



## REIMBURSEMENT POLICY STATEMENT OHIO MEDICARE ADVANTAGE

| Policy Name                    |                | Policy Number | Effective Date        |
|--------------------------------|----------------|---------------|-----------------------|
| Vaccinations and Immunizations |                | PY-0079       | 10/01/2019-03/31/2022 |
| Policy Type                    |                |               |                       |
| Medical                        | Administrative | Pharmacy      | REIMBURSEMENT         |

Reimbursement Policy Statement: Reimbursement 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 Reimbursement Policies.

In addition to this Policy, Reimbursement 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 Reimbursement 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.

### Table of Contents

|                                     |   |
|-------------------------------------|---|
| Reimbursement Policy Statement..... | 1 |
| A. Subject.....                     | 2 |
| B. Background.....                  | 2 |
| C. Definitions .....                | 2 |
| D. Policy .....                     | 2 |
| E. Conditions of Coverage.....      | 2 |
| F. Related Policies/Rules .....     | 5 |
| G. Review/Revision History.....     | 5 |
| H. References.....                  | 5 |



## A. Subject

### Vaccinations and Immunizations

## 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 in this policy does not imply any right to reimbursement or guarantee claims payment.

CareSource covers and reimburses for vaccinations/immunizations based on the recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

CareSource follows Medicare guidelines for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage.

## C. Definitions

- **Immunity** - is protection from an infectious disease.
- **Immunization** - is an inoculation against a vaccine preventable disease.
- **Vaccination** - the act of introducing a vaccine into the body to produce immunity to a specific disease.
- **Vaccine** - 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.

## D. Policy

- I. CareSource may reimburse for vaccinations according to the CDC vaccination/immunization schedule and ACIP recommendations.
- II. Providers may be reimbursed for the vaccine and administration provided to CareSource members.

**Note:** Vaccines and immunizations for the sole purpose of travel outside of the continental United States are not covered.

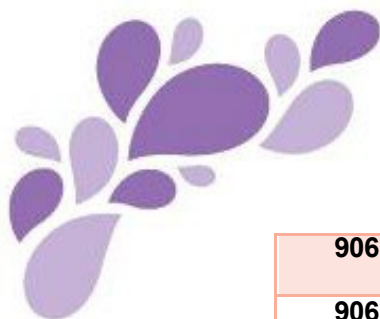
## E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting The Centers for Medicare & Medicaid Services (CMS) approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual CMS fee schedule for appropriate codes.



- The following list(s) of codes is provided for reference purposes only and may not be all inclusive and is subject to updates. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service.

| CPT Code      | Description   |
|---------------|---|
| <b>90460</b>  | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered   |
| <b>90461</b>  | 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 or toxoid component administered (List separately in addition to code for primary procedure) |
| <b>90471</b>  | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)   |
| <b>+90472</b> | 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)   |
| <b>90473</b>  | Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)   |
| <b>+90474</b> | Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)   |
| <b>90585</b>  | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use   |
| <b>90586</b>  | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use   |
| <b>90630</b>  | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use   |
| <b>90632</b>  | Hepatitis A vaccine (HepA), adult dosage, for intramuscular use   |
| <b>90633</b>  | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use  |
| <b>90634</b>  | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use  |
| <b>90636</b>  | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use  |
| <b>90647</b>  | Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use  |
| <b>90648</b>  | Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use  |
| <b>90649</b>  | Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use   |
| <b>90650</b>  | Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use  |
| <b>90651</b>  | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use   |
| <b>90653</b>  | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use  |
| <b>90654</b>  | Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use  |



|              |   |
|--------------|---|
| <b>90655</b> | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use  |
| <b>90656</b> | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use   |
| <b>90657</b> | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use   |
| <b>90660</b> | Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use  |
| <b>90661</b> | Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use                                    |
| <b>90662</b> | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use   |
| <b>90670</b> | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use  |
| <b>90672</b> | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use   |
| <b>90673</b> | Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use                           |
| <b>90674</b> | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use                                 |
| <b>90675</b> | Rabies vaccine, for intramuscular use   |
| <b>90676</b> | Rabies vaccine, for intradermal use   |
| <b>90680</b> | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use   |
| <b>90682</b> | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use                        |
| <b>90685</b> | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use  |
| <b>90686</b> | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use  |
| <b>90687</b> | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use  |
| <b>90688</b> | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use   |
| <b>90689</b> | Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use  |
| <b>90690</b> | Typhoid vaccine, live, oral   |
| <b>90691</b> | Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use  |
| <b>90698</b> | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use                          |
| <b>90702</b> | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use   |
| <b>90707</b> | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use  |
| <b>90710</b> | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use   |
| <b>90713</b> | Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use  |
| <b>90714</b> | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use   |
| <b>90715</b> | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use  |
| <b>90716</b> | Varicella virus vaccine (VAR), live, for subcutaneous use   |
| <b>90717</b> | Yellow fever vaccine, live, for subcutaneous use  |
| <b>90732</b> | Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use |



Effective Date: 10/01/2019

|              |  |
|--------------|--|
| <b>90733</b> | Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use                              |
| <b>90734</b> | Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use                     |
| <b>90736</b> | Zoster (shingles) vaccine (HZV), live, for subcutaneous injection  |
| <b>90739</b> | Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use   |
| <b>90740</b> | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use                          |
| <b>90743</b> | Hepatitis B vaccine (HepB), adolescent, 2 doses schedule, for intramuscular use  |
| <b>90744</b> | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use  |
| <b>90746</b> | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use   |
| <b>90747</b> | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use                          |
| <b>90749</b> | Unlisted vaccine/toxoid  |
| <b>90750</b> | Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use   |
| <b>90756</b> | Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use |
| <b>HPCPS</b> | <b>Description</b>   |
| <b>Q2034</b> | Influenza virus vaccine, split virus, for intramuscular use (Agriflu)  |
| <b>Q2035</b> | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)         |
| <b>Q2036</b> | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)        |
| <b>Q2037</b> | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)        |
| <b>Q2038</b> | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)         |
| <b>Q2039</b> | Influenza virus vaccine, not otherwise specified   |
| <b>G0008</b> | Administration of influenza virus vaccine  |
| <b>G0009</b> | Administration of pneumococcal vaccine   |
| <b>G0010</b> | Administration of hepatitis B vaccine  |

#### F. Related Policies/Rules

#### G. Review/Revision History

|                       | <b>DATE</b> | <b>ACTION</b>   |
|-----------------------|-------------|---|
| <b>Date Issued</b>    | 10/01/2019  | New policy  |
| <b>Date Revised</b>   |             |   |
| <b>Date Effective</b> | 10/01/2019  |   |
| <b>Date Archived</b>  | 03/31/2022  | This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy. |



#### H. References

1. Adult Immunization Schedule by Vaccine and Age Group | CDC. (2019, February 5). Retrieved May 13, 2019, from <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
2. EncoderProForPayers. (2019). Retrieved May 13, 2019 from <https://www.encoderprofp.com/epro4payers/>
3. Physician Fee Schedule Search. (2019, April 5). Retrieved May 13, 2019 from <https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

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