

Vaccine and Immunization

Policy

Harvard Pilgrim reimburses contracted providers for the provision of vaccine and immunization services when provided in the office or outpatient setting.

Policy Definition

A *vaccine* is a preparation of a weakened or dead pathogen that stimulates an immune response that can prevent infection or create resistance to an infection.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Prior Authorization* for more information.

HMO/POS/PPO

- A referral is required for specialist services for HMO and in-network POS.
- Order required for travel immunization services at a contracted provider for HMO and in-network POS members.
- An authorization is required for travel immunization services at a non-contracted travel clinic for HMO and in-network POS members. (Refer to the *Authorization Policy* for specific requirements.)

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- The vaccine administration code for state-supplied and non–state-supplied vaccines
- The vaccine for non-state-supplied vaccines or state-supplied vaccines only when state supplies are exhausted; the vaccine is reimbursed at the Harvard Pilgrim fee schedule allowable. Harvard Pilgrim’s drug fee schedule is periodically updated based on Average Sale Price (ASP), Average Wholesale Price (AWP), Harvard Pilgrim Specialty Pharmacy Program, or Medicare.
- Thimersol-free vaccines
- Human papilloma virus vaccine (HPV) types (see Billing Guidelines)
- Rotovirus vaccine
- Zoster shingles vaccine
- Respiratory syncytial virus immune globulin, up to 5 doses, for children under two
- Intranasal influenza vaccine

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

Harvard Pilgrim does *not* reimburse for vaccines that are available free from the state. These vaccines may vary by state and include, but are not limited to, the following:

- Diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP)
- Diphtheria, tetanus toxoids for under age seven (DT)
- Haemophilus influenza B vaccine (Hib)
- Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis-B and polio vaccine (DtaP-HepB-IPV)
- Hepatitis A vaccine
- Hepatitis B vaccine
- Human papilloma virus vaccine (HPV)
- Influenza virus vaccine
- Measles, mumps and rubella virus vaccine (MMR)

- Meningococcal conjugate vaccine
- Meningococcal polysaccharide vaccine
- Pneumococcal conjugate vaccine
- Pneumonococcal polysaccharide vaccine
- Measles, mumps, rubella and varicella vaccine (MMRV)
- Poliovirus vaccine (IPV)
- Tetanus and diphtheria toxoids for ages seven or older
- Varicella virus vaccine

Other Non-Covered Items

- Combined vaccines if the individual components are supplied free from the state.
- Vaccines that are not FDA-approved.
- Pharmacy scripts written for the supply of a vaccine/immunization. (Vaccines are a medical benefit.)
Exceptions as noted on *Injectable and Implantable Outpatient Drug Payment Policy*.
- Routine immunizations and vaccines for out-of-area members including students (HMO only).
- Lyme disease vaccine.

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Office visit copayments do not apply for immunizations unless an office visit is billed at the same time.

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comments
90378	Respiratory cyntial virus immune globulin (RSV-IgIM), for IM use, 50 mg	Reimbursed up to five doses for children under age two
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	See "Other Information" for billing instructions
90461	Each additional vaccine/toxoid component	
90471	Primary immunization administered by percutaneous, intradermal, subcutaneous, intramuscular, and jet injection (single or combination vaccine/toxoid)	Reimbursed with a count of one only
90472	Each additional immunization subsequent to CPT code 90471 (single or combination vaccine/toxoid)	Reimbursed with a count equal to or greater than one and only when submitted in conjunction with CPT 90471/90473
90473	Primary immunization administered intranasally or orally (single or combination vaccine/toxoid)	Reimbursed with a count of one only
90474	Each additional immunization subsequent to CPT code 90473 (single or combination vaccine/toxoid)	Reimbursed with a count equal to or greater than one and only when submitted in conjunction with CPT 90471/90473
90619	Meningococcal conjugate vaccine, serogroups A,C,W,Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	Not reimbursed when available through the state as date of service 4/23/2020
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Not reimbursed when available through the state

PAYMENT POLICIES

Code	Description	Comments
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Not reimbursed when available through the state
90632, 90633, 90634	Hepatitis A vaccine	90633 — Not reimbursed when available through the state
90644	Meningococcal conjugate vaccine/HIB	Not reimbursed when available through the state
90647, 90648	Haemophilis influenza B vaccine (Hib)	Not reimbursed when available through the state
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule	Not reimbursed when available through the state Reimbursed for ages 9–26 when the series of three injections is begun by age 26, the subsequent injections are covered into age 27 to complete the series of three
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV, 3 dose schedule), for intramuscular use	Not reimbursed when available through the state Reimbursed for ages 9–26. When the series of three injections is begun by age 26 the subsequent injections are covered into age 27 to complete the series of three
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV, two or three-dose schedule), for intramuscular use	Not reimbursed when available through the state Reimbursed for ages 9–46 as of 10/05/18
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Not reimbursed when available through the state
90657, 90658	Influenza virus vaccine	Not reimbursed when available through the state
90660	Influenza virus vaccine, trivalent, live (LAIV3) for intranasal use	Not reimbursed when available through the state
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for IM use	Not reimbursed when available through the state
90670	Pneumococcal vaccine, 13 valent (PCV13)	Not reimbursed when available through the state
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Not reimbursed when available through the state
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Not reimbursed when available through the state
90674	Influenza virus vaccine, quadrivalent (CCIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage for intramuscular use	Not reimbursed when available through the state
90680	Rotavirus vaccine	Not reimbursed when available through the state
90681	Rotavirus vaccine, human, attenuated (RV1), two-dose schedule, live, for oral use	Not reimbursed when available through the state

PAYMENT POLICIES

Code	Description	Comments
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 ml dosage for intramuscular use	Not reimbursed when available through the state
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 ml dosage for intramuscular use	Not reimbursed when available through the state
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 ml for intramuscular use	Not reimbursed when available through the state
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 ml dosage for intramuscular use	Not reimbursed when available through the state
90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservation free, 0.25 mL dosage, for intramuscular use	Not reimbursed
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservation free, 0.5 mL dosage, for intramuscular use	Not reimbursed when available through the state as of date of service 2/21/2020
90696	Tetanus toxoids, acellar pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV)	Not reimbursed when available through the state
90697	Tetanus toxoids, acellar pertussis vaccine, inactivated poliovirus vaccine, haemophilus influenza type B prp-omp conjugate vaccine, and hepatitis B vaccine (DTap-IPV-HIBHEPB)	Not reimbursed when available through the state as of date of service 12/21/2018
90698	Tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and inactivated poliovirus vaccine, (DtaP-Hib IPV)	Not reimbursed when available through the state
90700	Diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP)	Not reimbursed when available through the state
90702	Diphtheria, tetanus toxoids for under age seven (DT)	Not reimbursed when available through the state
90707	Measles, mumps and rubella virus vaccine (MMR)	Not reimbursed when available through the state
90710	Measles, mumps and rubella, and varicella vaccine (MMRV)	Not reimbursed when available through the state
90713	Poliovirus vaccine (IPV)	Not reimbursed when available through the state
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Not reimbursed when available through the state
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP) when administered to seven years or older	Not reimbursed when available through the state
90716	Varicella virus vaccine	Not reimbursed when available through the state
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B and inactivated polio vaccine (DTaP-HepB-IPV)	Not reimbursed when available through the state

PAYMENT POLICIES

Code	Description	Comments
90732	Pneumococcal polysaccharide vaccine (PPPV-23)	Not reimbursed when available through the state
90734	Meningococcal conjugate vaccine, serogroups A, C, W,Y, quadrivalent diphtheria toxoid carrier(MenACWY-D) or CRM197 carrier(MenACWY-D) for intramuscular use	Not reimbursed when available through the state
90736	Zoster vaccine	Reimbursed for ages 50 and older
90743, 90744, 90746	Hepatitis B vaccine	90743, 90744 — Not reimbursed when available through the state
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	Reimbursed for ages 50 and older
90756	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Not reimbursed when available through the state
96372–96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug)	Inappropriate to use for the administration of vaccines

Billing Instructions for Vaccines/Toxoids

- Report CPT codes 90460 and 90461 only when the physician or other qualified healthcare professional, defined as *nurse practitioner, certified nurse specialist or physician assistant* provides face-to-face counseling of the patient/family during the administration of a vaccine. For an immunization administration of any vaccine that is not accompanied by face-to-face counseling to the patient/family report using CPT codes 90471-90474.
- Harvard Pilgrim prefers that a provider bills administration codes on a single line with a count (# of units).
- Modifiers should not be reported with vaccine administration codes.
- It is required that the procedure code(s) representing the vaccine/toxoid and the appropriate administration code (s) be billed on the same claim. (No reimbursement will be made for state-supplied vaccines).
- Harvard Pilgrim periodically conducts claims audits to ensure that providers are billing and reimbursed appropriately. Payments found to be inconsistent with our policies will be retracted.

State-Supplied Vaccines

- Harvard Pilgrim does not reimburse for vaccines that are available free from the state.
- Append SL modifier to the vaccine/toxoid procedure code to indicate that the vaccine was state-supplied.
- If a state-supplied vaccine becomes exhausted or not available, Harvard Pilgrim will reimburse only when the provider submits a copy of the purchase invoice and proof from the state the state supply is exhausted or not available on appeal.

Non–State-Supplied Vaccines

- Harvard Pilgrim will reimburse the vaccine/toxoid (s) and the administration of those vaccines not identified as state-supplied.

Related Policies
Payment Policies

- Evaluation and Management
- Injectable and Implantable Outpatient Drug

PUBLICATION HISTORY

06/01/01	original documentation
07/01/02	coding update
01/01/03	added Q codes; as of 04/01/03 change to state-supplied vaccine billing
01/01/04	vaccine reimbursement clarified; added SL modifier requirement
01/31/05	annual review; added coding coverage for Thimersol-free vaccine; added non-covered for HMO OOA routine immunizations and vaccines
11/01/05	added post-payment audit statement; deny statements for vaccines always state supplied: 90665, 90649, 90763 not reimbursed; 2006 coding update
01/31/07	annual review; 2007 annual coding review; added coverage for HPV, Zoster, MMRV, Rotavirus and RSV vaccine; no coverage for tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine
01/31/08	annual review; updated age requirements for 90649, 90660, annual coding update; added three new non-FDA approved flu vaccine codes
04/30/08	90649 age coverage clarified
01/31/09	annual review; annual coding update; update to coding table
09/15/09	added H1N1 billing information
09/28/09	additional H1N1 billing information
01/15/10	annual review; added 90644, 90670—no reimbursements; 90650, 90738, now reimbursed
05/15/10	added 90760, now reimbursed; 90650 not reimbursed for males
12/15/10	annual review; removed "not reimbursed" from CPT 90662; added 90460/90461 with billing instructions
12/15/11	annual review; removed deleted codes from coding grid; updated age requirements for CPT 90736
01/01/12	removed First Seniority Freedom information from header
01/15/12	annual coding update
01/15/13	annual review; updated 90644 as reimbursed; removed billing examples 90460/90461; annual coding update
11/15/13	annual review; removed "not reimbursed" from CPT 90661, 90685 & 90686
01/15/14	annual coding update
02/15/14	removed "not reimbursed" from CPT 90688; minor edits for clarity to coding grid
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
08/15/14	removed "not reimbursed" from CPT 90687
11/15/14	annual review; administrative edits
01/15/15	annual coding update
11/15/15	annual review; no changes
01/15/16	annual coding review
04/15/16	updated vaccines to indicate those state-supplied and billing guidelines for vaccines/toxoids
09/01/16	added administrative edits to coding grid for clarity
11/15/16	annual review; administrative edits
01/15/17	annual coding update
11/15/17	annual review; updated flu vaccine codes
02/01/18	annual coding review; updated Open Access Product referral information under Prerequisites
03/01/18	updated CPT 90750 reimbursed as of 10/20/17
11/01/18	annual review; added to CPT 90750 reimbursed for ages 50 and older, administrative edits
02/01/19	annual coding update
06/03/19	updated HPV vaccine coding
11/01/19	annual review; remove "due to member's age" from Other Information under State Supplied Vaccines; administrative edits
02/03/20	annual coding review
11/02/20	annual review; updated Provider Billing Guidelines and Documentation
05/01/21	updated CPT 90619,90694 and 90697 to include as of date of service

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to vaccine and immunization.