

October 2018

## For all providers

### Important notice about electronic funds transfer (EFT)

In 2019, we will begin efforts to go paperless. All network providers still receiving paper checks are encouraged to transition to electronic funds transfer (EFT) and electronic remittance advice (ERA).

AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast (the Plan) use Change Healthcare to provide EFT services. EFT is a method used to transfer funds from one bank account to another, eliminating the use of paper checks. Its use is encouraged because it is more efficient and secure than payment by paper checks. EFT results in funds reaching your bank account faster than paper checks through the mail, and it eliminates the need to use mobile deposit or to make a trip to the bank to make deposits.

The Plan has several resources to help make the transition to EFT and ERA simple. Please visit [www.amerhealthcaritaspa.com](http://www.amerhealthcaritaspa.com) or [www.amerhealthcaritasnortheast.com](http://www.amerhealthcaritasnortheast.com) → **Providers** → **Billing** → **EDI-EFT-ERA electronic billing services**. Your Account Executive can also help you fill out the necessary paperwork and can walk you through the process, if necessary. Find contact information for your Account Executive at [www.amerhealthcaritaspa.com](http://www.amerhealthcaritaspa.com) or [www.amerhealthcaritasnortheast.com](http://www.amerhealthcaritasnortheast.com) → **Providers** → **Communications** → **Account executives**.

If you are unable to receive EFT/ERA for some reason, please contact your Account Executive.



### Articles in this edition

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If you suspect it, report it.  
Help us fight fraud, waste, and abuse.

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### Our mission

We help people:

Get care.

Stay well.

Build healthy communities.

We have a special concern for those who are poor.

If you have questions about this communication, please contact your provider Account Executive or one of the following departments:

**AmeriHealth Caritas  
Pennsylvania  
Provider Services  
1-800-521-6007**

**AmeriHealth Caritas  
Northeast  
Provider Services  
1-888-208-7370**

**For all providers**

**Billing for flu vaccines**

As we prepare for the 2018 – 2019 flu season, please review the Plan’s billing instructions, listed below. Participating providers will be reimbursed for the administration of the seasonal flu vaccine to children and adults for the following procedures:

Code	Description
90630	Influenza, quadrivalent (IIV4), split virus, preservative free, intradermal
90653	Influenza virus vaccine, inactivated, subunit, adjuvanted, for intramuscular use
90654	Influenza, trivalent, split virus, 18-64 years, intradermal use, preservative free
90655	Influenza, trivalent, split virus, 6-35 months, preservative free
90656	Influenza, trivalent, split virus, 3 years and over, preservative free
90657	Influenza, trivalent, split virus, 6-35 months
90658	Influenza, trivalent, split virus, 3 years and older
90661	Influenza, derived from cell cultures, subunit, preservative and antibiotic free, intramuscular
90662	Influenza, split virus, 65 years and older, enhanced immunogenicity via increased antigen content, intramuscular use, preservative free
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90673	Influenza, quadrivalent, split virus, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, intramuscular
90674	Influenza virus vaccine, quadrivalent [ccIIV4], derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90682	Influenza, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin protein only, preservative and antibiotic free, intramuscular, 18 and over  <b>Payable when deemed medically necessary and billed with the appropriate egg allergy diagnosis code</b>
90685	Influenza, quadrivalent, split virus, 6-35 months, preservative free, intramuscular
90686	Influenza, quadrivalent, split virus, preservative free, 3 years and older, intramuscular
90687	Influenza virus vaccine, quadrivalent, split virus, 6-35 months of age, intramuscular
90688	Influenza virus vaccine, quadrivalent, split virus, 3 years and older, intramuscular
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use

**Notes**

- The Plan will follow the Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP) recommendation that the live attenuated influenza vaccine (LAIV), also known as the “nasal spray,” should not be used during the 2018 – 2019 flu season.
- Plan members ages 9 and older may be referred to their local participating pharmacy for the flu vaccination.

Age	Reimbursement	Where to obtain toxoid
Adults, over 18 years	Total payment is made through the billing of the toxoid code and <b>includes</b> the cost of the administration (i.e., no separate payment will be made for the administration of the vaccine).	Obtain the vaccine and supplies from regular vaccine supplier.
Children, 18 years and under		Provided free through the Pennsylvania Department of Health’s Vaccines for Children (VFC) program. For more information on VFC, go to: <a href="http://www.health.pa.gov/topics/programs/immunizations/Pages/VFC.aspx">www.health.pa.gov/topics/programs/immunizations/Pages/VFC.aspx</a> or call 1-888-646-6864.

**For all providers**

**National Drug Code (NDC) reminder**

All claims for outpatient medications are checked for:

- A valid NDC.
- An NDC that corresponds to the billed HCPCS.
- Accurate unit of measure for the NDC billed (F2, GR, ML, UN).
- An NDC quantity with appropriate FDA minimum and maximum levels.

Claims submitted that do not meet **all** of these validation criteria will be denied.

**Example of an accurate submission (for CMS 1500)**

N4 qualifier				NDC Quantity															
A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. PROCEDURE, SERVICE, OR SUPPLY		E. DIAGNOSIS		F. CHARGES		G. DAYS OR UNITS		M. UNIT		L. ID		J. RENDERING PROVIDER ID #			
From	To	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY
N459148001665 UN1				J0400				1		250 00		40 N		G2		12345678901			
10	01	05	10	01	05	11													

11 digit NDC      NDC Unit Qualifier

Please do not bill any other data elements, e.g., drug name, etc.

**Minimum and maximum levels**

- When a claim is submitted based on the initiation and conclusion of an episode of care, the minimum and maximum level daily dosage validation is applied to **each** line whether it is a singular date or a date range.
- Date ranges may be billed; however, an individual line with the date range should be reported reflecting the daily administered dosage. Keep in mind that the date range must be billed multiple times and reflect the number of daily doses given.
- The only exception to date ranges being billed is when the dates of service span calendar years. For a claim to be processed, dates of service for each year must be billed on a separate claim.

For complete NDC instructions, please refer to the NDC section on our websites at [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) or [www.amerihealthcaritasnortheast.com](http://www.amerihealthcaritasnortheast.com) → **Pharmacy** → **NDC billing information**. You may also refer to the NDC section of our Claims Filing Guide at [www.amerihealthcaritaspa.com](http://www.amerihealthcaritaspa.com) or [www.amerihealthcaritasnortheast.com](http://www.amerihealthcaritasnortheast.com) → **Providers** → **Billing** → **Claims filing guide**.



**For all providers**

**If you suspect it, report it.  
Help us fight fraud, waste, and abuse.**

- Call our toll-free Fraud Tip Line at **1-866-833-9718**.
- Email **fraudtip@amerihealthcaritas.com**.
- Mail a written statement to:  
Special Investigations Unit  
AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Northeast  
200 Stevens Drive  
Philadelphia, PA 19113

**Information may be left anonymously.**

Providers may also report suspected fraud, waste, and abuse by:

Phone: **1-844-DHS-TIPS** or **1-844-347-8477**

Online: **www.dhs.pa.gov**

Fax: **1-717-214-1200**, Attn: OMAP Provider Compliance Hotline

Mail: Bureau of Program Integrity  
OMAP Provider Compliance Hotline  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Mandatory fraud, waste, and abuse provider training is available online at

**www.amerihealthcaritaspa.com**

or  
**www.amerihealthcaritasnortheast.com** → **Providers** → **Resources** → **Fraud, waste, abuse.**



Please contact AmeriHealth Caritas Pennsylvania's Provider Services department at **1-800-521-6007** or AmeriHealth Caritas Northeast's Provider Services department at **1-888-208-7370** with any demographic changes to your office information or changes, additions, or deletions to your provider rosters. Keeping us apprised of your office's correct physical location and provider rosters ensures our members have the best possible experience when trying to locate their medical providers. You may check your information in our systems by going to either **www.amerihealthcaritaspa.com** or **www.amerihealthcaritasnortheast.com** → **Providers** (top menu) → **Provider Directory** (left-hand menu) and searching your information in our Provider Directory.

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