

### IMMUNIZATIONS AND VACCINES BILLING AND REIMBURSEMENT POLICY

**This policy applies to Participating providers** who render services to Neighborhood Health Plan of Rhode Island (Neighborhood) subscribers covered under the following plans: Access (MED, CSN, SUB), Unity (RHO), Trust (RHE, RHP) and Health Benefit Exchange Commercial plans (Secure, Value, Community, Plus, Standard, Choice, Partner, Premier).

Members covered under the Extended Family Planning (EFP) product are only covered for State Supplied Vaccines and the related vaccine administration services.

Out-of-Network providers require prior authorization to render services to Neighborhood members.

Benefit coverage limits may apply. It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

### REIMBURSEMENT GUIDELINES

Neighborhood reimburses vaccines and vaccine administration codes according to Neighborhood's Immunization and Vaccine Benefit (see tables below) and the following:

- Vaccine administration code for state-supplied and non-state supplied vaccines
- Vaccine for non-state-supplied vaccines
- Vaccines for state-supplied vaccines only when state supplies are exhausted and claims are submitted with an invoice for the purchase of the vaccine used for the member along with written documentation or communication from the Rhode Island Department of Health (RIDOH) that the state supply is exhausted and no longer available to providers for the timeframe billed.

Neighborhood does not reimburse the following:

- Vaccines that are available free from the state
- Combined vaccines if the individual components are supplied free from the state
- Vaccines that are not FDA-approved
- Vaccines provided/administered by out-of network/non-contracted providers
- Vaccine administration codes when billed without the corresponding vaccine
- Vaccine administration add-on codes (ex.90461, 90472, and 90474) if the primary procedure code (ex. 90460, 90471, 90473) has not been submitted on the same date of service or if the primary procedure is not payable. Add-on codes are designated by the AMA CPT guidelines with a + sign.
- CPT code 99211 will not pay when billed with vaccine administration codes on the same date of service even when modifier 25 is billed with the CPT 99211.
- Vaccines that are required by a third party. Ex. Work related
- Vaccines and services that do not follow criteria detailed in this policy

Refer to the following tables for specific information on non-covered vaccines, State Supplied Vaccines and Neighborhood covered codes.

**NON-COVERED CODES AND SERVICES**

Neighborhood does not reimburse the following codes listed in Table 1. Vaccine administration codes that are billed in conjunction with the vaccine codes listed in Table 1 will be denied **except where noted**.

Non-covered services include vaccines and immunizations for travel EXCEPT for the HBE product (See table 4 below).

**Table 1. NON-COVERED Immunizations and Vaccines: *Only immunizations and vaccines that are not covered for ANY age member are listed in Table 1.***

<b>PROCEDURE CODE</b>	<b>DESCRIPTION</b>
90470	H1N1 IMMUNIZATION ADMINISTRATION (INTRAMUSCULAR, INTRANASAL), INCLUDING COUNSELING WHEN PERFORMED
90476	ADENOVIRUS VACCINE, TYPE 4
90477	ADENOVIRUS VACCINE, TYPE 7
90581	ANTHRAX VACCINE, SC
90585	BCG VACCINE, PERCUTANEOUS
90586	BCG VACCINE, INTRAVESICAL
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use.
90634	HEP A VACCINE, PED/ADOL 3 DO
90645	HIB VACCINE, HBOC, IM
90646	HIB VACCINE, PRP-D, IM
90648	HIB VACCINE, PRP-T, Act HIB
90649 – Effective 7/14/2015	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90650	HPV TYP BIVAL 3 DOSE IM
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90654 – Effective 7/30/14 administration will be covered for this vaccine for all members.	INFLUENZA VACCINE PRSV FREE ID USE
90655	FLU VACCINE, 6-35 MO, IM
90656 – Effective 7/30/14 administration will be covered for this	FLU VACCINE NO PRESERV 19 & >

vaccine for all members.	
90657- Effective 7/30/14 administration will be covered for this vaccine for all members.	FLU VACCINE, 6-35 MO, IM
90658 – Effective 7/30/14 administration will be covered for this vaccine for all members.	FLU VACCINE, QUADRIVALENT, FLULAVAL, IM
90660	FLU VACCINE, TRIVALENT, FLUMIST, IN
90661- Effective 7/30/14 administration will be covered for this vaccine for all members.	FLU VACC CELL CULT PRSV FREE
90663	FLU VACC PANDEMIC H1N1
90664	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE FOR INTRANASAL USE
90665	LYME DISEASE VACCINE, IM
90666	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE
90667	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTRAMUSCULAR USE
90669	PNEUMOCOCCAL VACCINE, PED
90673- Effective 7/30/14 administration will be covered for this vaccine for all members.	FLU VACCINE, TRIVALENT, FLUBlok
90680	ROTAVIRUS VAC, TETRAVALENT L
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6-35 months of age, for intramuscular use
90690	TYPHOID VACCINE, ORAL
90691	TYPHOID VACCINE, IM
90692	TYPHOID VACCINE, H-P, SC/ID
90693	TYPHOID VACCINE, AKD, SC

90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
90698	DTAP-HIB-IP VACCINE, IM
90704	MUMPS IMMUNIZATION
90705	MEASLES IMMUNIZATION
90706	RUBELLA IMMUNIZATION
90708	MEASLES-RUBELLA IMMUNIZATION
90712	ORAL POLIOVIRUS IMMUNIZATION
90717	YELLOW FEVER IMMUNIZATION
90719	DIPHTHERIA IMMUNIZATION
90720	DTP/HIB IMMUNIZATION
90721	DIPHTHERIA, TETANUS, TEXOIDS,
90725	CHOLERA IMMUNIZATION
90727	PLAGUE IMMUNIZATION
90735	ENCEPHALITIS VIRUS IMMUNIZAT
90738	JAPENESE ENCEPHALITIS
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use
90743	HEP B VACC, ADOL, 2 DOSE, IM
90747	IMMUN HEPAT B DIALYSIS ANY A
90748	IMMUN HEPAT B AND HIB VACCIN
90749	IMMUNIZATION PROCEDURE NEC
G0008	ADMIN OF INFLUENZA
G0009	ADMIN OF PNEUMOCOCCAL VACCIN
G0010	ADMIN OF HEPATITIS B VACCINE
T1502	ADMINISTRATION OF ORAL, INTR

COVERED CODES AND SERVICES WHEN RENDERED BY MEMBER'S PCP OR COVERING PRACTITIONER

Neighborhood will cover the following codes listed in Table 2 only when rendered by the member's Primary Care Physician (PCP) or the PCP's Covering Practitioner when performed in the physician's office or a School Based Health Center.

**Note: Age bands within Table 2 are for general understanding only, code specific CPT age bands will be applied at the time of claims adjudication.**

**SSV=State Supplied Vaccine**

**Pay=Covered by Neighborhood**

**NC=Not Covered for indicated age band**

**Table 2. Covered Immunization and Vaccination when administered by member's PCP or Covering Practitioners as of 7/14/2015.**

		<b>EFFECTIVE 7/14/2015 thru present</b>	
PROC	Description	Age 0.0 - 18.9	Age 19.0 - 999.9
90620	MENINGOCOCCAL (Serogroup B) 2 DOSE, IM	Pay (eff 4/1/15)	Pay (eff 4/1/15)
90621	MENINGOCOCCAL (Serogroup B) 3 DOSE, IM	Pay (eff 4/1/15)	Pay (eff 4/1/15)
90632	HEP A VACCINE, ADULT, IM	NC	SSV
90633	HEP A VACCINE, PED/ADOL 2 DO	SSV	NC
90636	HEP A/HEP B VACCINE ADULT IM	NC	Pay
90644	MENINGOCOCCAL (Hib-Men CY-TT) 4 DOSE, 2-15 MO,	SSV ages 6 weeks to 18 months.	NC
90647	HIB VACCINE, PRP-OMP, IM	SSV	SSV
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use	SSV	SSV up to age 26. Payable by Neighborhood for age 27 to 29.99.
90670	PNEUMOCOCCAL VACC; 13 VAL IM	SSV	SSV
90681	ROTAVIRUS VACC 2 DOSE ORAL	SSV	NC
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus	NC	SSV
90707	MMR VIRUS IMMUNIZATION	SSV	Pay
90710	MEASLES-MUMPS-RUBELLA IMMUNI	Payable by Neighborhood age 0 to 3.99 and age 7 to 18.99 - PCP SSV age 4 to 6.99	Pay
90713	POLIOMYELITIS IMMUNIZATION	SSV	Pay
90716	CHICKEN POX	SSV	SSV

	IMMUNIZATION		
90732	PNEUMOCOCCAL IMMUNIZATION	SSV	SSV
90733	MENINGOCOCCAL IMMUNIZATION	NC	Pay
90734	MENINGOCOCCAL VACCINE, IM	SSV	SSV
90736	ZOSTER VACC; SC	NC	Pay
90740	HEPB VACC, ILL PAT 3 DOSE IM	NC	Pay
90744	HEPAT B VACCINE, PEDI	SSV up to age 19	NC age 20 and up
90746	HEPAT B VACCINE, ADULT	NC	SSV

\* HPV vaccine (CPT code 90651) is covered for members with an immunization and vaccine benefit and according to the following criteria:

- HPV vaccine is covered when administered by members PCP or covering practitioner or when administered by a provider with specialty of OB/GYN.
- HPV vaccine is covered for females and males from the age of 11 to 28.99 (state supplied vaccine from age 11-26.99; by Neighborhood from age 27-28.99). If a member has begun the 3-shot series by age 28.99, Neighborhood will cover the completion of the series (2<sup>nd</sup> and 3<sup>rd</sup> shot) by age 29.99 with prior authorization.

*Providers administering the HPV vaccine must verify member benefits with member, previous providers, or Neighborhood Member Services Department to determine if member has already started the 3-shot series; which shot in the series is needed or if member has already received the entire 3-shot series. Neighborhood will not reimburse more than the required number of shots no matter who the provider and how many times member changes PCP.*

**COVERED CODES AND SERVICES WHEN RENDERED BY ANY IN-NETWORK PROVIDER**

Neighborhood will cover the following codes listed in Table 3 when rendered by any in-network provider when performed in the physician's office, hospital out-patient clinic and community health center.

***Note: Age bands within Table 3 are for general understanding only, code specific CPT age bands will be applied at the time of claims adjudication.***

***SSV=State Supplied Vaccine***

***Pay=Covered by Neighborhood***

***NC=Not Covered for indicated age band***

**Table 3: Covered Immunizations and Vaccines ANY PROVIDER as of 7/14/2015.**

PROC	Description	EFFECTIVE 7/14/2015 thru present	
		Age 0.0 - 18.9	Age 19.0 - 999.9
90662	FLU VACC PRSV FREE INC ANTIG	NC	SSV age 65 and older
90685	FLU VACC PRSV FREE IM	SSV ages 6 months to 35 months	NC
90686	FLU VACCINE, QUAD, 3 & >, IM	SSV	SSV
90672	FLU VACCINE, QUAD, 2 – 18YRS, NASAL	SSV	NC – (Effective 7/30/14 administration will be covered for this vaccine for all members.)
90675	RABIES VACCINE, IM	Pay	Pay
90676	RABIES VACCINE, ID	Pay	Pay
90696	DTAP-IPV VACC 4-6 YR IM	SSV	NC
90700	DTAP IMMUNIZATION	SSV	NC
90702	DT IMMUNIZATION	SSV	NC
90703	TETANUS IMMUNIZATION	Pay	Pay
90714	TETANUS AND DIPHTHERIA	SSV	SSV
90715	TDAP VACCINE >7 IM	SSV	SSV
90723	DTAP-HEP B-IPV VACCINE, IM	SSV	NC

**TRAVEL IMMUNIZATIONS**

**Immunizations listed in Table 4 below are covered ONLY under the Health Benefit Exchange (HBE) Product effective 01/01/2015 when rendered before travel.**

**Table 4: Travel Immunizations**

		EFFECTIVE 1/1/15 thru present	
PROC	Description	Age 0.0 -18.9	Age 19.0 - 999.9
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	Pay	Pay
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	Pay	Pay
90690	Typhoid vaccine, live, oral	Pay	Pay
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	Pay	Pay
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use	Pay	Pay
90704	Mumps virus vaccine, live, for subcutaneous use	Pay	Pay
90705	Measles virus vaccine, live, for subcutaneous use	Pay	Pay
90706	Rubella virus vaccine, live, for subcutaneous use	Pay	Pay
90712	Poliovirus vaccine, (any type[s]) (OPV), live, for oral use	Pay	Pay
90717	Yellow fever vaccine, live, for subcutaneous use	Pay	Pay
90727	Plague vaccine, for intramuscular use	Pay	Pay
90735	Japanese encephalitis virus vaccine, for subcutaneous use	Pay	Pay
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	Pay	Pay

COVERED VACCINE ADMINISTRATION CODES WHEN BILLED WITH VACCINES ACCORDING TO GUIDELINES NOTED

**Covered Vaccine Administration Codes**

PROC	Description
90460	Immunization administration through 18 years of age via any route of administration (oral, nasal, or injection), with <b>documented</b> counseling by physician or other qualified health care professional; <b>first or only component of each vaccine or toxoid administered</b>



+ 90461	Immunization administration through 18 years of age via any route of administration (oral, nasal, or injection), with <b>documented</b> counseling by physician or other qualified health care professional; <b>each additional vaccine or toxoid component administered</b> (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). <b>Used for members age19 and older <u>or</u> members of any age if no counseling was performed.</b>
+ 90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) <b>Used for members age19 and older <u>or</u> members of any age if no counseling was performed.</b> (List separately in addition to code for primary procedure)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) <b>Used for members age19 and older <u>or</u> members of any age if no counseling was performed.</b>
+ 90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) <b>Used for members age19 and older <u>or</u> members of any age if no counseling was performed.</b> (List separately in addition to code for primary procedure)

## BILLING AND DOCUMENTATION REQUIREMENTS

### General Billing

- Submit claims in HIPAA compliant 837P or 837I electronic EDI format or on the most updated CMS1500 or CMS1450 UB forms. Non-standard forms will be rejected.
- Submit the most updated industry-standard CPT and ICD-9/ICD-10 CM codes. Non-standard, terminated or invalid codes will deny
- Administration codes should be submitted on the same line with multiple units wherever possible to avoid potential duplicate denials.
- *Submit a modifier, when applicable, with the corresponding CPT and/or HCPCS codes.*

*CMS NCCI guidelines bundles Evaluation and management (E&M) services with vaccine administration codes. 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. Neighborhood follows CMS NCCI guidelines and will deny the E/M accordingly when not billed with the modifier 25 and will require documentation in the patient record to support the use of the modifier when requested as part of any retro-active review or upon request via the remittance advice or provider*

*communication.*

*CMS, AMA CPT and NCCI revisions are updated annually and quarterly. Neighborhood will make every effort to update guidelines and policy documents as the changes are made public. Providers are expected to keep abreast of these industry standard rules and guidelines as a part of their provider agreement.*

### **Vaccine Administration Counseling Codes Helpful Hints:**

90460 and 90461 should be used only when a physician or qualified health care professional performs face-to-face vaccine counseling to a patient and family during the visit for a member aged 18 and younger during the administration of a vaccine.

**Vaccine counseling to support the use of the codes goes beyond just providing the CDC VIS sheets, the routine discussion, information and consent requirements of the 90471-90474 codes and includes addressing patient/parent concerns and questions related to the vaccines.** The details of the counseling personally performed by the physician or qualified healthcare professional must be supported in the medical record documentation and consist of the following specifics which are beyond the routine discussion, information and consent requirements of the non-counseled code set 90471-90474 :

- Reviewing/discussing the relevant CDC Vaccine Information Sheets(s) (VIS)
- Reviewing/discussing risks and benefits of specific vaccine(s) component (s) – list vaccine names
- Obtaining consent for each vaccine(s) administered
- Addressing all other patient/parent concerns and questions related to vaccines and immunization administration.

90460 and 90461 **should not** be reported:

- if the counseling (as defined above) was not personally performed by the physician or qualified health care professional
- if only the VIS sheet is provided and the vaccine is administered by clinical staff (i.e. RN)
- if the counseling was performed by the physician but the vaccine was not administered during the visit
- if the visit was solely for vaccine administration

If multiple patients are in the room, documentation is required in each patient record.

Please note administration codes 90460-90461 are not meant to replace the 90471-90474

codes. It is acceptable to mix these code sets on the same date of service following CPT coding guidelines.

When the physician or qualified health care professional *does not* perform the vaccine counseling to the patient or family, or when vaccines are administered to patients older than 18 years, codes 90471– 90474 are reported instead of codes 90460–90461.

Vaccine administration code combinations that are not allowed per NCCI Guidelines and will be denied when billed together

- Do not submit CPT code 90460 with 90471 or 90473 on the same date of service
- Do not submit CPT code 90473 with 90471 on the same date of service

**Sample Billing Scenarios:**

**1. To report a patient encounter in which 2 injectable, single component vaccines are administered, and counseling is only provided on 1 of the 2 vaccines.**

If counseling is performed for one single-component vaccine but not another, code **90472** (or **90474** if the second, non-counseled vaccine is administered orally or intranasal) is reported for the non-counseled additional vaccine.

CPT Code	Units
90716	1
90460	1
90732	1
90472	1

**2. A physician or other qualified health care professional counsels a patient or parent on vaccines during an office visit. However, because the patient is ill, vaccine administration is deferred at the parent’s request until the patient’s illness has resolved. Therefore, the vaccines are administered on a different day than the vaccine counseling. Can codes 90460–90461 be reported? NO.**

CPT Code	Units
90716	1
90471	1
90732	1
90472	1

**3. A physician or other qualified health care professional counsels a patient or parent on all vaccines needed during the annual preventive medicine service visit. Because the parent refuses multiple vaccines on the same day, the patient is on an alternative vaccine schedule and some of the vaccines are given over a series of visits. The subsequent visits are for vaccines only and the physician or other qualified health care professional does not see the patient or parent. Can codes 90460–90461 be reported on each day that vaccine(s) is administered? NO**

CPT Code	Units
90716	1
90471	1
90732	1
90472	1

**4. Provider administers (with counseling) vaccines 90723 (5 components), 90707 (3 components), and 90681 (1 component) for member age 5. Provider would bill the following:**

CPT Code	Units
90723	1
90460	1
90461	4
90707	1
90460	1
90461	2
90681	1
90460	1

**5. Provider administers (without counseling) vaccines 90723 (intramuscular), 90707 (subcutaneous), and 90681 (oral) for member age 16. Provider would bill the following:**

CPT Code	Units
90723	1
90471	1
90707	1
90472	1
90681	1
90474	1

**OR**

CPT Code	Units
90681	1
90473	1
90723	1
90472	1
90707	1
90472	1

**Definitions:**

**Qualified Health Care Professional – Per CPT,** A "physician or other qualified healthcare professional" is an individual who is qualified by education, training,

licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. These professionals are distinct from "clinical staff." A clinical staff member is a person who works under the supervision of a physician or other qualified healthcare professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service (i.e. RN, LPN, MA).

**Vaccine Component** – refers to all antigens in a vaccine that prevent disease(s) caused by one organism. **See sample component list for covered vaccines that have more than 1 component below.**

Vaccine Code	Vaccine Description	# of Components
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	2
90644	MENINGOCOCCAL (Hib-Men CY-TT) 4 DOSE, 2-15 MO	2
90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	4
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to younger than seven years, for intramuscular use	3
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	3
90702	Diphtheria and tetanus toxoids (DT), adsorbed when administered to younger than seven years, for intramuscular use	2
90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	3
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	4
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to seven years or older, for intramuscular use	2

90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use	3
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to 7 years or older, for intramuscular use	2
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine (DTaP-Hep B-IPV), for intramuscular use	5

#### REFERENCES

1. Refer to the Department of Health website at the following link for additional information regarding the State of Rhode Island State-Supplied Vaccine Program <http://www.health.ri.gov/immunization/for/providers/>
2. Neighborhood Health Plan of RI Immunization and Vaccine benefit coverage summary, modifier guidelines, and Authorization guidelines <http://www.nhpri.org/Providers/ResourcesFAQs.aspx>
3. CMS NCCI Guidelines <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>
4. American Medical Association Coding Publications (CPT)
5. American Academy of Pediatrics “ Frequently Asked Questions for the Pediatric Immunization Administration Codes” <https://www.aap.org> x

#### VERSION HISTORY:

Original Publication date: 09/2010

Revision Date (s):

4/29/2011- Annual Coding Changes, DOH supply changes

7/27/2012- Annual Coding Changes, DOH supply changes

9/1/2013 – Format change, minor edits

7/2014- Template format change, revised name of guideline to align with benefit coverage summary, updated covered and non-covered codes per benefit summary, added additional clarifying information for provider billing with modifier 25 and vaccine administration codes, added clarifying information on counseling vs non-counseled administration codes.

12/2014 – Updated to reflect coverage of vaccine administration code for non-covered CDC flu vaccines (90654, 90656, 90657, 90658, 90661, 90673, 90672) effective 7/30/2014. Update to Travel Vaccine coverage for HBE line of business effective 1/1/2015.

12/2015 – Updated to reflect state codes effective 7/14/2015. Updated vaccine components list to only include codes with 2 or more components. Fixed link to AAP site.

**DISCLAIMER:**

This guideline is informational only, and not a guarantee of reimbursement. Claims payment is subject to Neighborhood Health Plan of RI benefit coverage, member eligibility, claim payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements and state or federal regulations. All services billed to Neighborhood for reimbursement is subject to audit. Effective dates noted reflects the date the long standing policy was documented or updated to assist with provider education, unless otherwise noted.