

Reimbursement Policy

Immunization Services

Policy Number: 4.117

Version Number: 6

Version Effective Date: 01/01/2016

Product Applicability	<input type="checkbox"/> All Plan⁺ Products
Well Sense Health Plan	Boston Medical Center HealthNet Plan
<input type="checkbox"/> New Hampshire Medicaid	<input checked="" type="checkbox"/> MassHealth
<input type="checkbox"/> NH Health Protection Program	<input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct
	<input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan will reimburse covered vaccines and the administration of covered vaccines based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

Definitions

N/A

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Vaccine Reimbursement

Vaccines for Children (VFC) Program

The following list identifies vaccines that are routinely available free through the Commonwealth of Massachusetts as a part of the Vaccines for Children (VFC) program. These vaccines may include, but are not limited to, the following:

- Diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP)
- Diphtheria, tetanus toxoids for under age seven (DT)
- Haemophilis influenza B vaccine (Hib)
- Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B and polio vaccine
- Hepatitis A vaccine
- Hepatitis B vaccine
- Human Papilloma Virus (HPV)
- Influenza virus vaccine
- Measles, mumps and rubella virus vaccine (MMR)
- Meningococcal polysaccharide vaccine
- Pneumococcal conjugate vaccine
- Pneumococcal polysaccharide vaccine
- Poliovirus vaccine (IPV)
- Rotavirus
- Tetanus and diphtheria toxoids for ages seven or older
- Varicella virus vaccine

Reimbursement for vaccine materials will only be available if it is not available free of charge through the Commonwealth's vaccine program. A provider may request reimbursement for a Commonwealth supplied vaccine only when the provider has paid for the vaccine due to a shortage. In this situation providers are required to submit an invoice.

When a provider bills for a state supplied vaccine, the "SL" modifier should be used on the vaccine code and the initial and secondary administration codes. Failure to include the "SL" modifier on both of these codes may result in an incorrect payment.

The maximum allowable reimbursement for a state supplied vaccine administration code (those billed with the SL modifier), is the federal maximum as stated in the Federal Register.

Vaccine materials will be paid at AWP + 5% with an additional \$0.75 for coverage of excise taxes only when materials are paid for by the provider's practice due to state shortages.

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Travel Immunizations

The Plan reimburses the following travel immunizations:

- Hepatitis A vaccine
- Hepatitis B vaccine
- Rabies vaccine
- Typhoid vaccine
- Poliovirus vaccine
- Yellow fever vaccine
- Cholera vaccine
- Meningococcal polysaccharide vaccine
- Meningococcal conjugate vaccine
- Japanese encephalitis vaccine
- Influenza A (H1N1) vaccine

Billing for a Vaccine with no Established Fee Schedule

When billing for a vaccine that has no established fee, providers must bill the Plan with an invoice that includes the vaccine name, dosage, quantity dispensed, and the NDC number. Failure to submit this information will result in claim denial.

Service Limitations

The following vaccination services are not a covered benefit of Plan members.

- A combined vaccine if the individual components of the vaccine are available free of charge from the Commonwealth of Massachusetts
- Vaccines that are not FDA-approved
- Prescriptions written for a vaccine/immunization (vaccines are a medical benefit and will not be paid through the Plan's pharmacy benefit)
- Routine immunizations and vaccines for a member outside of Massachusetts
- Supplies used during the administration of a vaccine are not reimbursable, including gloves, syringes, or any other miscellaneous supply

Applicable Coding & Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

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Vaccine Administration Coding

The Plan recognizes the following administration codes for vaccine administration reimbursement.

CPT Code	Description	Used for:
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	Used for the first component of a combination vaccine administered by any route. Should always be billed on 1 claim line with 1 or more units depending on the number of combinational vaccines administered during a given visit.
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)	Used for each additional vaccine component administered to the same patient. Must be used with 90460. Should always be billed on 1 claim line. Providers must bill multiple units for components 2+ included during a single patient visit.
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) (Do not use 90471 in conjunction with 90473)	Only 1 unit allowed per day.
90472	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (Use 90472 in conjunction with 90471 or 90473)	Used for subsequent vaccines administered to the same patient. Should be used with 90472. Providers must bill multiple units when appropriate rather than individual claim lines.
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid) (Do not use 90473 in conjunction with 90471)	Only 1 unit allowed per day.
90474	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (Use 90474 in conjunction with 90471 or 90473)	Used for subsequent vaccines administered to the same patient. Should be used with 90473. Providers must bill multiple units when appropriate rather than individual claim lines.

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Note: CPT codes 90460 and 90461 should only be used when the member is 18 years of age or younger and the provider has performed all vaccine related counseling services. If the counseling services are not performed, the provider should report the administration of the vaccine using codes 90471 through 90474.

Vaccine Coding	
CPT Code	Description
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use

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90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90675	Rabies vaccine, intramuscular
90676	Rabies vaccine, intradermal
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90690	Typhoid vaccine, live, oral
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), intramuscular
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenza type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-HibHepB), for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use

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90716	Varicella virus vaccine, live, for subcutaneous use
90717	Yellow Fever vaccine, live, subcutaneous
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent, for intramuscular use
90738	Japanese encephalitis virus vaccine, inactivated, intramuscular
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), intramuscular
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), intramuscular
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use

Note: Under no circumstance should a provider use code 90749 to report a vaccine.

Policy History

Original Approval Date	Original Effective Date	Approved by
11/01/2006	11/01/2006	Payment Policy Committee

Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
01/05/2011	Updated coding	01/05/2011	Payment Policy Committee

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Policy Revisions History			
10/05/2011	Deleted applicable plan products table, definitions, and responsibility and accountability; added travel immunizations	10/05/2011	Payment Policy Committee
12/02/2013	Updated template, product applicability section, references and added coverage of travel immunizations for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare	12/02/2013	Payment Policy Committee
12/22/2014	Annual review, coding and template updated	12/22/2014	Payment Policy Committee
12/15/2015	Moved to new template, clarified SL modifier section, coding updated	01/01/2016	Payment Policy Committee
08/09/2016	Correction made- Removed check from All Products checkbox in the product applicability section	01/01/2016	Payment Policy

Next Review Date

2016

Other Applicable Policies

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Physician and Non-Physician Practitioner Services, 4.608

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References

- Federal Register and CMS Physician Fee Schedule
- 130 CMR 406 – Physician Regulations, Subchapter 1 through 6
- 114.3 CMR 17.00 – Rates for Medicine
- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- Evidence of Coverage, Form No. BMCHP-CC-8
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- Evidence of Coverage, Form No. BMCHP CChoice-1
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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