2008/2009 Influenza & Pneumococcal Billing and Reimbursement
Insurer: UnitedHealthcare

Topic	Influenza	Pneumococcal
CPT code for vaccine	90658 – split virus 90660 – flu mist	90732 - pneumococcal
CPT code for administration	90471 – immunization administration	90471 – immunization administration
Form to use	CMS 1500 claim form or bill electronically	CMS 1500 claim form or bill electronically
Things to remember	ICD 9 Coding - V04.81 Electronic claims should be sent to Payor ID 87726. Paper claims should be mailed to the claims address on the patient's ID card. If the patient does not have their ID card readily available, claims can be sent to the regional mail office at the following address: UnitedHealthcare PO Box 659768 San Antonio, TX 78265-9768	ICD 9 Coding – variable based upon patient's medical condition Electronic claims should be sent to Payor ID 87726. Paper claims should be mailed to the claims address on the patient's ID card. If the patient does not have their ID card readily available, claims can be sent to the regional mail office at the following address: UnitedHealthcare PO Box 659768 San Antonio, TX 78265-9768 Non-participating providers should contact the plan prior to rendering services.
Contact	Lisa Narciso 401-732-7425 Lisa_M_Narciso@uhc.com	Lisa Narciso 401-732-7425 Lisa_M_Narciso@uhc.com
	Services are covered contingent upon patient's benefit package. Copayments may be applicable depending upon benefit package.	Services are covered contingent upon patient's benefit package. Copayments may be applicable depending upon benefit package.