

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 [Preventive Services](#).

Medical vs Pharmacy Benefit Coverage

Some vaccines are covered under Part B and others are covered under Part D. Refer to the [Provider 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.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

No referrals 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.

CarePartners of Connecticut provides funding to support the State vaccine programs which offer certain pediatric vaccines to providers free of charge. Therefore, CarePartners of Connecticut will not reimburse the cost of any vaccine that is within the program, unless the state supply is exhausted. If a provider has chosen not to participate in their state's vaccine program, patients should be referred to a participating provider for vaccine administration.

- Append modifier SL to the vaccine/toxoid procedure code to indicate that the vaccine was state-supplied
- If a state-supplied vaccine becomes exhausted or not available, CarePartners of Connecticut will reimburse only when the provider submits a copy of the purchase invoice and proof from the state that the state supply is exhausted and not available. Do not append modifier SL

Direct Claim Submission to OptumRX

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 Reimburses

- Non-routine vaccines and immune globulins when medically necessary, in accordance with CDC recommendations
- Non-state-supplied vaccines
- State-supplied vaccines only when state supplies are exhausted
- Vaccine administration for state-supplied and non-state-supplied vaccines

CarePartners of Connecticut Does **Not** Reimburse

- CPT codes 96372-96374, as it is inappropriate to use for the administration of vaccines
- Routine immunizations and vaccines for out-of-area members, including students (HMO plans only)
- Vaccines that are available free from the state, including combined vaccines if the individual components are supplied free from the state
- Vaccines that are not FDA-approved

This code table may not be all inclusive

Code	Description	Comments
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular (IM) use, 50 mg	Reimbursed up to five doses for children under age two
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	Report only when accompanied by face-to-face counseling
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component	Report in addition to primary code 90460
90471	Immunization administered by percutaneous, intradermal, subcutaneous, intramuscular; 1 vaccine (single or combination vaccine/toxoid)	Reimbursed with a count of one only
90472	Immunization administered by percutaneous, intradermal, subcutaneous, or intramuscular injection; each additional vaccine (single or combination vaccine/toxoid)	Report in addition to primary code(s) 90460, 90471 or 90473
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	Reimbursed with a count of one only
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)	Report in addition to primary code(s) 90460, 90471 or 90473
90632	Hepatitis A vaccine, adult dosage, for IM use	
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for IM use	-Not Reimbursed when available from the state -Reimbursed for ages 9-26 when the series of three injections is begun by age 26; the subsequent injections are covered into age 27 to complete the series of 3
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for IM use	-Not Reimbursed when available from the state -Reimbursed for ages 9-26 when the series of three injections is begun by age 26; the subsequent injections are covered into age 27 to complete the series of 3
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for IM use	-Not reimbursed when available through the state -Reimbursed for ages 9-46
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	Reimbursed for ages 50 and older
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for IM use	
90750	Zoster (singles) vaccine (HZV), recombinant, subunit, adjuvanted, for IM use	Reimbursed for ages 18 and older

Additional Resources

- [Drugs and Biologicals Payment Policy](#)
- [Evaluation and Management Professional Payment Policy](#)
- [Laboratory and Pathology Payment Policy](#)

Document History

- November 2024: Annual policy review; reformatted policy; administrative edits
- 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.