

## DRAFT POLICY -- OPEN FOR PUBLIC COMMENT

This drafted policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of what has changed.

HHSC is performing a comprehensive review of vaccine-related services for Medicaid clients.

The following is a summary of changes in scope for this policy review:

- Combined the following policies into one comprehensive Vaccine Services policy:
  - ▶ Bacille Calmette-Guérin (BCG) Vaccine
  - ▶ Hepatitis Prophylaxis (Hepatitis B Immune Globulin and Hepatitis B Vaccine, Dialysis)
  - ▶ Rabies Postexposure Treatment
  - ▶ Vaccines and Toxoids
  - ▶ Vaccine and Toxoid Administration
- Aligned benefit coverage with Advisory Council on Immunization Practices (ACIP) recommendations
- Clarified in policy which vaccines are usually distributed by Texas Vaccines for Children (TVFC) for clients age 18 and under
- Addition of CPT codes 90377, 90619, 90671, 90677, 90697, 90739, and 90758
- Removal of CPT Codes 90644, 90650, 90733, 90748, and 90749 from policy

New policy language has been underlined to highlight proposed policy changes.

Note: The current language regarding vaccine services can be found in Section 5.1.3 and Appendix B of the Children Services Handbook and Sections 9.2.34-9.2.37 of the Medical & Nursing Specialists, Physicians, and Physician Assistants Handbook of the Texas Medicaid Provider Procedures Manual.

# Vaccine Services

## Statement of Benefits

1. Vaccines and vaccine administration as recommended by the Advisory Committee on Immunization Practices (ACIP) are benefits of Texas Medicaid.
2. Immunization is the process by which a person becomes immune or resistant to an infectious disease, typically by vaccination.
3. Vaccination is the action of introducing a vaccine into the body.
4. A vaccine stimulates a person's immune system to produce immunity to a disease, thereby providing protection from that disease.
5. Vaccines may be administered orally, nasally, or via subcutaneous or intramuscular injection.
6. Categories of Vaccines:
  - 6.1 Live, attenuated
  - 6.2 Inactivated
  - 6.3 Toxoid
  - 6.4 Subunit
  - 6.5 Conjugate
- 2-7. Providers must follow current ACIP general usage recommendations and adhere to the National Vaccine Advisory Committee's (NVAC) Standards for Adult Immunization Practice and Standards for Pediatric Immunization Practice; however, in the event of conflict, providers are required to follow more specific Texas Vaccines for Children (TVFC) guidelines.
- 3-8. Providers must provide the current vaccine information statements (VISs) produced by the Centers for Disease Control and Prevention (CDC) to clients. VISs explain the benefits and risks of the vaccine(s) administered.

## Rabies Vaccine Availability and Animal Bite Reporting

- 4-9. Providers that determine a client requires the rabies vaccination series after valid rabies exposure may obtain the biologicals directly from the manufacturer or through one of the Texas Department of State Health Services (DSHS) depots around the state.

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~~5.10.~~ Animal bites to people must be reported as soon as possible to the designated Local Rabies Control Authority (LRCA).

### TVFC Distributed Vaccines

~~6.11.~~ When single antigen vaccine(s) or comparable antigen vaccine(s) are available for distribution through TVFC, but the provider chooses to use a different ACIP recommended product, the vaccine will not be covered; however, the administration fee will be considered.

### Vaccine Adverse Event Report System (VAERS)

~~7.12.~~ The National Childhood Vaccine Injury Act (NCVIA) requires health care providers to report to VAERS:

~~7.12.1~~ Any adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.

~~7.212.2~~ Any reaction listed in the VAERS Table of Reportable Events that occurs within the specified time period after vaccination.

~~8.13.~~ VAERS encourages providers to report vaccine administration errors and any adverse event that occurs after the administration of any vaccine licensed in the United States even if it is not clear whether a vaccine caused the adverse event.

### Vaccine Reporting to Department of State Health Services (DSHS)

~~9.14.~~ Administered vaccines must be reported to DSHS. DSHS submits all vaccines reported with consent to a centralized repository of immunization histories. This lifespan registry is known in Texas as [ImmTrac2](#).

### Prior Authorization/Authorization Requirements

~~10.15.~~ Prior authorization is not required.

### Documentation Requirements

~~11.16.~~ Providers must document the following information for every vaccine administered to a client in the client's medical record.

~~11.16.1~~ Vaccine given

~~11-2~~**16.2** Date the vaccine was administered (day, month, year format)

~~11-3~~**16.3** Name of the vaccine manufacturer

~~11-4~~**16.4** Vaccine lot number

~~11-5~~**16.5** Signature and title of the person administering the vaccine

~~11-6~~**16.6** Organization name and address

~~11-7~~**16.7** Publication date of the VIS issues to the client, parent, or guardian

**17.** If a vaccine is given outside of ACIP's recommended routine immunization schedules for children or adults, the reason for the vaccination must be included in the client's medical record. Reasons for vaccinating outside the routine schedule may include but are not limited to:

**17.1** Pregnancy

**17.2** An impaired immune system

**17.3** Suspected exposure to a disease

~~12-18.~~ These records are subject to retrospective review to determine appropriate utilization and reimbursement for this service.

## Reimbursement/Billing Guidelines

~~13-19.~~ Vaccines and vaccine administration are reimbursed at a fee determined by HHSC.

~~14-20.~~ Each vaccine and its administration must be submitted on the same claim in the following sequence: the vaccine procedure code immediately followed by the applicable vaccine administration procedure code(s).

~~15-21.~~ All of the vaccine administration procedure codes that correspond to a single vaccine procedure code must be submitted on the same claim as the vaccine procedure code.

## Preventive Health Visits

~~16-22.~~ If a vaccine is administered as part of a preventive health visit, including but not limited to a Texas Health Steps (THSteps) preventive care medical checkup, then the age appropriate diagnosis code for the preventive health visit must be submitted on the claim. Z23 may also be included on the claim. The age appropriate diagnosis codes can be found in the Diagnosis Codes for Preventive Health Visits table below.

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Table A: Diagnosis Codes for Preventive Health Visits

Diagnosis Code	Age Range
Z00110	Birth – 7 days
Z00111	8 – 28 days
Z00121, Z00129	29 days - 17 years
Z0000, Z0001	18 years and older

~~17-23.~~ For a vaccine administration at a visit for which the administration is the only purpose of a visit (i.e. the vaccine administration is not part of a preventive health visit), Z23 should be used as the appropriate vaccine diagnosis code.

## Vaccine Reimbursement

~~18-24.~~ Vaccines for clients who are birth through 18 years of age that are available through TVFC and administered at a site that is eligible for TVFC enrollment will not be reimbursed through Texas Medicaid. These vaccines will be processed in the Medicaid Management Information Systems (MMIS) as informational details.

~~19-25.~~ Providers must not bill clients who are birth through 18 years of age for vaccines available through TVFC.

~~20-26.~~ Local or public health departments that are not otherwise enrolled as a provider (e.g. THSteps) authorized to receive reimbursement for vaccine administration fees should enroll as a Comprehensive Care Program (CCP) provider.

~~21-27.~~ Vaccine reimbursement for clients who are birth through 18 years of age:

~~21-27.1~~ Vaccines should be obtained through TVFC. Provider purchased vaccines are not reimbursed separately unless they meet the definition of “not available” as defined in this policy. A vaccine may be defined as “not available” in one or more of the following situations:

~~27.1.1~~ TVFC, based on their federal resolution (distribution guidelines), does not distribute a Texas Health and Human Services Commission (HHSC)-approved vaccine that has an ACIP-recommended use.

~~27.1.2~~ ACIP approves a new vaccine with established guidelines, but the vaccine has not yet been negotiated or added to a TVFC contract.

~~27.1.3~~ TVFC has not established funding for a new vaccine.

~~27.1.4~~ TVFC reports to HHSC that there is an insufficient supply of a vaccine due to national supply or distribution issues.

**22-28.** Vaccines that meet the definition of “not available” as defined in this policy may be reimbursed through the Comprehensive Care Program (CCP).

**23-29.** An administered vaccine defined as “not available” in this policy may be reimbursed with modifier U1:

**Table B: Modifier U1**

Modifier	Use for
U1	Vaccine(s) privately purchased by provider when TVFC vaccine is not available

**24-30.** The state will notify providers if a vaccine meets the definition of “not available” and when the provider’s privately purchased vaccine can be billed with the modifier U1.

**25-31.** Modifier U1 should not be used for failure to enroll in TVFC or to maintain sufficient TVFC vaccine inventory.

**26-32.** Vaccines for clients who are 19 years of age through 20 years of age may be reimbursed through:

**26-132.1** THSteps when provided as part of a THSteps preventive care medical checkup.

**26-232.2** CCP when provided as part of an acute medical visit outside of a THSteps preventive care medical checkup. Providers must bill acute care services under their existing provider identifier.

**27-33.** Vaccines for clients 21 years of age and older may be reimbursed through traditional Texas Medicaid when the vaccine is medically necessary.

**28-34.** Reimbursement for each vaccine is limited to one per client per day, by any provider.

## Vaccines Distributed by TVFC

**Table C: Procedure Codes for Vaccines Distributed by TVFC (Not Including Influenza)**

Procedure Code	Age Range	Number of Recognized Components
90619	<u>2 years and older</u>	<u>1</u>
90620	<u>10 years and older</u>	1
90621	<u>10 years and older</u>	1
90632	<u>18 years and older</u>	1
90633	<u>0 - 18 years</u>	2
90636	<u>19 years and older</u>	2
90647	<u>6 weeks - 18 years</u>	1

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Procedure Code	Age Range	Number of Recognized Components
90648	<u>6 weeks and older</u>	1
90651	<u>9 - 45 years</u>	1
90670	2 months and older	1
90680	<u>0 - 8 months</u>	1
90681	<u>0 - 8 months</u>	1
90696	4 - 6 years	4
<u>90697</u>	<u>0 - 4 years</u>	<u>6</u>
90698	<u>0 - 5 years</u>	5
90700	0 - 6 years	3
90702	0 - 6 years	2
90707	<u>1 year and older</u>	3
90710	<u>1 - 12 years</u>	4
90713	<u>2 months and older</u>	1
90714	7 years and older	2
90715	7 years and older	3
90716	<u>1 year and older</u>	1
90723	<u>6 weeks - 6 years</u>	5
90732	<u>2 years and older</u>	1
90734	<u>2 months - 55 years</u>	1
90743	<u>11 - 17 years</u>	1
90744	<u>0 - 17 years</u>	1
90746	<u>18 years and older</u>	1
90750	50 years and older	1

**NOTE:** A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism. Combination vaccines are those vaccines that contain multiple vaccine components.

# Influenza Vaccines

**Table D: Procedure Codes for Influenza Vaccines**

Procedure Code	Age Range
90630	6 months and older
90654	6 months and older
90655	6-35 months
90656	3 years and older
90657	6 - 35 months
90658	3 years and older
90660	6 months – 20 years
90661	6 months and older
90662	<u>60 years and older</u>
90672	<u>2 – 49 years</u>
90673	6 months and older
90674	<u>6 months and older</u>
90682	<u>18 years and older</u>
90685	6 – 35 months
90686	6 months and older
90687	6 – 35 months
90688	6 months and older
90756	4 years and older

- 35.** Because the ACIP reviews the composition of influenza vaccines annually and frequently makes updates to their recommendations, providers should refer to the CDC website for current recommendations.
- 36.** Providers should refer to the TVFC website for the most up-to-date list of the influenza vaccines that TVFC is distributing for clients aged birth – 18 years for the current flu season.
- 37.** Peak influenza activity generally occurs from October of one year through February of the next year, although activity can last through May. This time period is commonly referred to as “flu season”.
- 38.** The first time a client aged 6 months – 8 years receives the influenza vaccine, he/she should receive a second dose of the vaccine during the same flu season at least 4 weeks after the first dose. If the client turns 9 years old between the first and second doses, he/she should still receive the second dose.
- 29-39.** Excepting the scenario described in the previous line, clients aged 9 and older should only receive one dose of the influenza vaccine per flu season, even if it is their first time receiving the influenza vaccine.



## Vaccines Not Distributed by TVFC

**Table E: Procedure Codes for Vaccines Not Distributed by TVFC**

Procedure Code	Age Range	Number of Recognized Components
90585	All ages	1
90586	All ages	1
90619	19 years and older	1
<u>90671</u>	<u>18 years and older</u>	<u>1</u>
90675	All ages	1
<u>90677</u>	<u>18 years and older</u>	<u>1</u>
90736	60 years and older	1
<u>90739</u>	<u>18 years and older</u>	<u>1</u>
90740	<u>20 years and older</u>	1
90747	<u>20 years and older</u>	1
<u>90758</u>	<u>18 years and older</u>	<u>2</u>
J9030	All ages	1

**30-40.** Procedure codes 90585, 90586, 90675, and J9030 are diagnosis restricted. Refer to the Bacillus Calmette-Guérin (BCG) Vaccine and Rabies Post-Exposure Prophylaxis sections of this policy for more information.

## Bacillus Calmette-Guérin (BCG) Vaccine

**31-41.** Procedure codes 90585 (BCG vaccine for tuberculosis), 90586 (BCG vaccine for bladder cancer, intravesical administration), and J9030 (BCG vaccine 1 mg, intravesical administration) are limited to the diagnosis codes listed in the Diagnosis Codes for BCG Vaccine table below.

**Table G: Diagnosis Codes for BCG Vaccine**

Procedure Code	Diagnosis Code
90585	<u>Z201</u>
90586, J9030	C670, C671, C672, C673, C674, C675, C676, C677, C678, C679, C7911, D090

## Hepatitis B Prophylaxis

**32-42.** Hepatitis B vaccines for clients on dialysis or clients that are immunosuppressed (procedure codes 90740 and 90747) are benefits for clients aged 20 and older.

**33-43.** Hepatitis B immune globulin (HBIG) (procedure codes 90371, J1571, and J1573) is a benefit and [limited to diagnosis code Z205](#).

**34-44.** Reimbursement for HBIG is limited to one per client per day, by any provider.

**35-45.** Only one HBIG procedure code will be paid if billed with any other HBIG procedure code on the same day, any provider.

## Rabies Post-Exposure Prophylaxis

**36-46.** The rabies vaccine (procedure code 90675) and rabies immune globulin (procedure codes 90375, 90376, and [90377](#)) are benefits as part of rabies post-exposure prophylaxis and limited to diagnosis code Z203.

**37-47.** The rabies vaccine is *not* a benefit of Texas Medicaid when given pre-exposure to rabies.

**38-48.** Reimbursement for rabies vaccine is limited to 5 occurrences per 90 rolling days. Claims submitted for any vaccine given beyond 90 rolling days will be denied.

**39-49.** Reimbursement for rabies immune globulin is limited to one per client per day, by any provider.

**40-50.** Only one rabies immune globulin procedure code will be paid if billed with any other rabies immune globulin procedure code on the same day, any provider.

## Vaccine Administration Reimbursement

**41-51.** Vaccine administration for clients who are birth through 20 years of age may be reimbursed through:

**41-151.1** THSteps when provided as part of a THSteps preventive care medical checkup.

**41-251.2** CCP when provided as part of an acute medical visit outside of a THSteps preventive care medical checkup. Providers must bill acute care services under their existing provider identifier.

**42-52.** Vaccine administration for clients 21 years of age and older may be reimbursed through traditional Texas Medicaid when the vaccine is medically necessary.

**43-53.** Vaccine administration procedure codes and their corresponding covered age ranges under Texas Medicaid can be found in the Procedure Codes – Vaccine Administration table below.

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**Table F: Procedure Codes for Vaccine Administration**

Procedure Code	Age Range
90460	0 – 18 years
90461	0 – 18 years
90471	All ages
90472	All ages
90473	<u>All ages</u>
90474	<u>All ages</u>

54. Providers must submit claims for procedure codes 90460 (administration of first/only component of vaccine, with counseling) and 90461 (administration of each additional vaccine component, with counseling) based on the number of components per vaccine.

54.1 90460 and 90461 include counseling by a qualified healthcare professional. Documentation of the counseling must be noted in the client’s medical record.

54.2 Procedure code 90461 may not be billed by TVFC providers when administering TVFC-eligible vaccines under the TVFC program.

55. Procedure codes 90471-90474 do not include counseling.

56. Procedure codes 90471 (one vaccine administration, injection route) and 90473 (one vaccine administration, oral or nasal route) may not be submitted in conjunction with one another.

57. Procedure codes 90472 (each additional vaccine administration, injection route) and 90474 (each additional vaccine administration, oral or nasal route) may be reported on a claim in conjunction with 90460, 90471, and/or 90473 as appropriate.

44.58. Providers should refer to the Injections and Injection Administration policy for information on submitting claims for immune globulin administration.

## Nephrology and Renal Dialysis Facility

### Providers

59. The following table includes immune globulin, vaccine, and vaccine administration procedure codes found in this policy that are benefits for nephrology and renal dialysis facility providers.

**Table H: Procedure Codes that are Benefits for Nephrology and Renal Dialysis Facility Providers**

<u>Category</u>	<u>Procedure Code</u>
<u>Hepatitis B immune globulin</u>	<u>90371, J1571, J1573</u>
<u>Hepatitis B vaccine for immunocompromised/dialysis patients</u>	<u>90740, 90747</u>
<u>Influenza vaccine</u>	<u>90630, 90654, 90655, 90656, 90657, 90658, 90661, 90662, 90673, 90674, 90682, 90685, 90686, 90687, 90688, 90756</u>
<u>Pneumococcal vaccine</u>	<u>90670, 90671, 90677, 90732</u>
<u>Vaccine administration</u>	<u>90460, 90471, 90472</u>

## Exclusions

60. Vaccines that are exclusively requirements for employment or only recommended for international travelers are not benefits of Texas Medicaid. This includes vaccines for the following diseases:

60.1 Anthrax

60.2 Cholera

60.3 Japanese Encephalitis

60.4 Rabies - pre-exposure

60.5 Smallpox

60.6 Tick-borne Encephalitis

60.7 Typhoid

60.8 Yellow Fever