
Immunization and Vaccine Payment Policy

Policy Statement

Immunizations and vaccinations for treatment of disease or prevention of infectious disease are covered. Neighborhood covers a set of immunizations and vaccines inclusive of the RI Department of Health's State Supplied Vaccine Schedule for children and adults. In addition to the State's Schedule, Neighborhood's Clinical Management Committee approves coverage of additional immunizations and vaccines that align with the benefit coverage dictated by its contract with the Department of Human Services.

Scope

This policy applies to:

- Medicaid
- INTEGRITY
- Commercial

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as Interqual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

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.



Reimbursement Requirements

Medicaid

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.

Immunizations and vaccines and/or their administrations are generally only covered when administered by member’s PCP or covering practitioner with the exception of the following vaccines: Flu, Rabies, Diphtheria, Tetanus, Pertussis, COVID.

Please note: a PCP may be located at a physician’s office, a hospital outpatient department, or a community health center. School based health centers are treated as PCP sites for the purposes of immunization and vaccine administration.

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.

| Procedure/Description | |
|-----------------------|---|
| 90620 | MENINGOCOCCAL (Serogroup B) 2 DOSE, IM |
| 90621 | MENINGOCOCCAL (Serogroup B) 3 DOSE, IM |
| 90636 | HEP A/HEP B VACCINE ADULT IM |
| 90681 | ROTAVIRUS , LIVE, 2 DOSE ORAL |
| 90710 | MMRV, LIVE, SUBCU |
| 90713 | POLIOVIRUS, INACTIVE, SUBCU OR IM |
| 90733 | MENINGOCOCCAL POLYSACCHARIDE, SEROGROUPS A,C,Y,W-135, QUAD, SUBCU |
| 90736 | ZOSTER (SHINGLES) LIVE, SUBCU |
| 90740 | HEPB VACC, ILL PAT 3 DOSE IM |
| 90750 | ZOSTER (shingles) VACC, IM |
| 90675 | RABIES VACCINE, IM |
| 90676 | RABIES VACCINE, ID |

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:

- Vaccines and immunizations for travel are not covered.

INTEGRITY

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.

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, 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.

| Procedure/Description | |
|-----------------------|--|
| 90620 | MENINGOCOCCAL (Serogroup B) 2 DOSE, IM |
| 90621 | MENINGOCOCCAL (Serogroup B) 3 DOSE, IM |
| 90636 | HEP A/HEP B VACCINE ADULT IM |
| 90656 | FLU VACCINE, TRI, PRSV FREE, 4 YEARS & >, IM |
| 90662 | FLU VACC,PRSV FREE INC ANTIG, IM |
| 90675 | RABIES VACCINE, IM |
| 90676 | RABIES VACCINE, ID |
| 90689 | FLU VACCINE, QUAD IIV4, IM |
| 90670 | PNEUMOCOCCAL VACC, PCV13, IM |

| | |
|--------------|---|
| 90732 | PNEUMOCOCCAL POLYSACCHARIDE, 23 VALENT, ILL PAT, > 2 YEARS, SUBCU, IM |
| 90733 | MENINGOCOCCAL POLYSACCHARIDE, SUBCU |
| 90736 | ZOSTER VACC; SC |
| 90740 | HEP B, ILL PAT, 3 DOSE, IM |
| 90750 | ZOSTER (shingles) VACC, IM |
| Q2035 | FLU VACCINE, SPLIT, 3 & >, IM (AFLURIA) |

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

Exclusions:

- Vaccines and immunizations for travel are not covered.

Commercial

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.

Immunizations and vaccines and/or their administrations are generally only covered when administered by member's PCP or covering practitioner with the exception of the following vaccines: Flu, Rabies, Diphtheria, Tetanus, Pertussis, COVID.

Please note: a PCP may be located at a physician's office, a hospital outpatient department, or a community health center. School based health centers are treated as PCP sites for the purposes of immunization and vaccine administration.

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.

| Procedure/Description | |
|-----------------------|---|
| 90620 | MENINGOCOCCAL (Serogroup B) 2 DOSE, IM |
| 90621 | MENINGOCOCCAL (Serogroup B) 3 DOSE, IM |
| 90636 | HEP A/HEP B VACCINE ADULT IM |
| 90681 | ROTAVIRUS , LIVE, 2 DOSE ORAL |
| 90710 | MMRV, LIVE, SUBCU |
| 90713 | POLIOVIRUS, INACTIVE, SUBCU OR IM |
| 90733 | MENINGOCOCCAL POLYSACCHARIDE, SEROGROUPS A,C,Y,W-135, QUAD, SUBCU |
| 90736 | ZOSTER (SHINGLES) LIVE, SUBCU |
| 90740 | HEPB VACC, ILL PAT 3 DOSE IM |
| 90750 | ZOSTER (shingles) VACC, IM |
| 90675 | RABIES VACCINE, IM |
| 90676 | RABIES VACCINE, ID |

| Covered Travel Immunizations (All Ages) | |
|---|---|
| Procedure/Description | |
| 90585 | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous 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 |

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.

COVID

Reimbursement Requirements

This policy applies to U.S. Food and Drug Administration (FDA) approved and U.S. Centers for Disease Control (CDC) recommended COVID-19 vaccines and coverage of administration of those



vaccines. This applies to vaccines meeting FDA guidelines. This includes vaccines approved through Emergency Use Authorization process. This policy applies to vaccines and administrations through the Rhode Island COVID-19 State of Emergency.

Medicaid and Commercial

Vaccine codes will not be reimbursed at this time, as all vaccines will be provided at no cost to providers through the federal government. Neighborhood is requiring that providers continue to bill vaccine CPT codes for the purposes of data collection.

Vaccine administration codes will be covered and separately reimbursed according to the codes identified in this policy.

Please reference Children’s Care Payment Policy for information on COVID Vaccine Counseling.

INTEGRITY

Per Centers for Medicare and Medicaid (CMS), providers are to bill Original Medicare for both the vaccine and the administration services for all services provided in 2020 and 2021¹. Providers should not bill Neighborhood for any Integrity members. If a claim is sent to Neighborhood, it will be denied.

Effective January 1, 2022 Vaccine codes will not be reimbursed, as all vaccines will be provided at no cost to providers through the federal government. Neighborhood is requiring that providers continue to bill vaccine CPT codes for the purposes of data collection.

Vaccine administration codes will be covered and separately reimbursed according to the codes identified in this policy.

The below table represents COVID vaccines and administration codes.

| CPT Code | Description |
|----------|--|
| 91300 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use. Pfizer-BioNTech COVID-19 Vaccine |
| 0001A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose Pfizer-BioNTech COVID-19 First Dose |
| 0002A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease |

¹ <https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>

| | |
|--------------|---|
| | [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose Pfizer-BioNTech COVID-19 Second Dose |
| 0003A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose Pfizer-BioNTech COVID-19 Third Dose |
| 0004A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; Booster Pfizer-BioNTech COVID-19 Booster |
| 91307 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use Pfizer-BioNTech COVID-19 Vaccine |
| 0071A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose Pfizer-BioNTech COVID-19 First Dose |
| 0072A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose Pfizer-BioNTech COVID-19 Second Dose |
| 91301 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use Moderna COVID-19 Vaccine |
| 0011A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose |

| | |
|--------------|--|
| | Moderna COVID-19 First Dose |
| 0012A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose Moderna COVID-19 Second Dose |
| 0013A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose Moderna COVID-19 Third Dose |
| 91306 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use Moderna COVID-19 Booster Vaccine |
| 0064A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose Moderna COVID-19 Booster Dose |
| 91303 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use Johnson & Johnson COVID-19 Vaccine |
| 0031A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, single dose Johnson & Johnson Administration |
| 0034A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage; booster dose Johnson & Johnson Booster Dose |



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.

Adjustments, corrections, and reconsiderations must include the [required forms](#). All submissions must be in compliance with National Claims Standards.

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.

Coding

Non-COVID related administration coding (All Lines of Business)

| Procedure/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 |
| 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) |
| G0008 | Administration of influenza virus vaccine |
| G0009 | Administration of pneumococcal vaccine |
| G0010 | Administration of hepatitis B vaccine |

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.

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 |
|-------------------|---|
| 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 |