-based program will process PA information in accordance with the guidelines for use. A PA request can be automatically approved based on the information submitted. The program allows a provider to self-monitor the status of a request. Up to five doses can be approved for coverage. Coverage of Synagis for neuromuscular disease or congenital anomaly that impairs ability to clear respiratory secretions from the upper airway will terminate when the beneficiary exceeds 12 months

of age. Coverage of Synagis for CLD, profound immunocompromise, or cardiac transplantation will terminate when the beneficiary exceeds 24 months of age.

Dose Authorization

Each Synagis dose will be individually authorized to promote efficient product distribution. Providers must submit a "**next dose request**" to obtain an authorization for each dose. Providers should ensure the previously obtained supply of Synagis is administered before submitting a next dose request. Providers will fax each single-dose authorization to the pharmacy distributor of choice.

If an infant received one or more Synagis doses prior to hospital discharge, the provider should indicate, as part of the request, the most recent date a dose was administered. The number of doses administered by the provider should be adjusted accordingly. If any infant or young child receiving monthly palivizumab prophylaxis experiences a breakthrough RSV hospitalization, coverage of Synagis will be discontinued.

Pharmacy Distributor Information

Single-dose vial specific authorizations, not to exceed the maximum number of doses approved for the beneficiary, will be issued by N.C. Medicaid. It is important for the Synagis distributor to have the appropriate single-dose authorization on hand and a paid point of sale (POS) claim prior to shipping Synagis. An individual dose authorization is required for each paid Synagis claim. The drug quantity submitted on the claim must not exceed the quantity indicated on the authorization. Payment for a Synagis claim will be denied if a dose request was not done by the provider. **Use of a point of sale PA override code is not allowed**.

Synagis claims processing will begin on Oct. 26, 2017, to allow sufficient time for pharmacies to provide Synagis by Nov. 1, 2017. Payment of a Synagis claim with a date of service before Oct. 26, 2017, and after March 31, 2018, is not allowed. POS claims should not be submitted by the pharmacy distributor prior to the first billable date of service for the season.

Pharmacy providers should always indicate an accurate days' supply when submitting claims to NC Medicaid. Claims for Synagis doses that include multiple vial strengths must be submitted as a single compound-drug claim. Synagis doses that require multiple vial strengths that are submitted as individual claims will be subject to recoupment. Physicians and pharmacy providers are subject to audits of beneficiary records by NC Medicaid. Maintain Synagis dose authorizations in accordance with required recordkeeping time frames.

Provider Information

Providers without internet access should contact the NC Medicaid Outpatient Pharmacy Program at (919) 855-4300 to facilitate submission of a PA request for Synagis. More information about the Synagis program is available at www.documentforsafety.org.

Submitting a Request to Exceed Policy

The provider should use the **Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age** to request Synagis doses exceeding policy or for coverage outside the defined coverage period. **Fax the form to 919-715-1255.** The form is available on the NCTracks Prior Approval web page. Information about EPSDT coverage is found on Medicaid's Health Check and EPSDT web page.

Technical Support

Technical support is available Monday to Friday from 8 a.m. to 5 p.m. by calling 1-855-272-6576 (local: 919-926-3986). Technical support can assist with provider registration, user name and password issues, beneficiary searches, and other registry functions.

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