



ISSUE DATE August 30, 2010	EFFECTIVE DATE August 30, 2010	NUMBER 01-10-27 , 08-10-28 , 09-10-29 , 31-10-30 , 33-10-05
--------------------------------------	--	--

SUBJECT: Updates to the Medical Assistance Program Fee Schedule for the Administration of the Vaccines Prevnar 13®, Cervarix®, Twinrix®, Recombivax HB®, and Menveo®	BY  Michael Nardone, Deputy Secretary Office of Medical Assistance Programs
---	---

PURPOSE:

The purpose of this bulletin is to inform Medical Assistance (MA) providers that:

- Effective for dates of service on and after August 30, 2010, the Department of Public Welfare (Department) is adding four procedure codes to the MA Program Fee Schedule for the administration of vaccines, Prevnar 13®, Cervarix®, Twinrix®, and the two dose series of Recombivax HB®, and is adding an informational modifier to an existing procedure code to identify Menveo®; and
- Effective April 1, 2010, Prevnar 13®, and effective May 5, 2010, Cervarix® and Menveo® were added to the list of vaccines available through the Department of Health's (DOH) Vaccines For Children (VFC) Program.

SCOPE:

This bulletin applies to all physicians, certified registered nurse practitioners, certified nurse midwives, outpatient hospitals and independent medical surgical clinics enrolled in the MA Program who administer immunizations to MA recipients in the MA Fee-For-Service delivery system (including ACCESS Plus), and the MA Managed Care delivery system. Providers rendering services to MA recipients under the MA Managed Care delivery system should address any coding or rate-related questions to the appropriate managed care organization (MCO).

BACKGROUND/DISCUSSION:

The Department is adding procedure codes for the administration of Prevnar 13®, Cervarix®, Twinrix®, and the two dose series of Recombivax HB®, to the MA Program Fee Schedule, effective for dates of service on and after August 30, 2010. Prevnar 13® and Cervarix® are newly licensed by the Food and Drug Administration (FDA) for routine vaccination of children. The specific procedure codes for the administration of Twinrix® and the two dose series of Recombivax HB® were inadvertently omitted from the previous MA

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The Appropriate toll-free number for your Provider Type.</p> <p>Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/PartnersProviders</p>

Program Fee Schedule updates; however MA providers were able to bill the Department and be paid for the administration of these vaccines using a non-specific administration code.

The following vaccine information has been provided by the Centers for Disease Control and Prevention (CDC):

Pevnar 13®

Pevnar 13®, manufactured by Wyeth Pharmaceuticals, was licensed by the FDA on February 24, 2010, for the prevention of invasive pneumococcal disease (IPD) caused by the 13 pneumococcal serotypes covered by the vaccine and for prevention of otitis media caused by serotypes in the 7-valent pneumococcal conjugate vaccine formulation (PCV7). The 13-valent pneumococcal conjugate vaccine (PCV13), Pevnar 13®, is approved for use among children 6 weeks through 71 months of age and succeeds PCV7, Pevnar 7®, which was licensed by the FDA in 2000. The CDC's Advisory Committee on Immunization Practices (ACIP), on February 24, 2010, issued the following recommendations: 1) routine vaccination of all children 2 through 59 months of age with PCV13; 2) vaccination with PCV13 of children 60 to 71 months of age with underlying medical conditions that increase their risk for pneumococcal disease or complications; 3) specific guidance for the completion of the immunization series with the PCV13 vaccination in children who previously received 1 or more doses of PCV7; and 4) specific guidance for a supplemental dose of PCV13 for children who previously completed a 4-dose series with PCV7.

Complete ACIP recommendations for Pevnar 13®, the PCV13 vaccine, may be obtained from the CDC website at: <http://www.cdc.gov/mmwr/pdf/wk/mm5909.pdf>.

Cervarix®

Cervarix®, manufactured by GlaxoSmithKline, was licensed by the FDA on October 16, 2009, for prevention of cervical cancer and precancers. On October 21, 2009, ACIP voted on updated recommendations for use of human papillomavirus (HPV) vaccine, including recommendations for the bivalent HPV (types 16 and 18) vaccine (Cervarix®) for females.

ACIP recommends routine vaccination of females 11 or 12 years of age with 3 doses of HPV vaccine which can be started beginning at 9 years of age. HPV vaccination also is recommended for females 13 through 26 years of age who have not been previously vaccinated or who have not completed the full vaccination series. Vaccination with either the bivalent HPV vaccine or the quadrivalent vaccine, Gardasil®, for prevention of cervical cancers and precancers is recommended, but, whenever possible, the same HPV vaccine product should be used for all doses in the series. HPV vaccines are not recommended for use in pregnant women. Bivalent HPV vaccine in pre-filled syringes is contraindicated for persons with anaphylactic latex allergy. Cervarix® has not been licensed by the FDA for use in males.

Complete ACIP recommendations for Cervarix® may be obtained from the CDC website at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a4.htm?s_cid=mm5920a4_e.

Twinrix®

Twinrix®, manufactured by GlaxoSmithKline Biologicals, was licensed by the FDA on May 11, 2001, for vaccination of persons 18 years of age and older for the prevention of Hepatitis A and B. Twinrix® is made of the antigenic components used in Havrix® and Engerix-B® which have been used in separate single antigen vaccines for Hepatitis A and Hepatitis B. Any person in this age group having an indication for both Hepatitis A and B vaccination can be administered Twinrix®, including but not limited to patients with chronic liver disease, users of illicit injectable drugs, men who have sex with men, and persons with clotting factor disorders who receive therapeutic blood products.

Complete ACIP recommendations for Twinrix® may be obtained from the CDC website at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5037a4.htm>.

Recombivax HB®

Recombivax HB®, manufactured by Merck, is a single antigen vaccine that was licensed by the FDA on September 13, 1999, to include the addition of the two dose schedule of the adult formulation for adolescents 11 through 15 years of age. On December 23, 2005, ACIP approved the following recommendations to improve vaccine coverage of children and adolescents who were not previously vaccinated: 1) implement immunization record reviews for all children 11 through 12 years of age and children and adolescents less than 19 years of age who were born in countries in which Hepatitis B virus endemicity is high or intermediate; 2) adopt Hepatitis B vaccine requirements for school entry; and 3) vaccinate all unvaccinated adolescents in settings that provide health-care services to persons in this age group.

Complete ACIP recommendations for Recombivax HB® may be obtained from the CDC website at: <http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf>.

Menveo®

Menveo®, manufactured by Novartis Vaccines & Diagnostic, Inc., was licensed by the FDA on February 19, 2010, as a single dose quadrivalent meningococcal conjugate vaccine for the prevention of meningococcal disease. ACIP recommends quadrivalent meningococcal conjugate vaccine for all persons 11 through 18 years of age and for persons 2 through 55 years of age who are at increased risk for meningococcal disease. Persons at increased risk for meningococcal disease include: 1) college freshmen living in dormitories; 2) microbiologists who are exposed routinely to isolates of *Neisseria meningitidis*; 3) military recruits; 4) persons who travel to or reside in countries where meningococcal disease is hyperendemic or epidemic; 5) persons who have persistent complement component

deficiencies; and 6) persons with anatomic or functional asplenia. Menveo® or Menactra® (MCV4), another quadrivalent meningococcal conjugate vaccine, may be used in individuals

11 through 55 years of age. Individuals 2 through 10 years of age who are recommended to receive a meningococcal vaccine should receive Menactra®.

Complete ACIP recommendations for Menveo® may be obtained from the CDC website at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a5.htm>.

Additionally, the Department is adding the informational modifier, UA, for use in combination with procedure code 90734 (meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use) for the administration of Menveo®. Currently, procedure code 90734 is used for the administration of Menactra®. Use of the informational modifier UA in combination with procedure code 90734 will allow providers to distinguish between the administration of Menveo® and Menactra® when submitting claims to the Department.

PROCEDURE:

Effective for dates of service on and after August 30, 2010, MA providers may bill the Department for the administration of the Prevnar 13®, Cervarix®, Twinrix®, Menveo® and the two dose series of Recombivax HB® vaccines using the CPT codes and applicable modifier as designated in the chart below. Procedure code 90743 that is being added to the MA Fee Schedule is specific for the two dose regimen of Recombivax HB® for adolescents. The procedure code that identifies the administration of Hepatitis B vaccine for the three dose schedule, 90744, is currently on the MA Program Fee Schedule. Procedure code 90734 is currently on the MA Program Fee Schedule for the administration of meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use. The combination of procedure code 90734 and the informational modifier, UA, should be used when billing for the administration of Menveo®.

CPT Code	Informational Modifier	Description	MA Fee
90636		Hepatitis A and Hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (Twinrix®)	\$10.00
90650		Human Papillomavirus virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use (Cervarix®)	\$10.00
90670		Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Prevnar 13®)	\$10.00
90734	UA	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use (Menveo®)	\$10.00
90743		Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use (Recombivax HB®)	\$10.00

The MA fee for the administration of each vaccine is \$10.00 per administration. Providers participating in an MA MCO network must abide by payment arrangements as stated in their individual MCO contract.

Attached is the "Addition to the Medical Assistance Program Fee Schedule: Procedure Codes for the Administration of Vaccines, effective for dates of service on and after August 30, 2010". The document identifies the procedure code, National code description, provider type, provider specialty, place of service, pricing modifier(s), informational modifier(s), and MA fee, applicable requirements for prior authorization or fee limits for the procedure code discussed in this MA Bulletin. The MA Program Fee Schedule has been updated to reflect this change.

Providers may access the on-line version of the fee schedule under the Department's website at:
<http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/Schedules/003675750.aspx>.

The Pennsylvania DOH VFC Program added Prevnar 13®, effective April 1, 2010, and added Cervarix® and Menveo®, effective May 5, 2010, to the list of vaccines available through the VFC Program. The MA Program will continue to cover the newly FDA licensed vaccines, Prevnar 13®, Cervarix® and Menveo®, for individuals under 19 years of age until October 3, 2010, to allow providers sufficient time to receive the vaccines from the VFC Program. Effective October 4, 2010, the MA Program will pay only for the administration of Prevnar 13®, Cervarix® and Menveo® for MA-eligible children who are under 19 years of age consistent with the indicated use of the vaccine by the FDA and current ACIP recommendations

Twinrix® and Recombivax HB® continue to be available to MA providers through the VFC Program. The MA Program will pay only for the administration of Twinrix® and Recombivax HB® for MA-eligible children who are under 19 years of age consistent with the indicated use of the vaccine by the FDA and current ACIP recommendations.

The MA Program will continue to pay MA providers for the Cervarix®, Menveo® and Twinrix® vaccines for MA-eligible recipients 19 years of age and older consistent with the indicated use of the vaccines by the FDA and current ACIP recommendations.

ATTACHMENT:

Addition to the Medical Assistance Program Fee Schedule: Procedure Codes for the Administration of Vaccines, effective for dates of service on and after August 30, 2010.