



## Physician/Provider Bulletin

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<b>Subject:</b> 2011-Flu Season	
<b>Plan:</b> Coordinated Care	<b>Bulletin Date:</b> October 6, 2011
<b>Bulletin Number:</b> 11-006	<b>Effective Date:</b> October 6, 2011

**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 provide fee schedule unless otherwise noted.**

**Seasonal Flu, covered codes:**

**Q2035, Q2036, Q2037, Q2038, Q2039, 90660**

**PnemoVax:  
90669, 90732**

**Administration:**

**90460, 90461 90471  
G0008 with DX V04.81**

**Prescriptions:**

**Amantadine-available at retail pharmacies, generic form only  
Tamiflu (Oseltamivir) HCD Pharmacy only by prior authorization.**

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

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