



October 5, 2009

Dear Physician/Provider:

Enclosed please find important information regarding changes to the Health Care District of Palm Beach County's Provider Handbook. Please add this bulletin to your current handbook. If you need any assistance, contact your Provider Representative at (561) 659-1002.

Sincerely,

Provider Services Department

Enclosure



Physician/Provider Bulletin

| | |
|-----------------------------------|---------------------------|
| Subject: 2009-2010 Flu Season | |
| Plan: Coordinated Care – Option 1 | Bulletin Date: 10/5/2009 |
| Bulletin Number: 09-016 | Effective Date: 10/5/2009 |

The purpose of this bulletin is to inform all participating providers of updates to the Health Care District Provider Handbook.

The following is a summary of the billing codes used and coverage by the Plan. Reimbursement is at the percentage allowable based on the provider fee schedule unless otherwise noted.

Seasonal Flu, covered codes:

90655, 90656, 90657, 90658, 90660

PneumoVax:

90669, 90732

Administration:

90465, 90466, 90467, 90468, 90471, 90472, 90473, 90474

Prescriptions:

Amantadine- available at retail pharmacies, generic form only.

H1N1:

Tamiflu (Oseltamivir):HCD Pharmacy only. DOH triage protocol must be used.
Please call the DOH directly for the protocol.

If you have questions regarding this provider bulletin, please contact your
Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.



Physician/Provider Bulletin

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|----------------------------------|---------------------------|
| Subject: 2009-2010 Flu Season | |
| Plan: Coordinated Care –Option 2 | Bulletin Date: 10/5/2009 |
| Bulletin Number: 09-016 | Effective Date: 10/5/2009 |

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The following is a summary of the billing codes used and coverage by the Plan. Reimbursement is at the percentage allowable based on the provider fee schedule unless otherwise noted.

Seasonal Flu, covered codes:

90655, 90656, 90657, 90658, 90660

PneumoVax:

90669, 90732

Administration:

90465, 90466, 90467, 90468, 90471, 90472, 90473, 90474

Prescriptions:

Amantadine-only at retail pharmacies, generic only.

H1N1:

Tamiflu (Oseltamivir):HCD Pharmacy only. DOH triage protocol must be used.
Please call the DOH directly for the protocol.

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Provider Representative at (561) 659-1002.

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Physician/Provider Bulletin

| | |
|-------------------------------|---------------------------|
| Subject: 2009-2010 Flu Season | |
| Plan: Coordinated Care-MCP | Bulletin Date: 10/5/2009 |
| Bulletin Number: 09-016 | Effective Date: 10/5/2009 |

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The following is a summary of the billing codes used and coverage by the Plan. Reimbursement is at the percentage allowable based on the provider fee schedule unless otherwise noted.

Seasonal Flu, covered codes:

90656, 90658

PneumoVax:

90732

Administration:

90471, 90472, 90473, 90474

Prescriptions:

Amantadine-only at retail pharmacies, generic only.

H1N1:

Tamiflu (Oseltamivir):HCD Pharmacy only. DOH triage protocol must be used.

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