



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Payment Policy POL-PP-121	
Subject: Immunizations/Vaccines	
Effective Date: 10/1/2019	Committee Approval Obtained: 10/1/2019 Last Review: 10/1/2023 Next Review: 10/1/2024
<p>The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.bluekc.com/ContactUs/PaymentPolicies</p>	
<p>Provider Payment policies are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.</p> <p>Covered services and payment are based on the member's benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to, co-payments, deductibles, and co-insurance. Members' costs depend on member benefits.</p> <p>Certain services require prior authorization or referral.</p> <p>Blue KC reimburses health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.</p>	
Policy	<p>This policy applies to all lines of business, including, but not limited to, Commercial, Medicare Advantage, Federal Employee Program, and ACA.</p> <p>Blue KC reimburses contracted health care providers for covered, medically necessary immunizations based on the Centers for Disease Control and Prevention (CDC), age, and gender recommendations.</p> <p>http://www.cdc.gov/vaccines/</p> <p>An immunization or vaccine provides protection of susceptible patients from communicable diseases by administration of a living modified agent, a suspension of killed organisms, a protein expressed in a heterologous organism, or an inactivated toxin.</p> <p>Documentation Requirements Federal requirements mandate that you document five things when you administer a vaccine:</p> <ol style="list-style-type: none">1. The name of the vaccine and the manufacture2. The lot number and expiration date of the vaccine3. The date of administration

4. The name, address, title, and signature (electronic is acceptable) of the person administering the vaccine
5. The edition date of the Vaccine Information Statement (VIS) and date the patient or parent receives the VIS.

Immunization Administration

Immunization administration, each toxoid, with counseling through 18 years of age.

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
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)

Immunization administration that is not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family for administration to patients of any age.

Code	Description
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)

Vaccine

CPT codes 90476 – 90749 are used to identify the vaccine product only. To report the administration of a vaccine/toxoid, the vaccine/toxoid product codes 90476-90749 must be used in addition to an immunization code(s) listed above.

COMMON PEDIATRIC VACCINES

VACCINE	# OF VACCINE COMPONENTS	IMMUNIZATION ADMINISTRATION CODE(S) REPORTED
HPV	1	90460
Influenza	1	90460
Meningococcal	1	90460
Pneumococcal	1	90460
Td	2	90460, 90461
DTAP or Tdap	3	90460, 90461, 90461
MMR	3	90460, 90461, 90461

	DTaP-IPV/Hib (Pentacel)	5	90460, 90461, 90461, 90461, 90461								
	DTap-HepB-IPV (Pediarix)	5	90460, 90461, 90461, 90461, 90461								
	DTaP-IPV (Kinrix)	4	90460, 90461, 90461, 90461								
	MMRV (ProQuad)	4	90460, 90461, 90461, 90461								
	DTaP-Hib (TriHIBit)	4	90460, 90461, 90461, 90461								
	HepB-Hib (Comvax)	2	90460, 90461								
	Rotavirus	1	90460								
	IPV	1	90460								
	Hib	1	90460								
	COMMON ADULT VACCINES										
VACCINE	# OF VACCINE COMPONENTS	IMMUNIZATION ADMINISTRATION CODE(S) REPORTED									
Shingles	1	90471									
Influenza	1	90471									
Pneumococcal	1	90471									
Meningococcal	1	90471									
<p>When <u>both</u> injections and immunizations by intranasal and oral route is given, do not use 90473 for the initial immunization administered by intranasal or oral route, use 90474 "each additional vaccine."</p> <p>(For therapeutic or diagnostic injections see codes 96372 – 96379).</p> <p>Immunization administration submitted without the additional toxoid/vaccine code(s) given will be denied.</p> <p>Medicare immunization Administration for influenza, pneumonia, and hepatitis B</p> <table><tr><th>HCPCS Code</th><th>Description</th></tr><tr><td>G0008</td><td>Administration of influenza virus vaccine</td></tr><tr><td>G0009</td><td>Administration of pneumococcal vaccine</td></tr><tr><td>G0010</td><td>Administration of hepatitis B vaccine</td></tr></table> <p>For information on COVID 19 vaccines and administration please see COVID 19 Billing and Coding</p>				HCPCS Code	Description	G0008	Administration of influenza virus vaccine	G0009	Administration of pneumococcal vaccine	G0010	Administration of hepatitis B vaccine
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History	Approval Date: 10/1/2019 Effective Date: 10/1/2019										
Review	10/1/2020 – Annual update, added "immunization administration submitted without toxoid/vaccine code(s) given will be denied." 12/4/2020 – Added Federal requirements for vaccines/immunizations 10/1/2021 – Annual update, there were no changes made. 11/15/2021 – Added For information on COVID 19 vaccines and administration please see COVID 19 Billing and Coding with link. 10/1/2022 – Annual review, there were no changes made. 10/1/2023 Annual review with formatting changes.										
References and Research Materials	CMS NCCI Policy Manual										

Related Policies	N/A
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This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical Technology is constantly changing, and Blue KC reserves the right to review and update policies as needed.