

# Vaccination (Immunization)

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[↪ Terms and Conditions](#)

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**Related Medicare Advantage Reimbursement Policy**

- [Discarded Drugs and Biologicals Policy, Professional](#)

## Policy Summary

[↪ See Purpose](#)

### Overview

Vaccinations or inoculations are excluded as immunizations unless directly related to the treatment of an injury or direct exposure to a disease or condition as listed below. Preventive immunizations are not covered except for the following: pneumococcal, hepatitis B, and influenza virus vaccines. If a vaccine or inoculation is not covered, related charges are also not covered. ([CMS Pub 100-02 Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 50.4.4.2 – Immunizations](#)).

### Guidelines

Refer to the [Applicable Codes](#) for Medicare covered (Part B), Medicare non-covered, and Medicare possibly covered (Part D) immunizations.

Medicare provides preventive coverage only for certain vaccines. These include:

- Influenza: once per flu season.
- Pneumococcal: An initial pneumococcal vaccine to Medicare beneficiaries who have never received the vaccine under Medicare Part B; and a different, second pneumococcal vaccine 1 year after the first vaccine was administered.
- Hepatitis B: for persons at intermediate-to high-risk only. People who are considered high or medium risk for hepatitis B are:
  - Those with End-Stage Renal Disease (ESRD) also known as kidney failure.
  - Hemophiliacs.
  - Clients and staff at institutions for the developmentally disabled.
  - Those who live in the same household as a hepatitis B carrier.
  - Homosexual men.
  - Illicit drug users.
  - Health care professionals who have frequent contact with blood or other body fluids during routine work.
- Other immunizations are covered under Medicare only if they are directly related to the treatment of an injury or direct exposure:
  - Rabies.
  - Tetanus.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT Code   | Description   |
|--|---|
| <b>Medicare Covered for Influenza and Pneumococcal</b>   |   |
| Vaccines listed below are eligible for Medicare Part B payment. These vaccines may be reimbursed regardless of the setting in which they are furnished. In addition, the administration fee for these vaccines is also eligible for payment. |   |
| 90630  | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use   |
| 90653  | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use (FDA approved for adults 65 years of age and older)  |
| 90654  | Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use  |
| 90655  | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use  |
| 90656  | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use   |
| 90657  | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use   |
| 90660  | Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use  |
| 90661  | Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use  |
| 90662  | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (FDA approved for adults 65 years of age and older) |
| 90670  | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use  |
| 90671  | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use  |
| 90672  | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use (FDA approved for 2 years through 49 years of age)  |
| 90673  | Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use                               |
| 90674  | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use                                     |
| 90677  | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use  |
| 90682  | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use                            |
| 90685  | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use (FDA approved for 6 months through 35 months of age)                               |
| 90686  | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use  |
| 90687  | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use (FDA approved for 6 months through 35 months of age)   |
| 90688  | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use   |
| 90689  | Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use   |
| 90694  | Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use   |

| CPT Code   | Description   |
|--|---|
| <b>Medicare Covered for Influenza and Pneumococcal</b>   |   |
| Vaccines listed below are eligible for Medicare Part B payment. These vaccines may be reimbursed regardless of the setting in which they are furnished. In addition, the administration fee for these vaccines is also eligible for payment.   |   |
| 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   |
| 90756  | Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use   |
| <b>Medicare Covered for Hepatitis B (See <a href="#">Coding Clarification</a>)</b>   |   |
| 90739  | Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use  |
| 90740  | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use   |
| 90743  | Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use  |
| 90744  | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use   |
| 90746  | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use  |
| 90747  | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use   |
| 90759  | Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use (Effective 01/11/2022)   |
| <b>Medicare Covered for Tetanus and/or Diphtheria Vaccine:</b> The below injections are covered when given for an acute injury to a person who is incompletely immunized. When the tetanus booster is given to a patient in the absence of an injury, the injection does not meet the coverage criteria for Medicare (even though it may be appropriate preventive treatment). |   |
| 90702  | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use   |
| 90714  | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use   |
| 90715  | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use  |
| <b>Medicare Covered for Rabies Vaccine:</b> Rabies is a disease that is carried by animals and transmitted by a bite or scratch. When administering a rabies vaccine to a human who has had an encounter with an animal that is at high risk for rabies, 90675 should be billed with the appropriate ICD-10 diagnosis code for the exposure.                                   |   |
| 90675  | Rabies vaccine, for intramuscular use   |
| 90676  | Rabies vaccine, for intradermal use   |
| <b>Medicare Covered for Administration of Tetanus, Diphtheria and/or Rabies Vaccines:</b> Administration codes for the tetanus and rabies vaccinations must also meet coverage criteria.   |   |
| 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)   |

| CPT Code  | Description  |
|---|--|
| <b>Medicare Non-Covered:</b> Vaccinations listed below are never covered by Medicare Part B or Medicare Part D.   |  |
| 90476   | Adenovirus vaccine, type 4, live, for oral use   |
| 90477   | Adenovirus vaccine, type 7, live, for oral use   |
| 90587   | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use  |
| 90625   | Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use   |
| 90626   | Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use  |
| 90627   | Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use   |
| 90644   | Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use              |
| 90658   | Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use   |
| 90664   | Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use   |
| 90666   | Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use   |
| 90667   | Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use  |
| 90668   | Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use  |
| 90681   | Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use  |
| 90697   | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenza type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use |
| 90723   | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use  |
| 90738   | Japanese encephalitis virus vaccine, inactivated, for intramuscular use  |
| 90748   | Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use   |
| 90758   | Zaire ebolavirus vaccine, live, for intramuscular use  |
| <b>Medicare Possibly Covered (Part D) – All Others:</b> Vaccinations listed below are never covered by Medicare Part B however may be covered by Medicare Part D Prescription Drug Coverage (reference the applicable formulary). |  |
| 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)                                  |
| 90581   | Anthrax vaccine, for subcutaneous or intramuscular use   |
| 90585   | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use  |
| 90586   | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use  |
| 90619   | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use   |
| 90620   | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use  |
| 90621   | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 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   |
| 90634   | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use   |
| 90636   | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use   |

| CPT Code  | Description   |
|---|---|
| <b>Medicare Possibly Covered (Part D) – All Others:</b> Vaccinations listed below are never covered by Medicare Part B however may be covered by Medicare Part D Prescription Drug Coverage (reference the applicable formulary). |   |
| 90647   | Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use  |
| 90648   | Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use  |
| 90649   | Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use   |
| 90650   | Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 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   |
| 90680   | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use   |
| 90690   | Typhoid vaccine, live, oral   |
| 90691   | Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use  |
| 90696   | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DtaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use |
| 90698   | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DtaP-IPV/Hib), for intramuscular use                     |
| 90700   | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), when administered to individuals younger than 7 years, for intramuscular use                                     |
| 90707   | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use  |
| 90710   | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use   |
| 90713   | Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use  |
| 90716   | Varicella virus vaccine (VAR), live, for subcutaneous use   |
| 90717   | Yellow fever vaccine, live, for subcutaneous use  |
| 90733   | Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use   |
| 90734   | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use                    |
| 90736   | Zoster (shingles) vaccine (HZV), live, for subcutaneous injection   |
| 90749   | Unlisted vaccine/toxoid   |
| 90750   | Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use (FDA approved for adults 50 years of age and older)  |

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| HCPCS Code   | Description   |
|--|---|
| <b>Medicare Covered for Influenza and Pneumococcal</b>   |   |
| Vaccines listed below are eligible for Medicare Part B payment. These vaccines may be reimbursed regardless of the setting in which they are furnished. In addition, the administration fee for these vaccines is also eligible for payment. |   |
| Q2034  | Influenza virus vaccine, split virus, for intramuscular use (Agrimflu)  |
| Q2035  | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)  |
| Q2036  | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL) |
| Q2037  | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN) |

| HCPCS Code   | Description  |
|--|--|
| <b>Medicare Covered for Influenza and Pneumococcal</b>   |  |
| Vaccines listed below are eligible for Medicare Part B payment. These vaccines may be reimbursed regardless of the setting in which they are furnished. In addition, the administration fee for these vaccines is also eligible for payment. |  |
| Q2038  | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) |
| Q2039  | Influenza virus vaccine, not otherwise specified   |
| <b>Medicare Covered for Influenza and Pneumococcal</b> (see <a href="#">Coding Clarification</a> )   |  |
| G0008  | Administration of influenza virus vaccine  |
| G0009  | Administration of pneumococcal vaccine   |
| <b>Medicare Covered for Hepatitis B</b> (see <a href="#">Coding Clarification</a> )  |  |
| G0010  | Administration of hepatitis B vaccine  |

| Modifier | Description     |
|----------|-----------------|
| AT       | Acute treatment |

| Diagnosis Code  |
|---|
| <a href="#">Vaccination (Immunization): Diagnosis Codes List</a> <input type="checkbox"/> |

## Definitions

**Vaccination:** An injection of a killed microbe in order to stimulate the immune system against the microbe, thereby preventing disease. Vaccinations, or immunizations, work by stimulating the immune system, the natural disease-fighting system of the body. The healthy immune system is able to recognize invading bacteria and viruses and produce substances (antibodies) to destroy or disable them. Immunizations prepare the immune system to ward off a disease. To immunize against viral diseases, the virus used in the vaccine has been weakened or killed. To only immunize against bacterial diseases, it is generally possible to use a small portion of the dead bacteria to stimulate the formation of antibodies against the whole bacteria. In addition to the initial immunization process, it has been found that the Effectiveness of immunizations can be improved by periodic repeat injections or “boosters.”

## Questions and Answers

|   |           |   |
|---|-----------|---|
| 1 | <b>Q:</b> | Where is the Medicare sourcing for coverage of the Hepatitis B vaccine? I thought it was covered for everyone.  |
|   | <b>A:</b> | The CMS sourcing for a list of indications that support payment of the Hepatitis B series can be found in the Vaccination (Immunization): ICD-10 Diagnosis Code List attachment.  |
| 2 | <b>Q:</b> | Can I charge an administration fee?   |
|   | <b>A:</b> | Yes. Administration fees for vaccines could be handled in the following manner: <ul style="list-style-type: none"> <li>Part D vaccines, including the associated administration costs could be billed on one claim to the beneficiary or to the Part D plan.</li> </ul> <p><b>Note:</b> CMS believes that Part D vaccines, including the associated administration costs, should be billed on one claim for both in- and out-of-network situations. Part D vaccine administration costs are a component of the negotiated price for a Part D-covered vaccine.</p> |
| 3 | <b>Q:</b> | When did CPT Code 90694 become effective?   |
|   | <b>A:</b> | CPT Code 90694 became effective as a code with a status indicator of ‘N’-non covered on 01/01/2020. On 07/01/2020 the status indicator changed to ‘A’ and is now considered covered.  |

# References

## CMS Local Coverage Determinations (LCDs) and Articles

| LCD                                  | Article  | Contractor  | Medicare Part A                                | Medicare Part B                                |
|--------------------------------------|--|-------------|--|--|
| N/A                                  | <a href="#">A54767 Billing and Coding: Medicare Preventive Coverage for Certain Vaccines</a> | Palmetto    | AL, GA, TN, NC, SC, VA, WV                     | AL, GA, TN, NC, SC, VA, WV                     |
| N/A                                  | <a href="#">A52438 Billing and Coding: Tetanus Immunization</a>                              | CGS         | KY, OH   | KY, OH   |
| <a href="#">L34596 Immunizations</a> | <a href="#">A56900 Billing and Coding: Immunizations</a>                                     | WPS         | IA, IN, KS, MI, MO, NE                         | IA, IN, KS, MI, MO, NE                         |
| N/A                                  | <a href="#">A58872 Billing and Coding: Tetanus Immunization</a>                              | First Coast | FL, PR, VI                                     | FL, PR, VI                                     |
| N/A                                  | <a href="#">A58873 Billing and Coding: Tetanus Immunization</a>                              | Novitas     | AR, CO, DC, DE, LA, MD, NM, MS, NJ, OK, PA, TX | AR, CO, DC, DE, LA, MD, NM, MS, NJ, OK, PA, TX |

## CMS Benefit Policy Manual

[Chapter 15: § 50 Drugs and Biologicals](#)

## CMS Claims Processing Manual

[Chapter 17: § 10 Payment Rules for Drugs and Biologicals, § 40 Discarded Drugs and Biologicals](#)

[Chapter 18 Preventive & Screening Services](#)

## CMS Transmittal(s)

[Transmittal 3827, Change Request 10196, Dated 08/04/2017 \(Quarterly Influenza Virus Vaccine Code Update - January 2018\)](#)

[Transmittal 3908, Change Request 10224, Dated 11/03/2017 \(Influenza Vaccine Payment Allowances - Annual Update for 2017-2018 Season\)](#)

[Transmittal 4127, Change Request 10871, Dated 09/15/2018 \(Quarterly Influenza Virus Vaccine Code Update - January 2019\)](#)

[Transmittal 11322, Change Request 12686, Dated 03/29/2022 \(Claims Processing Instructions for the New Hepatitis B Vaccine Code 90759\)](#)

[Transmittal 11329, Change Request 12439, Dated 03/29/2022 \(Claims Processing Instructions for the New Pneumococcal 15-valent Conjugate Vaccine\)](#)

## MLN Matters

[Article MM8249, New Influenza Virus and Hepatitis B Virus Vaccine Codes](#)

[Article MM8473, New Influenza Virus Vaccine Code](#)

[Article MM9051, Modifications to Medicare Part B Coverage of Pneumococcal Vaccinations](#)

[Article MM9778, Update to Hepatitis B Deductible and Coinsurance and Screening Pap Smears Claims Processing Information](#)

[Article MM9793, Implementation of New Influenza Virus Vaccine Code](#)

[Article MM9876, Implementation of New Influenza Virus Vaccine Code](#)

[Article MM10196 Revised, Quarterly Influenza Virus Vaccine Code Update – January 2018](#)

[Article MM10871 Revised, Quarterly Influenza Virus Vaccine Code Update - January 2019](#)

[Article MM11293, Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - July 2019 Update](#)

[Article MM11318, July 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

[Article MM12439, Claims Processing Instructions for the New Pneumococcal](#)

[Article MM12723, Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations for the Medicare Benefit Policy Manual Chapter 15, Section 50.4.4.2](#)

[Article SE0727, Reimbursement for Vaccines and Vaccine Administration Under Medicare Part D](#)

[Article SE17026, 2017 - 2018 Influenza \(Flu\) Resources for Health Care Professionals](#)

## Other(s)

[Medicare Preventive Services Guide](#)

[Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 5 - Correct Coding Initiative, CMS Website](#)

[Medicare National Coverage Determinations \(NCD\) Manual, CMS Website](#)

[Tetanus Vaccine, GY Modifier, Last Updated 12/13/2021, Novitas Website](#)

[Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B \(PDF\)](#)

[Medicare Part D Vaccines \(PDF\)](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

| Date       | Summary of Changes   |
|------------|--|
| 02/23/2024 | <b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG341.18</li></ul> |

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS"



basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).