Immunization and Vaccine Payment Policy

Policy Statement

This policy outlines Neighborhood's coverage and reimbursement requirements for Immunizations and Vaccines.

Scope

This policy applies to:

☒**Medicaid**
☒**Commercial**
☒**Dual CONNECT (Coordination only D-SNP)**
☒**INTEGRITY for Duals (Fully Integrated D-SNP)**

Prerequisites

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information, please refer to:

- Neighborhood's plan specific Prior Authorization Reference page.
- Neighborhood's Clinical Medical Policies.

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Dual CONNECT & INTEGRITY For Duals

Neighborhood covers vaccines and vaccine administration for:

- Flu
- Pneumonia
- Hepatitis B (for people at high and intermediate risk)
- COVID-19
- Certain reasonable and necessary vaccines to treat an injury or exposure to a disease

Medicaid, Commercial and INTEGRITY For Duals

Coverage Includes:
State supplied vaccines are provided by the Department of Health (DOH) at no cost to providers and practitioners; therefore, there is no reimbursement for the actual state supplied vaccines, although administration is covered.

Administration charges for all Centers for Disease Control (CDC) approved flu vaccines are covered regardless of whether the vaccine is state supplied or not. This only applies to the administration of these vaccines. Neighborhood will not reimburse providers for the vaccine charge.

Please refer to the RI DOH and CDC websites for a list of all current state supplied and CDC approved vaccines.[1] [2]

Immunizations and vaccines and/or their administrations are covered when administered by **Any Provider**. Please note, a provider may be located at a physician's office, a hospital outpatient department, a pharmacy, or a community health center.

The below table represents vaccines that may be covered and reimbursed by Neighborhood for ages outside of the RI DOH schedule.

Inclusion of a code in this list does not guarantee it will be reimbursed.

CPT Code	Description
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90675	Rabies vaccine, for intramuscular use
90676	Rabies vaccine, for intradermal use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use **(Medicaid and Commercial Only)**
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use

[1] https://health.ri.gov/immunization/information/immunization-information-healthcare-professionals
[2] https://www.cdc.gov/vaccines/index.html

CPT Code	Description
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use

Coverage Limitations:

- Shingles Vaccines is limited to two (2) per lifetime
- HPV is limited to three (3) per lifetime
- Up to fifteen (15) administrations are reimbursable per day
- EFP Members are covered for state-supplied vaccines and immunizations and the corresponding administrations as part of their limited benefit package. All other vaccines/administration charges are non-covered.

Exclusions:

- **Medicaid, INTEGRITY for Duals and Dual CONNECT Members**: vaccines and immunizations for travel are not covered
- Part D vaccines for Dual CONNECT are only covered through the pharmacy benefit

Commercial Covered Travel Vaccines (All Ages)

CPT Code	Description
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use
90593	Chikungunya virus vaccine, recombinant, for intramuscular use
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

Administration coding

CPT Code	Description
90460	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

CPT Code	Description
90461	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)**
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)**
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
90481	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered **(List separately in addition to code for primary procedure)**
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection
G0008	Administration of influenza virus vaccine **(INTEGRITY for Duals and Dual CONNECT only)**
G0009	Administration of pneumococcal vaccine **(INTEGRITY for Duals and Dual CONNECT only)**
G0010	Administration of hepatitis B vaccine **(INTEGRITY for Duals and Dual CONNECT only)**
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home, per date of service, when only COVID-19 vaccine administration is performed at the patient's home

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.
Vaccine codes must be billed to NHPRI along with the appropriate administration codes for reimbursement. Administration codes submitted without the corresponding vaccine code will result in denial.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

For Dual CONNECT (Coordination only D-SNP plan), providers must submit claims to Neighborhood and any remaining copays/coinsurance amounts and Medicaid covered benefits to EOHHS for reimbursement.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

Neighborhood processes Dual CONNECT in accordance with CMS Medicare guidelines. Neighborhood processes INTEGRITY for Duals in accordance with CMS Medicare and Rhode Island Executive Office of Health and Human Services (RI EOHHS) guidelines. Refer to CMS Medicare guidance and RI EOHHS Provider Manuals & Guidelines for rules and claims processing policies.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to

update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
01/01/2026	Annual policy review. Updated policy template to include new lines of business. Updated Member Responsibility and Disclaimer language. Added CPT codes to Commercial Covered Travel Vaccines and Administrations coding grids.
03/19/2025	Annual policy review. Removed PCP Requirement for vaccines.
03/11/2024	Annual review date, added RSV vaccine and administration codes, removed obsolete COVID-19 coding and requirements, added grid for PCP required vaccines
03/29/2023	Removed PCP limitation from Medicaid and Commercial
01/01/2023	Policy Review Date. Updated COVID vaccine/administration table to include new codes. Removed language under INTEGRITY COVID section - no longer need to bill original Medicare, NHP reimburses.
11/12/2021	Combined COVID Vaccine Payment Policy with Immunization and Vaccine Payment Policy. Added pediatric COVID vaccine and admin codes, Moderna and Janssen booster codes. Updated COVID vaccine/administration requirements for Integrity members effective 1/1/22.
05/25/2021	Policy Review and Effective Date