



# Vaccine

Reimbursement Policy ID: RPC.0065.05xx

Recent review date: 09/2024

Next review date: 09/2026

*AmeriHealth Caritas Pennsylvania reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Pennsylvania may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This policy addresses both children and adult vaccines.

The Vaccines for Children (VFC) program was established in 1993 to serve children defined as "federally vaccine eligible" under section 1928(b)(2), which includes both "uninsured" and "Medicaid eligible" children. States receive federal funding for reduced-price vaccines under this program. All children under the age of 19 who are covered by Medicaid are considered eligible because of their Medicaid status.

## Exceptions

N/A

## Reimbursement Guidelines

The Vaccines for Children program include but not limited to the vaccines below which are used to prevent the diseases listed below:

Diphtheria

Mumps

|                            |                             |
|----------------------------|-----------------------------|
| Pertussis (whooping cough) | Hemophilus influenza type b |
| Pneumococcal disease       | Hepatitis A                 |
| Poliomyelitis              | Hepatitis B                 |
| Rotavirus                  | Human Papillomavirus        |
| Rubella                    | Influenza                   |
| Tetanus                    | Measles                     |
| Varicella                  | Meningococcal disease       |
| DENGUE                     | Monkey pox                  |
| COVID-19                   | Respiratory syncytial virus |

Providers participating in the VFC program may be reimbursed for vaccine administration only, with the exception of COVID-19 and Rabies.

### Immunizations for adults

Reimbursement to providers is available for vaccines including but not limited to:

|                            |                            |
|----------------------------|----------------------------|
| Chickenpox (Varicella)     | Mumps                      |
| Diphtheria                 | Whooping Cough (Pertussis) |
| Flu (influenza)            | Pneumococcal disease       |
| Hepatitis A                | RSV                        |
| Hepatitis B                | Rubella                    |
| Human Papillomavirus (HPV) | Shingles                   |
| Measles                    | Tetanus                    |
| Meningococcal disease      | COVID-19                   |

### Definitions

N/A

### Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. <https://www.amerihhealthcaritaspa.com/provider/billing/index.aspx>
- VI. Pennsylvania Medicaid Fee Schedule(s).

### Attachments

N/A

### Associated Policies

N/A

### Policy History

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| 09/2024 | Reimbursement Policy Committee Approval |
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| 04/2024 | Revised preamble  |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas Pennsylvania from Policy History section   |
| 01/2023 | Template Revised <ul style="list-style-type: none"> <li>• Revised preamble</li> <li>• Removal of Applicable Claim Types table</li> <li>• Coding section renamed to Reimbursement Guidelines</li> <li>• Added Associated Policies section</li> </ul> |