



Corporate Medical Policy

Immunization Guidelines

File Name: immunization_guidelines
Policy Number: ADM9050
Origination: 01/2000
Last Review: 09/2008
Next Review: 08/2009

Description of Procedure or Service

Immunization is the process of making a person immune or highly resistant to a disease. This is done when the body makes antibodies or develops immunologically competent cells that can fight off disease. It is also called inoculation or vaccination.

Policy

Immunization services are allowed in accordance with the Preventive Care Guidelines found on the BlueCross Blue Shield of North Carolina internet site (www.bcbsnc.com) and the member's certificate benefits.

Benefits Application

Please refer to certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

Claim Review of Immunization Services.

Immunizations are covered when the certificate includes benefits for immunizations.

Unless specifically excluded by a member's contract BCBSNC will allow coverage for new vaccines formally recommended by any of the following: the U.S. Preventative Services Task Force; the American Academy of Pediatrics; and the Advisory Committee on Immunization Practices.

Policy Guidelines

- If a significant, separately identifiable evaluation and management service is provided at the time of vaccine administration, the evaluation and management service should be reported in addition to the vaccine and toxoid procedure.
- Separate reimbursement will be allowed for preventive medicine services 99381-99397.
- Separate reimbursement will be allowed for the administration of the vaccines codes (90465 - 90474).

Policy: Immunization Guidelines

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable Codes: 90465-90749

Each immunization given must be filed on a single line of the HCFA 1500 claim form, with it's specific CPT code.

The -25 modifier must be used with all evaluation and management services except preventive services CPT 99381-99397, when reporting a significant, separately identifiable service in addition to the immunization services.

It is inappropriate to use the unlisted vaccine code CPT 90749 to report immunization administration services.

The invoice from the laboratory or pharmacy the vaccine has been purchased from may be requested for claim review.

BCBSNC HMO, POS, PPO and CMM Products:

Submit state-supplied vaccines with the immunization code and a 'zero' charge amount.

Claims for vaccines that are not supplied by the state should indicate the cost of the vaccine.

CPT codes CPT 90471 or CPT 90472 are the preferred method of requesting payment for administering all immunizations. A practice may use the specific CPT code with the '52' modifier to request payment for the administration of state supplied vaccines.

Blue Card Host, FEP and State CMM (Indemnity) Products:

Submit state-supplied vaccines with the immunization code affixed with the -52 modifier. Do not use 90471 or 90472.

Policy Key Words

Key Words: **ADM9050**, Immunization, Vaccine, Immunization Guidelines

Medical Term Definitions

Not Applicable

Scientific Background and Reference Sources

Medical Policy Advisory Group - 9/2001

Medical Policy Advisory Group - 10/2003

Medical Policy Advisory Group - 03/10/2005

Medical Policy Advisory Group - 03/24/2006

Policy: Immunization Guidelines

Policy Implementation/Update Information

- 1/00 Implementation
- 3/00 Removed reference to Blue Edge
- 4/01 Reference to archived medical policy Preventive Health Services changed to the Preventive Care Guidelines on the website. Policy reformatted.
- 6/01 Code range added to coding section.
- 9/01 Medical Policy Advisory Group review. No change to policy.
- 10/03 Biannual review of policy completed. Medical Policy Advisory Group review. Reformatted to provide additional information on immunizations.
- 1/06/05 These are the first quarter 2005 CPT codes: 90465, 90466, 90467, 90468 and 90656. Removed references to Medpoint and PCP as they no longer are applicable to this policy.
- 04/07/05 Medical Policy Advisory Group reviewed policy on 03/10/2005. Changed the code range to include the first quarter codes.
- 7/7/05 New code 90714 effective 07/01/2005.
- 5/08/06 Medical Policy Advisory Group review 3/24/06. No change to policy criteria. Policy number added to the Key Words Section.
- 9/10/07 Revised the wording in the “Billing/Coding/Physician Documentation” section to coincide with the Provider Bluebook language. Medical Policy reviewed by Senior Medical Director of Provider Partnerships, Medical and Reimbursement Policy.
- 12/3/07 Under the section titled, “Claim Review of Immunization Services “, added Unless specifically excluded by a member’s contract BCBSNC will allow coverage for new vaccines formally recommended by any of the following: the U.S. Preventative Services Task Force; the American Academy of Pediatrics; and the Advisory Committee on Immunization Practices. “Under the section titled, “Policy Guidelines” added “Separate reimbursement will be allowed for the administration of the vaccines codes (90465 - 90474).
- 10/06/08 Removed the following, “Participating Primary Care Physicians are encouraged to participate in the State of North Carolina Immunization Program, which reimburses serum cost for specific immunizations.” from the Policy Guidelines. Policy reviewed 09/10/2008, by Vice President and Senior Medical Director of Provider Partnerships, Medical and Reimbursement Policy.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.