

CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.
CAPITAL DISTRICT PHYSICIANS' HEALTHCARE NETWORK, INC.
CDPHP UNIVERSAL BENEFITS,® INC.
(Collectively referred to within this policy as "CDPHP®")
Pharmacy Policy

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Policy/Procedure Name:

Control Number:

IMMUNIZATIONS

1350/20.000042

**DISCLAIMER
NOTICE:**

The purpose of this policy is to provide guidance for benefit and coverage determinations only. Benefit and coverage determinations are subject to the contractual limitations of an enrollee's individual benefit plan.

If there is a discrepancy between this policy and an enrollee's individual benefit plan, the benefit plan will control. It is not the intent of this policy to dictate to health care practitioners how to provide appropriate health care to their patients. Health care practitioners shall exercise their own medical judgement when deciding the most appropriate care to enrollees. The CDPHP coverage determinations are benefit decisions only and are not to be interpreted as providing health care services. CDPHP reserves the right to review this policy at any time and change it without notice.

**EFFECTIVE DATE
OF POLICY:**

09/01/2015

**PROCEDURE
CODES:**

Q2035-Q2039, 90375, 90376, 90632-90651, 90655-90670,90672-90673, 90675-90688, 90696-90716, 90719-90723, 90732-90734, 90736, 90740-90748

DESCRIPTION:

Active immunization involves the administration of a vaccine or toxoid, orally, nasally, or by injection, for the purpose of establishing resistance against a particular disease by inducing the endogenous production of antibodies. CDPHP expects practitioners to provide and administer all immunizations.

**APPLICATION
CDPHP, UBI &
CDPHN:**

1. Childhood and Adolescent Immunizations

CDPHP administers benefits for all childhood and adolescent immunizations until the 19th birthday as recommended by the Centers for Disease Control and Prevention (CDC) as well as provisional recommendations made to the CDC by the Advisory Committee on Immunization Practices (ACIP). Please refer to the 2015 Childhood & Adolescent Immunization Schedule of the CDC at: <http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf> and <http://www.cdc.gov/vaccines/recs/provisional/default.htm> for the provisional recommendations of the ACIP.

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2. Adult Immunizations

CDPHP administers benefits for all adult immunizations as recommended by the Centers for Disease Control and Prevention (CDC). Please refer to the 2015 Adult Immunization Schedule of the CDC at:

<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>

- Please note: CDPHP administers benefits for county health departments which provide services for the evaluation of rabies exposure and treatment as described in the rabies treatment algorithm of the New York State Department of Health. **Please see source of information 7.** (HCPCS codes S0315 and S0316 should be used to bill for this service.) Additionally, CDPHP will administer separate benefits for the rabies vaccine and immune globulin when administered by the county health department.

3. New York Vaccines for Children Program (VFC)

New York State Department of Health (NYS DOH) guidelines require that CDPHP participating providers delivering services to Medicaid and Child Health Plus enrollees participate in the VFC program. When a vaccine is provided at no cost to the practitioner through the New York Vaccines for Children Program (VFC) CDPHP will reimburse at the injection administration fee only. The VFC program applies to children younger than 19 years of age who meet the requirements of this program. (Please contact the NYS DOH directly at 1-800-543-7468 for information about obtaining free vaccine materials and covered vaccines. Additional information regarding the VFC program is also available at <http://www.cdc.gov/vaccines/programs/vfc/index.html>.)

- CDPHP requires practitioners to report the specific vaccine(s) with modifier SL appended to indicate a reduction in services. Appending a modifier SL to a vaccine code provides CDPHP a means for reporting reduced services without disturbing the identification of the basic service. This permits the preservation of important and accurate data collection in regards to the Plan's overall immunization rates.
- No copayment is required for this service.

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POLICY

CONSIDERATION(S):

Combination vaccines are covered in the same manner as the individual vaccine components are covered.

In an effort to promote access to the annual flu vaccine, enrollees may receive this vaccine from any participating practitioner including any network pharmacy participating in the Plan's vaccine program. No copay will be required for this vaccine administration if it is the sole service provided on the date of service.

Immunization administration (CPT codes 90460, 90461, 90471-90474) should be reported in addition to the vaccine code.

Immunizations are covered at 100% under the medical benefit.

Reimbursement for an evaluation and management code, in addition to the vaccine administration, will be denied as global to the vaccine administration, unless there is clear documentation that a separately identifiable service (unrelated to the vaccine administration) has been administered by the practitioner:

- Claims submitted must document a secondary diagnosis and be submitted with a modifier 25 in order for an evaluation and management code to be reimbursed.
- Routine nursing services associated with vaccine administration, such as obtaining a brief assessment of the patient, education regarding immunization to be given, etc., are considered to be part of the reimbursement for vaccine administration.

EXCLUSION(S):

Immunizations mandated as condition of employment, insurance, medical research, travel, school, or camp.

Vaccines used for the purposes of travel outside of the United States including, but not limited to:

•Yellow Fever Vaccine 90717	•Cholera Vaccine 90725
•Plague Vaccine 90727	•Anthrax 90581
•Bacillus Calmette-Guerin Vaccine (BCG) 90585	•Typhoid Vaccine 90690–90693
•Japanese Encephalitis 90735, 90738	•Adenovirus 90476-90477

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GOVERNMENT PROGRAMS

CHILD HEALTH PLUS:

Subject to all terms and conditions noted in above application.

MEDICARE CHOICES:

Subject to the terms and conditions noted in above application with the following exceptions: HCPCS codes G0008-G0010 should be used as the administration codes for immunizations for Medicare enrollees as appropriate. Benefits for immunizations are administered under the Medicare Part D plan or under Medicare Part B as described in the enrollee's Evidence of Coverage. Coverage for Medicare Part B (Medical) vaccinations and inoculations (except influenza, pneumococcal, and Hepatitis B for members at risk) are directly related to the treatment of an injury or direct exposure to a disease or condition. Coverage for Medicare Part D (Pharmacy) vaccinations and inoculations are included when their administration is reasonable and necessary for the prevention of illness. Benefits for Medicare Part D prescription drugs are only available to enrollees who have elected a CDPHP Medicare Part D plan. The CDPHP Medicare Part D plan products do not cover any prescription drugs not covered by Medicare, with the exception of additional coverage purchased with a group-enhanced rider. In addition, for those individuals enrolled in the CDPHP Medicare product who have not elected a Part D option, CDPHP only covers those prescription drugs covered by Medicare Parts A and B, not those covered by Part D. The term "CDPHP Medicare Part D plan" includes all Medicare products that offer prescription drug benefits. Medicare enrollees may receive their annual flu vaccine as a Medicare Part B benefit from participating pharmacies and/or any provider, participating or non-participating. In addition, Medicare administers Zostavax as a Part D prescription drug benefit for Medicare Choices members in accordance with CMS Guidelines. CDPHP Medicare members may receive the Zostavax vaccine at a CDPHP participating pharmacy, where applicable, under Medicare Part D benefit.

SELECT PLAN:

Subject to all terms and conditions noted in above application. However, immunizations required as a condition of travel, school, camp and employment are covered.

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Richard Dal Col, MD, MPH Date
VP, Senior Medical Director

New: 11/99

Revised: 06/00, 11/00, 01/01, 08/01, 09/02, 10/03, 02/04, 02/05, 06/05, 10/05, 03/06, 10/06, 12/06,
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Sources of Information:

1. Member Contract Language, 2015.
2. <http://www.cdc.gov/vaccines/recs/acip/default.htm>
3. www.cdc.gov
4. www.health.state.ny.us/home.html
5. Drug Facts and Comparisons, October, 2015.
6. Pharmacy policy 1350/20.000021: Medical Exception Review Process.
7. <http://www.health.ny.gov/publications/3028.pdf>
8. American Academy of Pediatrics Policy Statement, Prevention and Control of Meningococcal Disease: Recommendations for Use of Meningococcal Vaccines in Pediatric Patients, Committee on Infectious Diseases, May 25, 2005.
9. Medicare Modernization Act, 2003.
10. State of New York Insurance Department Circular Letter No. 13 (2006), May 10, 2006.
11. Office of Managed Care Response to Coverage Question, Reference Number: MA-00002, response date revised 8/7/06.

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