



## IMMUNIZATION GUIDELINES

File Name: immunization\_guidelines\_MA

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### Description

Immunization is the process of protecting susceptible individuals from communicable diseases by administration of a living modified agent, a suspension of killed organisms, or an inactivated toxin. Immunization is accomplished through various techniques, most commonly by vaccination. Vaccines against microorganisms that cause disease prepares the body's immune system to enable it to fight off or prevent infection.

Coverage of immunizations may fall under Medicare Part B or Part D.

Medicare generally excludes coverage of immunizations unless they are directly related to the treatment of an injury or direct exposure to a disease or condition. Examples of these Part D immunizations include anti-rabies treatment, tetanus antitoxin, or booster vaccines. Medicare also cover the following vaccines as a part of preventive care under Part B: Flu vaccine, pneumonia vaccine, and hepatitis B vaccine.

### Policy

**Immunization services are allowed in accordance with Medicare and the member's certificate benefits.**

### Reimbursement Guidelines

Blue Cross Medicare Advantage follows Medicare guidelines for reimbursement of immunizations.

### Rationale

If a significantly separately identifiable evaluation and management service is provided at the time of vaccine administration, the evaluation and management service should be reported in addition to the vaccine and toxoid procedure.

Separate reimbursement will be allowed for preventive medicine services 99381-99397.

Separate reimbursement will be allowed for the administration of the vaccine codes (90460-90474).

Please refer to the Blue Book for more information.

### Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross NC web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.



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<b>CPT® Code / Modifier</b>	<b>Description</b>
90476-90759	Vaccines, Toxoids
90460-90474	Vaccine administration
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
Q2034-Q2039	Influenza Virus Vaccines
Modifier 25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
Modifier 51	Multiple Procedures
Modifier SL	State supplied vaccine

*Codes G0008-G0010, 90460 and 90461 must be reported in addition to the vaccine and toxoid codes 90476-90759 or Q2034-Q2039. Report codes 90460-90461 only when the physician or qualified health care professional provides face-to-face counseling of the patient and family during the administration of a vaccine. Counseling related to administered vaccines is incidental to the administration codes (G0008-G0010, 90460-90461)*

*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 for administration of vaccines to patients over 18 years of age, report codes 90471-90474.*

*Codes 90476-90759 identify the vaccine product **only**. To report the administration of a vaccine/toxoid, the vaccine product code must be used in addition to the administration code 90460-90474. Modifier 51 should **not** be reported for the vaccines/toxoids when performed with these administration procedures.*

*Each immunization given must be filed on a single line of the CMS 1500 claim form, with its specific CPT code.*

*Modifier 25 must be used with all evaluation and management services except preventive services CPT 99381-99397, when reporting a significant, separately identifiable service in addition to the immunization services.*

*It is inappropriate to use the unlisted vaccine code CPT 90749 to report immunization administration services.*

*The invoice from the laboratory or pharmacy the vaccine has been purchased from may be requested for claim review.*

*ZOSTAVAX® (Zoster Vaccine Live) and SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted) have FDA approval for use in prevention of herpes zoster (shingles): in individuals 50 years of age and older as well as in individuals aged 19 years and older who are or will be at increased risk due to immunodeficiency or immunosuppression caused by known disease or therapy.*

*The following guidelines can be used for appropriate coding of rabies prophylaxis:*

**Pre-Exposure Prophylaxis:**



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Procedure Code	Primary ICD-10 Diagnosis Code
90675 (rabies vaccine)	Z23 (encounter for immunization)
90676 (rabies vaccine)	Z23 (encounter for immunization)

***Post-Exposure Prophylaxis:***

Procedure Code	Primary ICD-10 Diagnosis Code
90675 (rabies vaccine)	Z20.3 (contact with and (suspected) exposure to rabies)
90676 (rabies vaccine)	Z20.3 (contact with and (suspected) exposure to rabies)
90375 (rabies immune globulin)	Z20.3 (contact with and (suspected) exposure to rabies)
90376 (rabies immune globulin)	Z20.3 (contact with and (suspected) exposure to rabies)
90377 (rabies immune globulin)	Z20.3 (contact with and (suspected) exposure to rabies)

*NOTE: Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.*

**State-Supplied Vaccines**

*Modifier 52 is not recognized with vaccine immunization product codes to represent vaccines that are state-supplied.*

*Submit state-supplied vaccines with the immunization product code affixed with the Modifier SL.*

**Related policy**

n/a

**References**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf>

<https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/medicare-vaccine-coverage.html>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/PreventiveServicesPoster.pdf>

Blue Cross NC Medicare Provider Manual (Blue Book)

[https://www.bluecrossnc.com/sites/default/files/document/attachment/providers/public/pdfs/Provider\\_Manual.pdf](https://www.bluecrossnc.com/sites/default/files/document/attachment/providers/public/pdfs/Provider_Manual.pdf)



[Use of Recombinant Zoster Vaccine in Immunocompromised Adults Aged ≥19 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 | MMWR \(cdc.gov\)](#)

## History

6/1/22	New policy developed. Medical Director approved. <b>Notification on 3/31/2022 for effective date 6/1/2022.</b> (eel)
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## Application

These reimbursement requirements apply to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.

This policy relates only to the services or supplies described herein. Please refer to the Member's Evidence of Coverage (EOC) for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

## Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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