

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority, Division of Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
Sandy Cafourek	500 Summer St Ne, Salem, OR 97301	503-945-6430
Rules Coordinator	Address	Telephone

RULE CAPTION

Immunization, Vaccines for Children and Immune Glogulins Rule Rewritten Clarifying Language and Removing Table
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

February 18, 2014	10:30 a.m.	500 Summer St NE, Salem, OR 97301, Conf.Rm.137B	Sandy Cafourek
Hearing Date	Time	Location	Hearings Officer

Auxiliary aids for persons with disabilities are available upon advance request.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.
ADOPT:

AMEND: 410-130-0255

REPEAL:

RENUMBER:

AMEND & RENUMBER:

Stat. Auth. : ORS 413.042

Other Auth.:

Stats. Implemented: ORS 414.025 and ORS 414.065

RULE SUMMARY

Immunizations and immune glogulins are covered by OHP. This rule explains how providers are reimbursed for administering these services. It addresses billing for providers that are participating in the state's Vaccines for Children (VFC) program, a program that provides vaccine serum at no cost to the medical professional. Providers that participate in the VFC program are reimbursed for their time. Providers not participating in the program are reimbursed for both their time and the expense of obtaining serums. The current revision is to improve readability and the phrase "religious exemption" needed to be replaced with "non-medical exemption" to conform to recent statutory changes. Additionally a table of medical codes included in the rule was problematic because it needed frequent updating. Having the codes in rule necessitated formal rule changes for even minor change to the medical code set. The revised rule will remove the table and instead include a link to the code set that will be easier to maintain.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

February 20, 2014 at 5 p.m. sandy.c.cafourek@state.or.us
Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)


Signature

Judy Mohr PETERSON
Printed name

1/10/2014
Date

*Hearing Notices published in the Oregon Bulletin must be submitted by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a weekend or legal holiday, upon which the deadline is 5:00 pm the preceding workday. ARC 920-2005

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority, Division of Medical Assistance Programs (Division)

410

Agency and Division

Administrative Rules Chapter Number

Immunization, Vaccines for Children and Immune Globulins Rule Rewritten Clarifying Language and Removing Table

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: Amending 410-130-0255

Statutory Authority: ORS 413.042

Other Authority:

Stats. Implemented: ORS 414.025 and ORS 414.065

Need for the Rule(s): Rule language needed to be revised to improve readability, and the phrase "religious exemption" needed to be replaced with "non-medical exemption" to conform to recent statutory changes. Additionally a table of medical codes included in the rule was problematic because it needed frequent updating. Having the codes in rule necessitated formal rule changes for even minor changes to the medical code set. The revised rule will remove the table and instead include a link to the code set that will be easier to maintain.

Documents Relied Upon, and where they are available: Minutes from the Rule Advisory Committee.

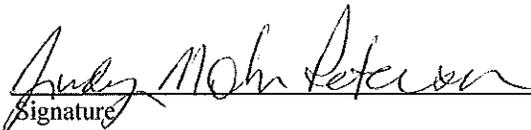
Fiscal and Economic Impact: No fiscal impact is anticipated as there is no policy change associated with this rule change.

Statement of Cost of Compliance:

- 1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): None anticipated.
- 2. Cost of compliance effect on small business (ORS 183.336):
 - a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: This rule revision is not anticipated to impact small businesses.
 - b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: This rule change does not change administrative burden.
 - c. Equipment, supplies, labor and increased administration required for compliance: None anticipated.

How were small businesses involved in the development of this rule?: Small businesses were included in solicitation for the RAC members.

Administrative Rule Advisory Committee consulted?: Yes
If not, why?:


Signature

Judy Mohr PETERSON 1/10/2014
Printed name Date

410-130-0255

Immunizations, Vaccines for Children, and Immune Globulins

~~(1) Use standard billing procedures for vaccines that are not part of the Vaccines for Children (VFC) Program.~~

~~(1) (2)-The Division of Medical Assistance Programs (Division) covers Synagis (palivizumab-rsv-igm) only for high risk infants immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) and children as defined approved by the American Academy Oregon Immunization Program. Refer to Guideline Note 106 of the Health Evidence Review Commission's List of Pediatric Prioritized Services, <http://www.oregon.gov/oha/OHPR/pages/herc/current-prioritized-list.aspx>.~~

~~(2) Providers shall follow the current ACIP guidelines for immunization schedules. A provider may provide immunizations on a modified schedule, on a case-by-case basis:~~

~~(a) Prior authorization is required for Synagis. See Table 130-0200-1 Prior Authorization;~~

~~(b) Bill 90378 for Synagis. (a) Using clinical judgment in accordance with accepted medical practice, and;~~

~~(b) Complying with the laws of the State of Oregon, including laws relating to nonmedical exemptions for immunizations.~~

~~(3) Providers are encouraged to administer combination vaccines when medically appropriate and cost effective.~~

~~(4) VFC Program:~~

~~(4) Providers must use standard billing procedures for adults and for any vaccines that are not part of the Vaccine For Children Program.~~

~~(5) Vaccine For Children (VFC) is a) Under this federal program, that provides free vaccine serums are free for clients' ages 0 through 18. All vaccines for this age group and for conditions covered by the VFC program must be obtained through the VFC Program. The Division will not reimburse the cost providers for the administration, or purchase, of privately purchased vaccines that are provided through the VFC Program. The Division also will not reimburse for the administration of privately purchased vaccines;~~

~~(b) Only providers enrolled in the VFC Program can receive free if the vaccine serums. To could have been obtained through the VFC program. For information about the VFC program or to enroll as a VFC provider, contact the Public Health Immunization Program. For contact information, see the Medical-Surgical Supplemental Information found at The Oregon VFC program~~

website can be located at,

<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/vfc/Pages/index.aspx>

<http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/medsurgsupp1109.pdf>

~~(e)(6) The Division will reimburse only reimburses providers for the administration of any vaccine provided by, not the VFC Program. Whenever a new vaccine becomes serum, of vaccines available for free through the VFC Program, administration of that vaccine is also covered by the Division;~~

~~(d) program. Refer to Table 130-0255-1 for immunization codes~~

~~<https://www.google.com/url?q=http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/NewCPTcodes.pdf&sa=U&ei=K5GOUvjZOMasigLi8oA4&ved=0CAUQFjAA&client=internal-uds-cse&usg=AFQjCNFOB1Lw1eS80ESw30XhKk1mG3TBsA> for a list of vaccines provided through the VFC Program; program.~~

~~(e) Providers shall follow the current Advisory Committee on Immunization Practices (ACIP) guidelines for immunization schedules. Exceptions include:~~

~~(A) On a case-by-case basis, provider may use clinical judgment in accordance with accepted medical practice to provide immunizations on a modified schedule;~~

~~(B) On a case-by-case basis, provider may modify immunization schedule in compliance with the laws of the State of Oregon, including laws relating to exemptions for immunizations due to religious beliefs or other requests.~~

~~(f) Use the following procedures when billing for the (7) To receive reimbursement for vaccine administration, VFC program providers must bill the Division:~~

~~(a) With the appropriate vaccine common procedural terminology (CPT) code included;~~

~~(b) Including the appropriate modifier -SL or -26; and~~

~~(c) Reporting the vaccine administration of a VFC vaccine:~~

~~(A) When the sole purpose of the visit is to administer a VFC vaccine, the provider should bill the appropriate vaccine procedure code with modifier -26 or -SL for each injection. Do not bill Current Procedural Terminology (CPT) code 90460-90474 or 99211;~~

~~(B) When the vaccine is administered as part of in addition to an Evaluation and Management service (e.g., well-child visit) the provider should bill the appropriate immunization code with modifier -26, or -SL for each injection in addition to the Evaluation and Management code if provided on the same date of service;~~

~~(8)~~ For clients with private insurance, providers may bill the Division or the client's managed care plan or coordinated care organization (MCO/CCO) directly for the administration of VFC vaccines. Medicaid and CHIP are not considered the "payer of last resort" for administration of VFC vaccines.

~~(5) Table 130-0255-1~~

~~Stat. Auth.: ORS 413.042~~

~~Stats. Implemented: ORS 414.025 and 414.065~~

(9) In compliance with Section 1202 of the Affordable Care Act, VFC providers who qualify for the federal primary care rate increase as specified under 42 Code of Federal Regulation (CFR) 447 Subpart G (see also OAR 410-130-0005), are eligible for reimbursement for the administration of VFC vaccines at the Regional Maximum amount:

(a) The current Regional Maximum amount can be found at <http://www.oregon.gov/oha/healthplan/Pages/feeschedule.aspx>. The file is located under the "Other resources" heading. The file is named "Oregon Medicaid Vaccines for Children administration codes and rates."

(b) MCO and CCOs are required to reimburse the lesser of the Regional Maximum administration fee or Medicare 2014 RVU and 2009 conversion factor amount to providers that meet the federal definition of primary care. MCO and CCOs are not required to reimburse the Regional Maximum amount to providers that have not met the federal primary care definition, but may at their option;

(c) Division reimbursement to all enrolled VFC Program providers for the administration of all vaccines provided by the VFC Program is the Regional Maximum amount. The Division applies the VFC rate increase to all VFC fee for service providers, regardless of whether they have attested for the primary care rate increase.

(10) The Division covers immune globulins based on the Prioritized List of Health Services.

(a) Synagis (palivizumab-rsv-igm) is covered with prior authorization only for high-risk infants and children. Refer to Guideline Note 69 of the Health Evidence Review Commission's List of Prioritized Services, <http://www.oregon.gov/oha/OHPR/pages/herc/current-prioritized-list.aspx> and Oregon Medicaid Fee-For-Service Prior Authorization Approval Criteria, <http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html#pa>