



EFFECTIVE DATE: 10|15|2007
POLICY LAST UPDATED: 04|21|2021

OVERVIEW

This policy documents payment and claims filing guidelines for immunizations and vaccinations provided for pediatric and adult members.

For COVID-19 vaccine coverage, please refer to the separate policy for COVID-19 Vaccinations.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

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

- Pneumococcal pneumonia
- Influenza virus
- Hepatitis B for individuals at high or intermediate risk (Requires ICD-10-CM diagnosis code Z23)
- Tetanus and other vaccines when directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies (Requires ICD-10-CM diagnosis code Z20.3)

Note: to ensure correct claims processing for Tetanus Vaccine coverage under Part B, the claim must be filed with a diagnosis that indicates that the vaccine was needed due to an injury.

All other vaccines not included in the list above are 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 and Prevention (CDC) and the American Academy of Pediatrics (AAP) and when US Food and Drug Administration (FDA) guidelines are met.

Biologicals Supplied by the States

Rhode Island

The State of Rhode Island Department of Health (DOH) provides biologicals for pediatric immunizations for members residing in Rhode Island. Blue Cross & Blue Shield of Rhode Island (BCBSRI) does not provide reimbursement to the provider for biologicals for immunizations that are supplied by the DOH or any other state or federal agency. BCBSRI follows the DOH guidelines when determining which vaccines are state supplied. BCBSRI is assessed a vaccine tax, which is paid to the State of Rhode Island in order for the DOH to fund the vaccine distribution program. Refer to the DOH for more information on state-supplied vaccines as well as information on any vaccine shortages.

The Rhode Island DOH Pediatric and Adult State Supplied Vaccines are listed here:

<https://health.ri.gov/publications/guidelines/PediatricAndAdultStateSuppliedVaccine.pdf>

All Other States

For out-of-state members, providers must refer to the applicable state guidelines for state-supplied vaccines.

Non-State-Supplied Vaccines Purchased by the Provider

Providers must submit both the administration procedure code and vaccine/toxoid procedure code and append modifier 22 on the claim. Modifier 22 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.

Additional Claims Filing Information:

- State-supplied immunization claims must be filed using the appropriate administration and vaccine codes.
- Evaluation & Management (E/M) services should not be filed along with the immunization unless the E/M represents a separately identifiable service and modifier 25 is appended to the E/M code.

Clinics and Preventive Immunizations

BCBSRI's Commercial plans cover immunizations, including those related to travel. This includes biological/vaccine and vaccine administrations. Vaccine administration codes include very limited counseling regarding the specific vaccine. The services related to additional counseling of a patient about their preventive or prophylactic medicine/vaccination needs, safety, exposure risks while traveling, etc. are not covered services.

While not covered, travel clinic counseling services are typically reported using codes 99401 to 99404 (individual) or 99411 to 99412 (group). Travel Clinics must notify members of their financial obligation and may bill the member for these noncovered counseling services. Members should be made aware of this denial at the time the service is rendered. Append modifier GU or GX for Commercial products. Physicians/professional providers and institutional providers are not required to submit claims for these services in order to bill the member.

Medicare Advantage Plans do not cover vaccines related to travel, except as provided by Part D. This exclusion also applies to the vaccine administration service.

Immunizations for School or Employment

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

Vaccine Retail Program:

Rhode Island-based pharmacies choosing to participate in the BCBSRI program may currently submit claims directly in the following instances:

For Medicare Advantage Plan members:

- Flu administration only
- Shingles vaccine administration and supply
- Pneumococcal vaccine administration and supply

Members are responsible for applicable copayments for the Shingles vaccine and administration as it is considered a Part D drug. There is no out of pocket expense for the flu and pneumonia vaccines and administration as these are considered Part B drugs.

For Commercial members:

- Flu administration only

- Shingles vaccine administration and supply

Pneumococcal vaccines are not submitted under the Vaccine Retail Program for Commercial products. Members are responsible for payment and may submit a request to Blue Cross for coverage. For any other vaccine not noted above, the member is responsible for payment and may submit a request to Blue Cross for coverage.

COVERAGE

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

BACKGROUND

The Rhode Island General Law (RIGL) § 27-38.1-2: Insurance Coverage for Pediatric Preventive Care is 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.
- (b) 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.

The Rhode Island DOH provides certain biologicals for physician's offices and hospital pharmacies at no charge for residents of Rhode Island who meet the Rhode Island DOH vaccine distribution guidelines.

With the advent of the Medicare Part D program, there is now broader reimbursement available to providers for vaccines administered to Medicare beneficiaries. Some vaccines are covered under Medicare Part B and others under Part D. The Part B program covers limited vaccines indicated for the Medicare population, with the provider administering the vaccine and billing the Part B contractor (Medicare carrier or Part A/B Medicare Administrative Contractor or A/B MAC) for both the vaccine and its associated administration. Medicare Part B currently covers the following immunizations:

- Pneumococcal pneumonia vaccine;
- Influenza virus vaccine;
- Hepatitis B vaccine for individuals at high or intermediate risk; and
- Other vaccines when directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus.

The Part D program will generally cover those vaccines not available for reimbursement under Medicare Parts A or B when administration is reasonable and necessary for the prevention of illness. Part D plans identify covered drugs and vaccines through the use of formularies. However, a new preventative vaccine may not be specifically listed on the Part D plan's formulary. This does not mean the vaccine is not available for reimbursement. The provider can contact the Part D plan about coverage and any supporting information that might be necessary to facilitate vaccine coverage for the beneficiary.

CODING

NOTE: For COVID-19 vaccine coverage, please refer to the separate policy for COVID-19 Vaccinations.

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

- 90460** Immunization administration through 18 years of age via any route of administration, with counseling by a physician or other qualified health care professional (applies to NP, PA with NPI): first vaccine/toxoid component
- 90461** Immunization administration through 18 years of age via any route of administration, with counseling by a physician or other qualified health care professional (applies to NP, PA with NPI): each additional vaccine/toxoid component
- 90471** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
- 90472** Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine single or combination vaccine/toxoid)
- 90473** Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
- 90474** Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)

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) and indicating the number of units used.

Medicare Advantage Plans

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

- 90630** Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
- 90653** Influenza virus vaccine, inactivated, subunit, adjuvanted, for intramuscular use
- 90654** Influenza virus vaccine, triavalent (IIV3) split virus, preservative-free, for intradermal use
- 90655** Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- 90656** Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- 90657** Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
- 90658** Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
- 90660** Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
- 90661** Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90662** Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
- 90664** Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use
- 90670** Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
- 90672** Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
- 90673** Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
- 90674** Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90675** Rabies vaccine, for intramuscular use
- 90676** Rabies vaccine, for intradermal use
- 90682** Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
- 90685** Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- 90686** Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
- 90687** Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use

- 90688 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
- 90689 Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
- 90694 Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use (Effective 1/1/2020)
- 90714 Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals seven years or older, for intramuscular use
- 90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
- 90732 Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
- 90739 Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, 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 influenzae type b vaccine (Hib-HepB), for intramuscular use
- 90756 Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
- Q2034 In Influenza virus vaccine, split virus, for intramuscular use (Agriflu)
- Q2035 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
- Q2036 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
- Q2037 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
- Q2038 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)

For Medicare Part B coverage, the following diagnosis codes are required with the applicable CPT vaccine codes for Rabies or Hepatitis B for individuals at high or intermediate risk:

ICD-10-CM Diagnosis Codes:

Rabies:

Z20.3 Contact with and (suspected) exposure to rabies

Hepatitis B:

Z23 Encounter for immunization

Commercial Products

The following CPT/HCPCS vaccine/toxoid codes are covered:

- 90476 Adenovirus vaccine, type 4, live, for oral use
- 90477 Adenovirus vaccine, type 7, live, for oral use
- 90581 Anthrax vaccine, for subcutaneous use
- 90587 Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
- 90619 Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
- 90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
- 90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose

- schedule, for intramuscular use
- 90630 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal 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 6 weeks-18 months of age, for intramuscular use
 - 90647 Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
 - 90648 Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
 - 90649 Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
 - 90650 Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
 - 90651 Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
 - 90653 Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
 - 90654 Influenza virus vaccine, triavalent (IIV3) split virus, preservative-free, for intradermal use
 - 90655 Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
 - 90656 Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
 - 90657 Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
 - 90658 Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
 - 90660 Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
 - 90661 Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
 - 90662 Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
 - 90664 Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use
 - 90670 Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
 - 90672 Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
 - 90673 Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
 - 90674 Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
 - 90675 Rabies vaccine, for intramuscular use
 - 90676 Rabies vaccine, for intradermal 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
 - 90682 Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
 - 90685 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
 - 90686 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
 - 90687 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
 - 90688 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
 - 90689 Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free,

- 0.25 mL dosage, for intramuscular use
- 90694 Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use (Effective 1/1/2020)
 - 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
 - 90697 Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaPIPv-Hib-HepB), 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), for use in individuals younger than 7 years, for intramuscular
 - 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
 - 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), for use in 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 poliovirus vaccine, inactivated (DtaP-HepB-IPV), for
 - 90732 Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or 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 (MCV4 or MenACWY), for intramuscular use
 - 90736 Zoster (shingles) vaccine (HZV), live, for subcutaneous injection (**age 50 years of age and above**)
 - 90739 Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, 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 influenzae type b vaccine (Hib-HepB), for intramuscular use
 - 90750 Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection (**age 50 years of age and above includes the 2 dose vaccine**)
 - 90756 Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
 - 90758 Zaire ebolavirus vaccine, live, for intramuscular use (Effective 7/1/2021)
 - Q2034 Influenza virus vaccine, split virus, for intramuscular use (Agriflu)
 - Q2035 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
 - Q2036 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
 - Q2037 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)

Q2038 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)

The following CPT immunization codes are non-covered/contract exclusions as applicable for **Medicare Advantage Plans and Commercial products** as they are pending FDA approval:

- 90626** Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use (Effective 7/1/2021)
- 90627** Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use (Effective 7/1/2021)
- 90666** Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use
- 90667** Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use
- 90668** Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use
- 90671** Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use (Effective 7/1/2021)
- 90677** Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use (Effective 7/1/2021)

The following CPT vaccine travel codes are covered for **Commercial products**:

- 90625** Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
- 90690** Typhoid vaccine, live, oral
- 90691** Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
- 90717** Yellow fever vaccine, live, for subcutaneous use
- 90738** Japanese encephalitis virus vaccine, inactivated, for intramuscular use

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

- 99401** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- 99402** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
- 99403** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
- 99404** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
- 99411** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
- 99412** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes

The following HCPCS codes are separately reimbursed for **Medicare Advantage Plans**

Please Note: Also refer to the separate policy for Preventive Services for Medicare Advantage Plans for correct coding.

- G0008** Administration of influenza virus vaccine
- G0009** Administration of pneumococcal vaccine
- G0010** Administration of hepatitis B vaccine

For the following codes for Medicare Advantage Plans and Commercial products, please follow the unlisted procedures process:

- 90749** Unlisted vaccine/toxoid
- Q2039** Influenza virus vaccine, not otherwise specified

RELATED POLICIES

COVID-19 Vaccinations
Preventive Services for Commercial
Preventive Services for Medicare Advantage Plans
Advance Notice of Non-Coverage
Unlisted Procedures

PUBLISHED

Provider Update, July 2021
Provider Update, August 2020
Provider Update, May 2019
Provider Update, April 2018
Provider Update, March 2017

REFERENCES:

1. CDC Centers for Disease Control and Prevention Vaccine Recommendations Advisory Committee for Immunization Practices (ACIP): <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
2. American Academy of Pediatrics (AAP) Immunizations: <http://www2.aap.org/immunization/>
3. State of Rhode Island Department of Health Immunization, Office of:
<http://www.health.ri.gov/programs/immunization/>
4. Department of Health and Human Services Centers for Medicare & Medicaid Services Medicare Learning Network MLN Matters 2014-2015 Influenza (Flu) Resources for Health Care Professionals:
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/se1431.pdf>
5. Department of Health and Human Services Centers for Medicare & Medicaid Services MLN Matters® Number: SE1523 2015-2016 Influenza (Flu) Resources for Health Care Professionals
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1523.pdf>
6. CMS.gov Centers for Medicare and Medicaid Services Immunizations:
<http://www.cms.gov/Medicare/Prevention/Immunizations/index.html?redirect=/immunization>
7. Department of Health and Human Services Centers for Medicare and Medicaid Services Medicare Learning Network Modifications to Medicare Part B Coverage of Pneumococcal Vaccinations
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9051.pdf>
8. TITLE 27 Insurance CHAPTER 27-38.1 Insurance Coverage for Pediatric Preventive Care Section 27-38.1-2 Coverage required for pediatric preventive care
9. U. S. Food and Drug Administration. Vaccines, Blood and Biologicals. Complete list of vaccines licensed for immunization and distribution in the US.
<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>

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