

Vaccine and Immunization Services Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Together – Includes MassHealth Tufts Health Unify – OneCare Plan
Plan and Accountable Care Partnership Plans

The following payment policy applies to Tufts Health Plan contracting providers who render services for Tufts Health Public Plans products.

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 vaccine and immunization services for members in accordance with applicable state regulations. In addition, Tufts Health Plan covers all medically necessary vaccines and immunizations that are not state supplied.

GENERAL BENEFIT INFORMATION

The goal of vaccine and immunization services is to ensure the complete and timely vaccination of all Massachusetts and Rhode Island residents to prevent the occurrence of vaccine-preventable diseases. Vaccines and immunizations are covered under the member’s medical benefit. Tufts Health Plan does not cover vaccines and immunizations required for employment or for travel outside of the United States.

AUTHORIZATION REQUIREMENTS

Tufts Health Plan does not require in-network or out-of-network providers to obtain prior authorization for state-supplied vaccines and immunizations or for the administration.

Note: Tufts Health Plan requires authorization for coverage of nasal vaccines (e.g., Flumist™) when not administered in an office setting.

BILLING INSTRUCTIONS

Tufts Health Plan reimburses vaccine and immunization services according to contracted reimbursement terms and rates. Tufts Health Plan does not reimburse for non-FDA-approved vaccines and immunizations.

State-supplied vaccines and immunizations

For state-supplied vaccines and immunizations, Tufts Health Plan reimburses only for the administration. Tufts Health Plan follows state guidelines when determining which vaccines and immunizations are state-supplied. For state-supplied vaccines and immunizations, a provider must submit both the administration procedure code(s) and vaccine/toxoid code(s) on the same claim. Tufts Health Plan will deny the claim if an administration procedure code is submitted without a vaccine/toxoid code. The provider must append the modifier SL (state-supplied antigen) to the vaccine/toxoid code to indicate the state-supplied antigen. Reimbursement for the state-supplied antigen will be \$0.

Tufts Health Plan follows state guidelines when determining which vaccines are state-supplied. Refer to the [Massachusetts Department of Public Health](#) or the [Rhode Island Department of Health](#) for information on state-supplied vaccines.

State-supplied vaccines and immunizations purchased by a provider

If state supplies become exhausted, Tufts Health Plan reimburses the cost of vaccines and immunizations administered to members who are eligible for a state-supplied antigen. When submitting a claim, the provider must submit an invoice for the purchase of the vaccine or immunization along with proof that the state supply is exhausted and no longer available to the provider. This proof must be in the form of written documentation or communication from the state. If it is necessary for a provider to purchase a vaccine or immunization after state supplies become exhausted, the provider must submit both the administration procedure code(s) and vaccine/toxoid code(s) on the same claim. The provider does not need to append the modifier SL (state-supplied antigen) to the vaccine/toxoid code(s).

Nonstate-supplied vaccines and immunizations purchased by a provider

Tufts Health Plan will reimburse the administration and costs of covered non-state-supplied vaccines and immunizations until the state begins supplying them. For vaccines and immunizations not supplied by the state, a provider must submit both the administration procedure code(s) and vaccine/toxoid code(s) on the same claim. To determine coverage, please see our medical benefit summary grids.

COMPENSATION/REIMBURSEMENT INFORMATION

Tufts Health Plan does not routinely compensate for immunization administration when billed without a vaccine/toxoid code.

Tufts Health Plan does not routinely compensate for vaccine/toxoid codes when billed without immunization administration.

Tufts Health Plan does not routinely compensate pneumococcal, influenza or Hepatitis B vaccines and their administration when billed with Bill Type 0740-074X (Outpatient rehabilitation facility [ORF]).

Pneumococcal Vaccinations

Effective for dates of service on or after January 1, 2018, Tufts Health Plan will not routinely compensate pneumococcal vaccines (90670, 90732) when billed by any provider and the same code has been previously billed in the patient's lifetime.

DOCUMENT HISTORY

- March 2018: Template updates
- November 2017: Updated to include RITogether; updated to include previously communicated edits for compensation; added edit for pneumococcal vaccinations effective for dates of service on or after January 1, 2018
- February 2017: 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 your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our 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.

