

Subject:	Childhood Vaccine Counseling		
Policy Number:	PO-RE-175v1		
Effective Date:	4/1/2026	Last Approval Date:	09/23/2026

I. Policy Description

Healthfirst reimburses qualified providers for childhood vaccine counseling services provided to Healthfirst Medicaid and Child Health Plus members under 21 years of age in accordance with New York State Medicaid requirements. Vaccine counseling provided on the same date as vaccine administration continues to be reimbursable when billed with CPT code 99401. Effective April 1, 2026, CPT code 90483 is reimbursable for vaccine counseling when a vaccine is not administered on the same date of service, when applicable coding, documentation, and coverage requirements are met.

For purposes of childhood vaccine counseling reimbursement, Child Health Plus (CHP) follows the applicable New York State Medicaid reimbursement guidelines, including applicable frequency limitations.

The information below applies to the following lines of business:

• Child Health Plus (CHP)	• Medicaid Managed Care (MMC)
---------------------------	-------------------------------

Note: This policy applies only to Medicaid Managed Care (MMC) and Child Health Plus (CHP) members under 21 years of age. Essential Plan (EP) and Qualified Health Plan (QHP) members are not subject to the childhood vaccine counseling reimbursement requirements described in this policy. Reimbursement for CPT 99401 for EP and QHP members is governed by PO-RE-170, *Additional Office and Outpatient Services Billed with Evaluation and Management (E/M)*.

Reimbursement Guidelines

Childhood vaccine counseling is reimbursable when:

- The member is under 21 years of age and enrolled in a Healthfirst Medicaid and Child Health Plus products.
- Counseling is consistent with the recommended childhood and adolescent immunization schedule and nationally recognized clinical guidelines.
- The counseling is documented in the medical record.

- The service is furnished by a physician or other qualified health care professional.

Reimbursement may be made:

- In conjunction with an Evaluation and Management (E&M) service or well-child visit.
- In conjunction with vaccine administration services.
- Regardless of whether a recommended vaccine is administered during the encounter, using the applicable CPT code as specified in the Billing Guidelines below.
- As a stand-alone service when all applicable coverage, coding, and documentation are met.
- For up to **six (6) counseling visits per member, per year** when the member has not received recommended vaccine doses and does not have an appointment to receive those doses.

Billing Guidelines

Childhood vaccine counseling should be billed using the appropriate CPT code based on whether a vaccine is administered during the same encounter:

- CPT 99401 continues to be reported when vaccine counseling is provided on the same date as vaccine administration.
- Effective April 1, 2026, CPT 90483 may be reported when immunization counseling is provided and a vaccine is not administered on the same date of service.

CPT Code	Billing Guidance
99401	Report when vaccine counseling is provided on the same date as vaccine administration. A minimum of 8 minutes of counseling is required.
90483	Report when immunization counseling is provided and no vaccine is administered on the same date of service. Counseling must be more than 10 minutes and up to 20 minutes .

Reimbursement with E/M or Preventive Medicine Services

For eligible Medicaid Managed Care (MMC) and Child Health Plus (CHP) members under 21 years of age, CPTs 99401 and 90483 may be separately reimbursable when qualifying childhood vaccine counseling is provided in conjunction with an Evaluation and Management (E/M) service or well-child/preventive medicine visit and the requirements of this policy are met. This reimbursement provision is specific to eligible MMC and CHP members and represents an exception to the reimbursement methodology for CPT 99401 under PO-RE-170, *Additional Office and Outpatient Services Billed with Evaluation and Management (E/M)*. Providers must meet all applicable coding, documentation, eligibility, and coverage requirements.

Providers must maintain documentation supporting the counseling service, including the counseling provided and any applicable time requirements. Claims are subject to member eligibility, provider eligibility, and Healthfirst claims processing policies

Documentation Requirements

The medical record should include:

- Date of service.
- Member age.
- Vaccines discussed.
- Counseling provided regarding benefits and risks.
- Clinical recommendations.
- Whether vaccination was administered.
- Time spent counseling (when required for the billed CPT code).
- Signature or authentication of the rendering provider.

Adjudication and Appeals

1. Reimbursement for vaccine counseling 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, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

For any questions or further clarification regarding this policy, providers are encouraged to reach out to their designated contact within our organization

II. Applicable Codes

Code	Description	Comment
99401	Preventive medicine counseling and/or risk factor reduction intervention	
90483	Immunization counseling by physician or other qualified	

	healthcare professional when immunization is not administered on the same date of service	

III. Definitions

Term	Meaning
Vaccine Counseling	Vaccine counseling is a face-to-face preventive service provided by a physician or other qualified health care professional to educate a member, parent, or caregiver about recommended childhood and adolescent immunizations. Counseling includes discussion of the benefits and risks of vaccination, the diseases prevented by immunization, the recommended immunization schedule, and addressing questions or concerns to support informed decision-making regarding vaccination. Vaccine counseling must be documented in the medical record and provided in accordance with nationally recognized immunization guidelines.

IV. Related Policies

Policy Number	Policy Description
PO-RE-081	Vaccines For Children (VFC) Reimbursement Policy
PO-RE-109	Vaccine Administration Reimbursement Policy
PO-RE-170	Additional Office and Outpatient Services Billed with Evaluation and Management (E/M) Reimbursement Policy

Current Procedural Terminology © American Medical Association. All rights reserved.

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

New York State Medicaid Update, May 2026 , Childhood Vaccine Counseling

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 the 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.