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## Immunization and Vaccine Payment Policy

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### 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

The following vaccines are required to be administered by the member's PCP or PCP referral circle;

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

Procedure/Description	
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular 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
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 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
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90716	Varicella virus vaccine (VAR), live, for subcutaneous 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
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use

### 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.

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
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
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
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
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 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
90681	ROTAVIRUS , LIVE, 2 DOSE ORAL
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
90710	MMRV, LIVE, SUBCU
90713	POLIOVIRUS, INACTIVE, SUBCU OR IM

Procedure/Description	
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.

**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.

### Administration coding

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)
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
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 only)
G0009	Administration of pneumococcal vaccine (INTEGRITY only)
G0010	Administration of hepatitis B vaccine (INTEGRITY only)



**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
<b>03/01/2024</b>	Annual review date, added RSV vaccine and administration codes, removed obsolete COVID-19 coding and requirements, added grid for PCP required vaccines
<b>03/29/2023</b>	Removed PCP limitation from Medicaid and Commercial
<b>01/01/2023</b>	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.
<b>11/12/2021</b>	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.
<b>05/25/2021</b>	Policy Review and Effective Date