

Vaccines for Children Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies 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. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. *CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

The Vaccines for Children (VFC) program was established in 1993 to serve children defined as "federally vaccine eligible" under section 1928(b)(2), which includes both "uninsured" and "Medicaid eligible" children. American Indian, Alaskan Native children and children whose insurance does not cover immunizations are also eligible for VFC. States will continue to receive federal funding for reduced-price vaccines under this program. All children from birth through 18 years of age (18 years + 364 days) who are covered by Medicaid are considered VFC eligible because of their Medicaid status.

The Advisory Committee on Immunization Practices (ACIP) is a federal advisory committee whose role is to provide advice and guidance to the Secretary and the Assistant Secretary for Health and Human Services, and the Director, Centers for Disease Control and Prevention (CDC), regarding the most appropriate selection of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States.

Immunization programs that receive VFC funds are required to implement ACIP-recommended vaccines for which there are VFC resolutions and for which federal contracts have been established to purchase these vaccines.

The ACIP proposes that vaccines to prevent the following diseases be included in the Vaccines for Children (VFC) program:

- COVID-19
- Dengue
- Diphtheria
- Haemophilus influenza type b
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Influenza
- Measles
- Meningococcal
- Mumps
- Pertussis (whooping cough)
- Pneumococcal
- Poliomyelitis
- Rotavirus
- Respiratory syncytial virus
- Rubella
- Tetanus
- Varicella (Chickenpox)

The ACIP includes in the Vaccines for Children program vaccines which are used to prevent the 19 diseases listed above; to be administered as provided in other VFC resolutions.

Generally, only combined antigen vaccines - such as MMR or DTaP - will be provided through the VFC Program. Single antigen vaccines will be available and related administration fees reimbursable only when a normally appropriate combined antigen is contraindicated and documented in the member's medical records.

While Influenza vaccine is part of the VFC program, the influenza vaccine ("flu shot") is generally ordered separately from other VFC vaccines. Flu vaccine is ordered on a different schedule as it is not a vaccine supplied year-round. Many states have Influenza vaccination programs in addition to VFC program.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS measures address a broad range of important health issues including Childhood and Adolescent Immunization Status.

Reimbursement Guidelines

Through this policy, UnitedHealthcare Community Plan will ensure compliance with the federally mandated Vaccines For Children program, while reducing inappropriate payments where providers have access to free vaccines for children enrolled in Medicaid and meet all State specific requirements. This policy applies to members under age 19 only (age 18 + 364 days). As part of the Patient Protection and Affordable Care Act (PPACA) regulations the Centers for Medicare & Medicaid Services (CMS) require Medicaid programs to reimburse for VFC services on administration codes 90460, 90471, 90472, 90473, and/or 90474 rather than the serum/toxoid code. Per the PPACA legislation, CPT code 90461 is NOT reimbursable for VFC services. Some states have determined to pay all of these administration codes (except 90461), some only 90460. Any variations from this are listed under the State Exceptions portion of this policy. Please refer to the communication posted by your State Fee for Service Medicaid Plan for further details on which administration codes are payable in each state and which immunizations are considered part of the VFC program in each state.

The vaccine code(s) and administration code(s) may be submitted on separate claims, but the claims must be for the same date of service by the same provider and the number of units for each must match. Excessive units of either code(s) will be denied – i.e., 90658 (vaccine) – 1 unit.

90471 (administration) – 1 unit
 90696 (vaccine) – 1 unit
 90472 (administration) – 2 units – 1 unit would deny as there is no corresponding vaccine code billed.

Some States require that modifiers be appended to the serum code (s) and/or the vaccine administration code(s). Please refer to the communication posted by your State Fee for Service Medicaid Plan for further details for modifier requirements of each State.

State Exceptions

Arizona	<p>The SL modifier must be appended to the vaccine administration code and the serum code. If the SL modifier is not appended, both the administration and serum codes will be denied.</p> <p>Per State Regulations, the serum code should be billed with a \$0.00 charge. Administration code 90461 is covered for VFC related vaccines</p>
California	<p>Per State Regulations:</p> <ul style="list-style-type: none"> • California requires the SL modifier be appended to the vaccine's serum code. If the SL modifier is not appended, the serum code will not be counted and the corresponding administration code will be denied. • California will only reimburse administration code 90471 for VFC related vaccines. • Code 90644, 90620 & 90621 needs to be billed with an SK modifier or SL modifier but not SL alone. • Code 90734 needs to be billed with modifiers SK and SL for children 0 to 10 but only with SL modifier for children 11 to 18.
Colorado	<p>Colorado's CHIP product does not participate in the VFC program.</p>
Florida	<p>Per State Regulations, MediKids product does not participate in the VFC program.</p> <p>90480 is the only administration code to be billed with Covid Serum codes</p>
Indiana	<p>Per state regulations, a SL modifier must be appended to the vaccine administration codes 90471 thru 90474. If the SL modifier is not appended, services will be denied.</p> <p>Per state regulations, 90460 is a non-covered code</p>
Kansas	<p>Kansas Medicaid claims submitted with modifier SL will be denied unless the federal government has announced a vaccine shortage through the VFC program.</p>
Kentucky	<p>Vaccine administration code 90461 is not payable when vaccine serums are billed with the SL modifier, indicating it was obtained through the VFC program.</p>
Maryland	<p>Maryland requires the SE modifier to be appended to the vaccine serum code effective with dates of service as of 9/1/13. If the modifier is not appended with dates of service on or after 9/1/13, the serum code will be denied.</p> <p>Per State Regulation, Maryland pays on the serum code rather than the vaccine administration code. The administration code is not required to be on the claim.</p>
Massachusetts	<p>Massachusetts Senior Care Options (SCO) Plan is for individuals who are 65 and over and they do not enroll any children. The VFC program does not apply to Massachusetts.</p>
Minnesota	<p>Minnesota requires the SL modifier be appended to the vaccine serum code. If the SL modifier is not appended, the serum code will not be counted and the corresponding administration code will be denied.</p>

State Exceptions	
Mississippi	<p>The EP modifier must be appended to the vaccine administration code and the serum code for MSCAN. If the EP modifier is not appended for MSCAN, both the administration and serum codes will be denied.</p> <p>CPT 90715 may be billed without the EP modifier for pregnant patients under 19 years of age with a TH modifier.</p>
Missouri	<p>Missouri requires the SL modifier be appended to the vaccine serum code. If the SL modifier is not appended, the serum code will be denied.</p> <p>Per State Regulation, Missouri pays on the serum code rather than the vaccine administration code. The administration code is not required to be on the claim.</p> <p>Missouri CHIP members should not be excluded from VFC.</p>
Nebraska	<p>Nebraska requires the SL modifier be appended to the vaccine serum code. If the SL modifier is not appended, the serum code will be denied.</p> <p>Per State Regulation, Nebraska pays on the serum code rather than the vaccine administration code. The administration code is not required to be on the claim.</p>
New Jersey	<p>Medicaid members in New Jersey's FamilyCare Plans B, C, and D are excluded from this policy.</p>
New York	<p>New York requires the SL modifier be appended to the vaccine serum code. If the SL modifier is not appended, the serum code will not be counted and the corresponding administration code will be denied.</p> <p>New York will only reimburse administration code 90460 for VFC related vaccines.</p>
North Carolina	<p>Per state regulations, modifier EP is required for vaccine administration codes. North Carolina CHIP members do not participate in the VFC program. However, North Carolina does allow for reimbursement of the vaccine administration fees when the TJ modifier is used. North Carolina requires use of TJ modifier when periodic/preventive health care services for a Health Choice beneficiary is provided. Use of EP modifier for CHIP is not allowed. TJ modifiers are reimbursed at the same rate as the EP modifiers in the Physicians Services Fee schedule. American Indian (AI) and American Native (AN) Health Choices members are covered through VFC program.</p> <p>The state of North Carolina allows for reimbursement of vaccine and administration fees for individuals 19 and 20 years of age.</p>
Ohio	<p>The Ohio Department of Medicaid developed a uniform pediatric vaccine billing policy and practice that will be implemented in both Medicaid Fee for Service and all the Managed Care Plans (MCPs). Medicaid FFS- and MCP-contracted providers shall adhere to the following instructions when coding and submitting claims for pediatric vaccines administered to Medicaid recipients:</p> <p>Use CPT code 90460 for the administration of vaccines administered under the federal VFC program. CPT code 90461 should not be used for the reporting of each vaccine toxoid component of a combination vaccine since as previously noted above ODM will pay providers for each separate vaccine administration. Additionally, vaccine administration codes 90471 through 90474 should not be used for the administration of vaccines covered under the federal VFC program (since ODM applies a \$15.00 payment for each vaccine being administered).</p> <p>Report CPT code 90460 on each claim along with each vaccine toxoid CPT code administered. 90460 should be reported on multiple detail lines to indicate the total number of administrations performed. Total number of detail lines reported must equal total number of VFC vaccine toxoid codes administered by the provider. Submit a charge of \$0.00 with the toxoid code to Medicaid MCPs and fee-for-service for the claims payment system to accurately process these claims. Report the appropriate vaccine toxoid CPT code for the administration of combination vaccines.</p>

State Exceptions	
	<p>Separate payment for either an office visit or well child visit will be allowed as long as the provider's documentation supports that a separately identifiable visit was performed in addition to the administration of vaccines. Providers will need to append the visit code with modifier 25 to signify that a separately identifiable visit was provided.</p> <p>Effective 10/1/2020 – 3/31/3023 claims from non VFC providers submitted with admin codes 90471/90472 and a serum code will be allowed.</p>
Pennsylvania	Pennsylvania's CHIP product does not participate in the VFC program.
Rhode Island	The serum code is not required to be on the claim. Effective 5/1/2016, administration code 90461 is covered for VFC related vaccines.
Tennessee	Tennessee Cover Kids program is exempt from the VFC Policy.
Texas	If a vaccine is defined as "not available" through VFC due to distribution guidelines, negotiations with TVFC, not yet funded by TVFC or insufficient supply, the Provider may use the state-define modifier (UI) to identify when a Vaccine(s)/toxoid(s) privately purchased by provider when TVFC vaccine/toxoid is unavailable.
Virginia	<p>Virginia pays on the serum code rather than the vaccine administration code. The administration code is not required to be on the claim.</p> <p>Virginia FAMIS product does not participate in the VFC program.</p>
Washington	Washington is exempt from the VFC Policy
Washington DC	Washington DC is exempt from the VFC Policy
Wisconsin	Per State Regulation, Wisconsin pays on the serum code rather than the vaccine administration code. The administration code is not required to be on the claim.

Definitions	
CHIP	Children's Health Insurance Program
Modifier SE	State or Federally Funded Program
Modifier SL	State Supplied
VFC	Vaccines for Children

Questions and Answers	
1	<p>Q: What are PPACA and VFC?</p> <p>A: PPACA is the Patient Protection and Affordable Care Act (Healthcare Reform initiative) and VFC is the Vaccines for Children Program.</p>
2	<p>Q: What has changed?</p> <p>A: As part of the PPACA Regulations, changes take effect Jan. 1, 2013, regarding increased reimbursement to qualified providers for certain CPT codes. As part of this increase, the Centers for Medicare & Medicaid Services (CMS) requires state Medicaid programs to reimburse for VFC services on administration codes 90460, 90471, 90472, 90473, and/or 90474 rather than the serum/toxoid code.</p>
3	<p>Q: Are there any States that have determined to pay differently than referenced in Question 2?</p> <p>A: Yes, those States are listed in the "State Exceptions" portion of this policy document.</p>

Attachments	
VFC Serum-Toxoid Codes List	A List of State specific VFC Serum codes that are eligible for VFC reimbursement.
VFC Administration Codes List	A List of State specific VFC Administration codes that are eligible for VFC reimbursement.

Resources
<p>Individual state Medicaid regulations, manuals & fee schedules</p> <p>American Medical Association, <i>Current Procedural Terminology (CPT®) Professional Edition</i> and associated publications and services</p> <p>Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services</p> <p>Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets</p> <p>Centers for Disease Control and Prevention</p>

History	
5/2/2024	Policy Version Change State Exceptions Section: Florida, Indiana, Minnesota and Texas updated
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