HIGHMARK RELEASES UPDATED POST-EXPOSURE RABIES TREATMENT BILLING GUIDELINES

Note: This bulletin issues consistent claims submission guidelines for post-exposure rabies treatment. The billing instructions in this bulletin are effective immediately and supersede all previous communications related to reporting guidelines for post-exposure rabies treatment.

The revenue code information in the “Follow-up visits for rabies vaccine” section has been revised.

Once a person thinks they have been exposed to the rabies virus, they should seek immediate access to appropriate medical care. Post-exposure rabies treatment can be obtained from a hospital, primary care physician, urgent care center, or the Health Department.

The treatment regimen for post-exposure rabies treatment recommended by the Centers for Disease Control consists of:

- **Wound cleansing:** All post-exposure prophylaxis should begin with immediate thorough cleansing of the wound.
- **Rabies Immune Globulin (RIG):** RIG is administered to provide immediate antibodies until the body can respond to the vaccine; this is given only once on the day of exposure (day 0) and should not be administered to previously immunized individuals.
- **Vaccine:** Injections of the rabies vaccine are given on days 0, 3, 7, and 14; a fifth dose on day 28 may be recommended for immunocompromised persons. Previously vaccinated individuals should receive two doses, one on the day of exposure and one three days later.

RIG and the rabies vaccine may not be available at physicians’ offices or locations other than hospitals. Because immediate treatment is critical, individuals most often seek initial treatment in a hospital emergency room and then return to the hospital to complete the vaccine series.

**How to report post-exposure rabies treatment**

Effective immediately, hospitals should report the following information when submitting claims for post-exposure rabies treatment:

**Initial visit in the emergency room**

- **Revenue codes:**
  - 450 (Emergency Room)
  - 250 (Pharmacy)
• Procedure codes:
  o RIG
    ▪ 90375 – Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use; or
    ▪ 90376 – Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or
      subcutaneous use
  o Rabies vaccine
    ▪ 90675 – Rabies vaccine, for intramuscular use; or
    ▪ 90676 – Rabies vaccine, for intradermal use
• Appropriate ICD-10 diagnosis code(s) for the exposure.

Follow-up visits for rabies vaccine

• Appropriate revenue codes, such as:
  o 510 (Clinic – general)
  o 761 (Treatment Room)
  o 771 (Preventive care services vaccine administration)
• Procedure codes:
  o 90675 – Rabies vaccine, for intramuscular use; or
  o 90676 – Rabies vaccine, for intradermal use
• Appropriate ICD-10 diagnosis code(s) for the exposure.

The updated reporting guidelines have been added to the Highmark Facility Manual. You can find them in
Chapter 7, Unit 2, in the new section titled “Post-Exposure Rabies Treatment Billing Guidelines.”

Highmark's reimbursement for post-exposure rabies treatment is subject to medical necessity and the benefits
available under the member's benefit plan at the time of service. Remember to always confirm the member's
eligibility and benefits before providing services. You can use NaviNet® or the appropriate HIPAA electronic
transactions to determine if services are covered and if any associated member cost-sharing applies.