



## PAYMENT POLICY STATEMENT: HEALTH INSURANCE EXCHANGE

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
12/01/2013	06/06/2017	06/06/2016
Policy Name		Policy Number
Vaccination and Immunization Services		PY-0078
Policy Type		
<input type="checkbox"/> Medical	<input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> Payment

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).

CareSource will reimburse participating providers for immunizations/vaccines based on recommendations from the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP) and the Affordable Care Act.

### 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.
- **Advisory Committee on Immunization Practices (ACIP)** - is a group of medical and public health experts that develop recommendations on use of vaccines in the civilian population of the United States.

### D. POLICY

I. Children 0 through 18 years that are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP without any cost-sharing requirements when provided by an in-network provider.

A. Immunizations for Adults CareSource Health Insurance Exchange include:

1. Diphtheria, Tetanus, Pertussis
2. Haemophilus influenzae type b
3. Hepatitis A
4. Hepatitis B
5. Quadrivalent Human Papillomavirus vaccine for females
6. Inactivated Poliovirus
7. Influenza
8. Measles, Mumps, Rubella
9. Meningococcal
10. Rotavirus
11. Varicella

Further information can be found at:

[http://www.vaccines.gov/who\\_and\\_when/infants\\_to\\_teens/index.html](http://www.vaccines.gov/who_and_when/infants_to_teens/index.html)

[http://www.vaccines.gov/who\\_and\\_when/child/index.html](http://www.vaccines.gov/who_and_when/child/index.html)

II. Adults 19 years and older who are enrolled in new group or individual private health plans will be eligible to receive vaccines recommended by the ACIP without any cost-sharing requirements when provided by an in-network provider.

A. Immunizations for Adults CareSource Health Insurance Exchange include:



1. Hepatitis A
2. Hepatitis B
3. Herpes Zoster
4. Quadrivalent Human Papillomavirus vaccine for females
5. Influenza
6. Measles, Mumps, Rubella
7. Meningococcal
8. Pneumococcal
9. Tetanus, Diphtheria, Pertussis
10. Varicella

Further information can be found at:

[http://www.vaccines.gov/who\\_and\\_when/adults/index.html](http://www.vaccines.gov/who_and_when/adults/index.html)

III. 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
90703	Tetanus toxoid adsorbed, for intramuscular use (Code deleted 12/31/2015)
90704	Mumps virus vaccine, live, for subcutaneous use (Code deleted 12/31/2015)
90705	Measles virus vaccine, live, for subcutaneous use (Code deleted 12/31/2015)
90706	Rubella virus vaccine, live, for subcutaneous use (Code deleted 12/31/2015)
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90708	Measles and rubella virus vaccine, live, for subcutaneous use (Code deleted 12/31/2015)
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
90719	Diphtheria toxoid, for intramuscular use (Code deleted 12/31/2015)
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use (Code deleted 12/31/2015)
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP/Hib), for intramuscular use (Code deleted 12/31/2015)
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 The Affordable Care Act.**

**E. RELATED POLICIES/RULES**

**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. The Affordable Care Act and Immunization. (2012, January 20). Retrieved May 28, 2016, from <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-and-immunization/index.html>
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.**