

	Immunizations/Vaccines	
	Policy Number: POL-PP-121	Original Creation Date: 10/1/2019
	Version Number: 009	Version Effective Date: 10/1/2025
	Policy Status: Active	Next Review Date: 10/1/2026

NOTICE

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Kansas City (Blue KC).

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Immunizations or vaccines introduce weakened or dead viruses and bacteria to the body, stimulating the immune system to build protection against specific diseases.

Policy

Blue KC reimburses contracted health care providers for covered, medically necessary immunizations based on the Centers for Disease Control and Prevention (CDC), age, and gender recommendations.

Information for the RSV vaccine and other vaccines not mentioned in this policy can be found here <http://www.cdc.gov/vaccines/>

An immunization or vaccine provides protection of susceptible patients from communicable diseases by administration of a living modified agent, a suspension of killed organisms, a protein expressed in a heterologous organism, or an inactivated toxin.

Documentation Requirements

Federal requirements mandate that you document five things when you administer a vaccine:

1. The name of the vaccine and the manufacture
2. The lot number and expiration date of the vaccine
3. The date of administration
4. The name, address, title, and signature (electronic is acceptable) of the person administering the vaccine
5. The edition date of the Vaccine Information Statement (VIS) and date the patient or parent receives the VIS.

Immunization Administration

Immunization administration, each toxoid, with counseling through 18 years of age.

Immunization administration that is not accompanied by face-to-face physician or qualified health care professional counseling to the patient/family for administration to patients of any age.

Vaccine

CPT codes 90476 – 90749 are used to identify the vaccine product only. To report the administration of a vaccine/toxoid, the vaccine/toxoid product codes 90476-90749 must be used in addition to an immunization administration code(s) listed above.

COMMON PEDIATRIC VACCINES

VACCINE	# OF VACCINE COMPONENTS	IMMUNIZATION ADMINISTRATION CODE(S) REPORTED
HPV	1	90460
Influenza	1	90460
Meningococcal	1	90460
Pneumococcal	1	90460
Td	2	90460, 90461
DTAP or Tdap	3	90460, 90461x2
MMR	3	90460, 90461X2
DTaP-IPV/Hib (Pentacel)	5	90460, 90461 x4,
DTap-HepB-IPV (Pediatrix)	5	90460, 90461x4,
DTaP-IPV (Kinrix)	4	90460, 90461x3,
MMRV (ProQuad)	4	90460, 90461x3,
DTaP-Hib (TriHIBit)	4	90460, 90461x3,
HepB-Hib (Comvax)	2	90460, 90461
Rotavirus	1	90460
IPV	1	90460
Hib	1	90460

COMMON ADULT VACCINES

VACCINE	# OF VACCINE COMPONENTS	IMMUNIZATION ADMINISTRATION CODE(S) REPORTED
Shingles	1	90471

Influenza	1	90471
Pneumococcal	1	90471
Meningococcal	1	90471

When both an injection and intranasal/ oral immunization is given, do not use 90473 for the initial immunization administered by intranasal or oral route, use 90474 "each additional vaccine."

(For therapeutic or diagnostic injections see codes 96372 – 96379).

Immunization administration submitted without the additional toxoid/vaccine code(s) given will be denied.

Coding

CPT Code	Description
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
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 or toxoid component administered (List separately in addition to code for primary procedure)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine

[COVID 19 Billing and Coding](#)

For information on COVID 19 vaccines and administration please see

References and Resources

Center for Medicare and Medicaid Services
NCCI Policy Manual
Center for Disease Control

Related Documents

POL-PP-225 COVID 19 Billing and Coding
POL-PP-120 Therapeutic, Prophylactic, and Diagnostic Injections and Infusions

Revision History

Version	Date	Summary of Revisions
001	10/1/2019	Original

002	10/1/2020	– Annual update, added “immunization administration submitted without toxoid/vaccine code(s) given will be denied.”
003	12/04/2020	Added Federal requirements for vaccines/immunizations
04	10/01/2021	Annual review, there were no updates or change made to the policy.
05	11/15/2021	Added For information on COVID 19 vaccines and administration please see COVID 19 Billing and Coding with link.
06	10/1/2022	Annual review, there were no updates or change made to the policy.
07	10/01/2023	Annual review, there were no updates or change made to the policy.
08	10/01/2024	Annual review, there were no updates or change made to the policy.
09	10/1/2025	Annual review, there were no updates or change made to the policy.