



Mississippi Medicaid
Provider Reference Guide
For Part 224
Immunizations

*This is a companion document to the
Mississippi Administrative Code Title 23
and must be utilized as a reference only.*

Table of Contents

Immunizations Introduction.....	2
Tuberculin Skin Test.....	2
Vaccines for Children	3
Vaccines for Adults.....	4
Influenza Vaccine	4
Pneumococcal Polysaccharide Vaccine	4
Quadrivalent Human Papillomavirus (HPV) Vaccine	4
Hepatitis B Vaccine	5
Nursing Facility Residents.....	5

Immunizations Introduction

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

An immunization provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, he/she must accept the Medicaid payment as payment in full for those services covered by Medicaid. He/she cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. The Division of Medicaid (DOM) is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers and for notifications regarding billing. Medicaid Policy as it relates to these factors is initiated by DOM.

Tuberculin Skin Test

According to the Centers for Disease Control and Prevention (CDC), the American Thoracic Society, and the American Academy of Pediatrics, the standard diagnostic test for determining if a person is infected with *Mycobacterium tuberculosis* is the Mantoux tuberculin skin test, in which 0.1 ml of 5 tuberculin units (TU) of purified protein derivative (PPD) is injected intradermally using a small gauge needle and tuberculin syringe. The test should be administered and interpreted by persons who are trained in correct intradermal injection technique and interpretation of test reactions.

Multiple puncture tests (i.e., Tine and Heaf) are not as reliable as the Mantoux method of skin testing and should not be used as a diagnostic test.

Tuberculin skin testing also should be targeted to 1) persons or groups with presumed recent *M. Tuberculosis* infection, and 2) persons with clinical conditions associated with rapid progression to active tuberculosis (TB). Routine testing of persons at low risk for TB for administrative purposes, i.e., schoolteachers, food workers, school entry for children, is not recommended.

Additionally, the purpose of tuberculin testing is to identify persons at high risk for TB who would benefit by treatment of latent TB infection. Therefore, persons with a positive tuberculin skin test must be medically evaluated to rule out active TB disease and for treatment of latent TB infection. Providers are encouraged to consult with the Mississippi State Department of Health concerning tuberculin testing programs and evaluation and treatment of latent TB infection and TB disease.

Tuberculin skin testing for routine screening of pregnant women and children in the absence of specific risk factors for TB is not a covered service. The provider must document the medical necessity for tuberculin skin testing and appropriate evaluation and treatment of persons with a positive tuberculin skin test in the medical record and must maintain auditable records that will substantiate the claim submitted to Medicaid.

Vaccines for Children

In an effort to increase the immunization levels of Mississippi's children by two (2) years of age, the Mississippi State Department of Health (MSDH) and the Mississippi Division of Medicaid (DOM) implemented the Vaccines for Children (VFC) Program on October 1, 1994.

VFC is a nationally sponsored program that provides vaccines at no cost to participating health care providers, thus allowing for eligible children aged eighteen (18) and under to receive free vaccines. Eligible children include children who are enrolled in Medicaid, children without health insurance, and Native American and Alaskan Native children. Children who have health insurance that does not cover immunizations (underinsured) are also eligible, if they obtain the vaccines from a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).

Providers may receive VFC vaccine and administer this vaccine at no charge if they are enrolled in the program and agree to follow the most current recommended childhood immunization schedule developed and endorsed by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

For children enrolled in Medicaid, DOM covers the administration of each vaccine dose at a reimbursement rate set by the Division. When multiple vaccines are given on the same visit, Medicaid will reimburse for the administration of each vaccine. When vaccines are given in conjunction with an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit or a physician office visit, DOM will reimburse for the administration of the vaccine in addition to the reimbursement for the visit.

Claims must be submitted on the CMS-1500 claim form. Providers must use appropriate codes in order to receive reimbursement.

Vaccines for Adults

Influenza Vaccine

Influenza (“the flu”) is a highly contagious viral infection of the nose, throat, and lungs that is one of the most severe illnesses of the winter season. Influenza viruses continually change over time, and each year the vaccine is updated. In the United States the best time to vaccinate against influenza is from October to mid-November; however, influenza vaccinations can be given at any time during the season. Providers should use the most current influenza vaccine recommendations developed and endorsed by the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP).

Pneumococcal Polysaccharide Vaccine

Pneumococcal disease is an infection caused by the bacteria *Streptococcus pneumoniae*. The major clinical syndromes of invasive pneumococcal disease include pneumonia, bacteremia, and meningitis. Pneumococcal disease is a significant cause of morbidity and mortality in the United States. Providers should use the most current pneumococcal vaccine recommendations developed and endorsed by the CDC’s ACIP.

Pneumococcal and influenza vaccinations may be given at the same time (different injection sites) without increased side effects.

Quadrivalent Human Papillomavirus (HPV) Vaccine

Genital human papillomavirus is a common sexually transmitted virus that can cause cervical cancer in women. Most HPV infections, however, may occur without any symptoms and go away on their own. The vaccine is proven to be effective only if given before infection with HPV.

This vaccine is not intended to be used for treatment of cervical cancer, CIN, VIN, VaIN, or genital warts.

This vaccine has not been shown to protect against diseases due to non-vaccine HPV types.

If this vaccine is given to women who may already be infected with one (1) or more vaccine related HPV types prior to vaccination, they may find that the vaccine protects them from the clinical disease caused by the remaining vaccine types, but that it may not alter the course of an infection that is already present.

This vaccine should be administered in three (3) separate intramuscular injections in the upper arm over a six-month period. The following dosage schedule is recommended: first dose at elected date, second dose two (2) months after the first dose, and the third dose six months after the first dose.

Hepatitis B Vaccine

Hepatitis B is a disease caused by the hepatitis B virus (HBV), which is transmitted through percutaneous (i.e., puncture through the skin) or mucosal (i.e., direct contact with mucous membranes) exposure to infectious blood or body fluids. Hepatitis B virus is one of several hepatitis viruses that cause a systemic infection, with a major pathology in the liver.

This vaccine should be administered in three (3) separate intramuscular injections in the upper arm over a six-month period. The following dosage schedule, depending upon the brand of vaccine, is recommended: first dose at elected date, second dose at least one-to-two months after the first dose, and the third dose six months after the first dose. If, after the third injection, the HBV titer is not within normal limits, DOM will cover a fourth HBV injection being administered.

Nursing Facility Residents

The Division of Medicaid supports the Standing Orders Program for Influenza and Pneumococcal Immunizations in an effort to ensure that the immunization status of all nursing facility residents is routinely assessed and that all residents are offered influenza and pneumococcal vaccines.

Influenza and pneumococcal vaccines will be reimbursed by the DOM for residents with a payment source of Medicaid only in nursing facilities. The facilities may have the provider come to the facility and administer the injections or may send a resident to the provider's office for the injection. The provider may bill and be reimbursed by Medicaid, or the facility may purchase the vaccine, administer the injection, and claim the cost of the vaccine in the Medicaid cost report for Medicaid only residents.