

# State-supplied Vaccine Administration Fees and Billing Policy

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Oregon Vaccines for Children (VFC) enrolled clinics who receive publicly funded vaccine are required to comply with the following vaccine administration fees and billing procedures, as stated in the VFC Public and Private Provider Agreements. For pharmacies enrolled in VFC, more information will follow at a later date.

## **Vaccine administered to VFC-eligible patients, and in public clinics, 317-eligible patients:**

- Administration fees for Medicaid-covered children must be billed to the Division of Medical Assistance Programs (DMAP) or the appropriate coordinated care organization.
- Vaccine administration fees for all non-Medicaid patients must be capped at \$21.96 per injection.
- If patient/parent states they are unable to afford the administration fees, the fees must be completely waived<sup>1</sup>.
- It is the clinic's responsibility to notify all patients/parents that administration fees will be waived if the fees are unaffordable.
- Administration fees may be billed to the patient/parent after the date of service, but the account cannot be sent to collections for failure to pay.

## **Vaccine administered to billable (privately insured) patients:**

- The state does not cap vaccine administration fees.
- Administration fees may be billed to private insurance or the patient/parent.

## Q & A

**Q:** What qualifies as “unable to pay” for the purposes of waiving the administration fees?

**A:** There are no income level requirements for waiving the administration fees. Anytime a patient/parent states that they are unable to pay the administration fees, you must waive the fees completely.

**Q:** Must we notify patients/parents that administration fees will be waived if they are unable to pay?

**A:** Yes. It is your responsibility to ensure that your patients/parents know that administration fees will be waived if they are not affordable. If patients/parents have an unpaid bill for administration fees, they may feel unwelcome and not return to your clinic for needed services. By law, you must ensure that administration fees do not become a barrier to receiving immunization services.

**Q:** Should this notification be made verbally or in writing?

**A:** It's up to you to determine what is most appropriate for your clinic and your patients. Some options include:

- Notify patients/parents verbally, if they are asked to pay the administration fees at the time of the visit.
- Include a written statement on bills, if your clinic sends bills for administration fees after the date of service. You may also want to include instructions for patients/parents to have the administration fees waived.
- Post signs or posters in your waiting room or in exam rooms.

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<sup>1</sup> <http://www.cdc.gov/vaccines/programs/vfc/projects/faqs-doc.htm#admfees>

- Q:** If my clinic bills a patient/parent for the VFC or 317 vaccine administration fees, and the patient/parent does not contact us, can I re-send the bill to the patient/parent?
- A:** Yes, as long as the bill states that the patient may have the administration fees completely waived if they are unable to pay, and provides instructions for doing so.
- Q:** Can we provide a discount to the patient/parent if he or she pays on the day of service?
- A:** Yes, as long as you make it clear to the patient/parent that the entire administration fee will be waived if he or she is unable to pay.
- Q:** Are administration fees per injection or per vaccine component?
- A:** In November 2010, the American Academy of Pediatrics (AAP) issued two new CPT codes and instructed clinics to bill administration fees based on vaccine component, not injection. This means that clinics should bill five administration fees for combination vaccines, like Pediarix® or Pentacel®, because these vaccines contain five vaccine components. **This guidance does not apply to the VFC Program.** Oregon VFC clinics must continue to bill administration fees for VFC-eligible patients on a per-injection, not a per vaccine component, basis. Clinics must continue to bill administration fees to DMAP (or the appropriate Coordinated Care Organization) using the same process they used prior to this updated AAP guidance. For additional resources for billing administration fees, go to the Oregon Immunization Program website [www.healthoregon.org/imm](http://www.healthoregon.org/imm) and click on the Immunization Provider link.
- Q:** How should I bill administration fees to DMAP and the Coordinated Care Organizations?
- A:** In general, providers bill DMAP and the CCOs using the vaccine-specific CPT, with the SL or 26 modifier. Please refer to DMAP's published guidance at <http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/130rb122812.pdf>
- Q:** How do we bill administration fees for VFC-eligible patients who have Medicaid and Private Insurance?
- A:** Bill either DMAP or the private insurance for the appropriate administration fee based on whether you have treated this as a VFC-eligible or privately insured patient. The decision to treat as VFC-eligible or privately insured should be made based on what costs the patient/parent less out of pocket.
- Q:** What if we bill a patient's private insurance for a vaccine dose and administration fee, and we receive less than 100% of the billed amount?
- A:** Your options include:
- If the patient was a child also covered by Medicaid, you can reverse the billing to the private insurer, and reissue as a Medicaid claim. Be sure to change the eligibility code(s) in ALERT IIS;
  - If the claim is denied at 100% because the insurer does not pay for that dose, two options are available depending on your type of clinic:
    - Federally Qualified and Rural Health clinics (ONLY) classified by the Immunization Program as "Public Clinic" may change the code in ALERT IIS to Underinsured (F code for children, O code for adults).
    - All other clinics must negotiate with the patient/family for payment, and consider referring them to a Federally Qualified or Rural Health Center for future doses.