

Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging

Reimbursement Policy

Subject: Vaccines for Children (VFC) Program

Policy Number: G-05022	Policy Section: Prevention
Last Approval Date: 11/04/2024	Effective Date: 11/04/2024

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to providers.anthem.com/in. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem covered the service for the Hoosier Healthwise, Healthy Indiana Plan, or Hoosier Care Connect member's benefit plan. The determination that a service, procedure, and/or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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Policy

Anthem allows reimbursement of the administration fee for vaccines provided by the Vaccines for Children (VFC) Program for eligible members 18 and younger, unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Medicaid providers who participate in the VFC Program and immunize children shall comply with all of the reporting requirements and procedures.

Reimbursement is based on the fee schedule or contracted/negotiated rate of the vaccine administration up to maximum fee limits set by the Centers for Disease Control and Prevention (CDC) and modifier SL. Anthem does not reimburse providers for the vaccine serum as it is provided free of charge through the VFC Program.

Although providers shall only be reimbursed for the administration of the vaccine, serum code(s) must be included on the claim to meet regulatory and Healthcare Effectiveness Data and Information Set (HEDIS®) reporting requirements that members are receiving the proper immunization(s). Claims submitted without applicable serum and administration codes and modifiers may be rejected and/or denied.

Reimbursement of office visits

Vaccine administrations are separately reimbursable expenses from well-child exams or office visits. When the vaccine administration is the only service performed, Anthem does not allow reimbursement for a minimal office visit.

Non-VFC members/vaccines

For members not eligible or for vaccines not provided under the VFC Program, Anthem reimburses providers for the administration and serum based on the fee schedule or contracted/negotiated rate.

Reimbursement during state supply shortages

During documented supply shortages within applicable state VFC programs, Anthem will reimburse providers for serum(s) based on the fee schedule or contracted/negotiated rate and applicable modifiers. Anthem shall develop internal processes and procedures to track state VFC Program and CDC information to monitor vaccine shortages.

Related Coding

Standard correct coding applies

Policy History

11/04/2024	Review approved and effective: no changes
11/04/2022	Review approved: updated language; updated minimal office visit definition
04/20/2018	Review approved and effective: updated language
09/15/2016	Review approved: updated language
07/13/2015	Review approved and effective: updated Definition section; updated template
01/01/2015	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CDC § 441.615 Administration fee requirements
- CMS
- *Social Security Act, Section 1928: Program for Distribution of Pediatric Vaccines*
- State contract
- State Medicaid
- State VFC Program

Definitions

Minimal Office Visit	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified healthcare professional
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General Reimbursement Policy Definitions

Related Policies and Materials

Modifier Usage