

RB.033.B Vaccine Coding and Reimbursement

Original Implementation Date : 9/1/2023

Version [B] Date : 12/20/2023

Last Reviewed Date: 11/10/2023

PRODUCT VARIATIONS

This policy applies to all lines of business unless noted below.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

We will reimburse vaccine administration codes when both the vaccine code and the administration code are on the claim.

Claims billed without both the vaccine code and the vaccine administration code will result in no payment.

We will not pay for vaccines related to the Vaccine for Children (VFC) program.

POLICY GUIDELINES

When administering a vaccine with multiple components, providers should report CPT code 90461 in addition to 90460 in accordance with AMA billing guidelines. We reimburse for the administration based on the number of vaccines given, not the number of vaccine components administered. Therefore, CPT Code 90461 is not eligible for separate reimbursement.

Vaccines for Children (VFC)

Our participating providers include specialists who are servicing eligible members in the age ranges of 0 through 18 must obtain their vaccines through the VFC program.

Non-participating providers who administer vaccines to Jefferson Health Plans Medicaid members are required to enroll in the Vaccine for Children (VFC) program to ensure accurate and timely payment.

For more information on how to participate in the VFC program, those in Philadelphia County may visit the City of Philadelphia, Department of Public Health's VFC page at <https://vaccines.phila.gov/index.php/vfc/>.

Those outside of Philadelphia County can receive additional information from the state VFC program by visiting the PA Department of Health's VFC page at <https://www.health.pa.gov/topics/programs/immunizations/Pages/VFC.aspx>.

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the members' benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed by us to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

| Summary | Version | Version Date |
|---|---------|--------------|
| November 2023 – Language was added to the policy guidelines section for billing of codes 90460 and 90461. | B | 12/20/2023 |
| This is a new policy. | A | 9/1/2023 |

REFERENCES

N/A