



February 21, 2020

Web Announcement 2109

Protocol Change for Billing Vaccines For Children (VFC) Vaccine Administration Fees; Impacted Claims Reprocessed

Attention provider types (PTs) 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurses) and 77 (Physician's Assistant): The Centers for Disease Control and Prevention (CDC) has updated Medicaid as secondary insurance protocols for Vaccines For Children (VFC) vaccine administration when Third Party Liability (TPL) is present. This update allows a provider to bill Nevada Medicaid directly for the administration fee, removing the requirement to first obtain a denial from the primary insurer. Nevada Medicaid pays the VFC provider the administration fee because vaccinations are a component of the Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

Effective June 24, 2019, the Division of Health Care Financing and Policy (DHCFP) updated the Medicaid Management Information System (MMIS) to allow providers to bill VFC administration fees to Nevada Medicaid first. Providers are able to bypass billing the primary carrier first and submitting the denied EOB to Nevada Medicaid.

Claims with dates of service on or after July 1, 2018, through June 24, 2019, were automatically reprocessed to adjudicate claims that denied if TPL denial was not obtained before the claim was submitted to Nevada Medicaid. Results of the reprocessed claims appeared on remittance advices dated November 29, 2019.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.