



## PAYMENT POLICY STATEMENT: OH MEDICAID

<b>Original Effective Date</b>	<b>Next Annual Review Date</b>	<b>Last Review / Revision Date</b>
12/01/2013	06/06/2017	06/06/2016
<b>Policy Name</b>		<b>Policy Number</b>
Vaccination and Immunization Services		PY-0040
<b>Policy Type</b>		
<input type="checkbox"/> <b>Medical</b>	<input type="checkbox"/> <b>Administrative</b>	<input checked="" type="checkbox"/> <b>Payment</b>

Payment Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Payment Policies.

In addition to this Policy, payment of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

**A. SUBJECT**  
**Vaccination and Immunization Services**

**B. BACKGROUND**

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment.

Vaccines must be licensed by the U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research prior to use in the United States (U.S.). Before the FDA approves a license, vaccines are tested for safety and efficacy. Vaccines approved for marketing



may also be required to undergo additional studies to further evaluate the vaccine and often to address specific questions about the vaccine's safety, effectiveness, or possible side effects.

CareSource endorses the same recommended childhood immunization schedule that is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). This schedule is updated annually and the most current updates can be found at [www.aap.org](http://www.aap.org).

Health care providers may administer immunizations obtained through Ohio's Vaccines for Children (VFC) program to CareSource members. The vaccines are available free of charge through the Ohio Department of Health.

CareSource will reimburse participating providers for immunizations/vaccines based on recommendations from the Centers for Disease Control and Prevention (CDC) and Ohio Department of Health.

CareSource will reimburse providers for the administration of Medicaid approved vaccines as well as for the vaccines themselves, except in the case of immunizations provided to VFC-eligible members. In these cases, only the administration fee will be reimbursed.

### C. DEFINITIONS

- **Immunization** - is the process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.
- **Immunity** - is protection from an infectious disease.
- **Vaccination** - is the act of introducing a vaccine into the body to produce immunity to a specific disease.
- **Vaccine** - is a product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

**Vaccines for Children Program ("VFC")** is a federally funded program that works to raise childhood immunization levels in the United States by supplying health care providers with free vaccines for children 18 years old and younger who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees, which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. To be eligible for the VFC program, a child must meet one of the following criteria:

- Medicaid-eligible
- Without health insurance
- Underinsured, for example, the child has health insurance that does not cover; immunizations
- Identified by parent or guardian as American Indian or Alaskan native

### D. POLICY

- I. Vaccines for Children Program (VFC) Providers
  - A. To bill for VFC vaccine administration the provider must use the appropriate procedure code for the specific vaccine being administered.
  - B. Providers are not to bill for more than the VFC vaccine administration on the date of service.



- C. If the only service provided during the encounter is vaccine administration, the provider may not bill for an office visit.
  - D. An office visit can only be billed if a separate, identifiable service is performed during the same visit.
  - E. When the provider gives face-to-face counseling for the patient and family during the administration of a vaccine to a patient aged 18 years or younger, code 90460 or a combination of codes 90460 and 90461 are reported, regardless of whether the vaccine is administered orally or through injection.
  - F. The medical record documentation must support that the physician provided the vaccine counseling.
  - G. In order to be reimbursed for the administration fee, the corresponding vaccine must be billed on the same claim/date. Similarly, the vaccine should not be billed without the administration code.
- II. Non- Vaccines for Children Program (VFC) Providers
- A. The codes 90633, 90634, 90645, 90646, 90647, 90648, 90656, 90658, 90660, 90707, 90710, 90714, 90715, 90716, 90718, 90732, 90733, and 90734 for individuals eighteen years or younger will be covered under the VFC program.
  - B. For adults over 18 years of age, these codes will be reimbursed at the lesser of the provider's billed charge or the Medicaid maximum.
  - C. Immunizations are reimbursable as a physician or clinic service only if the immunization was provided in a nonhospital setting.
  - D. Immunizations administered in a hospital setting are reimbursable only to a hospital billing on an institutional claim form/transaction.
  - E. When the physician or qualified health care professional *does not* perform the vaccine counseling to the patient or family, or when vaccines are administered to patients older than 18 years, codes 90471– 90474 are reported instead of codes 90460–90461. Codes 90471–90474 are reported as appropriate based on their current guidelines (i.e., either 90471 or 90473 is reported for the first vaccine administered to a patient on a calendar date, and codes 90472 and 90474 are reported for each additional vaccine given on the same date based on its route of administration).
- III. Children 18 and under:
- A. Immunizations are covered through the Vaccines for Children (VFC) program. Some vaccines administered through this program include:
    - 1. Diphtheria
    - 2. Haemophilus influenzae type b
    - 3. Hepatitis A
    - 4. Hepatitis B
    - 5. Influenza (Flu shot)
    - 6. Tuberculosis(TB)
    - 7. Rotavirus
    - 8. Rubella
    - 9. Tetanus
    - 10. Varicella (chickenpox)
    - 11. Human Papillomavirus (HPV)
    - 12. Poliomyelitis
    - 13. Pneumococcal
    - 14. Measles
    - 15. Mumps



- 16. Meningococcal
- 17. Pertussis (whooping cough)

**Note:** HPV vaccines coverage is for members ages 9 - 26; male & female.

IV. Adults age 19 and older:

A. Immunizations for Adults CareSource Medicaid include:

- 1. Influenza (Flu shots are covered at a participating pharmacy)
- 2. Tetanus, diphtheria, pertussis (Td/Tdap)
- 3. Varicella
- 4. Human Papillomavirus (HPV)
- 5. Tuberculosis(TB)
- 6. Measles, mumps, rubella (MMR)
- 7. Pneumococcal (polysaccharide)
- 8. Meningococcal
- 9. Hepatitis A
- 10. Hepatitis B

**Note:** HPV vaccines coverage is only for members ages 9 - 26; male & female.

V. Vaccines for travel outside of the United States are not covered.

**CONDITIONS OF COVERAGE**

Reimbursement is dependent on, but not limited to, submitting CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the appropriate state Medicaid fee schedule.

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the referenced sources for the most current coding information.**

CPT Codes	
Code	Description
90460	Immunization administration through 18 years of age via any route of administration, with face to face counseling by physician or other qualified health care professional; <u>first or only component of vaccine/toxoid.</u>
90461	Immunization administration through 18 years of age via any route of administration, with face to face counseling by physician or other qualified health care professional; <u>each additional vaccine/toxoid component.</u>
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)



90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B (MenB), 3 dose schedule, for intramuscular use
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-18 months of age, for intramuscular use
90647	Haemophilus influenza type b vaccine (Hib), PRP-OMP conjugate 3 dose schedule, for intramuscular use
90648	Haemophilus influenza b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type B, and inactivated poliovirus vaccine (DTap-IPV/Hib), 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 adsorbed (DT) 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
90712	Poliovirus vaccine, (any type[s]), (OPV), live, for oral use (Code deleted 12/31/2015)
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids adsorbed (Td), 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
90716	Varicella virus vaccine (VAR), live, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use



90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
90748	Hepatitis B and Haemophilus influenza type b vaccine (Hib-HepB), for intramuscular use
<b>HCPCS</b>	<b>Description</b>
G0010	Administration of hepatitis B vaccine
J3530	Nasal vaccine inhalation

**AUTHORIZATION PERIOD**

If applicable, reimbursement is dependent upon products and services frequency, duration and timeframe set forth by Medicaid.

**E. RELATED POLICIES/RULES**

Further information can be found at:

<http://codes.ohio.gov/oac/5160-4-12>

<https://www.caresource.com/members/ohio/ohio-medicare/benefits-and-services/healthcheck-program/>

**F. REVIEW/REVISION HISTORY**

Date Issued: 12/01/2013

Date Reviewed: 12/01/2013, 06/06/2016

Date Revised: 06/06/2016

**G. REFERENCES**

1. Immunization Program. (2014, December). Retrieved May 23, 2016, from <http://www.odh.ohio.gov/odhprograms/bid/immunization/immindex1.aspx>
2. Vaccines and Immunizations. (2016, May). Retrieved May 23, 2016, from <http://www.cdc.gov/vaccines/>

The Payment Policy Statement detailed above has received due consideration as defined in the Payment Policy Statement Policy and is approved.