



# Vaccine Payment Policy

## Policy

Fallon Community Health Plan (FCHP) covers routine childhood, adolescent and adult vaccines according to The Centers for Disease Control and Prevention (CDC) Recommended Immunization Schedules<sup>1</sup> or according to an update to one of these schedules that has been recommended by the Advisory Committee on Immunization Practices (ACIP) and published in the Morbidity and Mortality Weekly Report (MMWR):

1. Recommended Immunization Schedule for Persons Aged 0-6 Years: [www.cdc.gov/nip/recs/child-schedule.htm#printable](http://www.cdc.gov/nip/recs/child-schedule.htm#printable)
2. Recommended Immunization Schedule for Persons Aged 7-18 Years: [www.cdc.gov/nip/recs/child-schedule.htm#printable](http://www.cdc.gov/nip/recs/child-schedule.htm#printable)
3. Recommended Adult Immunization Schedule: [www.cdc.gov/nip/recs/adult-schedule.htm#print](http://www.cdc.gov/nip/recs/adult-schedule.htm#print)

ACIP may make recommendations for changes or updates to these schedules periodically. ACIP recommendations remain provisional until they are published in the CDC's MMWR.

FCHP covers vaccines or toxoids that are recommended by the CDC for the prevention or treatment of illness or injury following exposure or possible exposure to a disease or condition, such as tetanus toxoid or rabies.

FCHP covers vaccines that are recommended by the CDC for plan members who are traveling internationally, such as typhoid, yellow fever and Japanese encephalitis.

## Definition

**State-supplied vaccines** – State-supplied vaccines are vaccines that are *available* free from the state. Availability of and eligibility for state-supplied vaccines may vary by state. In addition to distributing vaccines for VFC eligible children, the Massachusetts Department of Public Health (MDPH) Immunization Program (MIP) provides many of the vaccines that are recommended by ACIP at no cost to public and private health care providers and to school-based programs in Massachusetts. Any public or private health care provider in Massachusetts wishing to receive state-supplied vaccines at no cost must enroll in the MDPH Immunization Program. For information about the MDPH Immunization Program or vaccine eligibility or availability, contact the MDPH Immunization Program at 1-617-983-6828 or go to: [www.mass.gov/dph/cdc/epii/imm/imm.htm](http://www.mass.gov/dph/cdc/epii/imm/imm.htm).

**Massachusetts Biologic Laboratories (MBL)** – Located at the University of Massachusetts Medical School in Jamaica Plain. The MBL manufactures tetanus toxoid/diphtheria vaccine (Td) for Massachusetts residents. The MBL is the only publicly owned, non-profit FDA-licensed manufacturer of vaccines and biologics in the U.S.

**Part D vaccines** – Vaccines that are covered under the Fallon Senior Plan™ prescription drug benefit.

**Fallon Senior Plan™ Retiree Group with 28% Subsidy** – The MMA provides for a federal subsidy payment to plan sponsors that provide prescription drug benefits to Medicare eligible employees and retirees. To earn the subsidy, plan sponsors needed to show that they were providing drug coverage that's equal to or better than the standard Medicare Part D drug benefit. Companies providing such coverage receive tax-free subsidies from the government equal to 28% of allowable drug costs per retiree.

<sup>1</sup> The Centers for Disease Control and Prevention (CDC), in conjunction with the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), publish recommended immunization schedules for children, adolescents and adults. The Advisory Committee on Immunization Practices (ACIP) periodically reviews these immunization schedules to ensure that they are current and that they reflect recommendations for the use of licensed vaccines, including those newly licensed. From time-to-time, ACIP makes recommendations for changes to the immunization schedules to the CDC. ACIP recommendations are reviewed by the Director of CDC and the Department of Health and Human Services (HHS) and become official when published in CDC's *Morbidity and Mortality Weekly Report* (MMWR).

**Vaccines for Children (VFC) Program** – The Vaccines for Children (VFC) program is a federal program that provides eligible children with all recommended vaccines at no cost. The VFC program is administered by the CDC. While the CDC has the responsibility for the implementation of the VFC program, the VFC program is contained in the Medicaid law and is funded by the federal government through the Centers for Medicare & Medicaid Services (CMS), Medicaid program. Each state Medicaid program must file a Medicaid state plan amendment covering its pediatric immunization program in order to receive federal funds to operate its Medicaid program and to receive vaccines from the VFC program. (The CDC contracts with vaccine manufacturers to buy vaccines at reduced rates and distributes the vaccines to the state programs.) Children and adolescents 18 years of age and under are eligible for free vaccines if they meet one of the following eligibility criteria:

- Medicaid eligible – a child who is eligible for the Medicaid program (in some states, children who are <1 year of age are automatically entitled to Medicaid benefits, if their mother is enrolled).
- Uninsured – a child who has no health insurance coverage.
- American Indian or Alaska Native – as defined by the Indian Health Services Act.
- Underinsured – a child whose health insurance benefit plan does not include vaccinations. Underinsured children are eligible to receive VFC vaccine(s) only if they are served by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). Underinsured children are defined as those children who have health insurance but coverage does not include vaccines. Children whose health insurance covers only select vaccines or caps the vaccine cost at a certain limit are categorized as underinsured; thus the children are only eligible for VFC program benefits at an FQHC or RHC.

## **Benefits application**

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCare<sup>SM</sup>

## **Reimbursement**

**Important:** Some vaccines are covered under prescription drug benefit.

FCHP follows the MDPH Immunization Program guidelines when determining availability of and eligibility for state-supplied vaccines. The guidelines are available at: [www.mass.gov](http://www.mass.gov). The MDPH Immunization Program notifies providers and insurers via an advisory or memorandum when there is a shortage of a state-supplied vaccine(s) (i.e., state-supplies are exhausted). When there is a documented shortage of state-supplied vaccine, FCHP will reimburse providers who purchase vaccine.

### *Commercial (defined herein)*

For commercial plan members, *most vaccines* are covered under the medical benefit. There is one exception: the oral typhoid vaccine, which is covered under the prescription drug benefit. Commercial plan members who do not have prescription drug coverage do not have coverage for the oral typhoid vaccine. Commercial plans include HMO, Major Medical, PPO, MassHealth, Commonwealth Care, and Fallon Senior Plan™ Retiree Group with 28% Subsidy.

### *Fallon Senior Plan™ (defined herein)*

(Note: excluding Fallon Senior Plan Retiree Group with 28% Subsidy)

For Fallon Senior Plan members, *some vaccines* are covered under the medical benefit, including the influenza (flu), pneumonia, and hepatitis B vaccines, and vaccines directly related to the treatment of an illness or injury following exposure to a disease or condition, such as tetanus toxoid. Fallon Senior Plan members who are Massachusetts residents are eligible for state-supplied vaccines, including pneumonia and tetanus/diphtheria toxoid (Td). *All other* vaccines are covered under Part D (the Medicare prescription drug benefit). Fallon Senior Plan members who do not have prescription drug coverage do not have coverage for Part D vaccines.

Part D vaccines are listed on the Fallon Senior Plan Prescription Drug Formulary. The Fallon Senior Plan Prescription Drug Formulary is available at [fchp.org](http://fchp.org). Part D vaccines are subject to same terms and conditions as other Part D prescription drugs, including copayments, deductibles, coverage limits, coverage gaps, catastrophic coverage, etc. **See Addendum B for information on obtaining and reimbursement for Part D vaccines and Part D vaccine administration.**

FCHP reimburses contracted providers for:

1. **Administration of state-supplied vaccines:** Submit the appropriate immunization administration CPT code (90465-90474) in addition to the vaccine CPT code. Reimbursement for the administration of state-supplied vaccines will be according to contractual arrangements between the provider and FCHP (no reimbursement will be made for a state-supplied vaccine).
2. **Non-state-supplied vaccines and the administration of non-state-supplied vaccines.** Reimbursement for the vaccine/toxoid and administration of the vaccine/toxoid will be according to the contractual arrangements between the provider and FCHP.

FCHP *does not reimburse* providers for:

1. State-supplied vaccines, i.e., vaccines that are available free from the state.
2. Combination vaccines if the components are state-supplied.
3. CPT code 99211 (minimal office visit) will be denied as mutually exclusive to CPT codes 90465-90474 when submitted with the same date of service.
4. Vaccines that are required by a third party, such as when a vaccine is a workplace requirement or for work-related post-exposure treatment.
5. Vaccines containing any of the following antigens: adenovirus, anthrax, BCG for TB, Lyme, whole cell pertussis, smallpox, cholera or plague.
6. Vaccines that are not licensed by the FDA for distribution and immunization in the U.S. The FDA maintains a list of licensed vaccines, available at the following Web site: [www.fda.gov](http://www.fda.gov).

## ***Referral/notification/prior authorization requirements***

Prior authorization is not required for vaccines, with the exception of unlisted vaccines/toxoids submitted with CPT code 90749.

## ***Billing/coding guidelines***

The following billing/coding guidelines apply to:

- Vaccines for commercial plan members (including HMO, Major Medical, PPO, MassHealth, Commonwealth Care, and Fallon Senior Plan™ Retiree Group with 28% Subsidy members)
- Part B vaccines (flu, pneumonia, hepatitis B, and vaccines, such as tetanus toxoid, when directly related to the treatment of an injury or direct exposure to a disease or condition) for Fallon Senior Plan members.

### **Administration of state-supplied vaccines:**

- Submit the appropriate immunization administration CPT code (90465-90474) in addition to the vaccine CPT code.
- Attach the SL modifier to the vaccine/toxoid CPT code with a charge of \$0.00 to indicate that the vaccine/toxoid was state-supplied.

### **Non-state-supplied vaccines and the administration of non-state-supplied vaccines:**

- Submit the appropriate immunization administration CPT code (90465-90474) in addition to the vaccine/toxoid CPT code (do not attach the SL modifier to the vaccine/toxoid CPT code).

*Flu vaccine:*

- FCHP requires that CPT codes 90655, 90656, 90657, and 90658 be billed for the flu vaccine and that HCPCS code G0008 be billed for the administration.
- If administered on the same day as a physician service is performed, use CPT code 90471 to report the administration of the vaccine.
- FCHP does not require an invoice be submitted for the flu vaccine.

*Pneumococcal vaccine:*

- FCHP requires that CPT code 90732 be billed for the pneumococcal vaccine and HCPCS code G0009 for the administration.
- If administered on the same day as a physician service is performed, use CPT code 90471 to report the administration of the vaccine.
- FCHP does not require an invoice be submitted for the pneumococcal vaccine.

When a significant, separately identifiable E&M service is performed in addition to administration of a vaccine or toxoid, a claim for the E&M service may be reported with the appropriate E&M CPT code, appended by the modifier -25.

All claims for services should be submitted using industry standard forms or HIPAA standard electronic formats.

An invoice may be required unless otherwise indicated under the terms of the provider contract.

## **Place of service**

This policy applies to services provided in an office or outpatient setting.

## **Policy history**

Origination date:	08/20/03
Previous revision date(s):	07/21/04, 09/14/05, 08/01/07 01/01/09 – added exclusion for combination vaccines when the individual components are state-supplied. 07/01/09 – updated list in Addendum A because 90680 Rotavirus vaccine is no longer state supplied; updated language in Addendum B to more accurately explain process when the physician supplies the Part D vaccine
Connection date & details:	January 2010 – removed discussion of vaccines obtained through the FCHP-contracted pharmacy specialty company for commercial plan members; added code and description for 90470 and updated text for codes 90633, 90634, 90663, 90670, 90681, 90692, 90693, 90698, 90732, and 90734 in Addendum A.

*This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.*

## Appendix A

Whereas the following table may indicate that a particular vaccine is or is not reimbursed, the availability of and eligibility for state-supplied vaccines is determined by the Massachusetts Immunization Program. FCHP reserves the right to make changes in reimbursement for a vaccine upon notification that the availability of or eligibility for a state-supplied vaccine has changed.

CPT Code	Description	Comments
90465	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day	
90466	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid) per day	
90467	Immunization administration younger than 8 years of age (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day	
90468	Immunization administration younger than 8 years of age (includes intranasal or oral routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day	
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) one vaccine (single or combination vaccine/toxoid)	
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) each additional vaccine (single or combination vaccine/toxoid)	
90473	Immunization administration by intranasal oral route; one vaccine (single or combination vaccine/toxoid)	
90474	Immunization administration by intranasal oral route; each additional vaccine (single or combination vaccine/toxoid)	
90476	Adenovirus vaccine, type 4, live, for oral use	Not reimbursed
90477	Adenovirus vaccine, type 7, live, for oral use	Not reimbursed
90581	Anthrax vaccine, for subcutaneous use	Not reimbursed
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	Not reimbursed
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	Not reimbursed (covered under HCPCS code J9031)
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Not reimbursed for MA residents 12 through 23 months of age (state-supplied)
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Not reimbursed
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	Not reimbursed for MA residents ≤18 years
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	Not reimbursed
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	Not reimbursed for MA residents ≤18 years (state-supplied)

## Appendix A

CPT Code	Description	Comments
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	Not reimbursed for MA residents ≤18 years (state-supplied)
90649	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Not reimbursed for VFC eligible ≤18 years (state-supplied)
90650	Human papillomavirus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for IM use	Not reimbursed
90655	Influenza virus vaccine, split virus, preservative free, for use 3-35 months of age, for intramuscular use	Some influenza vaccine is supplied by the state each flu season however, availability varies from year to year. State-supplied influenza is typically available for children ≤18 years. FCHP expects that providers will utilize state-supplied influenza vaccine when available and submit claims accordingly.
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use	
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use	
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use	
90660	Influenza virus vaccine, live, for intranasal use	
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for IM use	Not reimbursed
90662	Influenza, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Not reimbursed
90663	Influenza virus vaccine, pandemic formulation, H1N1	Not reimbursed
90665	Lyme disease vaccine, adult dosage, for intramuscular use	Not reimbursed
90669	Pneumococcal conjugate vaccine, polyvalent, for children under 5 years, for intramuscular use	Not reimbursed for MA residents (state-supplied)
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	Not reimbursed
90675	Rabies vaccine, for intramuscular use	
90676	Rabies vaccine, for intradermal use	Not reimbursed
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	Not reimbursed for MA residents (state-supplied)
90690	Typhoid vaccine, live, oral	Not reimbursed
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	
90692	Typhoid vaccine, heat and phenol inactivated, for subcutaneous or intradermal use	Not reimbursed
90693	Typhoid vaccine, acetone-killed, dried, for subcutaneous use (u.S. military)	Not reimbursed
90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and poliovirus, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for IM use	Not reimbursed for MA residents (components are state-supplied)
90698	Diphtheria, tetanus toxoids, and acellular pertussis vaccine, haemophilus influenza type B, and poliovirus vaccine, inactivated (Dtap-Hib-IPV), for IM use	Not reimbursed for MA residents < 4 years of age (state-supplied)
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (Dtap), for use in individuals younger than 7 years, for intramuscular use	Not reimbursed for MA residents (state-supplied)
90701	Diphtheria, tetanus toxoids (DT) and whole cell pertussis vaccine (DTP), for intramuscular use	Not reimbursed
90702	Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than 7 years, for intramuscular use	Not reimbursed for MA residents (state-supplied)
90703	Tetanus toxoid adsorbed, for intramuscular use	
90704	Mumps virus vaccine, live, for subcutaneous use	
90705	Measles virus vaccine, live, for subcutaneous use	
90706	Rubella virus vaccine, live, for subcutaneous use	
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	Not reimbursed for MA residents ≤18 years (state-supplied)
90708	Measles and rubella virus vaccine, live, for subcutaneous use	Not reimbursed

## Appendix A

CPT Code	Description	Comments
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Not reimbursed for MA residents < 7 years (state-supplied)
90712	Poliovirus vaccine, (any type(s)) (OPV), live, for oral use	Not reimbursed
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use	Not reimbursed for MA residents ≤18 years (state-supplied)
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use	Not reimbursed for MA residents ≤18 years (state-supplied)
90716	Varicella virus vaccine, live, for subcutaneous use	Not reimbursed for MA residents ≤18 years (state-supplied)
90717	Yellow fever vaccine, live, for subcutaneous use	
90718	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals 7 years or older, for intramuscular use	Not reimbursed for MA residents (state-supplied)
90719	Diphtheria toxoid, for intramuscular use	Not reimbursed
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	Not reimbursed
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	Not reimbursed for MA residents (state-supplied)
90725	Cholera vaccine for injectable use	Not reimbursed
90727	Plague vaccine, for intramuscular use	Not reimbursed
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	Not reimbursed for MA residents ≤18 years (state-supplied)
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	Not reimbursed for MA residents 11 – 18 years (state-supplied)
90735	Japanese encephalitis virus vaccine, for subcutaneous use	
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	Not reimbursed
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	Not reimbursed for MA residents (state-supplied)
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	Not reimbursed for MA residents (state-supplied)
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	
90749	Unlisted vaccine/toxoid	Requires preauthorization

## Appendix B

### *Part D vaccines*

Under the Medicare program, some vaccines are covered under Medicare Part B and some vaccines are covered under Part D. Medicare Part B covers the following vaccines. When the vaccine is covered under Part B, the associated administration charge is also covered under Part B.

- Influenza
- Pneumococcal pneumonia
- Hepatitis B for individuals at intermediate or high risk
- Vaccines, such as tetanus toxoid, when directly related to the treatment of an injury or direct exposure to a disease or condition

Medicare Part D covers all of those vaccines (and the associated administration charges) not covered under Part B.

**Important:** Medicare beneficiaries (including Fallon Senior Plan members) must affirmatively choose and enroll in Part D. Part D is not administered by Medicare. Beneficiaries can enroll in Part D either by keeping Original Medicare and joining a prescription drug plan (PDP) or by joining a Medicare Advantage Prescription Drug (MA-PD) plan. **Only those Fallon Senior Plan members with prescription drug coverage have coverage for Part D vaccines and Part D vaccine administration.**

**Part D vaccines and Part D vaccine administration are subject to same terms and conditions as other Part D prescription drugs, including copayments, deductibles, coverage limits, coverage gaps, catastrophic coverage, etc.**

### *Obtaining and reimbursement for Part D vaccines and Part D vaccine administration*

Physicians cannot submit claims for Part D vaccines or for Part D vaccine administration to PDPs or MA-PDs at this time. Pharmacists in Massachusetts are not licensed to administer Part D vaccines at this time. Currently, there are three ways for Fallon Senior Plan™ members to obtain Part D vaccines:

- 1. The physician orders the Part D vaccine through an FCHP-contracted pharmacy specialty company.**  
In this case, the pharmacy specialty company will process the claim for the Part D vaccine through their claims system and bill the member for the appropriate copayment. The charge for vaccine administration is paid by the member to the physician at the time of service. The member submits a copy of their itemized bill (with the vaccine identified by CPT code) and proof of payment to FCHP for reimbursement.
- 2. The member obtains the Part D vaccine at an FCHP-contracted pharmacy (with a prescription).**  
In this case, the member will pay the appropriate copayment at the pharmacy and the pharmacy will process the claim for the Part D vaccine through their claims system. The member will then transport the vaccine to the physician's office for administration. The charge for vaccine administration is paid by the member to the physician at the time of service. The member then submits a copy of their itemized bill (with the vaccine identified by CPT code) and proof of payment to FCHP for reimbursement.
- 3. The physician supplies the Part D vaccine.**  
If the physician chooses to supply the Part D vaccine and administer the vaccine to the member, the physician should submit the claim for both the vaccine and vaccine administration to FCHP. The claim for the vaccine and vaccine administration will be processed as a Part D covered drug by the Plan's Pharmacy Benefits Manager (PBM). The physician's office will be sent reimbursement, in accordance with the physician's FCHP contracted payment terms, along with a remittance advice summary (RAS) including the member's copayment to be collected.

### *State-supplied Part D vaccines*

Some Part D vaccines are state-supplied, including Td. Fallon Senior Plan members are eligible for state-supplied vaccines according to the MDPH Immunization Program guidelines. The guidelines are available at [www.mass.gov/dph/cdc/epii/imm/imm.htm](http://www.mass.gov/dph/cdc/epii/imm/imm.htm).

## Appendix B

When a physician administers a state-supplied Part D vaccine, the charge for vaccine administration is paid by the member to the physician at the time of service. The member then submits a copy of the itemized bill and proof of payment to FCHP for reimbursement. The itemized bill must identify the state-supplied Part D vaccine so that the member reimbursement for the administration can be processed.

### *Special situations*

Certain vaccines may be covered under both Part B (when directly related to the treatment of an injury or direct exposure to a disease or condition) and Part D (when used for prevention). For example:

- When Td is administered for the treatment of an injury, it is considered a Part B vaccine.
- When Td is administered for routine prevention of tetanus and diphtheria, it is considered a Part D vaccine.

In either case, Td is state-supplied and not reimbursable for Massachusetts residents.

**The following table is designed to assist providers in determining whether a vaccine is covered under Part B or Part D and if it is state-supplied for MA residents.**

**When a vaccine is covered under Part B, the administration is covered under Part B.** (See *Billing/coding guidelines* for additional information.)

**When a vaccine is covered under Part D, the administration is covered under Part D** (See *Obtaining and reimbursement for Part D vaccines and Part D vaccine administration* for additional information.)

Fallon Senior Plan™ only			
Vaccine	Brand name	Covered under Part B (medical benefit)	Covered under Part D (prescription drug benefit)
Hepatitis A, adult	Havrix VAQTA	No	Yes Not state-supplied
Hepatitis A, pediatric/adolescent	Havrix VAQTA	No	Yes State-supplied vaccine is available for all MA children and adolescents <= 2 years of age and high-risk children 2 through 18 years of age
Hepatitis B, adult	Recombivax HB Engerix-B	Yes Not state-supplied	No
Hepatitis B, pediatric/adolescent		Yes State-supplied is available for all MA children and adolescents <= 18 years of age	No
Hepatitis A and Hepatitis B	Twinrix	No	Yes Not state-supplied
Haemophilus B	HibTITER PedvaxHIB ActHIB	No	Yes State-supplied for all MA children 2 through 59 months of age, and all previously unvaccinated children and adolescents 5 through 18 years of age in a high-risk group
Herpes Zoster (shingles)	Zostavax	No	Yes Not state-supplied
Human Papillomavirus (HPV)	Gardasil	No	Yes Not state-supplied
Influenza	FluLaval FluMist Fluarix Fluvirin Fluzone	Yes State-supplied vaccine availability varies	No

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Fallon Senior Plan™ only			
Vaccine	Brand name	Covered under Part B (medical benefit)	Covered under Part D (prescription drug benefit)
Japanese Encephalitis	JE-Vax	No	Yes Not state-supplied
Measles	Attenuvax	No	Yes Not state-supplied
Measles, Mumps, and Rubella (MMR)	M-M-R-II	No	Yes State-supplied for all MA children and adolescents 12 months through 18 years of age
Measles, Mumps, Rubella, and Varicella (MMR-V)	ProQuad	No	Yes State-supplied for all MA children 12 months through 12 years of age when both MMR and varicella are indicated
Meningococcal	Menactra Menomune	No	Yes State-supplied for all children and adolescents 11 through 18 years of age
Mumps	Mumpsvax	No	Yes Not state-supplied
Pneumococcal polysaccharide (PPV23)	Pneumovax	Yes State-supplied for all MA children, adolescents, and adults	No
Pneumococcal conjugate (PCV7)	Prevnar	Yes State-supplied for all MA children	No
Poliovirus	IPOL	No	Yes State-supplied for all MA children and adolescents 2 months through 18 years of age
Rabies	Imovax RadAvert	Yes (for post-exposure prophylaxis) Not state-supplied	Yes (for pre-exposure prophylaxis) Not state-supplied
Rotavirus	RotaTeq	No	No
Rubella	Meruvax II	No	Yes Not state-supplied
Tetanus toxoid	No brand name (manufactured by Sanofi Pasteur, Inc.)	Yes (for post-exposure prophylaxis) Not state-supplied	Yes (for pre-exposure prophylaxis) Not state-supplied
Tetanus and diphtheria toxoids	Massachusetts Biologic Lab	Yes (for post-exposure prophylaxis) State-supplied	Yes (for pre-exposure prophylaxis) State-supplied
Tetanus and diphtheria toxoids (preservative free)	Decavac	Yes (for post-exposure prophylaxis) Not state-supplied	Yes (for pre-exposure prophylaxis) Not state-supplied
Tetanus, Diphtheria, and Pertussis (Tdap)	Adacel Boostrix	No	Yes State-supplied for all adolescents at 7- grade entry (11-12 years), and for all adolescents 13 through 18 years of age who have not yet received Tdap
Typhoid	Typhim Vi	No	Yes Not state-supplied
Varicella	Varivax	No	Yes State-supplied vaccine is available for all MA children 12 months through 18 years of age
Yellow Fever	YF-Vax	No	Yes Not state-supplied