

Vaccines and Immunizations

Policy

Mass General Brigham Health Plan reimburses contracted providers for covered immunization services, including medically necessary supplies.

This guideline does not apply to immunoglobulins, serum or recombinant products, such as, but not limited to, or Rho(D) immune globulins.

Reimbursement

Providers are reimbursed in accordance with the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [General Coding and Billing](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

Mass General Brigham Health Plan reimbursement is based online of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

MassHealth or MyCareFamily members

Consult the MassHealth Physician Manual for information on reimbursable and non-reimbursable codes.

Commercial members

Entire policy applies

Mass General Brigham Health Plan Reimburses

- Adult vaccine administration codes when not reported with an E/M service
- Pediatric vaccine and immunization counseling, when properly documented in the member's medical record
- Pediatric vaccine administration when not reported with an E/M service

Mass General Brigham Health Plan Does *Not* Reimburse

- Combined vaccines when the individual components are available and supplied by a government entity.
- Provision of a vaccine when the following conditions are present:
 - The provider is eligible to receive the vaccine used to immunize the Mass General Brigham Health Plan member, at no cost, under the auspices of a government vaccine distribution program.
 - The vaccine the provider administered is available under a government program.
 - The Mass General Brigham Health Plan member receiving the vaccine is a qualified recipient under the vaccine distribution program.
 - The vaccine is administered to a Mass General Brigham Health Plan member when the member does not fall into a risk group for whom the immunization is recommended.
- State-supplied vaccine cost(s).
- Unlisted Services and Procedures.
- Vaccine administration codes reported standalone (i.e., without code specifying which vaccine or toxoid is being administered).
- Vaccines not approved by the FDA.
- Vaccines administered as part of a workplace requirement.

Procedure Codes

Note: Code descriptors modified from the AMA CPT for publishing purposes. This list of codes may not be all-inclusive and can and will change from time to time. Inclusion of a code in this document does not imply or guarantee coverage and/or reimbursement.

Code	Descriptor	Comments
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/toxoid administered.	For the first vaccine component, reimbursed with a count of 1.
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/toxoid component administered (List separately in addition to code for primary procedure).	For each additional component , in addition to CPT 90460 reimbursed with a count =>1. For billing tips, please refer to the Provider Payment Guidelines and Documentation section below.
90471	Immunization administration, one vaccine (single or combination vaccine/toxoid).	Submit for immunization administration not accompanied by face-to-face physician or qualified health care professional counseling to patient /family OR for administration of vaccines to patients over 18 years of age. Reimbursed with a count of 1 per day. Do not report with CPT 90473.

Provider Payment Guidelines

Code	Descriptor	Comments
90472	Immunization administration, one vaccine (single or combination vaccine/toxoid), each additional vaccine product.	Submit for immunization administration not accompanied by face-to-face physician or qualified health care professional counseling to patient /family OR for administration of vaccines to patients over 18 years of age. Reimbursed with a count =>1, in addition to 90471 or 90473.
90473	Immunization administration oral or intranasal; one vaccine product.	Submit for immunization administration not accompanied by face-to-face physician or qualified health care professional counseling to patient /family OR for administration of vaccines to patients over 18 years of age. Reimbursed with a count of 1 per day. Do not report with CPT 90471.
90474	Immunization administration oral or intranasal, each additional vaccine product.	Submit for immunization administration not accompanied by face-to-face physician or qualified health care professional counseling to patient /family OR for administration of vaccines to patients over 18 years of age. Reimbursed with a count =>1, in addition to CPT 90471 or 90473.

For codes applicable to this Guideline, refer to the AMA CPT Manual, CPT Codes 90620-90748 in the “Vaccines, Toxoids” sub-section of “Medicine” Guidelines.

Provider Payment Guidelines

Modifiers

Modifier	Descriptor	Reimbursement
SL	State Supplied Vaccine	Not reimbursed

Provider Payment Guidelines and Documentation

- Submit a CPT® vaccine/toxoid product code for each administered vaccine/toxoid product on a single claim line, with a count of one.
- Append Modifier SL to each CPT® vaccine/toxoid product code in the first modifier field when the vaccine is state-supplied. (Mass General Brigham Health Plan uses post payment audit data to confirm compliance with the billing guidelines for State-supplied vaccines.)
- Submit appropriate CPT vaccine/immunization *administration* code(s) as follows:
 - For administration and physician counseling (CPT **90460-90461**) of multiple component vaccines, provided to children 18 years of age or younger, submit 90460 for the first component administered, and 90461 for each additional component included in the vaccine.
 - Report one initial administration code per day, regardless of vaccine administration method.
 - Do not bill CPT codes 90460, 90471, and 90473 together on the same date of service.
 - When one of the initial administration codes is billed, report all additional vaccine/toxoid components administered with the appropriate add-on code (i.e., 90461, 90472 or 90474).

Example 1:

DTaP, intramuscular provided to a 2-month-old infant would be coded as follows. Product contains 3 toxoids: 1) diphtheria, 2) tetanus toxoids, 3) acellular pertussis.

<u>CPT Code</u>	<u>CPT Short Descriptor</u>	<u>Codes To Be reported</u>
90700	DTaP (IM) (Vaccine Product)	90700 X 1
90460	Imadm any route 1st vac/tox	90460 X 1
90461	Imadm any route addl vac/tox	90461 X 2

Provider Payment Guidelines

Example 2: Rotavirus (oral) provided to a 2-month-old infant would be coded as follows:

<u>CPT Code</u>	<u>CPT Short Descriptor</u>	<u>Code(s) To Be Reported</u>
90680	Rotavirus vaccine for oral use (Vaccine Product)	90680 X 1
90460	Imadm any route 1st vac/tox	90460 X 1

- For immunization administration of any vaccine that is not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family, or for administration of vaccines to patients over 18 years of age, report codes 90471-90474. Submit as follows:

Example 3: Td (*Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use*), administered to a 19-year-old person, or administered to a 9-year-old child by a nurse (RN, LPN), would be coded as follows:

<u>CPT Code</u>	<u>CPT Short Descriptor</u>	<u>Code(s) To Be Reported</u>
90714	Td (Vaccine/toxoid Product)	90714 X 1
90471	Immunization admin	90471 X 1

A provider may be compelled to administer a privately purchased vaccine in the event of a documented shortage of a qualified, universally available and furnished, no-cost vaccine. Please refer to the MDPH website listed in the Reference Section of this policy for the most current information regarding vaccine availability. Reimbursement will be at the applicable Mass General Brigham Health Plan fee schedule rate. The provider should be able to provide documentation from the State that the qualified, universally available and furnished at no-cost vaccine was not available, should Mass General Brigham Health Plan request such documentation.

Related Documents

[General Coding and Billing](#)

[Modifiers](#)

[Retail Clinic - Limited Service Clinic](#)

References

[Advisory Committee on Immunization Practices](#)

[Centers for Disease Control and Prevention: Immunization Schedules](#)

[CDC Current Vaccine Shortages and Delays](#)

[MassHealth Physician Manual](#)

[Massachusetts Immunization Program Guidelines](#)

Publication History

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Original documentation

January 1, 2011

Vaccine Administration codes updated. Disclaimer updated.

July 24, 2012

*Limitations, definitions, codes, code descriptors and references updated; added travel vaccines; deleted codes 90663 and 90718 removed. **Effective:** August 1, 2012*

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May 1, 2018

Template update; codes, code descriptors updated, related documents and references updated; language simplification

January 1, 2019

Document restructure; codes, code descriptor and references updated.

January 1, 2023

Document rebrand; updated references

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan 's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.