

March 10, 2003

**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 reimbursement 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 due to a national emergency.

2. BACKGROUND

a. The Department of Defense (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 NG and Reserve 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 DOD's December 13, 2002, Policy Memorandum.

3. POLICY: It is VHA policy is 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 or urgent care does not require pre-authorization.

b. VA facilities will submit claims for NG/Reservists on orders for 30 days or less to the Reserve Component Unit that the NG/Reserve member is assigned. The Reserve Component Unit will generate a "Line of Duty Form" (LOD) from the claim and submit the LOD eligibility

THIS VHA DIRECTIVE EXPIRES MARCH 31, 2008

VHA DIRECTIVE 2003-016

March 10, 2003

information to the Military Medical Support Office. MMSO will verify the eligibility with the TRICARE contractor for the claims to be paid. The NG or Reservists on orders for more than 30 days are listed eligible in Defense Eligibility Enrollment System (DEERS). Their medical claims will be submitted to the TRICARE Region where the member resides according to DEERS. A list of the TRICARE contractors' addresses for submitting claims is at www.tricare.osd.mil/claims.

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

e. There are several ways for NG or Reservists to obtain medications:

(1) If the VA medical facility is in the TRICARE Retail Pharmacy Network, prescriptions will be filled at the VA Pharmacy. The billing clerk must follow TRICARE Retail Pharmacy policies.

(2) If the TRICARE Retail Pharmacy Network Manager will not provide Network reimbursement rates, VA will bill TRICARE at actual pharmaceutical costs plus a mutually agreed upon dispensing fee per prescription.

(3) If the VA Pharmacy is not in the TRICARE Retail Pharmacy Network, VA will give the prescription to the service member for the service member to fill the prescription at a TRICARE Retail Pharmacy.

f. Documentation of smallpox vaccine reactions must be entered in the Veterans Health Information Systems and Technology Architecture (VistA) and/or Computerized Patient Record System (CPRS) to verify billed services. A copy of the LOD must be kept on file in the patient's medical record.

5. REFERENCES

a. TRICARE website: <http://www.tricare.osd.mil>.

b. Military Medical Authorization Documentation: Department of the Army DA Form 2173, "Statement of Medical Examination and Duty Status (LOD)"; Army; National Guard Bureau (NGB) "Notice of Eligibility (NOE)"; Navy, Air Force, NGB Form 348.

c. VA Medical Claim Forms: HCFA 1500 or UB92.

d. Trifold Brochure on Reserve Component Unit Commander's Guide to Obtaining Civilian Medical Care and Payment of Medical Bills (23 Oct 02): at: <http://mmso.med.navy.mil>.

6. FOLLOW-UP RESPONSIBILITY: The Medical Sharing Office is responsible for the contents of this directive. Questions about this directive are referred to (202) 273-8411.

7. RECISSION: This VHA Directive expires March 31, 2008.

S/ Robert H. Roswell, M.D.
Under Secretary for Health

Attachment

DISTRIBUTION: CO: E-mailed 3/11/2003
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 3/11/2003

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, (daily) follow-up visits for injection site evaluation and dressing changes is to be coded as 99211. **NOTE:** *Dressing changes should not be coded separately as they are considered bundled into the evaluation and management (E&M) code (99211).*
2. When the follow-up form is completed (this form is required by the Center for Disease Control and Prevention (CDC) and is required to be done somewhere between day 6 to day 8 post-injection), 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 would not 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. Yes, 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 in lieu of the 99211.