

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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March 23, 2009

RE: Two-Line Immunization Billing Effective 4/13/09

Dear South Dakota Medical Assistance Provider:

Pursuant to the CMS Federal EPSDT Review, it has been determined that the South Dakota Medical Assistance (SDMA) claims processing system requires two-line immunization billing. The current methodology is not HIPAA compliant as it does not distinguish between a state supplied vaccine and a privately purchased vaccine. To meet compliance requirements, the revised billing procedure will require both the vaccine and administration to be entered on separate lines. SDMA will **reimburse for the administration fee only** (Procedure Codes 90471 – 90474) when the vaccine has been supplied by the VFC program. The vaccine code will be paid at **zero**.

As your system may not accept a zero dollar amount in the charge field, SDMA has reprogrammed its system to pay all eligible claims at zero. If the provider purchased the vaccine, the provider must submit a hard-copy claim with a copy of the purchase invoice to receive the reimbursement for the cost of the vaccine.

The following procedure codes must be billed utilizing the two-line billing process in order to receive proper reimbursement (payment methodology has been included for your convenience):

**90633** – Hepatitis A Vaccine, pediatric/adolescent dosage. Pay “0” age 1 thru 18. Pay allowable age 19 and over.

**90647** – Hemophilus Influenza B Vaccine (HIB), PRP – OMB Conjugate. Pay “0” age 0 thru 4. Pay allowable age 5 and over.

**90648** – Hemophilus Influenza B Vaccine (HIB), PRP-T Conjugate. Pay “0” age 0 thru 4. Pay allowable age 5 and over.

**90649** – Human Papilloma Virus (HPV) Vaccine, Types 6, 11, 18 Pay “0” age 11 thru 18. Pay allowable age 9 and 10, 19 and 20.

**90655** – Influenza Virus Vaccine, Split Virus, Preservative Free, when administered to children 6 – 35 months. Pay “0”

**90656** – Influenza Virus Vaccine, Split Virus, Preservative Free, when administered to individuals 3 years and older. Pay “0” ages 3 thru 18. Pay allowable age 19 and over.

**90657** – Influenza Virus Vaccine, Split Virus, when administered to children 6 thru 35 months. Pay “0”.

**90658** – Influenza Virus Vaccine, Split Virus, when administered to individuals 3 years and older. Pay “0” ages 3 thru 18. Pay allowable ages 19 and over.

**90669** – Pneumococcal Conjugate Vaccine, Polyvalent, for children under 5 years. Pay “0”.

**90680** – Rotavirus Vaccine, Pentavalent, 3 dose schedule, live, for oral use. Pay “0”.

**90698** – Diphtheria, Tetanus Toxoids, A-cellular Pertussis Vaccine, Hemophilus Influenza Type B and Poliovirus Vaccine, Inactivated (DTAP, HIB, IPV). Pay “0” for ages 0 thru 4. Pay Allowable for 5 and over.

**90700** – Diphtheria, Tetanus Toxoids and A-cellular Pertussis Vaccine (DTAP), when administered to individuals younger than 7 years. Pay “0”.

**90702** – Diphtheria and Tetanus Toxoids (DT) Absorbed, when administered to individuals younger than 7 years. Pay “0”.

**90707** – Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous Use. Pay “0” ages 1 thru 18. Pay allowable for 19 years and older.

**90713** – Poliovirus Vaccine, Inactivated (IPV), for Subcutaneous or Intramuscular use. Pay “0” ages 0 thru 18. Pay allowable ages 19 and older.

**90714** – Tetanus and Diphtheria Toxoids (TD) Absorbed, Preservative-free, when administered to individuals 7 years or older. Pay “0” ages 7 thru 10. Pay allowable ages 11 and older.

**90715** – Tetanus, Diphtheria Toxoids and A-cellular Pertussis Vaccine (DTAP), when administered to individuals 19 years or older. Pay “0” ages 11 thru 18. Pay allowable ages 7 thru 10 and 19 and older.

**90716** – Varicella Virus Vaccine, Live, for Subcutaneous use. Pay “0” ages 1 thru 18. Pay allowable ages 19 and older.

**90723** – Diphtheria, Tetanus Toxoids, A-cellular Pertussis Vaccine, Hepatitis B, and Poliovirus Vaccine. Pay “0” under 7 years of age.

**90734** – Meningococcal (MCVA). Pay “0” ages 11 thru 18. Pay allowable for ages 10 and under and 19 and older.

**90743** – Hepatitis B (Adolescent). Pay “0” ages 0 thru 18. Pay allowable at age 19 and 20.

**90744** – Hepatitis B (Pediatric Adolescent). Pay “0” ages 0 thru 18. Pay allowable at age 19 and 20.

If you have any questions regarding these changes, please contact us in-state at 800-452-7691, or out-of-state at 605-945-5006. Thank you for your cooperation

Sincerely,

Division of Medical Services