

# Reimbursement Guidelines

## Childhood Immunizations: Ages 0 - 18



This guideline is in reference to Samaritan Health Plan Operations' products for services performed by contracted providers. Payment for covered services rendered by contracted providers will be reimbursed at the contracted rate. This reimbursement guideline does not apply to inpatient per diem, DRG, or case rates. Samaritan Health Plan Operations reserves the right to amend a payment guideline at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

### Definitions

- **Vaccine** – A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.
- **Immunization** – A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.
- **Vaccines for Children Program (VFC)** – is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of an inability to pay.
  - Children Enrolled in Medicaid/Oregon Health Plan
  - Uninsured/Under-insured children
  - American Indian/Alaskan Native
- **ALERT Immunization Information System (ALERT IIS)** – ALERT IIS is a database for which providers report immunizations directly to the Oregon Health Authority (OHA). ALERT IIS makes these records available to health care providers; provides official records for school, child care programs, colleges and employers; and reminds individuals or parents when shots are due.
  - IHN-CCO and OHA strongly encourage all provider offices administering immunizations to be enrolled in the ALERT IIS system. For more information on enrolling please visit: <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/alert/Pages/EnrollinALERTIIS.aspx>

**Guideline**

**SHPO reimburses:**

- Child Vaccinations are reimbursed on all lines business (except IHN CCO) at 100% of the allowable amount in accordance with payment methodology systems defined in the provider contract, and in accordance with member benefits and authorization requirements.
- Administration fees for Medicaid-covered children must be billed to the appropriate CCO or directly to OHA.
  - IHN CCO reimburses administration fee(s) at \$21.96 per vaccine when billed appropriately
  - To be reimbursed for administration fee(s) from IHN CCO, the vaccine CPT code(s) must be billed with a modifier 26 or SL
  - Appropriate modifier use will be reimbursed according the SHPO’s modifier pricing

**SHPO does not reimburse:**

- Child Vaccinations for members on IHN CCO. Vaccinations for children are only reimbursed through the VFC Program, separate from IHN CCO
- Traditional administrative fee CPT/HCPC codes billed to IHN CCO. IHN CCO only reimburses administration fees when billed as the vaccine code with a modifier SL or 26
- Any provider not registered with Medicaid
- Inappropriate modifier use and/or redundant billing

**Prerequisites**

- Payment is based on member benefits, place of service where service was provided, provider type delivering the service (credentialed vs. ancillary provider type), eligibility, medical necessity review, and SHPO provider contractual agreements.

**Member Cost-Sharing**

Most Childhood Immunization services, including vaccinations and administration, are considered preventive services and are provided to the members at a \$0.00 cost share for all lines of business, when provided by an in-network provider, based on the CPT/HCPC code and modifier billed.

**Provider Billing Guidelines and Documentation**

Providers bill both the vaccination code and the administration code to receive reimbursement on all lines of business, except IHN CCO.

IHN CCO providers should bill the administration fee to IHN CCO by billing the vaccination CPT/HCPC code with a 26 or SL modifier. IHN CCO providers should not bill administration CPT codes to request administration fees.

CPT/HCPC Code	Description	Comments
90698*	DTAP-IPV/HIB Vaccine IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> For administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90700*	DTAP Vaccine < 7 yrs. IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> For administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90723*	DTAP-HEP B-IPV Vaccine IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> For administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90713*	Poliovirus IPV SC/IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90707*	MMR Vaccine SC	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program

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90710*	MMR Vaccine SC	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90647*	HIB PRP-OMP VACC 3 dose IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90648*	HIB PRP-T Vaccine 4 dose IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90721*	DTAP/HIB Vaccine IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90748	HIB-HEPB Vaccine IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90740	HEPB VACC 3 Dose IMMUNSUP IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90747	HEPB VACC 4 dose IMMUNSUP IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
G0010	Admin Hepatitis B Vaccine	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program

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CPT/HCPC Code	Description	Comments
90460	IM Admin 1 <sup>st</sup> /Only Component	
90461	IM Admin each additional component	
90471	Immunization Admin	
90472	Immunization Admin each add	
90473	Immune admin oral/nasal	
90474	Immune Admin Oral/Nasal additional	
90632*	HEP A VACCINE ADULT IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program. Ages 18 only are eligible for VFC.
90633*	HEP A VACC PED/ADOL 2 DOSE IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90636*	HEP A/HEP B VACC ADULT IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program. Ages 18 only are eligible for VFC.
90644*	HIB-MENCY VACCINE 4 DOSE IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program

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90649*	4VHPV VACCINE 3 DOSE IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90651*	9VHPV VACCINE 3 DOSE IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90670*	PCV13 VACCINE IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90672	LAIV4 VACCINE INTRANASAL	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90680*	RV5 VACC 3 DOSE LIVE ORAL	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90681*	RV1 VACC 2 DOSE LIVE ORAL	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90685*	IIV4 VACC NO PRSV 6-35 M IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90687*	IIV4 VACCINE 6 -35 MONTHS IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90696*	DTAP-IPV VACCINE 4-6 YRS IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program

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90702*	DT VACCINE UNDER 7 YRS IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90714*	TD VACC NO PRESV 7 YRS+ IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90715*	TDAP VACCINE 7 YRS/> IM (???)	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90716*	VAR VACCINE LIVE SUBQ	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90732*	PPSV23 VACC 2 YRS+ SUBQ/IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90733*	MPSV4 VACCINE SUBQ	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90734*	MENACWY VACCINE IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90744*	HEPB VACC 3 DOSE PED/ADOL IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90620*	MENB RP W/OMV VACCINE IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program

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90621*	MENB RLP VACCINE IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90686*	IIV4 VACC NO PRSV 3 YRS+ IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90688*	IIV4 VACCINE 3 YESRS PLUS IM	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90674*	CCIIV4 VACCINE PRESERVATIVE	<b>IHN-CCO: Must be billed with modifier 26 or SL</b> for administrative fee reimbursement only. Vaccine fees should be billed directly to VFC Program
90650	2VHPV VACCINE 3 DOSE IM	
90654	FLU VACC IIV3 NO PRESERV ID	
90656	IIV3 VACC NO PRSV 3 YRS+ IM	
90657	IIV3 VACCINE 6-32 MONTHS IM	
90658	IIV3 VACCINE 3 YRS+ IM	
90661	CCIIV3 VAC IM CULT PRSV FREE	
90662	IIV NO PRSV INCREASED AG IM	
90673	RIV3 VACCINE NO PRESERV IM	
90736	HZV VACCINE LIVE SUBQ	
90746	HEPB VACCINE 3 DOSE ADULT IM	

\*Vaccine CPT code eligible for the VFC Program. Per OHA VFC Immunization documentation updated on 1.19.2018.

ICD-10 Code	Description	Comments
B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9	Measles	

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<b>B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9</b>	Mumps	
<b>B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9, Z20.4</b>	Rubella	
<b>B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51</b>	Hepatitis B	
<b>B01.0, B01.1, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.22, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9</b>	Varicella Zoster	
<b>Z23</b>	Encounter for immunization	
<b>Z283</b>	Under immunization Status	

**Eligible Provider Types**

**Providers should follow protocol set forth by the CDC and Vaccine for Children's Program when administering vaccines.**

**Requirements**

For IHN-CCO and to be reimbursed by the Oregon Vaccine for Children's program:

Stat. Auth.: ORS 433.103

Stats. Implemented: ORS 433.103

Hist.: PH 14-2011, f. 12-28-11, cert. ef. 1-1-12

**333-047-0030****Training**

(1) Any entity receiving state supplied vaccine shall require that at least two currently employed staff persons, owners or partners complete immunization related training at least once every two years as follows:

(a) Clinical administration of vaccines; and

(b) Storage, handling and inventory management of vaccines.

(2) An entity shall provide Authority staff with written documentation that it has met the requirements of section (1) of this rule or that it is exempt from training upon request or at every official Vaccines for Children site visit.

(3) An entity receiving state-supplied vaccine is responsible for retaining documentation that at least two currently employed staff persons, owners, or partners have completed the required clinical administration and vaccine management training course at least once every two years.

(4) The Authority will make available to entities no-cost internet based training available in on-demand format.

(5) Web-based training will include an official certification receipt for staff meeting competence standards.

(6) The Authority will exempt an entity from the training requirement in section (1) of this rule if an entity demonstrates to the satisfaction of the Authority that it, or that a licensing board with jurisdiction over some employees of the entity, requires training that is substantially similar to the training available from the Authority. An entity may submit a request for an exemption on a form prescribed by the Authority.

(7) The training requirements required by section (1) of this rule are effective January 1, 2013.

Stat. Auth.: ORS 433.103  
Stats. Implemented: ORS 433.103  
Hist.: PH 14-2011, f. 12-28-11, cert. ef. 1-1-12

**333-047-0040**

**Accounting for Vaccine**

Any entity receiving state supplied vaccine shall account for vaccines through data submission and inventory management via the Authority's Immunization Registry, as outlined in OAR 333-049-0010 through 333-049-0050. (See the Vaccine User Accountability Reporting Table, OAR 333-047-0050).

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 433.103  
Stats. Implemented: ORS 433.103  
Hist.: PH 14-2011, f. 12-28-11, cert. ef. 1-1-12

**333-047-0050**

**Timeline for Reporting**

An entity receiving state supplied vaccine shall submit vaccine accounting information required under OAR 333-047-0040 according to the schedule set out in the Vaccine User Accountability Reporting Table.

[ED. NOTE: Tables referenced are not included in rule text. [Click here for PDF copy of table\(s\).](#)]

Stat. Auth.: ORS 433.103  
Stats. Implemented: ORS 433.103  
Hist.: PH 14-2011, f. 12-28-11, cert. ef. 1-1-12

**Resources**

OHA VFC:

<https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/vfc/Pages/index.aspx>

OHA CCO Metric:

[http://www.oregon.gov/oha/analytics/CCOData/Childhood%20Immunization%20Status%20-%202016%20\(revised%20May%202016\).pdf](http://www.oregon.gov/oha/analytics/CCOData/Childhood%20Immunization%20Status%20-%202016%20(revised%20May%202016).pdf)

CDC VFC:

<http://www.cdc.gov/vaccines/programs/vfc/providers/index.html>

CDC:

<http://www.cdc.gov/vaccines/vac-gen/imz-basics.htm#terms>

SHPO Preventive Benefits Table:

<https://providers.samhealthplans.org/-/media/SHP/Documents/Providers/Preventive-Care-Services-Guidelines.pdf?la=en>

**Publication History**

Date	Type	Originator	Approved
08/26/2016	Created	SHPO Reimbursement Dept.	
03/05/2018	Updated CPT codes, added note for IHNCCO, updated format	SHPO Reimbursement Dept.	