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| Subject: | Vaccine Administration | | |
| Policy Number: | PO-RE-109v2 | | |
| Effective Date: | 10/1/2024 | Last Approval Date: | 03/16/2026 |

I. Policy Description

Healthfirst acknowledges the importance of vaccination in promoting public health and aims to align its reimbursement policies with the Centers for Disease Control (CDC)/ Advisory Committee on Immunization Practices (ACIP), and other applicable New York State and local public health authorities, including New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYC DOHMH).

These recommendations guide coding practices, coverage requirements, and reimbursement standards for vaccine administration services. Healthfirst will follow applicable federal, state, and local vaccination guidance when determining coverage and reimbursement for vaccine administration services.

The information below applies to the following lines of business:

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| • Child Health Plus (CHP) | • Essential Plan (EP) |
| • Integrated Benefit Dual Plan (IB-Dual) | • Managed Long Term Care Plan (MLTCP – Senior Health Partners) |
| • Medicaid Managed Care (MMC) | • Medicaid Advantage Plus/MAP (CompleteCare) |
| • Medicare Advantage HMO | • Qualified Health Plan (QHP) |
| • Medicare PPO | • Personal Wellness Plan (HARP) |

Reimbursement Guidelines

- In cases where a mandated vaccine is not supplied or directly reimbursed by a federal or state program, the vaccine product will be reimbursed by Healthfirst.
- State-supplied vaccines are provided by the Department of Health (DOH) at no cost to providers and practitioners; only the administration of such vaccines is eligible for reimbursement. No reimbursement is provided for the actual vaccine product cost in such cases.

- Healthfirst will cover administration charges for all CDC/ACIP-approved flu vaccines, regardless of whether the vaccine is state-supplied. Vaccine charges themselves will not be reimbursed unless not supplied or reimbursed by public programs.
- 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.

Coding Guidance:

- Healthfirst will follow CDC/ACIP recommendations for coding vaccine product and administration.
- However, if New York State (NYS) law or directive provides exclusive or alternative coding guidance, those NYS directives will take precedence for NYS-funded programs (e.g., Medicaid, CHP).
- Healthfirst also recognizes vaccination guidance issued by New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYC DOHMH). When state or local public health authorities issue vaccination recommendations, advisories, or program requirements (including childhood immunization schedules or public health advisories), Healthfirst will align reimbursement and coverage practices with those requirements for applicable lines of business.
- NCD/LCD criteria will apply primarily to Medicare lines of business.
- 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)
 - NYS directives for applicable plans
- It is the healthcare provider's responsibility to verify eligibility, coverage, and authorization criteria prior to rendering services.
- Cost-sharing for vaccine administration services may vary depending on the member's benefit plan, line of business, and applicable regulatory requirements. Healthfirst will apply cost-sharing in accordance with:
 - Federal and state coverage mandates
 - Preventive service requirements
 - Applicable benefit design for each Healthfirst product lineProviders should verify member eligibility and cost-sharing obligations prior to rendering services.
- Unless the administration fee for a vaccine product 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.

- 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.
- 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.
- 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.

Adjudication and Appeal Process

1. Reimbursement for vaccine administration services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.
2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.
4. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.
5. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

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 |
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III. Definitions

| Term | Meaning |
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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

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| Vaccines and Immunizations CDC |
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| New York State Immunization Practices Following Federal Changes to Childhood Vaccine Recommendations |
| 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 |
|-------------------|---|
| 03/16/2026 | <ul style="list-style-type: none"> Revised language to reference CDC and ACIP guidelines Clarified distinctions between New York State vs CMS/NDC/LCD guidance. Updated reimbursement language to state: “State-supplied vaccines are provided at no cost to providers. HF reimburses only for administration; no reimbursement is provided for the vaccine product itself. Replaced the term “reagent” with “vaccine product” throughout the policy. Updated policy to reference New York State and New York City public health vaccination guidance. Revised cost-sharing language to reflect product-specific benefit design. Added NYC DOHMH vaccination advisory as reference material. |

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.