

Reimbursement Policy	
Subject: Vaccines for Children (VFC) Program	
Policy Number: G-05022	Policy Section: Prevention
Last Approval Date: 2/1/2023	Effective Date: 2/1/2023

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

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield (Anthem) if the service is covered by Ohio Medicaid Managed Care. The determination that a service, procedure, item, etc. 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 CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating 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.

Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Anthem allows reimbursement of the administration fee for vaccines provided by the Vaccines for Children (VFC) Program for eligible members under the age of 19 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.

<https://providers.anthem.com/oh>

Reimbursement is based on the fee schedule or contracted/negotiated rate of the vaccine administration up to maximum fee limits set by the CDC. 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 HEDIS® reporting requirements that members are receiving the proper immunization(s). Claims submitted without applicable serum, administration, and modifier codes 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. Health Plans shall develop internal processes and procedures to track state VFC Program and CDC information to monitor vaccine shortages.

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

Related Coding

Standard Correct Coding applies

Policy History

2/1/2023	Initial review approved and effective
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References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contract
- CDC
- Social Security Act, Section 1928: Program for Distribution of Pediatric Vaccines
- State VFC Programs

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 health care professional
General Reimbursement Policy Definitions	

Related Policies and Materials

Modifier Usage
