



**519.10 IMMUNIZATION SERVICES**

**TABLE OF CONTENTS**

<b>SECTION</b>	<b>PAGE NUMBER</b>
Background .....	2
Policy .....	2
519.10.1 Immunizations Administered by a Pharmacist .....	2
519.10.2 Immunizations for Children .....	2
519.10.3 Immunizations for Adults .....	2
Glossary .....	3
Change Log.....	3

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.



## 519.10 IMMUNIZATION SERVICES

### BACKGROUND

Specific covered vaccine and toxoid immunization services are available to adults. These services are also available to children when the vaccine or toxoid is not covered through the Vaccines for Children (VFC) Program. Immunizations may be administered via standing orders in public health departments.

### POLICY

#### 519.10.1 IMMUNIZATIONS ADMINISTERED BY A PHARMACIST

Except for certain limitations and exclusions, BMS will reimburse for the following:

- Influenza, pneumonia, Hepatitis A, Hepatitis B, tetanus, tetanus-diphtheria (Td), and tetanus-diphtheria-and-pertussis (Tdap) vaccines for adults 19 years of age and older administered by a pharmacist. (Members up to 19 years of age have access to vaccines via the Vaccines for Children Program.)
- Herpes zoster vaccine for adults 60 years of age and older administered by a pharmacist.

For further information, please see [Chapter 518, Pharmacy Services](#).

#### 519.10.2 IMMUNIZATIONS FOR CHILDREN

Specific vaccines and toxoids, as recommended by the American Academy of Pediatrics (AAP), are covered through the [Vaccines for Children \(VFC\) Program](#) to Medicaid children up to their 19<sup>th</sup> birthday. The VFC-provided vaccine and toxoid serums are not reimbursable to practitioners. However, the administration of VFC injectable and oral/nasal vaccines or toxoids may be reimbursed when the vaccine CPT code and the appropriate administration modifier "-SL" (State Supplied Vaccine) is documented on the claim form on the same line. The administration CPT code must be billed on the second line and submitted to the BMS Fiscal Agent for payment consideration. At the time of promulgation of this rule, a complete list of covered VFC vaccines/toxoids and related CPT codes is available at <http://www.dhhr.wv.gov/oeps/immunization/Pages/VFCManual.aspx>.

In the event the VFC influenza vaccine supply is depleted and BMS is notified of the depletion by the VFC Program, the influenza vaccine and its administration are eligible for reimbursement to the practitioner when documented on the claim form. The "-SL" modifier must not be billed.

Immunizations not provided by the VFC Program may be covered for children up to 19 years of age.

Please refer to the recommended adult immunization schedule. At the time of promulgation of this rule, this information could be found [here](#).

#### 519.10.3 IMMUNIZATIONS FOR ADULTS

The administration and provision of immune globulin, vaccine, or toxoids to adults 19 years of age and older is covered in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP) and published by the CDC. Please refer to the recommended adult immunization schedule. At the time of promulgation of this rule, this information could be found [here](#).



## 519.10 IMMUNIZATION SERVICES

Reimbursement for adult immunizations is based on a BMS established fee that includes the vaccine and administration. The administration fee is not separately reimbursed. The “SL” modifier must not be used when billing. West Virginia Medicaid reimburses pharmacies/pharmacists for vaccines or administration of vaccines as specified under [West Virginia State Code §29a](#). When covered, these services are a pharmacy benefit.

### GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter.

### REFERENCES

The West Virginia State Plan references immunizations at [1.5 Pediatric Immunization Program, 4.19\(m\) Payment for Pediatric Immunization Program, Supplement 2 to Appendix 3.1-A and 3.1-B, \(6\)\(d\)\(3\) Pharmacist administration of vaccines](#), and [4.19-B\(6\)\(d\)\(3\) Payment for pharmacist administration](#).

### CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Immunization Services		January 15, 2016