



Ocean State Adult Immunization Coalition

Immunization Reimbursement Workshop
September 19, 2011

TUFTS  Health Plan
No one does more to keep you healthy.

Flu Vaccine

- The H1N1 vaccine will continue to be incorporated into the seasonal flu vaccine for the 2011-2012 flu season.
- School-based flu vaccination clinics will continue to be available for Rhode Island students between kindergarten and the 12th grade during the 2011-2012 flu season.
 - Children who are not vaccinated at a school-based clinic should be vaccinated by their pediatrician or family physician.
- State officials in Rhode Island are continuing to support public clinics.
- For more information, please refer to the State of Rhode Island Department of Health website at health.ri.gov.

Who should get immunized?

- **The Advisory Committee on Immunization Practices (ACIP) recommends the universal seasonal flu vaccination for people 6 months of age and older.**
- **It is especially important for the following groups to be vaccinated:**
 - Children and teens 6 months to 19 years old
 - Pregnant women
 - People age 50 or older
 - Nursing or group home residents
 - Persons with heart, lung or kidney disease, diabetes, asthma, anemia, blood disorders, or weakened immune systems
 - People who live with or care for those at high risk of flu-related complications
- **Homebound Individuals in Rhode Island can call the *Flu Hotline* at **800-555-7858** to make arrangements.**

Immunization Payment Policy

- Billing Information

Tufts Health Plan's payment policies are designed to assist providers when submitting claims to Tufts Health Plan and are consistently updated to promote accurate coding and policy clarification.

Immunization Payment Policy:

- Submit the most updated industry-standard codes.
- Submit a modifier, when appropriate, with the corresponding CPT and/or HCPCS procedure code.
- Submit the modifier that impacts reimbursement in the first modifier field.

Note: Annually and quarterly, HIPAA medical code sets undergo revision by CMS, AMA and CCI. Revisions typically include adding, deleting or redefining the description or nomenclature of new HCPCS, CPT procedure and ICD-9 diagnosis codes. As these revisions are made public, Tufts Health Plan updates its claims processing system to reflect these changes.

The Process for Submitting Claims for State Supplied Vaccines Remains the Same

- Submit the appropriate immunization administration CPT procedure code (90460*, 90461*, 90465-90474) or HCPCS procedure code (G0008-G0010) with the vaccine CPT procedure code (90476-90749) or HCPCS procedure code S0195 on the same claim and append the **SL** modifier to the vaccine code to indicate that it was state-supplied.
- Occasionally, a provider may need to purchase a vaccine that is routinely provided by the state. In this case, submit both the administration procedure code and the vaccine procedures code on the same claim and *do not* append the **SL** modifier to the vaccine procedure code.
- If an administration procedure code is billed without a vaccine procedure code, the administration line will deny.

*Effective January 1, 2011

2011 Reimbursement Information

There are no changes in reimbursement for 2011.

- **State Supplied Vaccines:**

- Tufts Health Plan does not reimburse for vaccines and immunizations supplied by the state.

- **Non-State Supplied Immunizations Purchased by the Provider:**

- Reimbursement for non-state supplied immunizations purchased by the provider will be reimbursed according to the Tufts Health Plan fee schedule for both the administration procedure and the vaccine procedure code.
- Submit both the administration procedure code and vaccine procedure code on the same claim.

- **Member Responsibility**

- Copayments, deductible and/or coinsurance may apply depending upon the member's benefit plan specifics.

Note: Tufts Health Plan's Fraud Prevention and Recovery Department may conduct audits on state-supplied vaccines that are reimbursed at the fee schedule.

Claim Submission

EDI Claim Submission

- For quicker payment, fewer rejections and ease of processing, providers are encouraged to submit their claims electronically.
- Submit claims in HIPAA compliant 837P format for professional services.
- Claims billed with non-standard codes will reject if billed electronically.

Paper Claim Submission

- Submit claims on a standard, red CMS-1500 form for professional services.
 - Claims billed with non-standard codes will deny.
- For additional information, please refer to the Claims Submission Payment Policy on the Provider website at tuftshealthplan.com/providers.

Corrected Claims, Disputes for Duplicate Denials and Filing Limit Reminders

- Corrected claims and provider payment disputes of duplicate claim denials must be received no later than one year from the date of the original adjudication.
 - Corrected claims and duplicate claim denial disputes received after that time will not be considered.
 - This one-year limit does not apply to Uniformed Service Family Health Plan (USFHP) or to CareLinkSM when CIGNA HealthCare is the primary administrator.
- Payment disputes for commercial claims received *after* the filing limit must be submitted within 90 days of the Statement of Account (SOA) date on which the claim originally denied.
 - Requests for reconsideration of filing limit denials received after 90 days from the SOA denial date will not be considered.

HIPAA 5010 Preparations

- Tufts Health Plan is actively migrating both electronic claims submitters and real-time transactions to the new HIPAA 5010 electronic data interchange standards. We expect to have all EDI claims submitters transitioned by the compliance deadline of January 1, 2012.
- We will continue user migration to version 5010 through December 31, 2011.
- Due to the HIPAA mandate, we will only accept 5010-compliant transactions after January 1, 2012. All real-time transactions will also be compliant no later than January 1, 2012.
- For more information on Tufts Health Plan's preparations for HIPAA 5010, refer to the HIPAA 5010 Frequently Asked Questions at tuftshealthplan.com/providers
- If you have questions, send an email to HIPAA5010@tufts-health.com

ICD-10 Implementation

- We are in the execution phase of the ICD-10 implementation.
- Our 2011 activities include gathering detailed business requirements and systems remediation on identified applications.
- We will be compliant by October 2013 and have scheduled to start testing sometime in the second half of 2012 through 2013.

Additional Information and Provider Resources

tuftshealthplan.com/providers

- **Please refer to Tufts Health Plan's public Provider website for:**
 - Immunization Payment Policy
 - Claims Submission Policy
 - Updated information on Seasonal Flu immunizations
- **On Tufts Health Plan's secure Provider website registered users can:**
 - Check Member Eligibility and Benefits
 - View Claim Status
 - Submit Claim Adjustments: **Save time, adjust online!**
- **Tufts Health Plan Provider Services: 888-884-2404**
- **American Medical Association: ama-assn.org**
- **Center for Disease Control and Prevention: cdc.gov/vaccines**

Register on Tufts Health Plan's Secure Provider Website: tuftshealthplan.com/providers

Welcome to Provider Login

> Provider Login **Provider Login**

> Electronic Services

> Clinical Resources

> Payment Policies

> Provider Manuals

> Forms

> Provider Search

> Mental Health

> Pharmacy

> Plans

> Quality Initiatives

> News & Information

> Providers Home

Please enter your username and password below to login.

Username

Password

forgot your password? [Click here.](#)

Need access to the Site?

Provider Registration

Registration is a simple three-step process:

1. Enter registration information
2. Identify the individual who will manage website access for the NPI
3. Print, complete and fax the signed authorization form

Once the request is validated, you will be sent an email with your login information.

Tufts Health Plan's Public Provider Website - tuftshealthplan.com/providers

Home

I'm a member

I'm a health care professional

I'm an employer

I'm a broker

TUFTS HEALTH PLAN HOME

HEALTH CARE PROFESSIONAL

provider log-in

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Register for:

Tufts Health  Access

- Save time
- Ease of processing
- Expedite process

Register for Access ▶

Welcome Tufts Health Plan Providers!

BOOKMARK



Latest Updates

- » 60-day Notifications
- » Plan Updates
- » Did You Know?



Medical Coverage






- » Payment Policies
- » Medical Necessity Guidelines
- » Pharmacy Medical Necessity Guidelines



Plans & Products

- » Commercial Plans
- » CareLink
- » Tufts Medicare Preferred HMO

HELP ME FIND...

-  Provider Search
-  Drug Search
-  Forms
-  Provider Update
-  Case Management Lists

Payment Policies

- tuftshealthplan.com/providers

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Payment Policies

Payment Policies

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Payment policies are designed to assist you when submitting claims to Tufts Health Plan. They are consistently updated to promote accurate coding and policy clarification. Learn more about our products, policies and procedure below:

- ▶ Claims editing software
- ▶ Tufts Health Plan's Provider Audit Program
- ▶ Provider Manuals
- ▶ Tufts Health Plan Medicare Preferred Private Fee-for-Service (PFFS) Terms and Conditions of Payment

Search using the below alphabet links or enter a specific code in the search box at the top of the page.

Find a Payment Policy from our Alphabetical List

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Complete List of Policies and Procedures

Immunization Payment Policy

Immunization Professional Payment Policy

TUFTS  Health Plan

www.tuftshealthplan.com/providers
Provider Services - 888-884-2404

The following payment policy applies to Tufts Health Plan[®] commercial contracted providers who render professional services in an outpatient or office setting.

This policy applies to commercial¹ products. For information on Tufts Health Plan Medicare Preferred's policies and procedures, [click here](#).

Note: Audit and disclaimer information is located at the end of this document.

Policy

Tufts Health Plan covers medically necessary immunization services, described below.

General Benefit Information²

Services and subsequent payment are based on the member's benefit plan document. Providers and their office staff are required to use self-service channels to verify effective dates and copayments for commercial members prior to initiating services.

Reference the [Electronic Services](#) section of our website for our self-service channel options. Benefit specifics should be verified prior to initiating services by logging on to our [website](#) or by contacting [Provider Services](#).

Preventive Services

Effective for new groups and existing groups when they renew on or after **September 23, 2010**, most Tufts Health Plan employer groups will be required to provide all insured members 100% coverage for preventive care services. A minority of employers who have elected to maintain "grandfathered" status under the Patient Protection and Affordable Care Act (commonly referred to as healthcare reform) are not subject to this requirement. However, many of these groups have opted to cover preventive services with no cost sharing, and their "grandfathered" status may change over time.

This means that most members will have no cost-sharing responsibility when preventive services are rendered by an in-network provider. Members may still be required to pay a copayment, deductible or coinsurance for preventive services received from out-of-network providers (PPO and POS plans), or for non-preventive services received in conjunction with a preventive services visit. Please reference the [Preventive Services](#) list for a complete list of services that have been deemed preventive in nature.



Health Programs

- tuftshealthplan.com/providers

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HEALTH CARE PROFESSIONAL

HEALTH PROGRAMS

provider log-in

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I'm a Health Care Professional

Clinical Resources

Medical Necessity Guidelines

Clinical Practice Guidelines

▶ Health Programs

Preventive Health Guidelines

Tufts Health Plan Medicare Preferred

Education Programs

Health Programs

BOOKMARK

Tufts Health Plan's Health Programs Department develops programs to support preventive health and chronic disease management through direct clinical intervention and member education.

The following is a list of the programs we offer to appropriate affiliated network providers and Tufts Health Plan members. If you would like a brief description of each program, please click on the program name.

- ▶ Adult Immunization
- ▶ Chronic Heart Failure
- ▶ Chronic Kidney Disease (CKD)
- ▶ Coronary Artery Disease (CAD) Secondary Prevention
- ▶ Diabetes: Taking Charge Diabetes™ Program
- ▶ Disease Management Program
- ▶ End Stage Renal Disease (ESRD)
- ▶ Healthy Birthday
- ▶ MOMS (Mom and Me Smoke Free, Smoking Cessation for Pregnant Women)
- ▶ Neonatal Intensive Care Unit (NICU)
- ▶ Smoking Cessation: QuitWorks Program
- ▶ Tufts Health Plan Medicare Preferred Care Management
- ▶ Weight Management

Provider Update

– tuftshealthplan.com/providers

- *Provider Update* is the primary notification vehicle to all providers and will indicate information that is subject to 60-day notifications

provider log-in

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Provider Update

BOOKMARK

Printable PDF Versions of our Provider Update Issues

For archived publications, [click here](#)



Provider Update - August 1, 2011

Features include: Coverage Updates for Commercial Products; Imaging Professional Payment Policy Revised; Commercial Pharmacy Coverage Changes



Provider Update - May 1, 2011

Features include: Coverage Updates for Commercial Products; Specialty Pharmacy Prescriptions for GIC Members; Mental Health Provider Type Modifiers Required



Provider Update - February 1, 2011

Features include: Coverage Updates for Commercial Products; Physician, Outpatient Hospital Fee Schedule Updates; Commercial Pharmacy Coverage Changes

Thank You!

We appreciate your attention and participation.