

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 34.0 Administration Fee for Immunizations and Subcutaneous or Intramuscular Injections of Therapeutic, Diagnostic, and/or Prophylactic Substances	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 03/01	DATE(S) REVIEWED/REVISED: 01/01-01/14, 01/15, 01/16, 01/17, 01/18, 01/19, 10/19, 01/20, 01/21, 03/21, 01/22, 01/23	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 34.0	PAGE: 1 of 3

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Health Plan Providers
All Lines of Business
Vaccines for Children (VFC) Program for OHP

POLICY:

Company will provide reimbursement for the administration of immunizations and subcutaneous or intramuscular injections of therapeutic, diagnostic, and/or prophylactic substances. (For Medicare Part D vaccines, see additional information below.) (See also Coding Policy 21.0.)

PROCEDURE:

Immunization administration services and therapeutic, diagnostic and/or prophylactic injections are reimbursed when billed with an appropriate vaccine code or therapeutic, diagnostic, and/or prophylactic substance code that is a covered benefit. Special billing rules apply for the Vaccines for Children (VFC) program for OHP and for Medicare Part D vaccines. See below for information about VFC and Medicare Part D vaccines.

CPT codes 90460-90461 may be reported only if the documentation shows a physician or other provider who is credentialed with Company (i.e., NP or PA) provides face-to-face counseling of the patient and/or family prior to administration of vaccine(s). The American Medical Association has stated that CPT codes 90460-90461 may NOT be used for administration of COVID-19 vaccines. (See below for information about COVID-19 vaccine administration codes.) The documentation must show counseling about contraindications for each vaccine administered, review and discussion about relevant CDC Vaccine Information Statements, discussion of risks and benefits for each vaccine administered, and documentation showing patient/parent concerns and questions which were addressed.

For immunization administration of vaccine(s) not accompanied by face-to-face counseling by physician or other health care provider who is credentialed by company, report codes 90471-90474. CPT codes 90471-90474 may not be billed in conjunction with CPT codes 90460-90461 for the same vaccine, as this represents a duplication of services.

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The codes for administration of COVID-19 vaccine depend on the manufacturer of the vaccine and whether the injection is the first or second injection in the series, or a booster. **Note that the American Medical Association has stated that CPT codes 90460-90641 may NOT be used for administration of COVID-19 vaccinations.** A list of COVID-19 vaccine administration codes may be found at the AMA website at the following link:

<https://www.ama-assn.org/find-covid-19-vaccine-codes>

Company will allow additional payment for HCPCS code M0201 for administering COVID-19 vaccine to homebound patients in their homes. Report HCPCS code M0201 in addition to the appropriate CPT code for the product- and dose-specific COVID-19 vaccine administration. Code M0201 may be reported only once per household, regardless of the number of vaccines administered.

Except for CPT code 90460, only one initial administration code may be reported on a single day, even if injections are administered by different routes. For example, if an immunization is administered by intramuscular injection at the same time as an immunization is administered by intranasal route, code 90471 (Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine) may be reported for administering one vaccine and code 90474 (Immunization administration by intranasal or oral route; each additional vaccine) may be reported for administering the second vaccine. It is not appropriate to report 90471 with 90473 in this scenario.

Codes G0008, G0009, and G0010 (administration of Medicare Part B vaccines) apply only to Medicare line of business. For Commercial lines of business use codes 90470-90474 or 90460-90461.

MEDICARE PART D VACCINES

Medicare Part D vaccines are not covered unless the member has Part D benefit. If the member does not have Part D with Company, then both the Part D vaccine and administration fee are the member's responsibility. For members with Part D benefits, the billing options for Part D vaccines are:

- Provider may write a prescription for member to take to participating pharmacy. The pharmacy may administer and bill the vaccine.
- Provider may administer the vaccine in the office, and member will use out-of-network access rules. Under these rules, member will need to pay the physician for the vaccine and the administration fee. The member may then submit a claim to Providence Medicare Plans for reimbursement.

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Additional information about Company’s policies for Medicare Part D vaccines may be found on ProvLink under Pharmacy Communications.

VACCINES FOR CHILDREN PROGRAM (APPLIES ONLY TO OHP)

Under the Vaccines for Children (VFC) Program, the State of Oregon supplies vaccines at no charge for children who meet the criteria. Based on federal regulations, Company requires all providers who immunize Company OHP patients to use only vaccines obtained through the VFC Program. Because the vaccine is supplied by the State of Oregon at no cost to the provider, the provider may not bill Company for the vaccine itself. Administration charges related to VFC will be reimbursed at the current DMAP rate.

Report the charge for administration of a VFC vaccine by using the code for the vaccine rather than the usual administration code and add modifier -SL (state supplied vaccine) to indicate that you are billing for administration only and not the vaccine itself. Company will also accept modifier -26 on the charge for administering a state supplied vaccine, but -SL is the preferred modifier.

***Note:** Contract exceptions may apply

REFERENCE:

Current Procedural Terminology, CPT
 Providence Health Plan Clinical Coding Edits
 National Correct Coding Initiative Policy