

Vaccines Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus
- MassHealth ACO
- NaviCare HMO SNP
- Summit Eldercare PACE
- Fallon Health Weinberg PACE
- Community Care

Policy

This payment policy does not apply to services rendered by providers in community health centers. Community Health Centers should follow guidance in the Plan's Community Health Centers payment policy.

In accordance with [Massachusetts Division of Insurance Bulletin 2025-03](#), effective September 3, 2025, Fallon Health covers childhood and adult vaccines for Community Care members in accordance with Massachusetts Department of Public Health (DPH) guidance. DPH recommended guidance for vaccines is available at: <https://www.mass.gov/info-details/dph-recommended-guidance-for-vaccines>.

For MassHealth ACO members, Fallon Health covers COVID-19 vaccinations as well as all other medically necessary vaccines recommended by DPH and consistent with MassHealth's fee-for-service program (*MassHealth Managed Care Entity Bulletin 139* September 2025).

For MassHealth ACO and Community Care members, the Plan reimburses medically necessary travel vaccines that are recommended by DPH guidance.

For Fallon Medicare Plus and NaviCare members, coverage for vaccines depends on whether the vaccine is covered under Part B or Part D.

Medicare does not require that Part B covered vaccines, including influenza virus, pneumococcal, hepatitis B, or COVID-19, be administered under a physician's order or supervision (Medicare Claims Processing Manual, Chapter 18, Section 10.2.5).

The Massachusetts Department of Public Health (DPH) supplies recommended childhood vaccines for all children through 18 years of age (up to the 19th birthday). State-supplied vaccines are funded through two sources:

- Vaccines for Children (VFC) Program: Provides federally funded vaccines for VFC-eligible children.
- Massachusetts Vaccine Purchase Trust Fund: Covers the cost of routine childhood vaccines for children enrolled in Massachusetts-issued insured health plans.

The Plan follows the MDPH Massachusetts Department of Public Health (DPH) Immunization Program Childhood and Adult Vaccine Availability tables when determining availability of and eligibility for state-supplied vaccines. The guidelines are available at: <https://www.mass.gov/info-details/vaccine-availability-and-ordering>.

Reimbursement

Covered services are defined by the member's benefit plan documents. Some vaccines may be covered under the member's medical benefit while others may be covered under their pharmacy benefit.

An invoice may be required for purchased vaccine unless otherwise indicated under the terms of the provider contract.

The absence of a modifier may result in a claim denial.

The Plan does not reimburse state-supplied vaccines.

The MDPH Immunization Division sends out clinical advisories and associated guidance on an as needed basis. These advisories are typically first emailed to Massachusetts providers through a listserv service then posted to the website: <https://www.mass.gov/lists/massachusetts-department-of-public-health-immunization-division-advisories-and-alerts>. When there is a documented shortage of a state-supplied vaccine, the Plan will reimburse providers for purchased vaccine.

Medical vs pharmacy benefit coverage

For MassHealth ACO and Community Care members, most vaccines are covered under the medical benefit. There is one exception: The oral typhoid vaccine (Vivotif, Bavarian Nordic), which is covered under the prescription drug benefit.

For Fallon Medicare Plus and NaviCare members, reimbursement for vaccines depends on whether the vaccine is covered under Medicare Part B or Part D. Vaccines that are directly related to the treatment of an injury or direct exposure to a disease or condition are covered under Part B. In the absence of injury or direct exposure, preventive vaccination is not covered under Part B. However, influenza, pneumococcal, hepatitis B for individuals at intermediate or high risk, and COVID-19 vaccines are exceptions to this rule.

Vaccines covered under Part B for Fallon Medicare Plus and NaviCare members include:

- Influenza (flu),
- Pneumococcal pneumonia,
- Hepatitis B for individuals at [intermediate or high risk](#),
- COVID-19, and
- Vaccines that are directly related to the treatment of an injury or direct exposure to a disease or condition, such as anti-rabies treatment, tetanus immune globulin and tetanus vaccination if indicated

Hepatitis B vaccine (CPT 90739, 90740, 90743, 90744, 90746, 90747, and 90759) and hepatitis B vaccine administration (G0010) are covered under Part B for Medicare beneficiaries at [intermediate or high risk](#) for contracting hepatitis B, including beneficiaries who haven't completed a hepatitis B vaccine series or whose hepatitis B vaccine history is unknown. Beneficiaries who are currently positive for hepatitis B antibodies would not be considered at high or intermediate risk of contracting hepatitis B and aren't eligible for this benefit.

- Claims for hepatitis B vaccine (CPT 90739, 90740, 90743, 90744, 90746, 90747, or 90759), for Medicare beneficiaries at intermediate or high risk for contracting hepatitis B must be submitted with HCPCS code G0010 or M0201 for hepatitis B vaccine administration and ICD-10-CM code Z23.
- Z23 is appropriately used as the primary diagnosis code when the administration of the vaccine is the sole reason for the member's visit. If hepatitis B vaccine is given within the same visit as other services, for example an annual wellness visit, the ICD-10 code for that service would be primary and Z23 would be a secondary ICD-10 code.

Hepatitis B vaccine and hepatitis B vaccine administration are covered under Part D when coverage criteria under Part B are not met.

Part D covers all commercially available vaccines that are reasonable and necessary to prevent illness, except those vaccines covered under Part B. Because Medicare Part D coverage is optional, beneficiaries must enroll in a Part D Prescription Drug plan or a Medicare Advantage Prescription Drug plan if they want coverage for Part D vaccines and other Part D drugs.

For a full listing of Part D vaccines, consult the member's prescription drug formulary available at: <http://www.fchp.org/providers/pharmacy/online-drug-formulary.aspx>.

Part B versus Part D determination for vaccines that are directly related to the treatment of an injury or direct exposure to a disease or condition:

Tetanus vaccine (CPT 90714, 90715)

- Covered under Part B when tetanus vaccine is administered for the treatment of an injury wound which affords probability of exposure to tetanus spores and the patient is inadequately vaccinated. Claims should be coded with the diagnosis appropriate to the injury. Z23 should not be used for injury encounters.
- Covered under Part D when tetanus vaccine is administered for routine prevention of tetanus.

Rabies vaccine (CPT 90675)

- Covered under Part B for rabies post-exposure prophylaxis which includes wound care, human rabies immune globulin, and a four-dose vaccine series. Claims should be coded with Z20.3 (Contact with and (suspected) exposure to rabies).
Covered under Part D for people who work directly with animals who could have rabies or for those traveling to parts of the world where rabies is common.

Fallon Health cannot reimburse a physician (or other qualified healthcare provider) for a Part D vaccines or Part D vaccine administration per CMS regulation.

1. Fallon Medicare Plus and NaviCare may obtain a Part D vaccine at a Plan-contracted pharmacy (with a valid prescription). The pharmacy may supply and administer the vaccine. In this case, the pharmacy will bill the Plan's Pharmacy Benefit Manager (PBM) directly for the Part D vaccine and the Part D vaccine administration.
2. Fallon Medicare Plus and NaviCare members may obtain a Part D vaccine at a Plan-contracted pharmacy (with a prescription) and transport the vaccine to the physician's office for administration. In this case, the pharmacy will bill the Plan's PBM directly for the Part D vaccine, and the physician may submit a claim for Part D vaccine administration to the Plan. The CPT code for the Part D vaccine must be included on the claim with a billed amount of \$0.00. This is necessary for the Plan to determine that the administration charge is for a vaccine covered under Part D. The claim for the Part D vaccine administration will be processed by the Plan's PBM and the physician will be reimbursed by the PBM, in accordance with the physician's Plan-contracted payment terms.
3. A physician may supply and administer a Part D vaccine for a Fallon Medicare Plus or NaviCare member. In this case, the physician may submit a claim for the Part D vaccine and Part D vaccine administration to Fallon Health. The claim will be processed by the Plan's PBM, and the physician will be reimbursed for the Part D vaccine and Part D vaccine administration by the PBM, in accordance with the terms of the physician's contract with Fallon Health.
4. A physician may administer a state-supplied Part D vaccine for a Fallon Medicare Plus or NaviCare member. In this case, the physician may submit the claim for the state-supplied Part D vaccine and Part D vaccine administration to Fallon Health. The state-supplied Part D vaccines should be reported using the CPT code for the vaccine with modifier "SL" and a billed amount of \$0.00. The claim for the Part D vaccine administration will be processed by the Plan's PBM, and the physician will be reimbursed for the Part D vaccine administration by the PBM in accordance, with the terms of the physician's contract with Fallon Health.

Effective January 1, 2023, Part 5, Section 11401 of the Inflation Reduction Act (IRA) eliminated enrollee cost-sharing for vaccines covered under Medicare Part D, making Part D vaccine cost-sharing consistent with coverage under Part B.

Vaccine administration

The Plan reimburses contracted providers for the administration of medically necessary state-supplied and non-state-supplied vaccines.

For Fallon Medicare Plus and NaviCare members, when a vaccine is covered under Part B, the administration is covered under Part B and reimbursed by Fallon Health. When a vaccine is covered under Part D, the administration is covered under Part D and reimbursed by the PBM.

For all plan products, effective for dates of service on or after June 1, 2026, the Plan will deny vaccine administration submitted on a claim without a code for a vaccine.

When a significant, separately identifiable evaluation and management (E & M) service (e.g., CPT code 99202-99215, 99242-99245, 99281-99285, 99391-99397) is performed in addition to administration of a vaccine, a claim for the E & M service may be reported with modifier 25.

Vaccine counseling services for MassHealth ACO, NaviCare and Summit Eldercare PACE plan members

In accordance with MassHealth All Provider Bulletin 362, effective for dates of service on or after February 1, 2023, acute outpatient hospitals and physicians may bill and receive payment for providing clinically appropriate, medically necessary stand-alone vaccine counseling services provided to using HCPCS codes G0310, G0311, G0312, G0313, G0314 or G0315.

Providers may bill for either vaccine counseling services or an office visit but may not bill for both in a single visit.

Note: MassHealth All Provider Bulletin 362 supersedes All Provider Bulletin 321. All Provider Bulletin 321 added coverage for COVID-19 vaccine counseling services using CPT codes 99401, 99402, 99403 and 99404 effective for dates of service on or after July 26, 2021. Effective February 1, 2023, CPT codes 99401, 99402, 99403 or 99404 may no longer be used to bill for COVID-19 vaccine counseling services.

The Plan does not reimburse providers for

1. State-supplied vaccines, i.e., vaccines that are available free from the state.
2. Costs associated with restitution for any doses of federal or state-purchased vaccines that have been lost due to the provider's failure to properly receive, store, or use vaccines.
3. Combination vaccines if the components are state-supplied.
4. Vaccines that are required by a third party, such as when a vaccine is a workplace requirement or for work-related post-exposure treatment.
5. Vaccines that are not licensed by the FDA for distribution and immunization in the U.S. The FDA maintains a list of licensed vaccines, available at the following Web site:
<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>.

Referral/notification/prior authorization requirements

Prior authorization is required for unlisted vaccine CPT code 90749.

Vaccines and vaccine administration provided by non-contracted providers require prior authorization.

Billing/coding guidelines

All claims for services should be submitted using industry standard forms or HIPAA standard electronic formats.

The following billing/coding guidelines apply to vaccines covered under the medical benefit (including Part B vaccines).

Submit the CPT code for each vaccine administered, including state-supplied vaccines.

Z23 is appropriately used as the primary diagnosis code when the administration of a vaccine is the sole reason for the member's visit. If the vaccine is given during the same visit as other services, for example an annual wellness visit, the ICD-10 code for that service would be primary and Z23 would be a secondary ICD-10 code.

Vaccine administration

Providers should follow CPT guidelines when reporting vaccine administration codes 90460, 90461, 90471-90474, 90480, 96380, 96381, except when reporting vaccine administration for MassHealth ACO members.

For MassHealth ACO members, vaccine administration must be reported on a per vaccine basis and not on a per component basis (MassHealth Transmittal Letter PHY-164 June 2022). In addition, effective June 1, 2022:

- A maximum of 5 units will be allowed for administration code 90460, and
- Vaccine administration code 90461 will be nonpayable.

Combination vaccines are those vaccines that contain multiple vaccine components, for example, the measles, mumps and rubella (MMR) virus vaccine (CPT 90707) contains 3 components.

For example:

- When reporting administration for MMR vaccine (CPT 90707) with face-to-face counseling for a 5 year old MassHealth ACO member, the administration would be reported with CPT 90460 X 1 unit.
- When reporting administration for MMR vaccine (CPT 90707) with face-to-face counseling for a 5 year old Community Care member, the administration would be reported with CPT 90460 X 1 and CPT 90461 x 2 units.

Vaccine administration for influenza, pneumococcal and hepatitis B vaccine for Fallon Medicare Plus and NaviCare members

Claims for influenza vaccine administration must be submitted with HCPCS code G0008.

Claims for pneumococcal vaccine administration must be submitted with HCPCS code G0009.

Claims for hepatitis B vaccine administration must be submitted with HCPCS code G0010.

CPT codes 90471 and 90472 are not appropriate for administration of influenza, pneumococcal and hepatitis B vaccine for Medicare members.

HCPCS code M0201 (Administration of pneumococcal, influenza, hepatitis B, and/or COVID-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home)

Starting January 1, 2024, Medicare provides an additional payment amount for administering the influenza, pneumococcal or hepatitis B vaccine in the home for certain Medicare patients (the patient has difficulty leaving the home or faces barriers to getting a vaccine in settings other than the home – for details, refer to [In-Home Vaccine Administration: Additional Payment](#) on the CMS website).

- The additional amount for administering influenza, pneumococcal or hepatitis B vaccine in the home is only payable if the sole purpose of the visit is to administer one or more Part B preventive vaccines, including COVID-19, and no other services are provided in the same home on the same date of service.
- Hospitals, skilled nursing facilities and nursing homes do not qualify for the additional payment amount regardless of whether they're the patients' permanent residence.

To receive the additional payment amount, the provider must bill the code(s) for the influenza (G0008), hepatitis B (G0010), and/or pneumococcal (G0009) vaccine administration and HCPCS code M0201 for the additional payment amount for administering the vaccine(s) in the home. The provider will be reimbursed the additional payment amount for in home vaccine administration once per date of service regardless of how many vaccines are administered.

State-supplied vaccines

The Plan does not reimburse state-supplied vaccines.

Modifier "SL" indicates state-supplied vaccine and must be reported on the claim line for a state-supplied vaccine.

Report state-supplied vaccines (including state-supplied Part D vaccines) using the appropriate CPT code with modifier "SL" and with \$0.00 as the charge.

Note: If there is a system limitation that does not allow a charge to be submitted as \$0, a charge of \$0.01 can be billed for the state supplied vaccine.

Significant, separately identifiable evaluation and management (E & M) services performed on the same date of service as vaccine administration

When a significant, separately identifiable evaluation and management (E & M) service (e.g., CPT code 99202-99215, 99242-99245, 99281-99285, 99391-99397) is performed on the same date of service as administration of a vaccine, the E & M service may be reported with the appropriate E & M CPT code, appended by the modifier 25.

Place of service

This policy applies to services provided in an office or outpatient setting.

Policy history

Origination date:	8/20/2003
Previous revision date(s):	7/21/2004, 9/14/2005, 8/1/2007 , 1/1/2009, 7/1/2009, 3/1/2010, 7/1/2010, 11/1/2010, 3/1/2011, 7/1/2011, 11/1/2011, 1/1/2012, 5/1/2012, 1/1/2013, 3/1/2013, 3/1/2014, 9/1/2014, 3/1/2015, 7/1/2015, 11/1/2015, 11/1/2015, 5/1/2016, 3/1/2017, 5/1/2017.
Connection date & details:	May 2017 – Added code 90625 to Addendum A, Table 1. November 2017 – Clarified part B vs part D billing guidelines for Hepatitis B Vaccine in addendum D. Added code 90587 to addendum A Table 2 October 2018 – Updated/clarified addendums B and C. April 2019 – Moved code 90739 from non-covered to covered effective 11/1/2018. April 2020 – Updated coding. October 2021 – Updated language related to physician billing for Part D vaccines. January 2022 – Updated to include information about billing for vaccine administration for MassHealth ACO plan members. April 2026 – Updated Policy section to indicate that effective September 3, 2025, the Plan covers childhood and adult vaccines in accordance with Massachusetts Department of Public Health (DPH) guidance for Community Care and MassHealth ACO members; removed Addendum A, B and C.

The criteria listed above apply to Fallon Health Plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for The Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of The Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.