

# Vaccine Payment Policy

## Policy

The Plan covers routine childhood, adolescent, and adult vaccines according to The Centers for Disease Control and Prevention (CDC) Recommended Immunization Schedules or according to an update to one of these schedules that has been recommended by the Advisory Committee on Immunization Practices (ACIP) and published in the Morbidity and Mortality Weekly Report (MMWR): [ACIP Website](#).

ACIP may make recommendations for changes or updates to these schedules periodically. ACIP recommendations remain provisional until they are published in the CDC's MMWR.

The Plan covers vaccines or toxoids that are recommended by the CDC for the prevention or treatment of illness or injury following exposure or possible exposure to a disease or condition, such as tetanus toxoid or rabies.

The Plan covers vaccines that are recommended by the CDC for plan members who are traveling internationally, such as typhoid, yellow fever, and Japanese encephalitis.

## Definition

**Vaccines for Children (VFC) Program** – The Vaccines for Children (VFC) program is a federal program that provides eligible children with all recommended vaccines at no cost. The VFC program is administered by the CDC. While the CDC has the responsibility for the implementation of the VFC program, the VFC program is contained in the Medicaid law and is funded by the federal government through the Centers for Medicare & Medicaid Services (CMS) Medicaid program. Each state Medicaid program must file a Medicaid state plan amendment covering its pediatric immunization program in order to receive federal funds to operate its Medicaid program and to receive vaccines from the VFC program. (The CDC contracts with vaccine manufacturers to buy vaccines at reduced rates and distributes the vaccines to the state programs.) Children and adolescents 18 years of age and under are eligible for free vaccines if they meet one of the following eligibility criteria:

- Medicaid eligible – a child who is eligible for the Medicaid program (in some states, children who are <1 year of age are automatically entitled to Medicaid benefits, if their mother is enrolled).
- Uninsured – a child who has no health insurance coverage.
- American Indian or Alaska Native – as defined by the Indian Health Services Act.

**Underinsured** – A child whose health insurance benefit plan does not include vaccinations. Underinsured children are eligible to receive VFC vaccine(s) only if they are served by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). Underinsured children are defined as those children who have health insurance but coverage does not include vaccines. Children whose health insurance covers only select vaccines or caps the vaccine cost at a certain limit are categorized as underinsured; thus the children are only eligible for VFC program benefits at an FQHC or RHC.

**State-supplied vaccines** – State-supplied vaccines are vaccines that are available free from the state. Availability of and eligibility for state-supplied vaccines may vary by state. In addition to distributing vaccines for VFC eligible children, the Massachusetts Department of Public Health (MDPH) Immunization Program (MIP) provides many of the vaccines that are recommended by ACIP at no cost to public and private health care providers and to school-based programs in Massachusetts. Any public or private health care provider in Massachusetts wishing to receive state-supplied vaccines at no cost must enroll in the MDPH Immunization Program. For information about the MDPH Immunization Program or vaccine eligibility or availability, contact the MDPH Immunization Program at 1-617-983-6828 or go to:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/>

The Plan will follow MIP coverage guidelines. For more information, follow the links below:

Childhood vaccines: <https://www.mass.gov/service-details/vaccine-management>

Adult vaccines: <http://www.mass.gov/eohhs/docs/dph/cdc/immunization/vaccine-availability-adult.pdf>

Advisories and Alerts:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/advisories-alerts-and-events.html>

**Massachusetts Biologic Laboratories (MBL)** – Located at the University of Massachusetts Medical School in Jamaica Plain. The MBL manufactures tetanus toxoid/diphtheria vaccine (Td) for Massachusetts residents. The MBL is the only publicly owned, non-profit FDA-licensed manufacturer of vaccines and biologics in the U.S.

**Part D vaccines** – Vaccines that are covered under the Fallon Medicare Plus prescription drug benefit.

## Reimbursement

Important: Some vaccines are covered under the prescription drug benefit.

The Plan follows the MDPH Immunization Program guidelines when determining availability of and eligibility for state-supplied vaccines. The guidelines are available at: [www.mass.gov](http://www.mass.gov).

The MDPH Immunization Program notifies providers and insurers via an advisory or memorandum when there is a shortage of a state-supplied vaccine(s) (i.e., state-supplies are exhausted). When there is a documented shortage of state-supplied vaccine, The Plan will reimburse providers who purchase vaccines.

### Commercial:

For commercial plan members, most vaccines are covered under the medical benefit. There is one exception: The oral typhoid vaccine, which is covered under the prescription drug benefit. Commercial plan members who do not have prescription drug coverage do not have coverage for the oral typhoid vaccine. Commercial plans include HMO, ASO, PPO, MassHealth, ACO, and Fallon Medicare Plus Retiree Group.

### Fallon Medicare Plus:

(Note: excluding Fallon Medicare Plus Retiree Group)

For Fallon Medicare Plus and NaviCare members, some vaccines are covered under the medical benefit, including the influenza (flu), pneumonia, and hepatitis B vaccines, and vaccines directly related to the treatment of an illness or injury following exposure to a disease or condition, such as tetanus toxoid. Fallon Medicare Plus members who are Massachusetts residents are eligible for state-supplied vaccines, including pneumonia and tetanus/diphtheria toxoid (Td). All other vaccines are covered under Part D (the Medicare prescription drug benefit). Fallon Medicare Plus members who do not have prescription drug coverage do not have coverage for Part D vaccines.

Part D vaccines are listed on the Fallon Medicare Plus Prescription Drug Formulary. The Fallon Medicare Plus Prescription Drug Formulary is available at [fallonhealth.org](http://fallonhealth.org). Part D vaccines are subject to the same terms and conditions as other Part D prescription drugs, including copayments, deductibles, coverage limits, coverage gaps, catastrophic coverage, etc. See Addendum B for information on obtaining and reimbursement for Part D vaccines and Part D vaccine administration.

The Plan reimburses contracted providers for:

1. Administration of state-supplied vaccines: Submit the appropriate immunization administration CPT code (90460-90461, 90471-90474) in addition to the vaccine CPT code. Reimbursement for the administration of state-supplied vaccines will be according to contractual arrangements between the provider and The Plan (no reimbursement will be made for a state-supplied vaccine).
2. Non-state-supplied vaccines and the administration of non-state-supplied vaccines: Reimbursement for the vaccine/toxoid and administration of the vaccine/toxoid will be according to the contractual arrangements between the provider and The Plan.

The Plan does not reimburse providers for:

1. State-supplied vaccines, i.e., vaccines that are available free from the state.

2. Costs associated with restitution for any doses of federal or state-purchased vaccines that have been lost due to the provider's failure to properly receive, store, or use vaccines.
3. Combination vaccines if the components are state-supplied.
4. CPT code 99211 (minimal office visit) will be denied as mutually exclusive to CPT codes 90460-90461, 90471-90474 when submitted with the same date of service.
5. Vaccines that are required by a third party, such as when a vaccine is a workplace requirement or for work-related post-exposure treatment.
6. Vaccines containing any of the following antigens: Adenovirus, anthrax, BCG for TB, Lyme, whole cell pertussis, smallpox, or plague.
7. Vaccines that are not licensed by the FDA for distribution and immunization in the U.S. The FDA maintains a list of licensed vaccines, available at the following Web site: [www.fda.gov](http://www.fda.gov).

## Referral/notification/prior authorization requirements

Prior authorization is not required for vaccines, with the exception of unlisted vaccines/toxoids submitted with CPT code 90749.

## Billing/coding guidelines

The following billing/coding guidelines apply to:

- Vaccines for commercial plan members (including Select, Direct, PPO, MassHealth, and Fallon Medicare Plus Retiree Group members).
- Part B vaccines (flu, pneumonia, hepatitis B, and vaccines, such as tetanus toxoid, when directly related to the treatment of an injury or direct exposure to a disease or condition) for Fallon Medicare Plus members.

CPT codes 90460 and 90461 should be used only when counseling on vaccine antigen components up to the age of 18. If no counseling occurs or if the patient is over 18, then codes 90471-90474 should be used.

Administration of state-supplied vaccines:

- Submit the appropriate immunization administration CPT code (90460-90461, 90471-90474) in addition to the vaccine CPT code.
- Attach the SL modifier to the vaccine/toxoid CPT code with a charge of \$0.00 to indicate that the vaccine/toxoid was state-supplied.

Non-state-supplied vaccines and the administration of non-state-supplied vaccines:

- Submit the appropriate immunization administration CPT code (90460-90461, 90471-90474) in addition to the vaccine/toxoid CPT code (do not attach the SL modifier to the vaccine/toxoid CPT code).

Flu vaccine:

- The Plan requires that CPT/HCPCS codes 90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90662, Q2034, Q2035, Q2036, Q2037, Q2038 or Q2039 to be billed for the flu vaccine and that HCPCS code G0008 be billed for the administration.
- If administered on the same day as a physician service is performed, use CPT code 90460, 90461, or 90471-90474 to report the administration of the vaccine.
- The Plan does not require that an invoice be submitted for the flu vaccine.

Pneumococcal vaccine:

- The Plan requires that CPT code 90670 or 90732 be billed for the pneumococcal vaccine and HCPCS code G0009 for the administration.
- If administered on the same day as a physician service is performed, use CPT code 90460, 90461, or 90471-90474 to report the administration of the vaccine.
- The Plan does not require that an invoice be submitted for the pneumococcal vaccine.

When a significant, separately identifiable E&M service is performed in addition to administration of a vaccine or toxoid, a claim for the E&M service may be reported with the appropriate E&M CPT code, appended by the modifier 25.

All claims for services should be submitted using industry standard forms or HIPAA standard electronic formats.

An invoice may be required unless otherwise indicated under the terms of the provider contract.

## Place of service

This policy applies to services provided in an office or outpatient setting.

## Policy history

Origination date:	8/20/2003
Previous revision date(s):	7/21/2004, 9/14/2005, 8/1/2007 1/1/2009 – added exclusion for combination vaccines when the individual components are state-supplied. 7/1/2009 – updated list in Addendum A because 90680 Rotavirus vaccine is no longer state supplied; updated language in Addendum B to more accurately explain process when the physician supplies the Part D vaccine 3/1/2010 – removed discussion of vaccines obtained through the Plan-contracted pharmacy specialty company for commercial plan members; added code and description for 90470 and updated text for codes 90633, 90634, 90663, 90670, 90681, 90692, 90693, 90698, 90732, and 90734 in Addendum A. 7/1/2010 – updated comments in Addendum A table for 90670 to indicate that the vaccine is now state-supplied in MA. 11/1/2010 – updated comments in Addendum A table for 90650 and 90662 to change statement under which conditions vaccines are reimbursed. 3/1/2011 – updated to reflect 2011 code changes for 90465-90468 being replaced with 90460 and 90461. Added Fluzone HD to Addendum B. 7/1/2011 - Added explanation and Addendum C about the use of code 90460 and 90461. Updated discussion of Hepatitis A vaccine 90633, HPV vaccine 90650, Rotavirus vaccine 90680, Dtap-Hib-IPV vaccine 90698, MMRV vaccine 90710, and Meningococcal conjugate vaccine 90734 in Addendum A. 11/1/2011 – Updated billing/coding guidelines related to flu and pneumococcal vaccines; added new flu vaccine codes; and clarified discussion about vaccines covered under Part D. 1/1/2012 – Updated discussion about which vaccines are state supplied and added discussion about THE PLAN not reimbursing for costs associated with vaccines that are lost due to the provider’s failure to properly receive, store, or use vaccines. 5/1/2012 - Updated Addendum A discussion about Gardasil (90649) to reflect coverage changes for males 1/1/2013 - Corrected discussion of 90716 to reflect when state supplied 3/1/2013 - Updated discussion about when code 90670 is state supplied; added addendum D Hepatitis B vaccine: Part B versus Part D coverage. 3/1/2014 - Updated discussion of codes in the policy. 9/1/2014 – Updated codes in Addendum A and moved to new template. 3/1/2015 - Updated rules around state supplied vaccine. 07/01/2015 - Updated link in first paragraph and table at the end of the policy. 11/01/2015 - Updated Addendum A to reflect new state-supplied coverage and Addendum D to reflect ICD-10 changes. 05/01/2016 - Updated definitions section and Addendum A and B. 03/01/2017 - Updated Addendum A, Table 1.

05/01/2017 - Removed deleted code 90645.

Connection date & details: May 2017 – Added code 90625 to Addendum A, Table 1.  
November 2017 – Clarified part B vs part D billing guidelines for Hepatitis B Vaccine in addendum D. Added code 90587 to addendum A Table 2  
October 2018 – Updated/clarified addendums B and C  
April 2019 – Moved code 90739 from non-covered to covered effective 11/1/2018.  
April 2020 – Updated coding.

*The criteria listed above apply to Fallon Health Plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for The Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of The Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*

## Addendum A

Table 1

The following codes are reimbursed subject to Massachusetts state-supply availability and CDC rules.

CPT Code	Description
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component
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 (List separately in addition to code for primary procedure)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) one vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) each additional vaccine (single or combination vaccine/toxoid)
90473	Immunization administration by intranasal oral route; one vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal oral route; each additional vaccine (single or combination vaccine/toxoid)
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use
90647	Haemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	Haemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90649	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use.
90650	Human papillomavirus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for IM use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90654	Influenza virus vaccine, split virus, preservative-free, for intradermal use.
90655	Influenza virus vaccine, split virus, preservative free, for use 3-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, for

CPT Code	Description
	intramuscular use
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for IM use
90662	Influenza, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral 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, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
90694	Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and poliovirus, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for IM 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-HibHepB), for intramuscular use
90698	Diphtheria, tetanus toxoids, and acellular pertussis vaccine, haemophilus influenza type B, and poliovirus vaccine, inactivated (Dtap-Hib-IPV), for IM use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (Dtap), for use in individuals younger than 7 years, for intramuscular use
90702	Diphtheria and tetanus toxoids (DT) adsorbed for use in 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
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use

CPT Code	Description
90716	Varicella virus vaccine, live, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748	Hepatitis B and Haemophilus influenza b vaccine (HepB-Hib), for intramuscular use
90749	Unlisted vaccine/toxoid
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
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)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not Otherwise Specified)

Table 2

The following codes are not reimbursed.

CPT Code	Description
90476	Adenovirus vaccine, type 4, live, for oral use
90477	Adenovirus vaccine, type 7, live, for oral use
90581	Anthrax vaccine, for subcutaneous 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
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90690	Typhoid vaccine, live, oral



## Addendum B

### Part D vaccines:

Under the Medicare program, some vaccines are covered under Medicare Part B and some vaccines are covered under Part D. Medicare Part B covers the following vaccines (when the vaccine is covered under Part B, the associated administration charge is also covered under Part B):

- Influenza
- Pneumococcal pneumonia
- Hepatitis B for individuals at intermediate or high risk (please refer to addendum D)
- Vaccines, such as tetanus toxoid, when directly related to the treatment of an injury or direct exposure to a disease or condition.

Medicare Part D covers all of those vaccines (and the associated administration charges) not covered under Part B.

Important: Medicare beneficiaries (including Fallon Medicare Plus members) must affirmatively choose and enroll in Part D. Part D is not administered by Medicare. Beneficiaries can enroll in Part D either by keeping Original Medicare and joining a prescription drug plan (PDP) or by joining a Medicare Advantage Prescription Drug (MA-PD) plan. Only those Fallon Medicare Plus members with prescription drug coverage have coverage for Part D vaccines and Part D vaccine administration.

Part D vaccines and Part D vaccine administration are subject to the same terms and conditions as other Part D prescription drugs, including copayments, deductibles, coverage limits, coverage gaps, catastrophic coverage, etc.

### Obtaining and reimbursement for Part D vaccines and Part D vaccine administration:

Physicians cannot submit claims for Part D vaccines or for Part D vaccine administration to PDPs or MA-PDs at this time. Pharmacists in Massachusetts are not licensed to administer Part D vaccines at this time. Currently, there are two ways for Fallon Medicare Plus members to obtain Part D vaccines:

1. The member obtains the Part D vaccine at a Plan-contracted pharmacy (with a prescription).  
In this case, the member will pay the appropriate copayment at the pharmacy and the pharmacy will process the claim for the Part D vaccine through their claims system. The member will then transport the vaccine to the physician's office for administration. The physician should submit the claim for the vaccine administration to The Plan. Included on this claim should be the appropriate vaccine code with a billed amount valued at zero. This is necessary for The Plan to determine if the administration of the vaccine is covered under Part D. The claim for the vaccine administration will be processed by the Plan's PBM. The physician's office will be sent reimbursement, in accordance with the physician's Plan-contracted payment terms, along with an Explanation of Adjustment (EOA) including any cost share for which the member may be responsible.
2. The physician supplies the Part D vaccine.  
If the physician chooses to supply the Part D vaccine and administer the vaccine to the member, the physician should submit the claim for both the vaccine and vaccine administration to The Plan. The claim for the vaccine and vaccine administration will be processed as a Part D covered drug by the Plan's Pharmacy Benefits Manager (PBM). The physician's office will be sent reimbursement by the Plan's PBM, in accordance with the physician's Plan-contracted payment terms, along with an EOA including the member's copayment to be collected and any additional cost share for which the member may be responsible.

### State-supplied Part D vaccines:

Some Part D vaccines are state-supplied, including Td. Fallon Medicare Plus members are eligible for state-supplied vaccines according to the MDPH Immunization Program guidelines.

When a physician administers a state-supplied Part D vaccine, the physician should submit the claim for the vaccine administration to The Plan. Included on this claim should be the appropriate vaccine code with modifier SL and a billed amount valued at zero. This is necessary for The Plan to determine if the administration of the vaccine is covered under Part D. The claim for the vaccine administration will be processed by the Plan's PBM. The physician's office will be sent reimbursement, in accordance with the physician's Plan-contracted payment terms, along with an EOA including any cost share for which the member may be responsible.

**Special situations:**

Certain vaccines may be covered under both Part B (when directly related to the treatment of an injury or direct exposure to a disease or condition) and Part D (when used for prevention). For example:

- When Td is administered for the treatment of an injury, it is considered a Part B vaccine.
- When Td is administered for routine prevention of tetanus and diphtheria, it is considered a Part D vaccine.

In either case, Td is state-supplied and not reimbursable for Massachusetts residents.

The following table is designed to assist providers in determining whether a vaccine is covered under Part B or Part D and if it is state-supplied for MA residents.

When a vaccine is covered under Part B, the administration is covered under Part B. (See Billing/coding guidelines for additional information.)

When a vaccine is covered under Part D, the administration is covered under Part D (See Obtaining and reimbursement for Part D vaccines and Part D vaccine administration for additional information.) Below is a general listing of the covered drugs, for a full listing please consult the plan formulary here <http://www.fchp.org/providers/pharmacy/online-drug-formulary.aspx>

<b>Fallon Medicare Plus only</b>		
<b>Vaccine</b>	<b>Covered under Part B (medical benefit)</b>	<b>Covered under Part D (prescription drug benefit)</b>
Hepatitis A, adult	No	Yes
Hepatitis A, pediatric/adolescent	No	Yes
Hepatitis B, adult	Yes Not state-supplied	No
Hepatitis B, pediatric/adolescent	Yes State-supplied is available for all MA children and adolescents <= 18 years of age	No
Hepatitis A and Hepatitis B	No	Yes
Haemophilus B	No	Yes
Herpes Zoster (shingles)	No	Yes
Human Papillomavirus (HPV)	No	Yes
Influenza	Yes State-supplied vaccine availability varies	No

<b>Fallon Medicare Plus only</b>		
Vaccine	Covered under Part B (medical benefit)	Covered under Part D (prescription drug benefit)
Japanese Encephalitis	No	Yes
Measles	No	Yes
Measles, Mumps, and Rubella (MMR)	No	Yes
Measles, Mumps, Rubella, and Varicella (MMR-V)	No	Yes
Meningococcal	No	Yes
Mumps	No	Yes
Pneumococcal polysaccharide (PPV23)	Yes State-supplied for all MA children and adolescents	No
Pneumococcal conjugate (PCV7)	Yes State-supplied for all MA children	No
Poliovirus	No	Yes
Rabies	Yes (for post-exposure prophylaxis)	Yes (for pre-exposure prophylaxis)
Rotavirus	No	Yes
Rubella	No	Yes
Tetanus toxoid	Yes (for post-exposure prophylaxis) Not state-supplied	Yes (for pre-exposure prophylaxis)
Tetanus and diphtheria toxoids	Yes (for post-exposure prophylaxis) State-supplied	Yes (for pre-exposure prophylaxis)
Tetanus and diphtheria toxoids (preservative free)	Yes (for post-exposure prophylaxis) Not state-supplied	Yes (for pre-exposure prophylaxis)
Tetanus, Diphtheria, and Pertussis (Tdap)	No	Yes
Typhoid	No	Yes
Varicella	No	Yes
Yellow Fever	No	Yes

## Addendum C

### Hepatitis B vaccine: Part B versus Part D coverage:

The Plan covers hepatitis B vaccine (and its administration) under the Medicare Part B medical benefit for those Fallon Medicare Plus members who are at intermediate and high risk of contracting hepatitis B.

The Plan covers hepatitis B vaccine (and its administration) under the Medicare Part D prescription drug benefit for Fallon Medicare Plus members who are not at intermediate or high risk of contracting hepatitis B.

### Medicare Part B - medical benefit:

A Fallon Medicare Plus member meeting the intermediate- or high-risk criteria could obtain the hepatitis B vaccination series from his/her physician and the physician could submit a medical claim to The Plan.

High-risk groups currently identified include (see exception below):

- ESRD patients;
- Hemophiliacs who receive Factor VIII or IX concentrates;
- Clients of institutions for the mentally retarded;
- Persons who live in the same household as a hepatitis B virus (HBV) carrier;
- Homosexual men; and
- Illicit injectable drug abusers.

Intermediate-risk groups currently identified include (see exception below):

- Staff in institutions for the mentally retarded; and
- Workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work.

Exception: Persons in both of the above-listed groups would not be considered at high or intermediate risk of contracting hepatitis B if there was laboratory evidence positive for antibodies to hepatitis B.

### Medicare Part D - prescription drug benefit:

A Fallon Medicare Plus member who does not meet the above-listed intermediate or high-risk criteria could obtain the hepatitis B vaccination series from his/her physician, and the physician could submit a Part D claim to The Plan.

### Coding:

- The ICD-CM diagnosis code attached to the CPT code for the hepatitis B vaccine will determine whether the vaccine and vaccine administration are processed as the medical benefit or prescription drug benefit. Claims for hepatitis B vaccine submitted with diagnosis codes that describe an intermediate- or high-risk condition (see list below) will be processed to the medical benefit (Part B).
- Claims for hepatitis B vaccine submitted with diagnosis codes that do not describe an intermediate- or high-risk condition will be processed to the Part D benefit. The code can be primary or secondary diagnosis submitted on the claim

### Diagnosis codes that describe an intermediate or high-risk condition:

When the appropriate hepatitis B vaccine procedure code (90740, 90743, 90744, 90746, or 90747) is billed with one of the following diagnosis codes, it will be covered under the Part B medical benefit:

ICD-10	Description
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission

F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F12.20	Cannabis dependence, uncomplicated
F12.21	Cannabis dependence, in remission
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F13.24	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder

F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F14.20	Cocaine dependence, uncomplicated
F14.21	Cocaine dependence, in remission
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F15.20	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.23	Other stimulant dependence with withdrawal
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.288	Other stimulant dependence with other stimulant-induced disorder
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F16.20	Hallucinogen dependence, uncomplicated

F16.21	Hallucinogen dependence, in remission
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.221	Hallucinogen dependence with intoxication with delirium
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F18.10	Inhalant abuse, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.20	Inhalant dependence, uncomplicated
F18.21	Inhalant dependence, in remission
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.221	Inhalant dependence with intoxication delirium
F18.229	Inhalant dependence with intoxication, unspecified
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F18.27	Inhalant dependence with inhalant-induced dementia
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F19.10	Other psychoactive substance abuse, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
F19.21	Other psychoactive substance dependence, in remission
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F19.221	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19.239	Other psychoactive substance dependence with withdrawal, unspecified
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations

F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnesic disorder
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
F66	Other sexual disorders
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified