



## Payment Policy

**Subject: Vaccine [Immunization] Services – ALL STATES EXCEPT KENTUCKY**

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### ***Policy***

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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.

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### ***Definitions***

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The “**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; or
- Identified by parent or guardian as American Indian or Alaskan native

The VFC program currently offers free vaccines against the following diseases:

- Diphtheria
- Hemophilus influenza type B (Hib)
- Hepatitis B(HepB)
- Measles, mumps and rubella (MMR)
- Pertussis (Whooping cough)
- Polio
- Tetanus
- Varicella (Chickenpox)
- Pneumococcal disease

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### ***Provider Reimbursement Guidelines***

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#### **Reimbursement - VFC Providers**

To bill for VFC vaccine administration the provider must use the appropriate procedure code for the specific vaccine being administered. Providers are not to bill for more than the VFC vaccine administration on the date of service. If the only service provided during the encounter is vaccine administration, the provider may not bill for an office visit. An office visit can only be billed if a separate, identifiable service is performed during the same visit.

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. The medical record documentation must support that the physician provided the vaccine counseling.

Procedure Codes	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>

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.

#### **Reimbursement - Non-VFC Providers**

The codes 90633, 90634, 90645, 90646, 90647, 90648, 90656, 90658, 90660, 90703, 90707, 90710, 90714, 90715, 90716, 90718, 90732, 90733, and 90734 for individuals eighteen years or younger will be covered under the VFC program. 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.

Immunizations are reimbursable as a physician or clinic service only if the immunization was provided in a nonhospital setting.

Immunizations administered in a hospital setting are reimbursable only to a hospital billing on an institutional claim form/transaction.

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).

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#### ***Related Policies & References***

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OAC Chapter 5160-4-12 Physician Services / Immunizations  
 907 KAR 1:680. Vaccines for Children Program  
 CareSource Preventative Care Healthchek and EPSDT Policy

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#### ***State Exceptions***

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**KENTUCKY**

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#### ***Document Revision History***

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December, 2013