

August 21, 2008

**BILLING PROCEDURES FOR PROVIDING VA HEALTH SERVICES TO
RESERVISTS AND NATIONAL GUARD SERVICE MEMBERS WHO DEVELOP
REACTIONS TO THE SMALLPOX VACCINE**

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy on billing procedures for care for adverse reactions to the Department of Defense (DOD)-mandated smallpox vaccine provided to Reserve and National Guard (NG) personnel who may be mobilized in a national emergency.

2. BACKGROUND

a. DOD policy relating to administration of its Smallpox Vaccination Program “Policy on Administrative Issues Related to Smallpox Vaccination Program” was issued on December 13, 2002. This policy is based on Deputy Secretary of Defense Memorandum, “Smallpox Vaccination Program,” issued on September 30, 2002.

b. All Reserve and NG military personnel who may be mobilized may elect to receive evaluation and treatment of suspected smallpox vaccine complications from Department of Veterans Affairs (VA) medical facilities in the absence of a military treatment facility (MTF) in their geographic area. The evaluation and treatment of suspected smallpox vaccine complications might be provided when the service members are in a training status (inactive duty), are awaiting mobilization orders (inactive duty), or have been mobilized (active duty). DOD reimburses VA for these services through the appropriate TRICARE fiscal intermediary.

c. An adverse reaction from a DOD-directed immunization is considered a “line of duty condition” as noted in the December 13, 2002, Policy Memorandum, the update to be consistent with the Assistant Secretary of Defense (Health Affairs) Policy Memorandum 08-004, dated April 1, 2008.

3. POLICY: It is VHA policy to provide health care to Reserve and NG personnel who have reactions to the DOD-mandated smallpox vaccine.

4. ACTIONS: The facility Director is responsible for ensuring that:

a. All Reservists and NG personnel presenting to the facility for emergency evaluation following their smallpox immunizations are evaluated for severe reactions, complications, or concerns. If emergency treatment is initiated, the admissions clerk must notify the reserve unit administrator, or designee, by telephone about the incident for the reserve unit to complete the military’s Line of Duty (LOD) or Notice of Eligibility (NOE) Form. Emergency care does not require pre-authorization.

b. The Reservist and NG Component Unit the service member is assigned to be notified of the adverse event immediately, or as soon as possible, but not to exceed 48 hours.

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(1) The Reservist and NG Component Unit generate the appropriate LOD documentation and follow current DOD and Military Service procedures for processing.

(2) VA submits medical claims to the TRICARE Region where the service member resides according to Defense Eligibility Enrollment System (DEERS) in accordance with DOD procedures for LOD processing. **NOTE:** A list of the TRICARE contractors' addresses for submitting claims is at: www.tricare.mil/mybenefit/home/medical/claims .

c. An electronic claim is generated by the facility's billing office that itemizes treatment and pharmaceutical costs. Claims for services need to include appropriate Current Procedural Terminology (CPT), and International Classification of Diseases, 9th edition Clinical Modification (ICD-9-CM) codes for medical services (see Att. A).

d. VHA staff is informed that there are several ways for Reservists or NG service members to obtain medications for non-emergent events:

(1) If the VA medical facility is in the TRICARE Retail Pharmacy Network, prescriptions are filled at the VA Pharmacy. The billing clerk must follow TRICARE Retail Pharmacy policies. The six approved sites are: Palo Alto, CA; Long Beach, CA; Loma Linda, CA; Dallas, TX; Topeka, KS; and Louisville, KY.

(2) If the VA Pharmacy is not in the TRICARE Retail Pharmacy Network, VA gives the prescription to the service member and the service member must have the prescription filled at a TRICARE Retail Pharmacy.

e. Documentation of the smallpox vaccine reactions is entered in the Veterans Health Information Systems and Technology Architecture (VistA) and the Computerized Patient Record System (CPRS) to verify billed services.

f. A copy of the LOD is kept on file in the patient's medical record.

5. REFERENCES

a. TRICARE Web site: <http://www.tricare.mil>.

b. Military Medical Authorization Documentation:

(1) Department of the Army DA Form 2173, "Statement of Medical Examination and Duty Status (LOD),"

(2) Army; National Guard Bureau (NGB) "Notice of Eligibility (NOE);"

(3) Navy, Air Force, NGB Form 348.

c. VA Medical Claim Forms: Centers for Medicare and Medicaid Services (CMS) 1500 or Universal Bill (UB) 04.

d. Military Medical Support Office (MMSO) Web site: <http://www.tricare.mil/MMSO>

6. FOLLOW-UP RESPONSIBILITY: The Medical Sharing Office (10D2) is responsible for the contents of this directive. Questions about this Directive are referred to (202) 461-6521.

7. RECISSIONS: None. This VHA Directive expires August 31, 2013.

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Attachment

DISTRIBUTION: CO: E-mailed 8/22/08
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ATTACHMENT A

APPROPRIATE INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH EDITION
CLINICAL MODIFICATION (ICD-9-CM) CODES FOR MEDICAL SERVICES

1. For those vaccinations given by an agency or facility other than the Department of Veterans Affairs (VA), daily follow-up visits for injection site evaluation and dressing changes are to be coded as 99211. **NOTE:** *Dressing changes are not to be coded separately, as they are considered bundled into the evaluation and management (E&M) code (99211).*
2. Any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States is to be reported using the Vaccine Adverse Event Reporting System (VAERS) form: http://vaers.hhs.gov/pdf/vaers_form.pdf. A VAERS report is to be filed within 48 hours for serious or unexpected vaccine adverse event (VAE). All other VAEs are to be reported within 7 days of VAE identification. Use code 99080 in addition to 99211 for its completion.
3. Diagnosis codes to be used for the daily follow-up encounters would be: V58.89. **NOTE:** *Codes from the V67 category would not be appropriate, as treatment for the vaccination is not considered complete until the scab falls off.*
4. "Screening" V codes are not to be used as the patient is not being screened for a defined condition, the patient is being providing aftercare, i.e., follow-up for a vaccination. The patient is being watched to see if there is a reaction, but if a reaction or complication is found, this would be coded based on the specificity of the documentation by the provider (i.e., 999.3, infection from vaccination with the appropriate E code). Also, if a complication does arise and the provider (medical doctor, physician's assistant, nurse practitioner) does evaluate the patient, the appropriate level E&M or Current Procedural Terminology (CPT) procedure code (debridement if it got too infected) needs to be used instead of the 99211.