

Immunization Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

The following payment policy applies to Tufts Health Plan contracting providers who render professional services in an outpatient or office setting, and to ancillary providers who administer immunizations according to their provider agreement.

During the rapidly evolving situation around COVID-19, Tufts Health Plan's vaccine and immunization payment policy for any approved COVID-19 vaccine(s) is documented on the [Coronavirus \(COVID-19\) Updates for Providers](#) page.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

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

POLICY

Tufts Health Plan covers medically necessary immunization services, in accordance with the member's benefit. Tufts Health Plan complies with federal and state guidelines for vaccines. Refer to the departments of public health for [Massachusetts](#), [Rhode Island](#), and [New Hampshire](#) 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 [website](#) or by contacting [Commercial Provider Services](#) or [Senior Products Provider Relations](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO members.

Preventive Services (Commercial products only)

The Patient Protection and Affordable Care Act (commonly referred to as Federal Health Care Reform) requires all Tufts Health Plan products to provide 100% coverage for preventive care services. Grandfathered groups are not subject to this requirement, but many have opted to cover preventive services with no cost sharing. For a list of immunizations that are considered preventive in nature, refer to the [Preventive Services List](#).

Tufts Medicare Preferred HMO/Tufts Health Plan SCO products only

Vaccine Coverage

Some vaccines are covered under Part B and others are covered under Part D. When vaccines are covered under Part D, the administration costs are reimbursed under Medicare Part D. The information below clarifies the Medicare Part B and Part D coverage for vaccines. Refer to CMS' [Preventive Services](#) for more information.

Part B vaccines include but are not limited to influenza, pneumonia and Hepatitis B (when members are at moderate to high risk). Providers must administer the vaccine and then submit a medical claim form to Tufts Health Plan.

Part D vaccines may be obtained by the following methods:

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

- **Prescription:** Providers give members a prescription or call the prescription into the pharmacy directly. The member then picks up the prescription from the pharmacy, pays the appropriate cost share (if applicable), and brings the vaccine to the appointment for administration.
- Certified pharmacists may also administer vaccines at local retail network pharmacies with a prescription. The member pays the appropriate cost share (if applicable) and the pharmacist processes the claim through the CVS Caremark claim system.
- **“Buy & Bill”:** an alternative process for all vaccines covered under Part D (Tufts Health Plan handles all vaccines that are covered under Medicare Part D).
- **Member Reimbursement:** the member receives the vaccine from the provider, pays the provider for the immunization, and then submits a member reimbursement request to CVS Caremark for reimbursement (**Note:** To avoid placing an undue financial burden on the member, this is not the preferred method of obtaining payment for the vaccine.)

Flu Vaccines

Tufts Health Plan compensates for the flu vaccine as part of a member’s provider office visit.

Flu Vaccines Obtained at a Pharmacy

As part of the CVS Flu Shot Program, Tufts Health Plan members are covered to receive the flu vaccines during flu season (September through March) at CVS/pharmacy locations in Massachusetts, Rhode Island and New Hampshire, as well as CVS MinuteClinics located in Massachusetts, New Hampshire, Rhode Island, Connecticut and New York. Refer to the [Flu Shots](#) preventive care guidelines for more information.

State-Specific Age Limitations

CVS/pharmacy locations in the following states are subject to certain age limits when administering the flu vaccine:

- **Massachusetts and Rhode Island:** may administer the flu vaccine to members 18 years of age and older
- **New Hampshire:** may administer the flu vaccine to members 9 years of age or older
- **Connecticut:** may administer the flu vaccine to members 5 years of age or older

REFERRAL/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, Authorization and Notification Policy](#).

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan 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. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

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.

- **Commercial claims:** append the SL modifier to the vaccine/toxoid code if it was state-supplied
- **Senior Products claims:** do not append the SL modifier to the vaccine-toxoid code, even if it was state-supplied

Non-State-Supplied Vaccines: Charges for the vaccine/toxoid procedure code(s) must be billed on the claim line(s) with the vaccine/toxoid and the administration procedure code(s), respectively.

Commercial products

Unavailable Drugs

Tufts Health Plan has identified a number of specific drugs, vaccines and other products that are commercially unavailable, according to industry sources. These include drugs and vaccines that were discontinued due to decreased usage or the introduction of a newer drug/vaccine. In some cases, only certain doses and dosage forms or specific combinations were discontinued. Tufts Health Plan will deny compensation for CPT/HCPCS codes associated with these unavailable drugs. To be considered for compensation, providers must resubmit the appropriate current procedure code(s). Refer to the [List of Unavailable Vaccines and Drugs](#) for drugs identified as unavailable.

Senior Products

Direct Claim Submission to CVS Caremark

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 CVS Caremark, including the drug name, [National Drug Code \(NDC\)](#) number, and administration code for each vaccine administered. Claims may be submitted to **Caremark Medicare Vaccine Processing, P.O. Box 52193 Phoenix, AZ 85072-2193**.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Non-State-Supplied Vaccines

Non-state-supplied vaccines/toxoids purchased by the provider are compensated according to the Tufts Health Plan fee schedule for both the vaccine/toxoid CPT procedure code(s) and the administration CPT procedure code(s).

Pneumococcal Vaccinations

Tufts Health Plan does not routinely compensate 90670 or 90732 (pneumococcal vaccine) if billed by any provider and the same code has been previously billed in the member's lifetime.

Vaccines Purchased by the Provider

Tufts Health Plan does not routinely compensate state-supplied vaccines and immunizations. However, in the rare instance that a provider must purchase a vaccine that is typically state-supplied (e.g., in the event of a shortage), compensation will be made according to the Tufts Health Plan fee schedule³.

Commercial products only

Human Papillomavirus (HPV) Vaccine

Tufts Health Plan routinely compensates HPV vaccines in accordance with the age requirements and frequency limitations outlined in the [Preventive Services Policy](#).

Subcutaneous or Intramuscular Injection

Tufts Health Plan 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.

Senior Products only

Direct Claim Submission to CVS Caremark

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

ADDITIONAL RESOURCES

- [Clinical Programs: Adult Immunization Program](#)

DOCUMENT HISTORY

- July 2020: Updated HPV compensation guidance/reference for Commercial products

³ Tufts Health Plan's Fraud Prevention and Recovery Department may conduct audits on state-supplied vaccines that are reimbursed at the fee schedule.

- October 2018: Policy reviewed by committee; added existing vaccine information previously located in the Commercial Provider Manual; added links to DPH sites for individual states; clarified age restrictions for CVS locations offering flu vaccines
- June 2018: Template updates
- November 2017: Added edits for pneumococcal vaccine, effective for dates of service on or after January 1, 2018
- January 2017: Policy reviewed; template updates; combined Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO policies
- September 2015: Template conversion, template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan 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, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan 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 Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.