



**Date:** January 1, 2009  
**To:** Health Plan of Nevada and Sierra Health and Life Contracted Providers  
**From:** Steven Evans, MD.  
Chief Medical Officer and Director, Pharmacy Services

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### Vaccine Administration under Medicare Part D

Beginning January 1, 2008, Medicare Part D coverable vaccine administration fees must be billed through Medicare Part D, as well. This notice is provided to help you streamline the billing process, and answer questions you may have regarding vaccine administration for our members (Sierra Spectrum, Sierra Nevada Spectrum, Sierra Optima Select Rx, Senior Dimensions and Sierra VillageHealth).

Administration Fee Reimbursement:

Service	Plan Reimbursement to Provider
Vaccine Administration	\$13.00

- Plan will pay \$13.00 for each Medicare Part D vaccine administered, whether in the physician's office or at the pharmacy. (See Table B for Part B versus Part D vaccine information)
- If the physician uses a vaccine from their office stock**, both the drug and the administration fee must be billed to the member's Part D plan in one claim. In this instance, *it is the responsibility of the physician's office to charge the member their Medicare Part D prescription drug copay.* (See Table A)
- If the copay is to be collected point-of-service at the physician's office, you can call Pharmacy Services at (702) 242-7050 or 1-800-443-8197 option 6 for copay information.
- If only the administration occurs in the physician's office** (vaccine is supplied by a retail pharmacy and the office did not incur a cost for the drug) only the administration fee can be billed from the provider's office.
- Please note, the patient cannot be charged a copay if they paid a copay for the medication at the pharmacy. However, the member may be held responsible for any differential associated with these costs.



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**HOW DO I SUBMIT A PAYMENT REQUEST?**

The HCFA 1500 form may be used to submit request for payment for vaccines and/or administration fees. The form should be mailed to:

Health Plan of Nevada / Sierra Health & Life  
P.O. Box 15645  
Las Vegas, NV 89114-5645

Any questions can be directed to Pharmacy Services, Monday through Friday, 8:00am to 5:00pm PST at (702) 242-7050 or 1-800-443- 8197 option 6.

**eDispense by Dispensing Solutions, Inc.**

In order to facilitate the billing of vaccine costs and administration fees from a provider's office, Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Co., Inc. have contracted with Dispensing Solutions, Inc. (DSI) to offer the eDispense™ Vaccine Manager. This program consists of a web portal that provides physician offices with real-time claims processing for in-office administered vaccines.

**Participating Plans:**

eDispense Vaccine Manager is available for beneficiaries of all Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Co., Inc. Part D Plans. This program allows you to bill online for all Medicare covered Part D vaccines, such as Zostavax, and the associated vaccine administration fee.

**Benefits to You and Your Patient:**

This new online resource will help alleviate the burdensome process of manual billing and reimbursement for vaccine and vaccine administrative services. eDispense also helps beneficiaries minimize up front, out-of-pocket expenditures for vaccines. Enrollment in eDispense is available at no cost to you or your patient. Payment for submitted claims will come directly from Dispensing Solutions once a month.

Once enrolled, you will be able to:

- Verify members' eligibility and benefits in real-time
- Advise members of their appropriate out-of-pocket expense (copay, coinsurance) at point of service
- Submit vaccine claims electronically



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- Receive reimbursement information in real-time

*Note:* eDispense cannot be used to bill the administration and cost of Medicare Part B covered vaccines (e.g. influenza vaccine, pneumococcal vaccine, Hepatitis B vaccine for at risk individuals, vaccines given in response to an exposure).

**Enrollment Instructions:**

You or your authorized staff member may enroll at <http://enroll.edispense.com>. This is a one-time process that can be updated at any time. The following information will be required:

- Tax Identification Number (TIN)
- National Provider Identifier(s) (NPI)
- Medicare ID number
- Drug Enforcement Administration (DEA) number
- State Medical License number

For questions on enrollment and claims processing, call Dispensing Solutions customer support center at (866) 522-EDVM (3386).



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**Table A: Vaccine Reimbursements:**

Vaccine	Size	Plan Reimbursement to Provider*	HPN	SHL
ActHib	1 ml	\$23.53	preferred brand	preferred brand
Attenuvax	1 ml	\$17.06	preferred brand	preferred brand
Comvax	1 ml	\$89.75	non-preferred	preferred brand
Engerix-B inj	1 ml	\$52.08	preferred brand	preferred brand
Engerix-B susp	1 ml	\$54.30	preferred brand	preferred brand
Gardasil	0.5 ml	\$263.70	preferred brand	preferred brand
Havrix	0.5 ml	\$59.32	non-preferred	preferred brand
HibTiter	5 ml	\$42.63	preferred brand	preferred brand
Imovax Rabies	1 ml	\$167.51	preferred brand	preferred brand
Ipol Inactivated IPV	0.5 ml	\$57.00	preferred brand	preferred brand
Je-Vax	1 ml	\$99.90	preferred brand	preferred brand
M-M-R-II 10 dose	ea	\$21.20	preferred brand	preferred brand
Menactra	ea	\$204.12	non-preferred	preferred brand
Menomune	ea	\$104.04	preferred brand	preferred brand
Meruvax II	ea	\$19.79	preferred brand	preferred brand
Pediarix	0.5 ml	\$151.42	non-preferred	preferred brand
Pedvax HiB	0.5ml	\$46.93	preferred brand	preferred brand
Proquad	sdv	\$132.74	non-preferred	preferred brand
Rabavert	ea	\$197.20	non-preferred	preferred brand
Rotateq	2 ml	\$36.01	preferred brand	preferred brand



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Vaccine	Size	Plan Reimbursement to Provider*	HPN	SHL
Twinrix	1 ml	\$89.36	non-preferred	preferred brand
Typhim VI	0.5ml	\$97.35	preferred brand	preferred brand
Varivax	ea	\$84.19	preferred brand	preferred brand
Vivotif Berna	4 pack	\$10.00	non-preferred	preferred brand
YF-Vax	1 dose	\$77.14	preferred brand	preferred brand
Zostavax 0.65ml	ea	\$174.34	non-preferred	preferred brand

Updated 1/25/09

\* Reimbursements are based on AWP and are subject to change based on changes in AWP and will be continually updated.



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**Table B: Part B versus Part D Coverage Issues for Vaccines**

Part B Coverage Categories	Part B Coverage Description	Retail and Home Infusion Pharmacy Setting B/D Coverage	LTC Pharmacy Setting B/D Coverage	Comments
Prophylactic Vaccines (influenza, pneumococcal and hepatitis B)	Influenza, Pneumococcal and hepatitis B (for immediate to high risk beneficiaries)	<u>B or D:</u> Part B for influenza, pneumococcal & hepatitis B for immediate to high risk.  Part D for all other hepatitis B vaccinations	<u>B or D:</u> Part B for influenza, pneumococcal & hepatitis B for immediate to high risk.  Part D for all other hepatitis B vaccinations	Influenza and pneumococcal vaccines are not covered under Part D.
Other Prophylactic Vaccines		<u>Part D</u> , except as described in comments	<u>Part D</u> , except as described in comments	All other prophylactic vaccines generally will be covered under Part D.  <i>The exception to this is vaccines given to treat an injury or as a result of direct exposure to a disease or condition. In these circumstances, the vaccine is covered under Part B when provided incident to a physician service.</i>