

Chapter 9A

Immunizations & Vaccinations

Overview

Vaccination is a covered health care service for Minnesotans enrolled in PrimeWest Health or any other publicly funded Minnesota Health Care Program (MHCP). The Minnesota Department of Human Services (DHS) works with the Minnesota Department of Health (MDH) to administer the Minnesota Vaccines for Children Program (MnVFC), which provides pediatric vaccines and some adult vaccines to PrimeWest Health members.

For more information about MnVFC, please visit the [MnVFC program website](#). The MnVFC program is an expanded version of the national Vaccines for Children (VFC) program that uses Federal funding to provide increased vaccine coverage to Minnesotans. The program supplies vaccine at no cost to participating providers.

Eligible Providers

The following PrimeWest Health-enrolled health care providers may bill for vaccines:

1. Certified family and certified pediatric nurse practitioners
2. Certified nurse-midwives
3. Child and Teen Checkup (C&TC) providers
4. Clinics
5. Home health agencies
6. Outpatient and inpatient hospitals
7. Pharmacies
8. Physicians
9. Public health clinics
10. Public health nursing clinic providers

All PrimeWest Health-enrolled providers who administer pediatric vaccines are required by State law MS 256B.0625, subd.39, to be enrolled in the MnVFC program.

Eligible Recipients

Infants, children, and adults enrolled in PrimeWest Health are eligible to receive vaccines through the MnVFC program.

Covered Services

Seasonal Influenza Vaccines

Seasonal influenza (flu) vaccine is a covered service for PrimeWest Health members. The 2011 – 2012 seasonal flu vaccine protects against influenza A (H1N1 & H3N2) and influenza B virus. Providers must obtain their seasonal flu vaccine supply to be administered to PrimeWest Health members ages 18 and younger from the MnVFC program. For PrimeWest Health-enrolled adults 19 years of age and over, seasonal flu vaccine is covered by PrimeWest Health.

MnVFC seasonal flu vaccines are distributed in the fall and are administered throughout the flu season. Annual seasonal flu vaccine distribution and reimbursement updates from MDH and DHS are released in the fall. The annual supply of flu vaccine, and the timing of its distribution, cannot be guaranteed in any year. When

MnVFC seasonal flu vaccines are not available, refer to [MHCP](#) for the latest information on seasonal influenza coverage.

1. For more information on Minnesota’s Influenza Vaccination Plan for the current season and a current list of all vaccines available through MnVFC, refer to [MDH](#).
2. Refer to [Seasonal Flu Vaccine Billing Codes](#) for the current year information

When billing for seasonal flu vaccines, please note the following:

1. Bill the vaccine’s administration code in addition to the vaccine code. When giving MnVFC vaccines, bill the code for the vaccine with modifier SL. PrimeWest Health will reimburse providers an administration fee of \$8.50 for each single or combination MnVFC vaccine administered.
2. For recipients ages 19 and over, PrimeWest Health pays the fee schedule rate for the vaccine plus an administration fee of \$1.50. Bill the appropriate administration and vaccine codes; do not use the SL modifier.

Age Range	CPT Code	Description	Coverage and Billing	
			MnVFC (when available); use SL modifier	PrimeWest Health; do not use SL modifier
6 – 35 months	90655	Influenza virus vaccine, split virus, preservative free , for children 6 – 35 months of age, for intramuscular use	X	
	90657	Influenza virus vaccine, split virus, for children 6 – 35 months of age, for intramuscular use		
	90660	Influenza virus vaccine, live, for intranasal use		
3 – 18 years	90656	Influenza virus vaccine, split virus, preservative free , for use in individuals 3 years and above, for intramuscular use	X	
	90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and over, for intramuscular use		
	90660	Influenza virus vaccine, live, for intranasal use		
19 years and over	90656	Influenza virus vaccine, split virus, preservative free , for use in individuals 3 years and above, for intramuscular use		X
	90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and over, for intramuscular use		
	90660	Influenza virus vaccine, live, for intranasal use		

Other Vaccines/Vaccine Administration Codes

Obtain the available vaccines for MnVFC-eligible members from MDH. The program supplies vaccine at no cost to participating providers. PrimeWest Health will reimburse providers only for the administration of MnVFC vaccines. Please note the following:

1. Federal legislation limits the amount an MnVFC participating provider may charge for administering a vaccine to an MnVFC child
2. Minnesota caps administration charges at \$14.69 per vaccine
3. PrimeWest Health will reimburse \$8.50 for each single or combination vaccine administered
4. PrimeWest Health does not pay for purchase of vaccines available through MnVFC

For a current list of vaccines available through MnVFC, refer to the [MDH MnVFC program](#) website or call the Immunization Program at **1-651-201-5503** or **1-800-657-3970** (toll free). The list of available MnVFC vaccines can be found on the vaccine order form, which is accessible online.

For vaccines not available through MnVFC, payment to providers for vaccine procedure codes is based on the average wholesale price plus a standard administration fee of \$1.50 per vaccine administered. Please note the following:

1. Vaccination reimbursement rates are updated regularly as wholesale prices change
2. When billing for a non-MnVFC supplied vaccine, follow the same instructions as billing for MnVFC vaccines, except do not use the SL modifier

Administration of vaccines and toxoids to MHCP-enrolled infants, children, and adults is a covered service. All vaccines that are available through the MnVFC program must be obtained from MDH. Most routine childhood vaccines are available through the MnVFC program.

1. For more information about which vaccines are covered by MHCP, see the [MHCP Vaccines and Toxoids Quick Reference](#).
2. Follow CPT guidelines or refer to the [Vaccine Administration Codes](#).
3. Refer to the *Child and Teen Checkups* section in Chapter 9, Children's Services, for immunization requirements and schedules.

Billing

For more information on billing, please see Electronic Data Interchange (EDI) requirements in Billing Policy, [Chapter 4](#).

PrimeWest Health Vaccines and Toxoids Quick Reference

Age groups listed under PrimeWest Health coverage do not indicate guidelines for administration of the vaccine or the availability of the vaccine through MnVFC for the age groups listed.

Refer to the [Centers for Disease Control and Prevention VFC Vaccine Resolutions](#) for more information about eligible age groups, recommended vaccine schedules, and recommended dosage information for specific vaccines. For PrimeWest Health-enrolled adults 19 years of age and over, non-MnVFC covered vaccines must be administered with stock vaccines and are covered by PrimeWest Health.

Vaccines listed as unavailable through MnVFC are covered by PrimeWest Health. Use the appropriate CPT codes listed in the table below when billing PrimeWest Health for vaccines.

Effective September 1, 2010, PrimeWest Health no longer covers tetanus and diphtheria toxoids vaccine code 90718. Use the preservative-free tetanus and diphtheria toxoids vaccine code 90714 for **both** preservative and preservative-free vaccine billing.

CPT Code	Description	PrimeWest Health Coverage Age Range Limitations	Available through MnVFC
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	19 years of age and over	No
90633	Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule, for intramuscular use	18 years of age and younger	Yes

90634	Hepatitis A vaccine, pediatric/adolescent dosage, 3-dose schedule, for intramuscular use	18 years of age and younger	No
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	18 years of age and over	No
90645	Hemophilus influenza B vaccine (Hib), HbOC conjugate (4-dose schedule), for intramuscular use		Yes
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use		Yes
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use		Yes
90649	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3-dose schedule, for intramuscular use	Females and males 9 – 26 years of age	Yes
90650	Human papillomavirus (HPV) vaccine, types 16, 18, bivalent, 3-dose schedule, for intramuscular use	Females 10 – 25 years of age	
90655	Influenza virus vaccine, split virus, preservative free, for children 6 – 35 months of age, for intramuscular use	3 years of age and younger	Yes
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and over, for intramuscular use	3 – 18 years of age	Yes
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and over for intramuscular use	19 years of age and over	No
90657	Influenza virus vaccine, split virus, for children 6 – 35 months of age, for intramuscular use	3 years of age and younger	Yes
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and over, for intramuscular use	3 – 18 years of age	Yes
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and over, for intramuscular use	19 years of age and over	No
90660	Influenza virus vaccine, live, for intranasal use	2 – 18 years of age	Yes
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and over, for intramuscular use (Afluria)	3 years of age and older	Yes
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and over, for intramuscular use (Flulaval)	3 years of age and over	Yes
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and over, for intramuscular use (Fluvirin)	3 years of age and over	Yes
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and over, for intramuscular use (Fluzone)	3 years of age and over	Yes
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and over, for intramuscular use (Not Otherwise Specified)	3 years of age and over	Yes

90660	Influenza virus vaccine, live, for intranasal use	19 – 49 years of age	No
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	4 years of age and younger	Yes, through March 2010
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	Under 6 years of age	Yes, will replace PCV7 starting March 2010
90680	Rotavirus vaccine, pentavalent, 3-dose schedule, live, for oral use	Under 1 year of age	Yes
90681	Rotavirus vaccine, human, attenuated, 2-dose schedule, live, for oral use	Under 1 year of age	Yes
90696	Diphtheria, tetanus toxoids, acellular pertussis and poliovirus vaccine (DTaP - IPV), when administered to children 4– 6 years of age, for intramuscular use	Under 7 years of age	Yes
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza type B, and poliovirus vaccine (DTaP-HIB-IPV), for intramuscular use	Under 5 years of age	Yes
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals younger than 7 years, for intramuscular use	Under 7 years of age	Yes
90702	Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than 7 years, for intramuscular use	Under 7 years of age	Yes
90707	Measles, mumps, and rubella virus vaccine (MMR) live, for subcutaneous use		Yes
90710	Measles, mumps, rubella, and varicella virus vaccine (MMRV) live, for subcutaneous use	12 years of age and younger	Yes
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use		Yes
90714	Tetanus and diphtheria toxoids (Td) absorbed, preservative free, for use in individuals 7 years or over, for intramuscular use	7 years of age and over	Yes
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or over, for intramuscular use	7 years of age and over	Yes
90716	Varicella virus vaccine, live, for subcutaneous use	18 years of age and younger	Yes
90716	Varicella virus vaccine, live, for subcutaneous use	19 years of age and over	No
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	Under 7 years of age	Yes
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	Under 7 years of age	Yes
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or over, for subcutaneous or intramuscular use	2 – 18 years of age	Yes

90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or over, for subcutaneous or intramuscular use	19 years of age and over	No
90733	Meningococcal polysaccharide vaccine (any group[s]) for subcutaneous use		No
90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135 (tetraivalent), for intramuscular use	2 years of age and over	Yes
90736	Zoster (shingles) vaccine, live, for subcutaneous use	60 years of age and over	No
90744	Hepatitis B vaccine, pediatric/adolescent dosage, for intramuscular use	18 years of age and younger	Yes
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	19 years of age and over	Yes
90748	Hepatitis B and Hemophilus influenza B vaccine (HepB- Hib), for intramuscular use		Yes

Vaccine Administration Codes

CPT Code	Description
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care profession; first vaccine/toxoid component.
90461	Administration of each additional vaccine/toxoid component (through 18 years of age via any route of administration, with counseling by physician or other qualified health care profession) after the initial vaccine on a single date of service. (List separately in addition to code for primary procedure.)
90471	Administration of the first or a single vaccine (percutaneous, intradermal, subcutaneous, or intramuscular injections) on a single date of service. (Do not report 90471 in conjunction with 90473.)
90472	Administration of each additional vaccine (percutaneous, intradermal, subcutaneous, or intramuscular injections) after the initial vaccine on a single date of service. (List separately in addition to code for primary procedure.)
90473	Administration of the first or a single vaccine (oral or intranasal routes of administration) on a single date of service. (Do not report 90473 in conjunction with 90471.)
90474	Administration of each additional vaccine (oral or intranasal routes of administration) on a single date of service. (List separately in addition to code for primary procedure.)
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
The Centers for Disease Control and Prevention (CDC) considers the VFC administration reimbursement amount to be paid on a per injection basis, not a per component basis	

Providers must bill according to the following instructions:

1. All providers submitting charges must bill for vaccines using CPT codes
2. Bill the vaccine administration code in addition to the vaccine code

3. Use the modifier SL with the vaccine CPT code when billing for administration of vaccines from the MnVFC program
4. When billing for the administration of MnVFC vaccines, continue to enter the price of the vaccine at \$0.00 OR \$0.01 and use the appropriate administration code
5. When billing for stock vaccines for non-covered MnVFC vaccines for PrimeWest Health members, PrimeWest Health pays the fee schedule rate plus an administration fee of \$1.50. Bill the appropriate administration and vaccine codes; do not use the SL modifier.

Claims will be denied if either of the following occur:

1. A vaccine is billed without a vaccine administration code indicating the administration of the initial injection
2. Administration codes are billed without vaccine CPT codes

In addition to the CPT vaccine codes, usual and customary charges for an office visit associated with the vaccination may also be billed. Office visit charges should not be billed if the appointment is solely to administer vaccine(s).

When billing for influenza vaccines, please note the following:

1. Bill preservative-free and preservative containing influenza vaccines using different vaccine codes, even if they are indicated for the same age group
2. Bill the vaccine's administration code in addition to the vaccine code. When giving MnVFC vaccines, bill the code for the vaccine with modifier SL. PrimeWest Health will reimburse providers an administration fee of \$8.50 for each single or combination MnVFC vaccine administered.
3. Bill administration code 90473 and vaccine code 90660 for intranasal flu vaccine (FluMist)
4. For recipients ages 19 and over, PrimeWest Health pays the fee schedule rate plus an administration fee of \$1.50. Bill the appropriate administration and vaccine codes; do not use the SL modifier.

Providers must obtain the available vaccines for MnVFC-eligible recipients from MDH. The program supplies vaccine at no cost to participating providers. PrimeWest Health will reimburse providers only for the administration of MnVFC vaccines. Please note the following:

1. Federal legislation limits the amount a MnVFC participating provider may charge for administering a vaccine to a MnVFC child
2. PrimeWest Health will reimburse \$8.50 for each single or combination vaccine administered
3. PrimeWest Health does not pay for purchase of vaccines available through MnVFC

Legal References

[MS 256B.0625, subd.39](#)