

# Flu Vaccination Season 2010–2011

WELLCARE HEALTH PLANS, INC.  
THE WELLCARE GROUP OF COMPANIES

September 1, 2010

Dear Provider,

**This communication provides you with important information regarding the 2010–2011 Flu Season and WellCare of Ohio’s flu vaccination claim administration guidelines.**

Influenza season is here and providers are encouraged to help make sure members get a flu vaccine. There have been two important changes from last year’s flu campaign:

- Vaccination recommendations for adults have been expanded to include all adults beginning in the 2010–2011 influenza season. Therefore, it is important that all people ages 6 months and older receive the annual influenza vaccination.
- This year’s vaccines, which will also provide protection against H1N1, include the same strain that was in the pandemic influenza A (H1N1) 2009 monovalent vaccines.

Source: Centers for Disease Control and Prevention (<http://www.cdc.gov/flu>)

WellCare offers FREE flu vaccinations for its members. Please encourage our members to receive the flu vaccine. Our members may receive their FREE flu vaccination at any of the following locations:

**Physician Offices** – Member co-payments are not required for this service

1. Non-Capitated Providers – If you are a Non-Capitated Provider, you will be reimbursed for administering the flu vaccine based upon your contractual agreement with the Plan, medical group and/or IPA.
2. Capitated Providers
  - a. Capitated Providers who receive the vaccine through Vaccines for Children (VFC) should bill one of the following CPT codes to receive payment for only the administration of the flu vaccine:
    - 90655 - Influenza virus vaccine, children 6–35 months (preservative free)
    - 90656 - Influenza virus vaccine, individuals 3 years and above (preservative free)
    - 90657 - Influenza virus vaccine, children 6–35 months
    - 90658 - Influenza virus vaccine, individuals 3 years and above
  - b. Capitated Providers who do NOT receive the vaccine through VFC should bill code G0008 to receive reimbursement for the

WELLCARE HEALTH PLANS  
P.O. BOX 31577  
TAMPA, FL 33634-3577

administration of the flu vaccine and ALSO bill one of the following CPT codes to receive payment for the vaccine:

- 90655 - Influenza virus vaccine, children 6–35 months (preservative free)
- 90656 - Influenza virus vaccine, individuals 3 years and above (preservative free)
- 90657 - Influenza virus vaccine, children 6–35 months
- 90658 - Influenza virus vaccine, individuals 3 years and above

WELLCARE HEALTH PLANS, INC.  
THE WELLCARE GROUP OF COMPANIES

**Participating Pharmacies** – Members can receive a FREE flu vaccine at local participating pharmacies. Members should call the Customer Service number on the back of their Member ID card for more information and to find a location nearest them. Members should show their Plan ID card to get their FREE flu vaccine and not be charged a co-payment.

**Community-based Clinics** – Maxim and Mollen Immunization clinics are held throughout the community at local retail pharmacies and/or community centers. To locate a Maxim clinic, members should call 1-877-962-9358 or log onto [www.findaflushot.com](http://www.findaflushot.com) to find a location nearest them. Members will have to show their Plan ID card and photo ID to get their FREE flu vaccine and should not be charged a co-payment. To locate a Mollen Immunization clinic, members should call 1-877-279-3588 or log onto [www.flushotsusa.com](http://www.flushotsusa.com) to find a location nearest them.

Members who receive their flu vaccine at a location other than a participating provider or pharmacy location must submit a detailed receipt with their bill. The Plan will reimburse members up to a maximum of our in-network cost of \$25.00 for the administration of the flu vaccine. Members should submit a detailed receipt with their full name, current address, date of birth, WellCare ID #, date of service and amount paid; along with proof of payment (cancelled check, credit card receipt, etc.) to the following address:

WellCare Health Plans  
Attn: Reimbursement Department  
PO Box 31577  
Tampa, FL 33634-3577

WELLCARE HEALTH PLANS  
P.O. BOX 31577  
TAMPA, FL 33634-3577

We appreciate the care you deliver to our members, and thank you for your attention to this notice. Should you have any questions, please contact Provider Services at 1-866-687-8815 (Medicare), 1-800-951-7719 (Medicaid) or TTY/TDD—1-877-247-6272 (all plans).

Sincerely,



Alan R. Smith MD, CHCQM, FAIHQ  
Pharmacy Medical Director, WellCare