

Subject:	Vaccine Administration		
Policy Number:	PO-RE-109v1		
Effective Date:	10/1/2024	Last Approval Date:	8/19/2024

I. Policy Description

Healthfirst acknowledges the importance of vaccination in promoting public health and aims to align its reimbursement policies with the latest Centers for Disease Control (CDC) recommendations for coding, cost-sharing, and pricing of vaccine administration services. The guidelines below outlines the reimbursement policy for vaccination services provided by healthcare providers within the Healthfirst network.

The information below applies to the following lines of business.

- Child Health Plus (CHP)
- Healthfirst Insurance Commercial (HFIC)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Small/Individual Group (Commercial Plan)
- Essential Plan (EP)
- Managed Long Term Care Partial Capitation Plan (MLTCP – Senior Health Partners)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO
- Qualified Health Plan (QHP)

Reimbursement Guidelines

1. State supplied vaccines are provided by the Department of Health (DOH) at no cost to providers and practitioners; therefore, there is no reimbursement for the actual state supplied vaccines, although administration is covered.
2. Administration charges for all Centers for Disease Control (CDC) approved flu vaccines are covered regardless of whether the vaccine is state supplied or not. This only applies to the administration of these vaccines. Healthfirst will not reimburse providers for the vaccine charge.

3. Immunizations and vaccines and/or their administrations are covered when administered by **Any** Provider. Please note, a provider may be located at a physician's office, a hospital outpatient department, or a community health center.
4. Healthfirst will adhere to Centers for Disease Control (CDC) recommendations for the coding of vaccine reagents and vaccine administration, unless there is a New York State exclusive directive specifying alternative coding for a particular vaccine reagent and administration. Providers are expected to use the appropriate codes recommended by the Centers for Disease Control (CDC) for accurate billing and reimbursement.
5. All services must be medically necessary to qualify for reimbursement. Healthfirst may use the following criteria to determine medical necessity:
 - National Coverage Determination (NCD)
 - Local Coverage Determination (LCD)
6. It is the healthcare provider's responsibility to verify eligibility, coverage, and authorization criteria prior to rendering services.
7. As a default policy, Healthfirst will not impose copayments or cost-sharing requirements for vaccines or their administration when they are part of pediatric or adult required vaccinations. To qualify for no cost-sharing, claims must be coded correctly according to Centers for Disease Control (CDC) guidelines.
8. Unless the administration fee for a vaccine reagent is mandated by a government agency, Healthfirst will default to the provider's contract terms to determine the pricing of vaccine administration services. Most vaccines utilize common administration type codes, and reimbursement rates will be based on the provider's contractual agreements with Healthfirst.
9. Please note that some immunization codes are combination codes that reflect more than one type of vaccine. If administering a combination vaccine, it is inappropriate to code each component separately.

Claim Submission

1. Billable services are subject to the provider's contractual agreement with Healthfirst, when applicable. Providers are required to submit complete claims for reimbursement within contractually determined timely filing guidelines set forth in their provider contract or Healthfirst Provider Manual.
2. Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

3. Vaccine codes must be billed to Healthfirst along with the appropriate administration codes for reimbursement. Administration codes submitted without the corresponding vaccine code will result in a denial.
4. Healthfirst reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Healthfirst follows CMS standards for proper documentation requirements.

Member Responsibility

Commercial plans may include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

This reimbursement policy applies to all preventive services for which the default policy terms may be relevant. Healthfirst will reimburse for vaccine administration services in accordance with Centers for Disease Control (CDC) recommendations for cost-sharing and newly released vaccinations.

II. Applicable Codes

Code	Description	Comment

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

Vaccines and Immunizations CDC
Article - Billing and Coding: Immunizations (A56900) (cms.gov)
Article - Billing and Coding: Medicare Preventive Coverage for Certain Vaccines (A54767) (cms.gov)
NYS Medicaid FFS Program Pharmacists as Immunizers Fact Sheet
New York State Vaccines for Adults Program (ny.gov)
Information for Providers (ny.gov)

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy



guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider’s participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Approval Date/ Signatures:

1. Legal

Robert Schiller	VP, Deputy General Counsel
Print Name	Title

Signature	Date
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2. Regulatory

Christine Logreira	VP, Regulatory
Print Name	Title

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