

Vaccines and Immunizations Payment Policy

Applies to the following CarePartners of Connecticut products:

- ☒ CareAdvantage Preferred
- ☒ CarePartners Access

The following payment policy applies to providers who administer vaccine and immunization services to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary vaccine and immunization services, in accordance with the member's benefits and applicable federal and state guidelines. Refer to the Connecticut [Department of Public Health](#) for information on immunizations and vaccines as well as information on any vaccine shortages.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

CarePartners of Connecticut provides full coverage for preventive care services. For a list of immunizations that are considered preventive in nature, refer to [CMS Preventive Services](#).

Medical vs Pharmacy Benefit Coverage

Some vaccines are covered under Part B and others are covered under Part D. Refer to the [Pharmacy](#) section of the CarePartners of Connecticut website for information on medications covered under the pharmacy benefit.

Note: CarePartners of Connecticut follows the [Medicare Part B](#) definition for drugs covered under the medical benefit.

Flu Vaccines

CarePartners of Connecticut members are covered to receive the flu vaccine during flu season at various locations in Connecticut.

Referral/Prior Authorization/Notification Requirements

No referrals, prior authorizations or inpatient notifications are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Submit the vaccine/toxoid code(s) with the appropriate administration code(s) on the same date of service. If an administration procedure code is billed without a vaccine/toxoid procedure code, the administration line will deny.

Non-State-Supplied Vaccines

- Submit both the vaccine/toxoid code(s) and administration code(s) on the same claim

State-Supplied Vaccines and Immunizations

- Submit both the vaccine/toxoid code(s) and administration code(s) on the same claim

- Append modifier SL (state-supplied antigen) to the vaccine/toxoid code

State-Supplied Vaccines and Immunizations Purchased by a Provider

In the event a state-supplied vaccine must be purchased by the provider, the provider must submit both the administration procedure code(s) and vaccine/toxoid code(s) on a paper claim (do not append the SL modifier) and include the following:

- An invoice for the vaccine or immunization purchase; and
- Written documentation or communication from the state as proof that the state supply is exhausted and unavailable to the provider.

Note: CarePartners of Connecticut follows state guidelines when determining which vaccines are state supplied. Refer to the Connecticut [Department of Public Health](#) for more information.

Direct Claim Submission to OptumRx

Medicare Part D Vaccines may be administered by in-network pharmacies or in a doctor's office.

If the vaccine is administered at a pharmacy, the member pays copay (if applicable) at the time of administration and the pharmacy submits the claim to OptumRx for reimbursement.

If a provider dispenses and/or administers a vaccine in the office that is covered under Medicare Part D, the provider should submit a CMS-1500 form to OptumRx, including the drug name, [National Drug Code \(NDC\) number](#) and administration code for each vaccine administered.

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

CarePartners of Connecticut compensates vaccines and immunizations in accordance with the CDC's recommended [dosage guidelines](#)

Subcutaneous or Intramuscular Injection

CarePartners of Connecticut does not routinely compensate for subcutaneous or intramuscular injection codes if billed with administration of vaccines and toxoids, as the subcutaneous or intramuscular injection code is inappropriate to use for the administration of vaccines and toxoids. Refer to the AMA CPT Manual for additional information.

Vaccines and Immunizations Purchased by the Provider

Non-State-Supplied Vaccines and Immunizations

CarePartners of Connecticut compensates the administration and costs of covered non-state-supplied vaccines and immunizations until the state begins supplying them. Non-state-supplied vaccines/toxoids purchased by the provider are compensated according to the CarePartners of Connecticut fee schedule for both the vaccine/toxoid CPT procedure code(s) and the administration CPT procedure code(s).

State-Supplied Vaccines and Immunizations

CarePartners of Connecticut does not routinely compensate state-supplied vaccines and immunizations. However, in the rare instance that a provider must purchase a vaccine or immunization that is typically state supplied (e.g., in the event of a shortage), compensation will be made for both the vaccine/toxoid CPT procedure code(s) and the administration CPT procedure code(s) according to the CarePartners of Connecticut fee schedule¹.

Direct Claim Submission to CVS Caremark

CVS Caremark processes Part D vaccine claims within the standard Medicare Part D time frame (typically within 30 calendar days) and reimburses the provider with an explanation of payment, including applicable member cost share for collection.

Nonroutine Vaccines and Immune Globulins

Providers may bill the following codes when medically necessary, in accordance with CDC recommendations. This list includes vaccines recommended or required for travel, as well as immune globulins appropriate for post-exposure prevention.

Code	Description
90296	Diphtheria antitoxin, equine, any route
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use
90375	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use

¹ CarePartners of Connecticut's Fraud Prevention and Recovery Department may conduct audits on state-supplied vaccines that are reimbursed at the fee schedule.

Code	Description
90376	Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use
90389	Tetanus immune globulin (Tlg), human, for intramuscular use
90393	Vaccinia immune globulin, human, for intramuscular use
90396	Varicella-zoster immune globulin, human, for intramuscular use
90581 ²	Anthrax vaccine, for subcutaneous or intramuscular
90585 ²	Bacillus Calmette-Guerin (BCG) vaccine for tuberculosis, live, for percutaneous use
90586	Bacillus Calmette-Guerin (BCG) vaccine for bladder cancer, live, for intravesical use
90625 ²	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
90675	Rabies vaccine, for intramuscular use
90676 ²	Rabies vaccine, for intradermal use
90690 ²	Typhoid vaccine, live, oral
90691 ²	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90717 ²	Yellow fever vaccine, live, for subcutaneous use
90738 ²	Japanese encephalitis virus vaccine, inactivated, for intramuscular use

Additional Resources

[Drugs and Biologicals Payment Policy](#)

Document History

- November 2023: Annual policy review; administrative edits
- November 2022: Annual policy review; no updates
- June 2021: Policy reviewed by committee; clarified Medicare Part D billing requirements; clarified language for state- and non-state-supplied vaccines; added table of nonroutine vaccine and immune globulin codes available for members in accordance with CDC recommendations
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- January 2019: Document created

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.

² Covered under the member's Part D Pharmacy benefit.