

IMMUNIZATION AND INJECTABLE REIMBURSEMENT – Effective 9/1/2016

NOTE: Any and all updates and revisions to the following covered immunization and injectable reimbursement rate schedule shall be communicated via electronic notification to Provider and shall not require an amendment to the Agreement. Unless otherwise specified in a provider's contract, these rates apply to all providers BHN and BPA provider networks.

IMMUNIZATION REIMBURSEMENT:

Reimbursement for covered immunization Services shall be paid at the lesser of Provider's billed charges or at the rates listed in the table below, less any applicable copayments, coinsurance and/or deductibles for which the Plan Member is responsible. Covered immunizations not listed in the table below will be paid at the Prevailing (Medicare) Fee Schedule. Covered immunization codes not part of the Medicare Fee Schedule will be paid at 80% of UCR or at fifty percent (50%) of billed charges if UCR is not available.

IMMUNIZATIONS					
CPT Code	Description	Rate	CPT Code	Description	Rate
90396	VariZIG (Varicella Zoster Immune Globulin) Note: Used for post exposure prophylaxis to Chickenpox	\$115.00	90647	Haemophilus influenza type b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	30.00
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician of other qualified health care professional; first or only component for each vaccine or toxoid administered	Medicare Allowable	90648	Haemophilus influenza type b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use (Hib)	35.30
90461	Each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure.)	Medicare Allowable	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	170.22
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	Medicare Allowable	90650	Human Papillomavirus (HPV) vaccine, types 16,18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	175.00
90472	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)	Medicare Allowable	90651	Human Papillomavirus vaccine types 6, 11, 16,18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use	195.00
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combinations vaccine/toxoid)	25.38	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Medicare Allowable
90474	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)	12.49	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	19.12
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use	170.00	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Medicare Allowable
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use	128.20	90657	Influenza virus vaccine, trivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	12.00
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Medicare Allowable	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	15.00
90632	Hepatitis A vaccine, adult usage, for intramuscular use	74.00	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	24.00
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	35.35	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Medicare Allowable
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	37.00	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Medicare Allowable
90636	Hepatitis A and Hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	100.00	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Medicare Allowable

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CPT Code	Description	Rate		CPT Code	Description	Rate
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Medicare Allowable		90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	34.00
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Medicare Allowable		90714	Tetanus and diphtheria toxoids (Td) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	Medicare Allowable
90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use (New code - effective 1/1/2017)	Medicare Allowable		90715	Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	45.00
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	81.00		90716	Varicella virus vaccine (VAR), live, for subcutaneous use	118.43
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use,	115.00		90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and inactivated poliovirus vaccine, (DTaP-HepB-IPV), for intramuscular use	84.00
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Medicare Allowable		90732	Pneumococcal, polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular	Medicare Allowable
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Medicare Allowable		90733	Meningococcal, polysaccharide vaccine, serogroups A, C, Y and W-135, quadrivalent (MPSV4), for subcutaneous use	135.00
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Medicare Allowable		90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use	117.00
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Medicare Allowable		90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	200.00
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	Medicare Allowable		90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	185.00
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine, and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	55.00		90743	Hepatitis B vaccine (HepB), ped/adolescent dosage, 3 dose, intramuscular use	Medicare Allowable
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	95.99		90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage (3 dose schedule), for intramuscular use	Medicare Allowable
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	\$30.00		90746	Hepatitis B vaccine (HepB), adult dosage (3 dose schedule), for intramuscular use	65.00
90702	Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use	38.00		90747	Hepatitis B vaccine, Dialysis or immunosuppressed patient dosage, 4 dose, intramuscular use	Medicare Allowable
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	72.69		90748	Hepatitis B and Haemophilus influenza type b vaccine (HepB-Hib), for intramuscular use	52.00
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	215.46				

Medicare Seasonal Influenza Vaccine HCPCS Codes

HCPCS	Description	Rate
G0008	Administration of influenza virus vaccine	12.00
G0009	Administration of pneumococcal vaccine	12.00
G0010	Administration of hepatitis B vaccine	12.00
G8482	Influenza immunization administered or previously received	12.00
Q2034	Influenza virus, split virus, for intramuscular use	17.93
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older for intramuscular use	Medicare Allowable
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	20.00
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Medicare Allowable
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	15.00
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not otherwise specified)	20.00
New Influenza Codes	Currently not specified	20.00

INJECTABLE REIMBURSEMENT:

Reimbursement for covered injectable codes (J0120-J9999) shall be paid at the lesser of Provider's billed charges or at the rates listed in the table below, less any applicable copayments, coinsurance and/or deductibles for which the Plan Member is responsible.

Covered injectable codes not listed in the table below will be paid at the Prevailing (Medicare) Fee Schedule. Covered injectable codes not part of the Medicare Fee Schedule will be paid at 80% of UCR or at fifty percent (50%) of billed charges if UCR is not available:

HCPCS	Description	Rate
J2790	Injection, Rho D immune globulin, human, full dose, 300 micrograms (1500IU)	Medicare Allowable
J0696	Injection, ceftriaxone sodium, per 250 mg.	Medicare Allowable