



Ohio Medicaid Immunizations Temporary Payment Policy Update

During this unprecedented time of COVID-19, the state of Ohio and the Ohio Department of Medicaid have implemented several emergency rules and policy changes to ensure timely access to medical services for the millions of Ohioans who depend on Medicaid. Even with these updates, we are seeing decreased utilization of preventative medical services including childhood immunizations.

To better serve our members, the Ohio Medicaid Managed Care Plans have decided to continue the temporary payment policy allowing for reimbursement to non-Vaccine for Children (VFC) providers for both the toxoid and the administration of needed immunizations for children and adolescents ages 0-20 years old. This policy will take effect for dates of service beginning on 01/01/2022 and will continue through 12/31/2022.

How to Bill

	VFC Participating Providers Managed Care and Fee for Service	Non-VFC Participating Providers Available only to MCP-contracted providers
Eligible for reimbursement	<ul style="list-style-type: none"> Administration fee only; Single fee per administration (or needlestick) 	<ul style="list-style-type: none"> Both administration fee and toxoid components; Single fee per administration (or needlestick)
Coding	<ul style="list-style-type: none"> 90460 (each administration, may be multiple in one visit) + toxoid CPT; 90460 reported on multiple detail lines to indicate total number of immunizations administered. Total number of detail lines reported must equal total number of VFC toxoid codes. Submit a \$0.00 charge with the toxoid code. Report appropriate immunization toxoid code for multiple antigen (or combo) immunizations Do not use 90461, 90471 – 90474. 	<ul style="list-style-type: none"> 90471 (first immunization administration at visit) + toxoid CPT, 90472 (additional immunization administrations) + toxoid CPT 90471, and 90472 for additional immunizations, should be reported on multiple detail lines to indicate the total number of administrations performed. Total number of detail lines reported must equal total number of immunization toxoid codes administered by the provider. Report appropriate immunization toxoid code for multiple antigen (or combo) immunizations
Billed in Conjunction with Well/Sick Visits	<ul style="list-style-type: none"> Append the visit code with modifier 25 to signify that a separately identifiable visit was provided. 	<ul style="list-style-type: none"> Append the visit code with modifier 25 to signify that a separately identifiable visit was provided.

- Providers should submit completed vaccines to the Ohio Impact Statewide Immunization Information System (ImpactSIIS) to assure patient vaccination records are up to date.
- A comprehensive list of the toxoids included in this initiative have been included on page two of for your reference.

Considering this policy change, you are now encouraged to give any needed immunizations during office visits. We are confident that this change will enhance access to pediatric care and those critically needed immunizations. As always, we thank you for your continued partnership!



Ohio Medicaid Immunizations Temporary Payment Policy Update (continued)

Included Toxoids

CPT code	Description
90619	Meningococcal conjugate vaccine
90620	Meningococcal B, OMV
90621	Menb rlp vaccine im
90633	Hep A vaccine ped/adol 2 dose
90634	Hep A vaccine ped/adol 3 dose
90647	HIB vaccine prp-omp IM
90648	HIB vaccine prp-t IM
90649	HPV vaccine 4 valent IM
90650	HPV vaccine 2 valent IM
90651	HPV vaccine 9 valent IM
90653	Flu vaccine, inactivated (IIV)
90656	Flu vaccine no preserv 3 yrs & >
90658	Flu vaccine 3 yrs & > IM
90660	Flu vaccine nasal
90670	Pneumococcal vaccine 13 val IM
90672	Flu vaccine quad nasal
90673	Flu vaccine trivalent IM
90674	CCIIV4 vaccine, no prsv, 0.5 ml IM
90685	Flu vaccine quad IM
90686	Flu vaccine quad IM

CPT code	Description
90687	Flu vaccine quad IM
90688	Flu vaccine quad IM
90694	Vacc AIIV4 no prsrv 0.5ML IM
90696	DTAP-IPV vaccine 4-6 yr IM
90697	Dtap-ipv-hib-hepb vaccine im
90698	DTAP-HIB-IP vaccine IM
90700	DTAP vaccine < 7 yrs IM
90703	Tetanus vaccine IM
90707	MMR vaccine SC
90710	MMRV vaccine SC
90713	Poliovirus IPV SC/IM
90714	TD vaccine no prsrv >= 7 IM
90715	TDAP vaccine >7 IM
90716	Chicken pox vaccine SC
90721	DTAP/HIB vaccine IM
90723	DTAP-hep B-IPV vaccine IM
90732	Pneumococcal vaccine
90733	Meningococcal vaccine SC
90734	Meningococcal vaccine IM
90759	Hep B vac 3ag 10mcg 3 dos im

Should you have any questions or concerns, we encourage you to reach out one of the Managed Care Plans for assistance.

Buckeye Health Plan

Provider Services – (866) 296-8731

CareSource

Provider Services – (800) 488-0134

Molina Healthcare

Provider Services – (855) 322-4079

Paramount Advantage

Provider Services – (800) 891-2542

United Healthcare

Provider Services – (800) 600-9007