Louisiana Medicaid | Provider UPDATE

Volume 30, Issue 9 | March / April 2014

Form CMS 1500 Revised – Program Changes for Transition Addressed

All Providers

The Centers for Medicare and Medicaid Services (CMS) has approved the revision to the Health Insurance Claim Form, Form CMS 1500. The old form with the revision date of 08/05 is being replaced with an updated form, CMS 1500 02/12.

One of the most significant changes to the revised form is to item number 21, "Diagnosis or Nature of Illness or Injury". Eight additional spaces have been added to allow for a total of 12 diagnosis codes. In addition, an "ICD Indicator" has been added to identify the version of the International Classification of Diseases (ICD) code set being reported. Other changes to the form, though minor, may impact procedures and/or instructions.

To allow providers time to make changes to internal systems, Molina and Louisiana Medicaid will accept claims from providers who are **currently** billing on the CMS 1500 to bill on either version of the form. However, beginning April 30, 2014, regardless of the date of service, Molina will only accept claims filed on the new CMS 1500 02/12 version.

As the CMS 1500 02/12 is implemented, there will be some upcoming billing changes made. Timelines for these program transitions along with billing instructions will be forthcoming for the following providers:

- Professional providers (Physicians, Durable Medical Equipment, and Professional Crossover) will transition from the currently used proprietary 213 Adjustment/Void forms to the CMS 1500 02/12 for adjustments and voids.

- Free Standing Rehabilitation Center providers will transition from the currently used proprietary 102 Claim Form and 202 Adjustment/Void Form to the CMS 1500 02/12 for original claims, adjustments and voids.

Until further notice, these stated providers should continue to submit claims on the referenced forms. Providers should monitor the Medicaid website at www.lamedicaid.com for additional updates.

A complete review of all changes to the Form CMS 1500 is available on the National Uniform Claim Committee's website at:
http://www.nucc.org/images/stories/PDF/understanding_the_changes_to_the_0212_1500_claim_form.pdf

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Payment Error Rate Measurement (PERM)

All Providers

The Improper Payments Information Act of 2002 directs Federal agency heads to report improper payment estimates to Congress on programs that are susceptible to payment errors. The Office of Management and Budget (OMB) has identified Medicaid and the Children's Health Insurance Program (CHIP) as programs at risk for significant payment errors. In response to this requirement, the Centers for Medicare and Medicaid Services (CMS) developed the Payment Error Rate Measurement (PERM) program to measure the accuracy of payments to these programs.

CMS uses contractors to measure improper payments in Medicaid and CHIP based on a three year state rotation by reviewing a random sample of claims along with supporting medical records. Louisiana will soon begin participating in PERM for federal fiscal year 2014.

Providers selected in the sample will be contacted by the PERM contractor who will explain the purpose of the call and CMS's right to collect medical records for audit purposes, and to identify the appropriate point of contact for each provider. After confirming that the correct provider has been reached and the necessary medical records have been identified, a written request is sent to the provider specifying the type of documents needed and instructions on how to submit records to the PERM contractor.

Between June 10, 2014 and July 30, 2014, CMS will host four educational webinar/conference calls. Each presentation will include information about the PERM process, provider responsibilities, frequent mistakes, best practices, and the Electronic Submission of Medical Documentation (esMD) Program. During these live presentations, providers will have the opportunity to ask questions through the conference lines via the webinar and by e-mail through a dedicated PERM provider e-mail address at PERMProviders@cms.hhs.gov.

Presentation materials and information from participant calls will be posted as downloads on the "Providers" tab of the PERM website at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/PERM/Providers.html. CMS encourages participants to submit questions not addressed in the presentations by e-mail to PERMProviders@cms.hhs.gov or by contacting the state PERM representatives.

The educational webinar/conference calls will be held on:

- **Tuesday, June 10, 2014 3:00-4:00pm ET**
- **Thursday June 26, 2014 3:00-4:00pm ET**
- **Wednesday, July 16, 2014, 3:00-4:00pm ET**
- **Wednesday, July 30, 2014, 3:00-4:00pm ET**

Webinars will be presented on the Adobe Connect Pro platform. Providers should test their connection at https://webinar.cms.hhs.gov/common/help/en/support/meeting_test.htm prior to the webinar.

There will be a two-step process that must be followed in order to log in to the presentation:

Audio	Log in to: https://cms.webex.com/cms/j.php?J=992454311 The call-in#/meeting ID/access code will display on the screen when you dial in. This must be kept open.
Webinar	In a separate window, log in to https://webinar.cms.hhs.gov/perm2014cycle3web/

Providers are encouraged to check the CMS website and PERM's provider page regularly for helpful educational materials, frequently asked questions (FAQs), and updates at http://www.cms.gov/PERM/. Providers may also contact Deanie Vincent with the Louisiana Medicaid Program Integrity office at (225) 219-4279 with additional questions concerning PERM.

Emergency Rule Changes Criteria for PDHC Facilities, Providers

PDHC Facility Providers

Effective March 1, 2014 the Department of Health and Hospitals (DHH) revised the criteria governing pediatric day health care (PDHC) facilities to align the program's procedures with the federally approved Medicaid State Plan.

Eligible individuals are accepted in PDHC facilities with a prescription from the child's prescribing physician in collaboration with the facility medical director. However, now medical directors cannot refer children to a facility in which the director has an ownership interest.

Additionally, no member of the facility's board of directors can provide a referral to that facility, or sign a prescription as the prescribing physician to participate in that facility's PDHC services.

DHH also will include PDHC facilities in the Facility Need Review (FNR) Program which ensures reviews are conducted to determine whether additional beds and/or providers need to be licensed or enrolled to participate in the Medicaid Program for specific provider types, such as nursing facilities, Adult Day Health Care facilities and Adult Residential Care units.

This means no PDHC provider will be licensed to operate unless the FNR Program has granted an approval for the issuance of a PDHC provider license. Approval will be dependent on whether the provider effectively establishes "the probability of serious, adverse consequences to recipients' ability to access health care if the provider is not allowed to be licensed" in their FNR application.

FNR approvals for licensed providers are non-transferable and are limited to the location and the name of the original licensee.

Transportation requirements for PDHC facilities were also revised. PDHC facilities can provide or arrange transportation for their patients; however, no child may be in transport for more than one hour on any single trip regardless of the child's region of origin.

PDHC facilities which provide transportation for children must maintain current commercial liability insurance coverage for all facility vehicles and any staff member who provides transportation for any child. DHH Health Standards must be specifically identified as the certificate holder on the policy as well as any proof of insurance.

Remittance Advice Corner

All Providers

The following is a compilation of messages that were recently transmitted to providers through Remittance Advices (RAs):

Attention All Providers
2014 HCPCS Update

The Louisiana Medicaid files have been updated to reflect the new and deleted codes for 2014. Providers began to see these changes on February 4, 2014. Denied claims will be recycled pending further 'ClaimCheck' editing.

Molina is currently updating the Professional Services Fee Schedule and the Outpatient Hospital Fee Schedules on the Louisiana Medicaid Website, www.lamedicaid.com.

Updates to the McKesson 'ClaimCheck' product are pending finalization from McKesson and are expected in the next few weeks. When implemented, providers may see minor differences in National Correct Coding Initiative and 'ClaimCheck' editing.

Providers should monitor their RA messages for additional information.

Update to "ClaimCheck" Product Editing – February 2014

McKesson's 'ClaimCheck' product is routinely updated by the McKesson Corporation based on quarterly and

Remittance Advice Corner - *Continued*

annual changes made to the resources used, such as Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), provider specialty society updates, the Centers for Medicare and Medicaid Services (CMS) Physician Fee Schedule Database, and/or the National Correct Coding Initiative (NCCI).

The most recent updates to the 'ClaimCheck' product are pending finalization, but are expected in the next few weeks. Once implemented, providers can expect that most claims will continue to be edited in the same manner; but when applicable, claims may now pay or deny for a different reason.

For questions related to this information as it pertains to legacy Medicaid or Bayou Health Shared Savings Plans, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

Attention Take Charge Program Providers – Take Charge Reimbursement Rate Change

It has been brought to our attention that several procedure codes payable under the Take Charge Waiver did not pay at the correct reimbursement rate. Claims submitted after January 6, 2014 should pay at the correct rate. Claims submitted prior to January 6, 2014 will be recycled to correct the payment amount. We will send another RA message to notify providers of the date this recycle will occur. The Fee Schedule for Take Charge Waiver is available on the Louisiana Medicaid Website, www.lamedicaid.com.

Attention Providers: ACA-Eligible Claims Recycle for Newly Attested Providers

On November 7, 2013, DHH notified providers of their decision to extend the deadline to submit a Medicaid Primary Care Services Designated Physician form and be eligible for enhanced reimbursement retrospective to January 1, 2013. Pursuant to this notification, providers who submitted a correct and complete Designated Physician form to Molina Provider Enrollment by December 31, 2013 will have their claims with dates of service in 2013 recycled in order to receive the correct payment. Only claims paid under legacy Medicaid or Bayou Health Shared Savings plans (Community Health Solutions of America and United Healthcare Community Plan) will be affected. The claims were recycled in the January 28, 2014 check write.

This recycle should only affect providers who did not meet the previous deadline of June 28, 2013 but whose Designated Physician form was processed prior to 2014. For more information on the enhanced reimbursement, see the "ATTENTION PRIMARY CARE PROVIDERS: Affordable Care Act Primary Care Services Enhanced Reimbursement Information" (11/18/13) bulletin posted on www.lamedicaid.com.

Remittance Advice Corner - *Continued*

Attention Pharmacists

Effective February 20, 2014, prescriptions written for iloperidone (Fanapt®) will have a maximum daily dosage limit of 24 mg/day. Claims which exceed the maximum daily dosage limit will deny through Point of Sale (POS). See www.lamedicaid.com for more information

Attention Providers: ACA-Eligible Claims Recycle for Nurse Practitioners

RE: "Attention Providers: ACA-Eligible Claims Recycle for Newly Attested Providers" posted on 1/27/2014.

CMS has issued a revision to the CMS 1500 08/05 form to the CMS 1500 02/12.

On 1/28/2014, Molina recycled ACA-Eligible claims paid under legacy Medicaid or Bayou Health Shared Savings plans (Community Health Solutions of America and United Healthcare Community Plan). The recycle inadvertently excluded claims rendered by Nurse Practitioners. Another recycle will be completed on the 2/10/2014 RA to address these claims in order to pay the ACA rate. This recycle does not include Nurse Practitioner claims that did not indicate a referring provider on the claim. Providers must correct and resubmit those claims in order to receive the enhanced payment.

Attention All Providers 2014 HCPCS Update

The Louisiana Medicaid files have been updated to reflect the new and deleted codes for 2014. Providers began to see these changes on February 4, 2014. Denied claims will be recycled pending further 'ClaimCheck' editing.

Molina is currently updating the Professional Services Fee Schedule and the Outpatient Hospital Fee Schedules on the Louisiana Medicaid Website, www.lamedicaid.com.

Updates to the McKesson 'ClaimCheck' product are pending finalization from McKesson and are expected in the next few weeks. When implemented, providers may see minor differences in National Correct Coding Initiative and 'ClaimCheck' editing.

Providers should monitor their RA messages for additional information.

Attention Professional Services Providers

It has been brought to the Department's attention that code J1050, Medroxyprogesterone Acetate was inadvertently added to the Medicaid procedure file in 2013 without the appropriate budgetary reduction to the fee. This reimbursement amount has been corrected and the Professional Services Fee Schedule has been updated. All impacted claims will be recycled for potential recoupment and/or adjustments of funds on the RA of February 25, 2014. No action is required by providers.

For questions related to this recycle, please contact Molina Medicaid Provider Services at (800) 473-2783 or (225) 924-5040.

DME Providers

Effective March 1, 2014, all prior authorization requests for standing frames should be submitted using the standing frame criteria and form. This criterion has been updated in the DME provider manual and the standing frame form is labeled Appendix G. All standing frame requests submitted without the standing frame form will be denied.

Attention Pharmacists and Prescribing Providers

On the RA of January 28th some pharmacy claims were voided by providers through POS. On the RA of February 4th, these same claims were systematically voided again in error. We have generated manual pharmacy claims to offset the erroneous duplicate voids and these claims will appear on the March 4th RA. The ICN range of these manual claims is 4054888800001 to 4054888812908. We apologize for any inconvenience this may have caused pharmacy providers.

Attention Pharmacists and Prescribing Providers

Diagnosis codes will be required on pharmacy claims for select specialty drugs. Please refer to the website for the complete list with appropriate diagnosis codes. These new edits

Remittance Advice Corner - *Continued*

will be effective March 12, 2014. See www.lamedicaid.com.

Attention All Providers

Effective November 20, 2013, eligible recipients can now receive both hospice care and long term personal care services concurrently without duplication of services. The Hospice Services Manual will be updated to reflect these changes. When developing the plan of care (POC), the hospice provider must ensure that the POC clearly and specifically details the services and tasks, along with the frequency, to be performed by the LT-PCS provider and the Hospice provider to ensure that services are non-duplicative and that the recipient's needs are being met. Any previously denied Medicaid claim with dates of service beginning 11/20/13 or after will be recycled automatically if the claim meets submission criteria (hard copy with attachments). All other claims received after the date of this notice must be resubmitted correctly. Further instructions for claims submission are forthcoming.

Attention Providers: 2014 Podiatry Code List Update

It has been brought to the attention of DHH that the listing of podiatry procedure codes located in Appendix G of the Professional Services Manual currently includes procedure codes for anesthesia services that are not payable to podiatrists. This includes all codes that begin with '01'.

Appendix G of the Professional Service Manual is being updated to remove the incorrect codes. The updated manual will be posted at www.lamedicaid.com. You will be notified when the revisions are complete.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and Legacy Medicaid

Effective April 1, 2014, pharmacy claims for 1st and/or 2nd generation antihistamines and antihistamine decongestant combination products will deny at Point of Sale (POS) when there is an active claim on the recipient's file for another antihistamine or antihistamine decongestant combination product. Claims will deny with EOB 482-Therapeutic Duplication. See www.lamedicaid.com.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and Legacy Medicaid

A new clinical pre-authorization form will be available to request certain specialty drugs. Effective March 25, 2014 clinical pre-authorization will be required for Zyvox (linezolid), Granix (tbo-filgrastim), Leukine (sargramostim), Neulasta (pegfilgrastim), and Neupogen (filgrastim). These claims will deny with EOB code 066 Clinical Pre-Authorization Required. The new form will be available at www.lamedicaid.com.

Attention Take Charge Program Providers

This notice is in follow up to a previous message posted on February 11, 2014 in regards to a reimbursement rate adjustment made on certain procedure codes under the Take Charge Waiver. For those procedure codes billed on claims submitted after January 6, 2014, a recycle will take place and be reflected on the check-write scheduled for March 18, 2014.

2014 Assistant Surgeon and Assistant at Surgery Procedure Codes

Each year DHH publishes a list of allowed procedures for assistant surgeons and assistant at surgery based on updates made by the McKesson Corporation to their 'ClaimCheck' product. McKesson uses the American College of Surgeons (ACS) as its primary source for determining assistant surgery designations.

The updated list titled, "2014 Assistant Surgeon and Assistant at Surgery Procedure Codes" has been posted to the LA Medicaid website (www.lamedicaid.com) under the ClaimCheck icon.

This list does not ensure payment but provides a comprehensive list of codes that may be allowed when billed by an assistant surgeon or by an assistant at surgery.

For questions related to this information as it pertains to legacy Medicaid or Bayou Health Shared

Remittance Advice Corner - *Continued*

Savings Plans, please contact Molina Medicaid Solutions Provider Services at (800) 473-2783 or (225) 924-5040.

National Healthcare Decisions Day April 16, 2014

Conversations Change Lives: Talk To Your Patients About Advance Care Planning

Visit the LaPOST website at: www.la-post.org for additional information.

Attention Pharmacists and Prescribing Providers of Louisiana Medicaid Shared Plans and legacy Medicaid

Effective April 16, 2014, pharmacy claims for anti-anxiety drugs will deny with EOB 482-Therapeutic Duplication when there is already an active claim in the same therapeutic class. Quantity limits will be applied on certain anxiolytics, as listed on the website. Diagnosis codes will be required for alprazolam ER and ODT and recipients must be 18 years of age or older on the date of service. See www.lamedicaid.com.

Applied Behavioral Analysis Now Available as a Medicaid Covered Service

All Providers

Effective February 1, 2014, the Department of Health and Hospitals adopted provisions through an Emergency Rule to provide coverage for applied behavioral analysis (ABA) therapy services under the Medicaid State Plan. This service will be available to Medicaid recipients under the age of 21 who meet **all** of the following criteria:

- Exhibits the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include, but are not limited to aggression, self-injury, elopement, etc.),
- Is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID),
- Has been diagnosed by a qualified health care professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder,
- Has had a comprehensive diagnostic evaluation by a qualified health care professional, and
- Has a prescription for ABA-based therapy services ordered by a qualified health care professional.

These services require prior authorization and can be accessed by contacting a Medicaid enrolled ABA provider. Recipients who need assistance in locating an enrolled provider should call the Specialty Care Resource Line at 1-877-455-9955 or Medicaid directly at 1-844-423-4762. The Emergency Rule is available online and can be viewed in its entirety at http://www.doa.louisiana.gov/osr/reg/1402/1402.pdf

Online Medicaid Provider Manual Chapters

All Providers

The following Medicaid Provider Manual Chapters are available on the Louisiana Medicaid website at www.lamedicaid.com under the "Provider Manual" link. This list will be updated periodically as other Medicaid program chapters become available online.

Administrative Claiming
Adult Day Health Care Waiver
Ambulatory Surgical Centers
American Indian 638 Clinics
Case Management Services
Children's Choice Waiver
Community Choices Waiver
Dental Services
Durable Medical Equipment
EPSDT Health and IDEA-Related Services
End Stage Renal Disease
Family Planning Clinics
Family Planning Waiver (Take Charge)
Federally Qualified Health Centers
General Information and Administration
Greater New Orleans Community Health Connection
Home Health
Hospice
Hospital Services
Independent Laboratories
ICF/DD
Medical Transportation
New Opportunities Waiver (NOW)
PACE
Pediatric Day Health Care
Personal Care Services
Pharmacy
Portable X-ray
Professional Services
Residential Options Waiver
Rural Health Clinics
Supports Waiver
Vision (Eye Wear)

A recent revision has been made to the following Medicaid Provider Manual Chapters. Providers should review these revisions in their entirety at www.lamedicaid.com under the "Provider Manual" link:

Manual Chapter	Section(s)	Date of Revision
Durable Medical Equipment	Section 18.2 – Specific Coverage Criteria	02/11/14
Medical Transportation	Section 10.3 – NEMT – Provider Requirements	02/18/14
Medical Transportation	Appendix G – Contact Information	02/20/14

Online Medicaid Provider Manual Chapters - *Continued*

Manual Chapter	Section(s)	Date of Revision
Children's Choice Waiver	Table of Contents Section 14.0 – Overview Section 14.1 – Covered Services Section 14.2 – Recipient Requirements Section 14.4 – Service Access and Authorization Section 14.5 – Provider Requirements Section 14.11 – Support Coordination Section 14.12 – Self-Direction Option Appendix E – Billing Codes	02/24/14
Supports Waiver	Table of Contents Section 43.0 – Overview Section 43.1 – Recipient Requirements Section 43.2 – Rights and responsibilities Section 43.3 – Service Access and Authorization Section 43.4 – Covered Services Section 43.6 – Incidents/Accidents and Complaints Appendix B – Service Procedure Codes/Rates Appendix C – Contact Information/Referral Appendix D – Forms and Links	02/25/14
Rural Health Clinics	Table of Contents Section 40.1 – Covered Services Section 40.4 - Reimbursement	02/28/14
Adult Day Health Care Waiver	Section 9.5 – Provider Requirements Section 9.9 – Incidents, Accidents and Complaints Appendix A – Contact Information	03/14/14
New Opportunities Waiver	Table of Contents Section 32.1 – Covered Services Section 32.8 – Record Keeping	04/01/14
Professional Services	Table of Contents Section 5.1 – Covered Services – Early and Periodic Screening, Diagnosis and Treatment Section 5.1 – Covered Services – Laboratory and Radiology Services Appendix A – Contact Information Appendix G – Podiatry Codes	04/01/14

Online Medicaid Provider Manual Chapters

Manual Chapter	Section(s)	Date of Revision
Community Choices Wavier	Table of Contents Section 7.1 – Covered Services Section 7.5 – Service Access and Authorization Section 7.6 – Provider Requirements Section 7.7 – Record Keeping Section 7.8 – Reimbursement Section 7.10 – Incidents, Accidents and Complaints Appendix A – Contact Information Appendix F – Concurrent Services	04/02/14

Manual chapters that have been reissued in their entirety or become obsolete remain available for reference under the "Archives" link. The following manual chapters have been moved to this link:

Archived Manual Chapters	
Adult Day Health Care Waiver	Entire manual reissued October 18, 2013
Dental Services	Entire manual reissued March 15, 2012
Elderly and Disabled Adult Waiver	Waiver program ended
EPSDT Health Services for Children with Disabilities	Entire manual reissued March 1, 2013 and renamed EPSDT Health and IDEA-Related Services
Mental Health Clinics	Services that were provided under these programs are now provided through the Louisiana Behavioral Health Partnership.
Mental Health Rehabilitation	
Multi-Systemic Therapy	
Psychological and Behavioral Health	

Pneumococcal Vaccination Recommendations for Disease Prevention—2014

Louisiana Drug Utilization Review (LADUR) Education

Dr. Courtney A. Robertson, Pharm.D.
Dr. Roxie L. Stewart, Pharm.D.

Appropriate vaccination by age and coexisting medical condition is vital to the reduction of pneumococcal disease in infants, children and adults. Despite published recommended pneumococcal vaccination schedules, coverage remains low and falls well below *Healthy People 2020* targets of 90% in patients 65 years of age and older, and 60% in high-risk adults aged 18 to 64 years. According to data collected from the 2012 National Health Interview Survey, pneumococcal vaccination coverage in adults 65 years of age and older was 59.9%, and 20% in high-risk adults aged 19 to 64 years. These data indicate continual efforts are necessary to increase adult vaccination rates.[1]

Currently, there are two pneumococcal vaccines produced in the United States, a pneumococcal polysaccharide vaccine [PPSV23; Pneumovax® 23 (Merck)] and a pneumococcal conjugate vaccine [PCV13; Prevnar 13®(Wyeth/Pfizer)]. PPSV23 contains purified capsular polysaccharide antigen from 23 types of pneumococcal bacteria. These bacteria account for 88% of pneumococcal disease with an additional 8% of disease occurring due to cross-reactivity among bacteria types. Studies have shown that PPSV23 produces a 60% to 70% rate of efficacy in preventing invasive disease caused by these serotypes.[2] PCV13 contains purified capsular polysaccharide antigen from 13 types of pneumococcus conjugated to a nontoxic variant of diphtheria toxin known as CRM_{197} and has been shown to produce a greater than 90% rate of efficacy against invasive disease caused by these serotypes.[2] PCV13 is also indicated for the prevention of otitis media caused by seven of the thirteen serotypes.

Table 1 summarizes the Center for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP) current pneumococcal vaccination recommendations for children and adults.[3] Pneumococcal polysaccharide vaccine (PPSV23) should be given routinely to all adults 65 years of age and older. Individuals 2 years of age or older with normal immunity and certain conditions increasing their risk for pneumococcal disease, including but not limited to those with chronic diseases (such as cardiovascular disease, pulmonary disease, and diabetes) and those who live in environments with an identified increased risk of pneumococcal disease, such as certain Native American populations (i.e., Alaska Native, Navajo, and Apache), should be vaccinated. In addition, anyone 2 to 64 years of age with immunosuppressed conditions, such as HIV infection, Hodgkin's disease, lymphoma, anatomic or functional asplenia, multiple myeloma, chronic renal failure, or conditions associated with immunosuppression, such as organ transplantation and cochlear implant, should also be vaccinated. Patients aged 19 to 64 should be vaccinated if they have current or previous history of asthma or cigarette smoking. Due to the lack of evidence that multiple pneumococcal vaccine doses improve protection against disease occurrence, routine revaccination of immunocompetent persons previously vaccinated with PPSV23 is not recommended. However, revaccination with a second PPSV23 dose is indicated for anyone aged 65 years and older if they were previously vaccinated with PPSV23 prior to age 65 and 5 or more years have lapsed since initial dose. A second dose is also indicated for patients aged 2 years and older who are at highest risk for serious pneumococcal disease and for those who are likely to have a rapid decline in levels of pneumococcal antibodies, including patients with functional or anatomic asplenia, chronic renal failure, immunocompromised conditions (HIV infection, leukemia, congenital immunodeficiency, Hodgkin's disease, lymphoma, multiple myeloma, generalized malignancy) and/or conditions associated with immunosuppressive therapy, such as organ or bone marrow transplantation.[2,3]

Routine vaccination with pneumococcal conjugate vaccine (PCV13) should occur in all children 2 through 15 months of age. Primary series dosing should be completed at 2, 4, and 6 months with a fourth booster dose given between 12 and 15 months. Those patients aged

Pneumococcal Vaccination Recommendations for Disease Prevention—2014 - *Continued*

14 through 59 months who have received a complete, age-appropriate 7-valent polysaccharide conjugate vaccine (PCV7) schedule, as well as children up to 71 months of age with underlying conditions, should receive a single supplemental dose of PCV13; this includes children who received any previous dose of PPSV23. Routine use of PCV13 is not recommended in healthy patients 5 years of age or older; however, a single PCV13 dose should be given to unvaccinated children aged 6 through 18 years with conditions increasing their risk for invasive pneumococcal disease.[2,3] In December 2011, PCV13 was approved by the Food and Drug Administration (FDA) for use as a single dose in individuals 50 years of age or older. Although the ACIP has not made a recommendation for routine vaccination in all adults, they do recommend adults 19 years of age or older with immunocompromising conditions, functional or anatomical asplenia, cerebrospinal fluid leaks, or cochlear implants who have not previously received PCV13 or PPSV23 should receive a single dose of PCV13 followed by a dose of PPSV23 at least 8 weeks later.[2]

Certain patients may meet criteria to receive both PPSV23 and PCV13 vaccinations. It is important to remember that one vaccine's indication does not negate the other. When this occurs, it is important to follow ACIP recommended spacing between the two vaccines. Table 2 below includes an algorithm for spacing of PPSV23 and PCV13 in adults who have indications for both vaccines. For appropriate vaccination intervals and spacing, please refer to the latest ACIP Recommended Immunization Schedule for Children and Adults at http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf and http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf. [3]

All states, including Louisiana, must cover all ACIP recommended vaccines for children enrolled in Medicaid and CHIP. The federally funded Vaccines for Children (VFC) program provides vaccines at no cost to children who are enrolled in Medicaid, uninsured, underinsured, or an American Indian or Alaska Native through age 18. Under this program, the CDC purchases and distributes vaccines at no charge to individual grantees, such as public health clinics, state health departments, and private physicians' offices. Providers may not charge for the vaccine product, but instead may bill for an administration fee, which varies by state.[4] Louisiana Medicaid provides coverage for pneumococcal vaccines administered by enrolled Medicaid providers to all adult recipients (age 21 and older).[5] Medicare began paying for the pneumococcal polysaccharide vaccine and its administration for services performed on or after May 1, 1981, and does not require the vaccine to be ordered by a physician for dates of service on or after July 1, 2000. For services dated January 1, 2008 or after, Medicare began paying for the pneumococcal conjugate vaccine and its administration. Pneumococcal vaccines and their administration are only payable for Medicare recipients with Part B coverage.[4] Pneumococcal vaccination coverage for patients with private health insurance is dependent solely on the individual provider, and patients should refer to the specific provider's plan to determine whether vaccination coverage is provided.

Providers should not withhold vaccination due to incomplete or missing immunization records. Immunization status may be determined by patient verbal history; however, any person uncertain or unaware of their vaccination history should be vaccinated.[2]

Pneumococcal Vaccination Recommendations for Disease Prevention—2014 - *Continued*

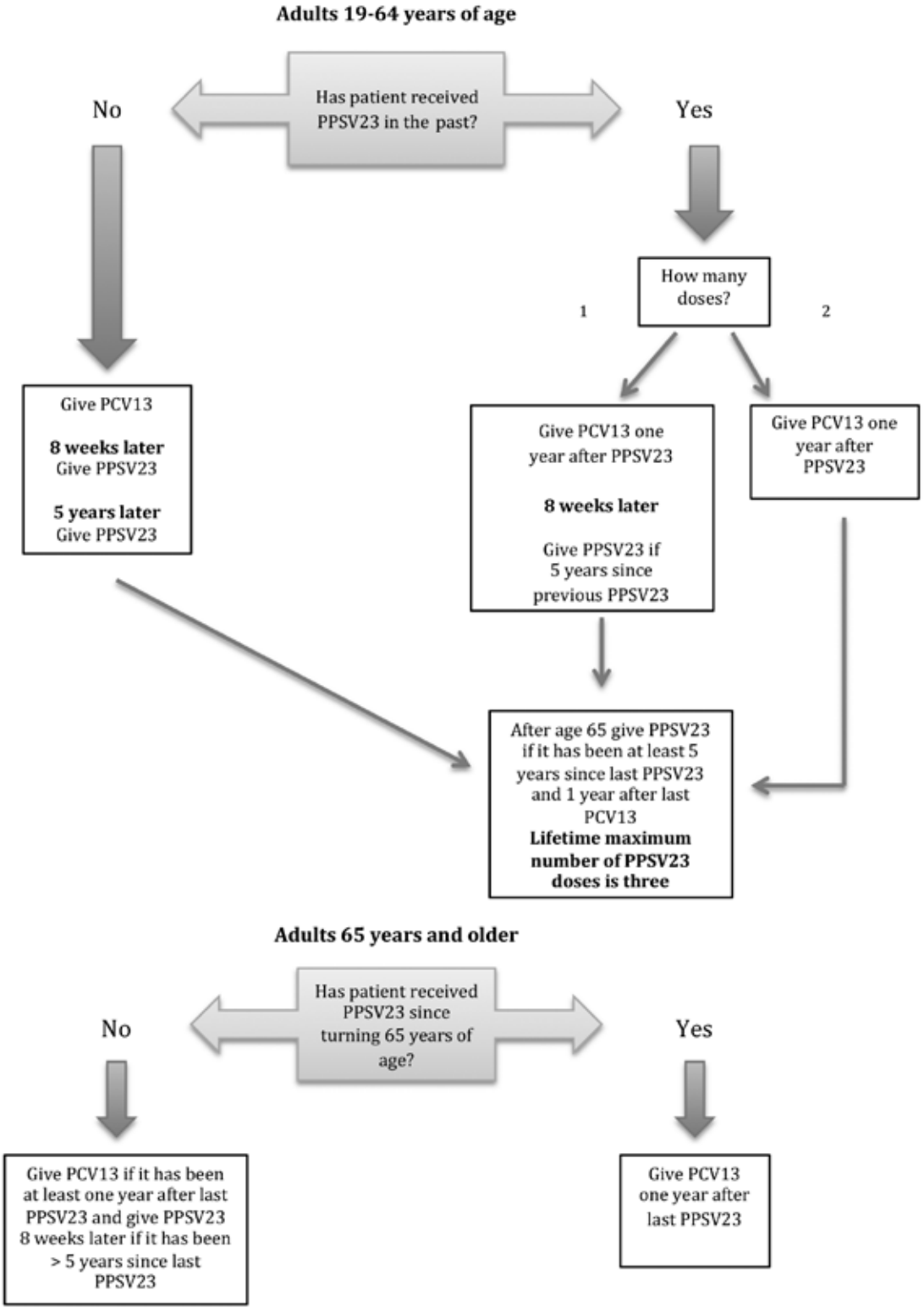
Table 1. Recommended Pneumococcal Immunization Schedule for Children and Adults[3,6]

Age / Vaccines	Birth	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18-23 mos	2-3 yrs	4-6 yrs	7-18 yrs	19-64 yrs	65 yrs and older
PPSV23	×	×	×	×	×	×	×	×	+			**1 or 2 doses u**	**1 dose ⌘**
PCV13	×	**1st dose** *	**2nd dose** *	**3rd dose** *	^	**4th dose** *		^		+		**1 dose u**	

*	Range of recommended ages for all children
^	Range of recommended ages for catch-up immunization
+	Range of recommended ages for certain high-risk groups
u	Recommended if some other risk factor present (i.e. medical, occupational, lifestyle, or other indication)
⌘	For all persons in this category who meet the age requirements and lack documentation of vaccination or have no evidence of previous infection
×	No recommendation

Pneumococcal Vaccination Recommendations for Disease Prevention—2014 - *Continued*

Table 2. Pneumococcal Vaccine Decisions for Adults with Select Conditions[7]



Pneumococcal Vaccination Recommendations for Disease Prevention—2014 - *Continued*

References:

1. Noninfluenza Vaccination Coverage Among Adults – United States, 2012. Morbidity and MortalityWeekly Report (MMWR) February 7, 2014. 63(05);95-102 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm. Accessed February 9, 2014.
2. The Pink Book. Pneumococcal Disease-Epidemiology and Prevention of Vaccine-Preventable Diseases [Web page]. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/vaccines/pubs/pinkbook/pneumo.html#epi. Accessed December 9, 2013.
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