

**2011/2012 Influenza & Pneumococcal Billing and Reimbursement**  
**Insurer: UnitedHealthcare**

<b>Topic</b>	<b>Influenza</b>	<b>Pneumococcal</b>
CPT codes for vaccine, administration, and diagnosis	Please consult the AMA CPT coding guidelines for questions on coding. Please consult <a href="http://www.uhconline.com">www.uhconline.com</a> for the 2011 UHC Administrative Guide as well as the policies and practices applicable to vaccine and administration.  State supplied vaccine - pays \$0.50 Non-state supplied vaccine - pays per provider fee schedule	Please consult the AMA CPT coding guidelines for questions on coding. Please consult <a href="http://www.uhconline.com">www.uhconline.com</a> for the 2011 UHC Administrative Guide as well as the policies and practices applicable to vaccine and administration.  State supplied vaccine - pays \$0.50 Non-state supplied vaccine - pays per provider fee schedule
CPT code for administration fee	90471 – UHC Commercial/ Medicaid members G0008 – UHC Medicare members	90471 – UHC Commercial/ Medicaid members G0009 – UHC Medicare members
Form to use	CMS-1500 or Electronic	CMS-1500 or Electronic
Things to remember:	<ol style="list-style-type: none"> <li>One influenza vaccination is allowed per flu season.</li> <li>Electronic claims should be sent to Payor ID 87726.</li> </ol> <p>Paper claims should be mailed to the claims address on the patient's ID card. If the patient does not have their ID card readily available, claims can be sent to the regional mail office at the following address:</p> <p align="center">UnitedHealthcare PO Box 740800 Atlanta, GA 30374-0800</p> <p>Non-participating providers should contact the plan prior to rendering services.</p>	<ol style="list-style-type: none"> <li>Diagnosis code-variable based upon patient's medical condition</li> <li>Electronic claims should be sent to Payor ID 87726.</li> </ol> <p>Paper claims should be mailed to the claims address on the patient's ID card. If the patient does not have their ID card readily available, claims can be sent to the regional mail office at the following address:</p> <p align="center">UnitedHealthcare PO Box 740800 Atlanta, GA 30374-0800</p> <p>Non-participating providers should contact the plan prior to rendering services.</p>
Things to remember:	<p>Services are covered contingent upon patient's benefit package.</p> <p>Copayments may be applicable depending upon benefit package.</p>	<p>Services are covered contingent upon patient's benefit package.</p> <p>Copayments may be applicable depending upon benefit package.</p>
Provider contact line for any CPT billing questions:	UHC Physician Line 877-842-3210	