

Chapter 9A

Immunizations & Vaccinations

Overview

Vaccination is a covered health care service for Minnesotans enrolled in IMCare or any other publicly funded Minnesota Health Care Programs (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 IMCare 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 IMCare-enrolled health care providers may bill for vaccines and toxoids and administering vaccines and toxoids:

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

All IMCare-enrolled providers who administer pediatric vaccines are required by State law ([MN Stat. sec. 256B.0625, subd. 39](#)), to be enrolled in the MnVFC program or provide stock vaccines at no charge to Medical Assistance members.

[Minnesota Statutes \(151.01, subd. 27\)](#) allows pharmacies to bill for flu vaccines administered by pharmacists and all other vaccines to adults. Effective July 1, 2015, pharmacists can bill for flu vaccines administered to children ages six and older and all other vaccines to people who are aged 13 or older under standing orders from a licensed physician or by written protocol with a physician provided that the pharmacist meets the following:

- Is trained in a program approved by the American Council of Pharmaceutical Education for the administration of vaccinations or graduated from a college of pharmacy in 2001 or after
- Reports the administration of the vaccinations to the Minnesota Immunization Information Connection (MIIC),
- Uses the MIIC to assess the immunization status of a person before administering vaccines, except when administering influenza vaccines to a person age nine or older

[Minnesota Statutes \(150A.055\)](#) allows dentists who meet all of the following to administer influenza vaccines to patients aged 19 and older:

- Are trained in or have successfully completed a program approved by the Minnesota Board of Dentistry specifically for the administration of immunizations and must submit attestation on the Immunization Delivery for Dentists applicant Assurance Statement (DHS-7121) (PDF)
- Have immediate access to emergency response equipment, including but not limited to oxygen, administration equipment, epinephrine, and other allergic reaction response equipment.
- Reports the administration of the immunization to Minnesota Immunization Information Connection or the patient’s primary physician or clinic

Eligible Members

Infants, children, and some adults enrolled in IMCare are eligible to receive vaccines through the MnVFC program. Refer to the *Benefits* section for coverage determination.

Covered Services

Seasonal Influenza Vaccines

Seasonal influenza (flu) vaccine is a covered service for IMCare members. Providers must obtain their seasonal flu vaccine supply to be administered to IMCare members age 18 and under from the MnVFC program. For IMCare-enrolled adults age 19 and over, seasonal flu vaccine is covered by IMCare.

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’s 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. IMCare will reimburse providers the prevailing fee schedule rate for the administration fee for each single or combination MnVFC vaccine administered
2. For members age 19 and over, IMCare pays the vaccine fee schedule rate plus the prevailing fee schedule rate for the non-MnVFC administration fee. Bill the appropriate administration and vaccine codes; do not use the SL modifier.

Trade Name (Abbreviation)	How Supplied	Age Group	Vaccine Product Billing Code	
			CPT	Medicare
FluMist3 (LAIV4)	0.2 mL (single-use nasal spray)	2 – 49 years	90672	90672
Fluarix (IIV4)	0.5 mL (single-dose syringe)	3 years and over	90686	90686
FluLaval (IIV4)	0.5 mL (single-dose syringe)	6 months and over	90686	90686
	5.0 mL (multi-dose vial)	6 months and over	90688	90688
Flublok (RIV3)	0.5 mL (single-dose vial)	18 years and over	90673	90673
Flublok (RIV4)	0.5 mL (single-dose syringe)	18 years and over	90682	90682
	0.25 mL (single-dose syringe)	6 through 35 months	90685	90685
	0.5 mL (single-dose syringe)	3 years and over	90686	90686

Fluzone (IIV4)	0.5 mL (single-dose vial)	3 years and over	90686	90686
	5.0 mL (multi-dose vial)	6 – 35 months	90687	90687
	5.0 mL (multi-dose vial)	3 years and over	90688	90688
Fluzone High-Dose (IIV3-HD)	0.5 mL (single-dose syringe)	65 years and over	90662	90662
Fluzone Intradermal (IIV4-ID)	0.1 mL (single-dose microinjection system)	18 – 64 years	90630	90630
Afluria (IIV3)	0.5 mL (single-dose syringe)	5 years and over	90656	90656
	5.0 mL (multi-dose vial)		90658	Q2035
Afluria (IIV4)	0.5 mL (single-dose syringe)	5 years and over	90686	90686
	5.0 mL (multi-dose vial)		90688	90688
Fluad (aIIV3)	0.5 mL (single-dose syringe)	65 years and over	90653	90653
Fluvirin (IIV3)	0.5 mL (single-dose syringe)	4 years and over	90656	90656
	5.0 mL (multi-dose vial)		90658	Q2037
Flucelvax (ccIIV4)	0.5 mL (single-dose syringe)	4 years and over	90674	90674
	5.0 mL (multi-dose vial)		90749/907565	Q2039/907566

Other Vaccines/Vaccine Administration Codes

Obtain the available vaccines for MnVFC-eligible members from MDH. The program supplies vaccines at no cost to participating providers. IMCare 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. IMCare will reimburse providers the prevailing fee schedule rate for the administration fee for each single or combination MnVFC vaccine administered
3. IMCare 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 vaccine fee schedule rate plus the prevailing fee schedule rate for the non-MnVFC administration fee. 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 (C&TC)/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program* section in Chapter 9, Children's Services, for immunization requirements and schedules.

Administering Vaccines – Billing and Payments

Refer to the following billing and payment information:

1. Bill office visits associated with administering vaccinations when the visit is not solely to administer vaccines
2. Effective for service dates starting January 1, 2018, the base rate for vaccine administration is the lower of the provider's submitted charge or the resource based relative value scale (RBRVS) rate. The paid amount is not to exceed the Centers for Medicare and Medicaid Services (CMS) Minnesota maximum vaccine administration fee

IMCare Vaccines and Toxoids Quick Reference

Age groups listed under IMCare 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 \(CDC\) VFC Vaccine Resolutions](#) for more information about eligible age groups, recommended vaccine schedules, and recommended dosage information for specific vaccines. For IMCare-enrolled adults age 19 and over, non-MnVFC covered vaccines must be administered with stock vaccines and are covered by IMCare.

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

IMCare does not cover 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
90620	Meningococcal – Bexsero, recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2-dose schedule, for intramuscular use	Ages 10 – 25	Yes
90621	Meningococcal – Trumenba, recombinant lipoprotein vaccine, serogroup B (MenB), 3-dose schedule, for intramuscular use	Ages 10 – 25	Yes
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	Age 19 and over	No
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage, 2-dose schedule, for intramuscular use	Age 18 and under	Yes
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Age 19 and over	No
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib-MenCY), 4-dose schedule, for intramuscular use	Ages 6 weeks – 18 months	Yes
90647	Haemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use	Ages 2 months – 5 years	Yes
90648	Haemophilus influenza B vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use	Ages 2 months – 5 years	Yes

CPT Code	Description	IMCare Coverage Age Range Limitations	Available through MnVFC
90649	Human papillomavirus (HPV) vaccine, types 6, 11, 16,18 (quadrivalent), 3-dose schedule, for intramuscular use	Females and males ages 9 – 28	Yes
90650	Human papillomavirus (HPV) vaccine, types 16, 18, bivalent, 3-dose schedule, for intramuscular use	Females ages 10 – 28	Yes
90651	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18, 31, 33, 42, 52, 58, nonavalent, 3-dose schedule, for intramuscular use	Females and males ages 9 – 28	Yes
90669	Pneumococcal conjugate vaccine, 7 valent (PCV7), for intramuscular use	Age 5 and under	Yes
90670	Pneumococcal conjugate vaccine, 13-valent (PCV13), for intramuscular use	Age 6 weeks and over	Yes
90680	Rotavirus vaccine, pentavalent, 3-dose schedule, live, for oral use	Ages 0 – 8 months	Yes
90681	Rotavirus vaccine, human, attenuated, 2-dose schedule, live, for oral use	Ages 0 – 8 months	Yes
90696	Diphtheria, tetanus toxoids, acellular pertussis and poliovirus vaccine (DTaP-IPV), when administered to children ages 4 – 6, for intramuscular use	Ages 4 – 6	Yes
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza type B, and poliovirus vaccine (DTaP-Hib-IPV), for intramuscular use	Age 4 and under	Yes
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals age 7 and under, for intramuscular use	Age 7 and under	Yes
90702	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals younger than 7 years of age, for intramuscular use	Ages 7 and under	Yes
90707	Measles, mumps, and rubella virus vaccine (MMR) live, for subcutaneous use	Age 12 months and over	Yes
90710	Measles, mumps, rubella, and varicella virus vaccine (MMRV) live, for subcutaneous use	Age 12 and under	Yes
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Age 6 weeks and over	Yes
90714	Tetanus and diphtheria toxoids (Td) absorbed, preservative-free, for use in individuals age 7 and over, for intramuscular use	Age 7 and over	Yes

CPT	Description	IMCare Coverage Age Range	Available through MnVFC
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals ages 11-18, for intramuscular use (Adacel®)	Ages 11 - 18	Yes
90715	Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), for use in individuals age 19 and over, for intramuscular use (Adacel®)	Age 19 and over	No
90715	Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), for use in individuals age 10 and over, for intramuscular use (Boostrix®)	Age 10 and over	Yes
90716	Varicella virus vaccine, live, for subcutaneous use	Ages 12 months – 18 years	Yes
90716	Varicella virus vaccine, live, for subcutaneous use	Age 19 and over	No
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B vaccine, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use	Age 6 and under	Yes
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals age 2 and over, for subcutaneous or intramuscular use	Ages 2 – 18	Yes
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals age 2 and over, for subcutaneous or intramuscular use	Age 19 and over	No
90733	Meningococcal polysaccharide vaccine (any group[s]), for subcutaneous use	Age 2 and over	No
90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135 (tetravalent), for intramuscular use	Ages 2 months – 18 years	Yes
90736	Zoster (shingles) vaccine, live, for subcutaneous use	Age 50 and over	No
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, for intramuscular use	Age 18 and under	Yes
90746	Hepatitis B vaccine (HepB), adult dosage, for intramuscular use	Age 19 and over	No
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use	Age 2 months and over	Yes
90748	Hepatitis B and haemophilus influenza type B vaccine (HepB-Hib), for intramuscular use	Age 2 months and over	Yes
90750	Zoster (shingles) vaccine (HZA), recombinant, sub-unit, adjuvanted, for intramuscular use (Shingrix)	Age 50 and over	No

Vaccine Administration Codes

CPT Code	Description
90460	Immunization administration through age 18 via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component. Do not use with 90571 or 90473.
90461	Use only with 90460 (when performing physician/health care professional counseling). Report multiple units on the same line.
90471	Administration of the first or a single vaccine (percutaneous, intradermal, subcutaneous, or intramuscular injections) on a single date of service (DOS). (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 DOS. (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 (DOS). (Do not report 90473 in conjunction with 90471.)
90474	Administration of each additional vaccine (oral or intranasal routes of administration) on a single DOS. (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 (HepB)
The 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 and use the appropriate administration code. The administration and vaccine must be billed on the same claim.
5. When billing for stock vaccines for non-covered MnVFC vaccines for IMCare members, IMCare pays the vaccine fee schedule rate plus the prevailing fee schedule rate for the non-MnVFC administration fee. Bill the appropriate administration and vaccine codes; do not use the SL modifier.

Claims will be denied if either of the following occurs:

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
3. Vaccine and administration codes are not billed on the same claim.

In addition to the CPT vaccine codes, usual and customary (U&C) 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).

Beginning October 1, 2016, many adult vaccinations will be available through the pharmacy. For more information, please call the IMCare at **1-800-843-9536**.

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. IMCare will reimburse providers the prevailing fee schedule rate for the administration fee for each single or combination MnVFC vaccine administered.
3. Bill administration code 90473 and vaccine code 90660 for intranasal flu vaccine (FluMist)
4. For members age 19 and over, IMCare pays the vaccine fee schedule rate plus the prevailing fee schedule rate for the non-MnVFC administration fee. Bill the appropriate administration and vaccine codes; do not use the SL modifier.

Providers must obtain the available vaccines for MnVFC-eligible members from MDH. The program supplies vaccine at no cost to participating providers. IMCare 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. IMCare will reimburse providers the prevailing fee schedule rate for the administration fee for each single or combination MnVFC vaccine administered
3. IMCare does not pay for purchase of vaccines available through MnVFC

Adult Immunizations

Effective January 1, 2014, MDH will no longer provide free vaccines for adults age 19 or over through the MHCP Adult Vaccine Program. Providers will need to purchase doses of vaccine for adults and bill IMCareHealth for the vaccine and vaccine administration. The change in the MDH Adult Vaccine Program will not affect the MnVFC program. MDH will continue to provide vaccines for children from birth through age 18.

Vaccines Covered by Medicare Part D

IMCare members covered under IMCare Classic (HMO SNP) receiving Medicare Part D-eligible vaccinations must have both the vaccine and its administration billed through the member's Part D benefit. Claims for vaccines classified as Part D-eligible cannot be reimbursed through IMCare's medical administration. They must go through the pharmacy benefit in accordance with Part D regulations. Part D eligible vaccines include, but are not limited to, the following vaccines:

1. Gardasil
2. MMR
3. Comvax
4. Shingrix
5. Tice BCG
6. Diphtheria/tetanus toxoid
7. ActHIB
8. Menactra
9. Tetanus toxoid
10. RabAvert
11. Twinrix
12. Energix-B
13. Zostavax

Providers filing a Medicare Part D vaccine and administration claim must accept IMCare's reimbursement amount (including member's copay) as payment in full for the vaccine.

Legal References

[MN Stat. sec. 256B.0625, subd. 39](#) – Covered Services: Childhood immunizations

[MN Stat. sec. 151.01, subd. 27](#) - Practice of Pharmacy

[MN Stat. sec. 150A.055](#) – Administration of influenza immunizations