Medical Coverage Policy | Pediatric and Adult Immunization/Vaccinations



EFFECTIVE DATE: 06 | 01 | 2006 **POLICY LAST UPDATED:** 12 | 04 | 2012

OVERVIEW

This policy documents payment guideline for immunizations and vaccinations provided for pediatric individuals aged 0 to 18 years and adult individuals aged 19 years and above.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare

The following vaccines will be covered under the member's Part B Medicare Benefit:

- Pneumococcal pneumonia
- Influenza virus
- Hepatitis B for individuals at high or intermediate risk
- Tetanus vaccines when directly related to the treatment of an injury or direct exposure to a disease or condition (for preventive purposes the vaccine will be covered under the member's Part D benefit).

All other vaccines not included in the list below and associated administration fees will be covered under the member's Part D Medicare Drug Benefit Plan.

Commercial Products

Vaccinations/Immunizations are covered when recommended by the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP).

Biologicals Supplied by the State:

The Rhode Island Department of Health (RIDOH) provides biologicals for pediatric immunizations for infants and children 18 years and under only.

Out-of-state providers please refer to the appropriate State supplied guidelines.

RIDOH generally does not supply vaccines when ordered for an individual 19 years of age and older. Exception: Meningococcal vaccine for meningitis is supplied for college-bound freshmen who will be residing in a dormitory.

Note: BCBSRI is assessed a vaccine tax which is paid to the State of Rhode Island in order for the Department of Health to fund the vaccine distribution program. Occasionally, a new vaccine is added to the immunization schedule by the AAP. Based on the 1989 Rhode Island State Mandate, immunizations added by the AAP to the pediatric immunization schedule are added to the list of State-supplied vaccines.

Immunizations, as a requirement for school or employment or related to an employment exposure, are considered a contract exclusion for BlueCHiP for Medicare and Commercial products.

MEDICAL CRITERIA

None.

BACKGROUND

The following is the Rhode Island General Law (RIGL) § 27-38.1-2 Coverage required for pediatric preventive care as stated below:

(a) Every health insurance plan providing coverage for a dependent or minor child, other than school policies, shall include benefits for pediatric preventive care. All benefits shall be reimbursed in accordance with the reimbursement policies and procedure of each health insurer. Every health insurer shall provide benefits for pediatric preventive care or make that care available to its enrolled participants. Benefits do not need to be provided pursuant to this section for pediatric preventive care services that are paid for or offered free of charge by the state of Rhode Island. Benefits do not need to be provided for the cost of biologicals used for vaccinations.

Immunization is the process of stimulating the body's immune system to protect against a specific infection. Minute amounts of the specific bacteria or virus, in whole or part, are specially treated so that when given to the patient, they will stimulate the body's immune system without actually causing disease. Some immunizations require "booster," or repeat doses of the same vaccine to keep up the body's protection against a specific bacteria or virus.

RIDOH provides certain biologicals for physician's offices and hospital pharmacies at no charge for children who meet the RIDOH vaccine distribution guidelines. The guidelines can be found at http://www.health.ri.gov/programs/immunizeforlife/

The Centers for Medicare and Medicaid Services (CMS) has limited coverage for vaccines however, Blue Cross & Blue Shield of Rhode Island (BCBSRI) provides more generous immunization coverage for BlueCHiP for Medicare members.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable Adult Preventive Immunizations and/or Pediatric Preventive Immunization benefits/coverage.

CODING

BCBSRI does not provide reimbursement for biologicals for immunizations that are supplied by the RIDOH or any other state or federal agency.

State-Supplied Vaccines:

BCBSRI follows the Department of Public Health's guidelines when determining which vaccines are state-supplied. Refer to the Department of Public Health for information on state-supplied vaccines as well as information on any vaccine shortages.

2013 RI State Supplied Vaccines:

Non-State-Supplied Vaccines Purchased by the Provider:

Submit both the administration procedure code and vaccine/toxoid procedure code appended with a 22 modifier on the claim. Appending the 22 modifier identifies the vaccine as non-state supplied and indicates the vaccine was supplied by the physician which facilitates pricing of the claim to include allowance for the vaccine.

Note: Physicians treating out-of-state residents should use a 22 modifier when the vaccine is not supplied by the state.

Claims Filing Information:

State-supplied immunizations claims should be filed using the appropriate administration and vaccine codes.

Evaluation & Management services should not be filed along with the immunization unless the E & M represents a separately identifiable service.

BlueCHiP for Medicare Emergency Room and Urgent Care facility claims for the tetanus vaccine should be filed under the member's Part B benefit. For all other sites, providers must bill the member for the tetanus vaccine and the member must submit the claim through their Part D benefit.

Vaccine Retail Program:

Beginning 9/1/11 (or as directed by the State of Rhode Island Department of Health), pharmacies choosing to participate in the BCBSRI program may submit for flu and/or shingles (zostavax) vaccine administration and supply using the pharmacy claims system.

Travel Clinics and Preventive Immunizations:

BCBSRI's commercial plans cover immunizations, including those related to travel. This includes biological/vaccine and vaccine administrations. Vaccine administration includes very limited counseling regarding the specific vaccine. The services related to counseling a patient about their preventive or prophylactic medicine/vaccination needs, safety, exposure risks while traveling, etc. are not covered services. Travel Clinics should notify members of their financial obligation and may bill the member for the counseling services.

Use of incorrect CPT® codes (e.g., 99201 to 99215) may result in the member seeking payment from BCBSRI, as these are covered service codes. Travel clinic counseling services are typically reported using codes 99401 to 99404 (individual) or 99411 to 99412 (group). These codes are reported for the service of a physician or qualified licensed professional (a nurse practitioner or physician's assistant). Physicians/professional providers and institutional providers are not required to submit claims for preventive medicine services in order to receive a payment denial.

Services related to an illness acquired while traveling are covered by all plans. BlueCHiP for Medicare plans do not cover vaccines related to travel, except as provided by Part D. This exclusion also applies to the vaccine administration service..

The following CPT administration codes are covered for **BlueCHiP** for **Medicare and Commercial products**:

90460, 90461, 90471, 90472, 90473, 90474

Note: Claims filed for multiple vaccines administered on the same date of service and by the same provider should be filed using the administration add-on codes (90461, 90472, or 90474) appended with the number of units used.

BlueCHiP for Medicare

The following CPT vaccine/toxoid codes are covered as a Part B benefit:

90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90672, 90673, 90685, 90686, 90714, 90715, 90732, 90740, 90743, 90744, 90746, 90747, 90748

Commercial products

The following CPT vaccine/toxoid codes are covered:

90476, 90477, 90581, 90632, 90633, 90634, 90636, 90644, 90645, 90647, 90648, 90649, 90650, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90669, 90670, 90672, 90673, 90675, 90676, 60680, 90681, 90685, 90686, 90696, 90698, 90700, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710,

90712, 90713, 90714, 90715, 90716, 90719, 90720, 90721, 90723, 90732, 90733, 90734, 90736, 90739, 90740, 90743, 90744, 90746, 90747, 90748, 90749

The following CPT immunization codes are non-covered/contract exclusion for **BlueCHiP** for **Medicare** and **Commercial products** as they are not FDA approved:

90653, 90664, 90666, 90667, 90668, 90687, 90688

The following CPT vaccine travel codes covered for BlueCHiP for Medicare and Commercial products: 90690, 90691, 90692, 90717, 90725, 90727, 90735, 90738

The following CPT codes for individual and group counseling are non-covered when used for travel immunization counseling for **BlueCHiP** for **Medicare** and **Commercial products**:

99401 – 99404 99411 - 99412

The following HCPCS codes are separately reimbursed for **BlueCHiP** for **Medicare** and **Commercial products:**

G0008, G0009, G0010

The following CPT code is non-covered/contract exclusion for **BlueCHiP** for **Medicare** and **Commercial products:**

90693

The following HCPCS codes are not separately reimbursed for **BlueCHiP** for **Medicare and Commercial products**:

Q2033, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039

RELATED POLICIES

None.

PUBLISHED

Provider Update	Feb 2013
Provider Update	Nov 2009
Provider Update	Sep 2007
Provider Update	May 2007
Provider Update	Jun 2006

REFERENCES

None.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.