

2007-2008 Pharmacy-Based Influenza Immunization Policy



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TO: CareOregon Pharmacy Network
From: Pharmacy Unit
Subject: 2007-2008 Pharmacy-Based Influenza Immunization Policy
Date: Sept. 7, 2007

Please note the following reimbursement rate and billing instructions for 2007-2008 influenza vaccinations for CareOregon/OHP and CareOregon Advantage/Medicare members.

Reimbursement

The lesser of:

- AWP-15% + \$14.00 dispensing fee

OR

- Maximum claim pay of \$28.00

Billing Instructions

Submit claim using **DEA# FS1111119**. Using NABP DEA numbers is prohibited.

- CareOregon/OHP BIN = 610473
- CareOregon Advantage/Medicare BIN = 012189, PCN = 5016

If you have questions, please call CareOregon Member Services at 503-416-4100.