

VACCINE AND IMMUNIZATION

Policy

NHP reimburses participating providers for the provision of medically necessary routine childhood, adolescent, and adult vaccines for a NHP member, according to The Centers for Disease Control and Prevention (CDC) Recommended Immunization Schedule, or according to the Massachusetts Department of Public Health (MDPH) document: *Summary of Advisory Committee on Immunization Practices (ACIP) Recommended Group for Vaccinations*.

Prerequisites

Authorization, Notification and Referral

Service	Requirement
Vaccination and Immunization Services	No notification or referral required.
For HVMA Providers	A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.

Exceptions to Policy Criteria

NHP acknowledges that in limited circumstances, a provider may be forced to administer a privately purchased vaccine instead of a qualified, universally available and furnished, no-cost vaccine. Please refer to the MDPH website listed in the Reference Section of this policy for the most current information regarding vaccine availability. Reimbursement will be at the applicable NHP fee schedule rate based on the prevailing private sector acquisition cost as listed by the Massachusetts Department of Health-Immunization Program. The provider should be able to provide documentation from the State that the qualified, universally available and furnished at no-cost vaccine was not available, should NHP request such documentation.

Member Cost-Sharing

The provider is responsible for verifying at each encounter, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Advisory Committee on Immunization Practices (ACIP): A government body organized under the CDC (Centers for Disease Control and Prevention) a leader in public health whose mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health.

Combination vaccine: Those vaccines that contain multiple vaccine components.

Components: A component refers to each antigen in a vaccine that prevents disease(s) caused by one organism (Refer to CPT 2011 codes 90460-90461).

Government Entity Supplied Vaccine: A vaccine that the State of Massachusetts or another government entity has or can furnish to a provider, at no cost, under a vaccine distribution program.

Government Vaccine Distribution Program: Any program administered or sponsored by a government entity which distributes vaccines, at no cost, to providers for administration to eligible program recipients. Examples of distribution programs are: Massachusetts Immunization Program (MIP) or Vaccinations for Children (VFC). These vaccines may only be available for specific subsets of the population (E.g. age cohorts, VFC-eligible).

High Risk Groups: For a complete listing of vaccines and the group for whom vaccine is recommended, please refer to the MDPH document *Summary of Advisory Committee on Immunization Practices (ACIP) Recommended Groups for Vaccination*.

Massachusetts Department of Public Health (MDPH) Immunization Program: A program that provides vaccine free of charge for identified cohorts regardless of insurance status.

Massachusetts State Mandate for Immunizations: The State Mandate for primary and preventive care of children mandates coverage of appropriate immunizations through the Massachusetts School Immunization Requirements.

Product: A vaccine product is a preparation (substance) intended to produce immunity, as active or passive immunological prophylaxis.

Public Sector Sites: Places where adults get immunized, including local health departments, community health centers; STD clinics; integrated counseling, testing and referral sites; correctional facilities; public hospitals; and other public providers who have received state-supplied vaccines.

Qualified Recipient of government supplied vaccines: A Qualified Recipient is defined as a NHP member:

- Who is among the target population recommended for immunization by the ACIP and CDC;
- Who is eligible to participate in a government sponsored immunization program;
- Who is eligible to receive an immunization using a vaccine furnished under the auspices of a government entity supplied vaccine program.

Vaccine Administration with Risk/Benefit Counseling: When combination vaccines are delivered, the amount of risk/benefit counseling provided by a physician or qualified health care professional increases according to the number of components included in the vaccine.

Vaccine: A product of weakened or killed microorganism (bacterium or virus) given for the prevention or treatment of infectious diseases.

VFC (Vaccines for Children) Only: Vaccine provided by MDPH free of charge for children *under 19 years of age* in the *identified cohorts* who are enrolled in Medicaid, uninsured, American Indian, Alaska native, and those seen at a federally qualified community health center.

Neighborhood Health Plan Reimburses

- The vaccine administration code for both government supplied vaccines and non-government supplied vaccines.

- The vaccine for non-government supplied vaccines.
- The vaccine for government (State) supplied vaccines when there is a documented shortage of State supplied vaccines, and documentation that the State supply was exhausted.

Neighborhood Health Plan Does *Not* Reimburse

- Combined vaccines when the individual components are available and supplied free from a government entity.
- Vaccines not approved by the FDA.
- The provision of a vaccine when the following conditions are present:
 - The provider is eligible to receive the vaccine used to immunize the NHP member, at no cost, under the auspices of a government vaccine distribution program.
 - The vaccine the provider administered is available under the government program.
 - The NHP member receiving the vaccine is a qualified recipient under the vaccine distribution program.
 - The vaccine is administered to a NHP member when the member does not fall into a risk group for whom the immunization is recommended.

Procedures Codes

Note: This list of codes may not be all-inclusive.

Vaccine Administration Codes

Code	Descriptor	Comments
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	For the first vaccine component, reimbursed with a count of 1.
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)	For each additional component , in addition to CPT 90460, reimbursed with a count =>1. For billing tips, please refer to the Provider Payment Guidelines and Documentation section below.
90471	Immunization administration, one vaccine (single or combination vaccine/toxoid)	Submit for immunization administration not accompanied by face-to-face physician or qualified health care professional counseling to patient /family OR for administration of vaccines to patients over 18 years of age. Reimbursed with a count of 1 per day. Do not report with CPT 90473.
90472	Immunization administration, one vaccine (single or combination vaccine/toxoid), each additional vaccine product	Submit for immunization administration not accompanied by face-to-face physician or qualified health care professional counseling to patient /family OR for administration of vaccines to patients over 18 years of age. Reimbursed with a count =>1, in addition to

		CPT 90471 or 90473.
90473	Immunization administration oral or intranasal; one vaccine product	Submit for immunization administration not accompanied by face-to-face physician or qualified health care professional counseling to patient /family OR for administration of vaccines to patients over 18 years of age. Reimbursed with a count of 1 per day. Do not report with CPT 90471.
90474	Immunization administration oral or intranasal, each additional vaccine product	Submit for immunization administration not accompanied by face-to-face physician or qualified health care professional counseling to patient /family OR for administration of vaccines to patients over 18 years of age. Reimbursed with a count =>1, in addition to CPT 90471 or 90473

Vaccine and Toxoid Codes

Code	Vaccine Descriptor
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, intramuscular use
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule) intramuscular use
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate, (3 dose schedule) intramuscular use
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate, (4 dose schedule) intramuscular use
90649	Human Papilloma virus (HPV) vaccine, types 6,11,16,18 (quadrivalent), 3 dose schedule, intramuscular use
90657	Influenza virus, split virus, for children 6-35 month of age, intramuscular use
90658	Influenza virus, split virus, for individuals 3 years or older, intramuscular use
90660	Influenza virus vaccine, live, for intranasal use
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90663	Influenza virus vaccine, pandemic formulation (appropriate for reporting the H1N1 vaccine)
90669	Pneumococcal conjugate vaccine, 7 valent for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent for intramuscular use
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live for oral use (E.g. RotaTeq)
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live for oral use (E.g. Rotarix)
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP) for individuals younger than 7 years, intramuscular use
90702	Diphtheria and tetanus toxoids (DT) adsorbed for individuals younger than 7 years, intramuscular use
90707	Measles, mumps and rubella vaccine (MMR), live, subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), subcutaneous or intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) for individuals 7 years or older, intramuscular

90716	Varicella virus vaccine, live, subcutaneous use
90718	Tetanus and diphtheria toxoids (Td) adsorbed for individuals 7 years or older, intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV) intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, 2 years or older, subcutaneous or intramuscular use
90734	Meningococcal conjugate vaccine, (MCV4), serogroups A, C, Y and W-135 (tetraivalent), intramuscular use
90736	Zoster (shingles) vaccine, live for subcutaneous injection
90743	Hepatitis B vaccine, adolescent (2 dose schedule), intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), intramuscular use
90746	Hepatitis B vaccine, adult dosage, intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), intramuscular use

Modifier

Modifier	Descriptor	Comments
SL	State Supplied Vaccine	Append to each vaccine code in the <i>first modifier field</i> to indicate the vaccine was state supplied.

Provider Payment Guidelines and Documentation

- Submit a CPT vaccine/toxoid product code for each administered vaccine/toxoid product on a single claim line, with a count of one.
- Append modifier SL to each CPT vaccine/toxoid product code in the first modifier field when the vaccine was supplied by the government at no cost to the provider. (NHP uses post payment audit data to confirm compliance with the billing guidelines for State supplied vaccines.)
- Submit the appropriate CPT vaccine/immunization *administration* code(s) as follows:
 - For administration and physician counseling (CPT **90460-90461**) of multiple component vaccines, provided to children 18 years of age or younger, submit code 90460 for the first component administered, and 90461 for each additional component included in the vaccine.

Example 1: DTaP, intramuscular (**Note:** Product contains 3 toxoids: 1) diphtheria, 2) tetanus toxoids, 3) acellular pertussis) provided to a 2 month old infant would be coded as follows:

<u>CPT Code</u>	<u>CPT Short Descriptor</u>	<u>Codes To Be Reported</u>
90700	DTaP (IM) (Vaccine Product)	90700 X 1
90460	Imadm any route 1st vac/tox	90460 X 1
90461	Imadm any route addl vac/tox	90461 X 2

Example 2: Rotavirus (oral) provided to a 2 month old infant would be coded as follows:

<u>CPT Code</u>	<u>CPT Short Descriptor</u>	<u>Codes To Be Reported</u>
90680	Rotavirus virus vaccine for oral use (Vaccine Product)	90680 X 1
90460	Imadm any route 1st vac/tox	90460 X 1

- For immunization administration of any vaccine that is *not* accompanied by face-to-face physician or qualified health care professional counseling to the patient/family, or for administration of vaccines to patients *over 18 years of age*, report codes **90471-90474**. Submit as follows:
 - A separate claim line with the appropriate administration code/count dependent on the route of administration.

Example 3: Td (*Tetanus and diphtheria toxoids, adsorbed administered to individuals 7 years or older for intramuscular use*), administered to a 19 year old person, or administered to a 9 year old child by a nurse (RN, LPN), would be coded as follows:

<u>CPT Code</u>	<u>CPT Short Descriptor</u>	<u>Code(s) To Be Reported</u>
90718	Td (Vaccine/toxoid Product)	90718 X 1
90471	Immunization admin	90471 X 1

Related NHP Payment Guidelines

NHP Evaluation and Management Services

References

AMA *CPT Changes 2011*, Immunization Administration for Vaccines/Toxoids, pages 161-167

For the most current information regarding the Massachusetts Immunization Program, please consult their website at: <http://www.mass.gov/dph/cdc/epii/imm/imm.htm> and choose A-Z Subject Index, Programs and Services A-J, Immunization.

Mass DPH Adult Vaccine Availability Table, Effective July 1, 2010

http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_adult.pdf

Mass DPH Childhood Vaccine Availability Table, Effective July 1, 2010

http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_childhood.pdf

Regulations of the State of Massachusetts DPH, Adult Immunizations, Massachusetts Recommendations and Requirements for 2010-2011

http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/guidelines_adult.pdf

The MDPH document: *Summary of Advisory Committee on Immunization Practices (ACIP) Recommended Groups for Vaccination* can be viewed at:
http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/acip_summary_recommended_groups.pdf .

Regulations of the Department of Health and Human Services of the United States; the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices
 The complete **ACIP Recommendations** can be viewed at:
<http://www.cdc.gov/vaccines/recs/acip/default.htm> Please choose from the right column, Related Pages, then the Adult or Child Schedules.

Publication History

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October 1, 2009 *Original documentation*
January 1, 2011 *Vaccine Administration codes updated. Disclaimer updated.*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Neighborhood Health Plan utilizes McKesson’s claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the “appropriate set” of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan’s Provider Manual Billing Guidelines section for additional information on NHP’s billing guidelines and administration policies. Questions may be directed to Provider Network Management at prweb@nhp.org