

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE

August 26, 2022

EFFECTIVE DATE

August 29, 2022

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01-22-15, 08-22-16, 09-22-14, 10-22-06, 31-22-15, 33-22-13

SUBJECT

Adult Vaccine Procedure Code Updates and Additions

BY

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Office of Medical Assistance Programs

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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe[™] to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to notify providers of updates to the Medical Assistance (MA) Program Fee Schedule for adult vaccines.

SCOPE:

This bulletin applies to MA enrolled hospital based medical clinics, independent medical/surgical clinics, physicians, certified registered nurse practitioners, physician assistants, and certified nurse midwives who administer immunizations to MA beneficiaries in the MA Program's fee-for-service (FFS) delivery system. Providers rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any billing questions.

BACKGROUND/DISCUSSION:

The Department of Human Services issued MA Bulletin 99-22-05, titled "2022 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments and Other Procedure Code Changes" (2022 HCPCS Updates) to announce changes to the MA Program Fee Schedule, effective with dates of service on and after August 29, 2022. The 2022 HCPCS Updates contain a subset of 2022 Current Procedural Terminology (CPT) procedure codes for adult vaccines.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx.

PROCEDURE:

Providers are to utilize the codes as outlined below and in the attached MA Program Fee Schedule, effective for dates of service on and after August 29, 2022, which identifies the procedure code, national code description, provider type, provider specialty, place of service, MA fee, MA units and limits for providers submitting MA FFS claims.

New CPT Codes for Adult Vaccines

The MA Program will pay for the administration of each of the vaccines provided to MA beneficiaries using the procedure codes and consistent with the indications for use of each vaccine as approved by the U.S. Food and Drug Administration and current Advisory Committee on Immunization Practices for adult immunization schedules.

| CPT Code | Code Description | MA Fee |
|----------|---|---------|
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for | \$10.00 |
| | subcutaneous use | |
| 90626 | Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL | \$10.00 |
| | dosage, for intramuscular use | |
| 90627 | Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL | \$10.00 |
| | dosage, for intramuscular use | |
| 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for | \$10.00 |
| | intramuscular use | |
| 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for | \$10.00 |
| | intramuscular use | |
| 90759 | Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), | \$10.00 |
| | 10 mcg dosage, 3 dose schedule, for intramuscular use | |

Expanded Ages for Adult Vaccine

Procedure code 90750 was already on the MA Program Fee Schedule for 50 through 120 years of age prior to the implementation of the 2022 HCPCS Updates. This code has been updated to include the eligible age range and indications for use to individuals 0 through 49 years of age who are immunodeficient or immunocompromised.

| CPT Code | Code Description | MA Fee |
|----------|--|---------|
| 90750 | Zoster (shingles) vaccine (HZV), recombinant, subunit, | \$10.00 |
| | adjuvanted, for intramuscular use | |

NOTE: Provider type 10, specialty100 (physician assistant) is included because physician assistants can be identified as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled "Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants."

https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2022010701.pdf.

Providers may access the online version of the MA Program Fee Schedule at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx.

Federally Qualified Health Centers and Rural Health Clinics are to refer to the billing instructions in this MA Bulletin and instructions in the <u>MA Program's Provider Handbook and Billing Guides</u>.

RESOURCES:

Advisory Committee on Immunization Practices https://www.cdc.gov/vaccines/acip/recommendations.html

The U.S. Food and Drug Administration – Vaccines Licensed for Use https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states

Pennsylvania Department of Human Services Bulletin Search https://www.dhs.pa.gov/docs/For-Providers/Pages/Bulletin-Search.aspx

ATTACHMENT:

Updates to the Medical Assistance Program Fee Schedule for Adult Vaccines – Effective August 29, 2022

Updates to the Medical Assistance Program Fee Schedule for Adult Vaccines Effective August 29, 2022

| Procedure | | Provider | | Place of | MA | | |
|-----------|--|----------|-----------|-------------|---------|-----------------------|-----------------|
| Code | Description | Type | Specialty | Service | Fee | MA units | Limits |
| | Dengue vaccine, quadrivalent, live, 3 dose schedule, for | ,, | | | | per | once |
| 90587 | subcutaneous use | 01 | 183 | 22 | \$10.00 | administration | per day |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use | 08 | 082 | 49 | \$10.00 | per administration | once per day |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use | 09 | All | 11, 12 | \$10.00 | per administration | once per day |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use | 10 | 100 | 11, 12 | \$10.00 | per administration | once per day |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use | 31 | All | 11, 12 | \$10.00 | per administration | once per day |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use | 33 | 335 | 11,12 | \$10.00 | per administration | once per day |
| 90626 | Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL | 01 | 183 | 22 | \$10.00 | per administration | once per day |

| | dosage, for intramuscular use | | | | | | |
|-------|--|-----|-------|--------|----------------|----------------|---------|
| | Tick-borne encephalitis | | | | | | |
| | virus vaccine, | | | | | | |
| | inactivated; 0.25 mL dosage, for | | | | | per | once |
| 90626 | intramuscular use | 08 | 082 | 49 | \$10.00 | administration | per day |
| 00020 | Tick-borne encephalitis | 00 | 002 | 10 | Ψ10.00 | daminotration | por day |
| | virus vaccine, | | | | | | |
| | inactivated; 0.25 mL | | | | | | |
| | dosage, for | | | | | per | once |
| 90626 | intramuscular use | 09 | All | 11, 12 | \$10.00 | administration | per day |
| | Tick-borne encephalitis | | | | | | |
| | virus vaccine, | | | | | | |
| | inactivated; 0.25 mL | | | | | | |
| 00000 | dosage, for | 40 | 400 | 44.40 | #40.00 | per | once |
| 90626 | intramuscular use | 10 | 100 | 11, 12 | \$10.00 | administration | per day |
| | Tick-borne encephalitis | | | | | | |
| | virus vaccine, inactivated; 0.25 mL | | | | | | |
| | dosage, for | | | | | per | once |
| 90626 | intramuscular use | 31 | All | 11, 12 | \$10.00 | administration | per day |
| 00020 | Tick-borne encephalitis | 0. | 7 (11 | 11, 12 | Ψ10.00 | daminotration | por day |
| | virus vaccine, | | | | | | |
| | inactivated; 0.25 mL | | | | | | |
| | dosage, for | | | | | per | once |
| 90626 | intramuscular use | 33 | 335 | 11, 12 | \$10.00 | administration | per day |
| | Tick-borne encephalitis | | | | | | |
| | virus vaccine, | | | | | | |
| | inactivated; 0.5 mL | | | | | | |
| 00007 | dosage, for | 0.4 | 400 | 00 | # 40.00 | per | once |
| 90627 | intramuscular use | 01 | 183 | 22 | \$10.00 | administration | per day |

| | Tick-borne encephalitis | | | | | | |
|-------|---------------------------------------|----|-----|--------|----------------|-----------------------|---------|
| | virus vaccine, | | | | | | |
| | inactivated; 0.5 mL | | | | | | |
| 00007 | dosage, for | 00 | 000 | 40 | # 40.00 | per | once |
| 90627 | intramuscular use | 80 | 082 | 49 | \$10.00 | administration | per day |
| | Tick-borne encephalitis | | | | | | |
| | virus vaccine, inactivated; 0.5 mL | | | | | | |
| | dosage, for | | | | | ner | once |
| 90627 | intramuscular use | 09 | All | 11, 12 | \$10.00 | per administration | per day |
| 30021 | Tick-borne encephalitis | 03 | All | 11, 12 | ψ10.00 | administration | perday |
| | virus vaccine, | | | | | | |
| | inactivated; 0.5 mL | | | | | | |
| | dosage, for | | | | | per | once |
| 90627 | intramuscular use | 10 | 100 | 11, 12 | \$10.00 | administration | per day |
| | Tick-borne encephalitis | | | , | | | |
| | virus vaccine, | | | | | | |
| | inactivated; 0.5 mL | | | | | | |
| | dosage, for | | | | | per | once |
| 90627 | intramuscular use | 31 | All | 11, 12 | \$10.00 | administration | per day |
| | Tick-borne encephalitis | | | | | | |
| | virus vaccine, | | | | | | |
| | inactivated; 0.5 mL | | | | | | |
| | dosage, for | | | | | per | once |
| 90627 | intramuscular use | 33 | 335 | 11, 12 | \$10.00 | administration | per day |
| | Pneumococcal conjugate | | | | | | |
| | vaccine, 15 valent | | | | | | |
| | (PCV15), for | | | | | per | once |
| 90671 | intramuscular use | 01 | 183 | 22 | \$10.00 | administration | per day |
| | Pneumococcal conjugate | | | | | | |
| | vaccine, 15 valent | | | | | | |
| 00074 | (PCV15), for | 00 | 000 | 40 | #40.00 | per | once |
| 90671 | intramuscular use | 80 | 082 | 49 | \$10.00 | administration | per day |

| | Pneumococcal conjugate vaccine, 15 valent (PCV15), for | | | | | per | once |
|-------|--|----|-----|--------|---------|-----------------------|-----------------|
| 90671 | intramuscular use | 09 | All | 11, 12 | \$10.00 | administration | per day |
| 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use | 10 | 100 | 11, 12 | \$10.00 | per administration | once per day |
| 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use | 31 | All | 11, 12 | \$10.00 | per administration | once per day |
| 90071 | Pneumococcal conjugate | JI | All | 11, 12 | φ10.00 | aummistration | per day |
| 90671 | vaccine, 15 valent (PCV15), for intramuscular use | 33 | 335 | 11, 12 | \$10.00 | per administration | once per day |
| 00677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for | 04 | 400 | | £40.00 | per | once |
| 90677 | intramuscular use | 01 | 183 | 22 | \$10.00 | administration | per day |
| 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use | 08 | 082 | 49 | \$10.00 | per administration | once per day |
| | Pneumococcal conjugate vaccine, 20 valent (PCV20), for | | | | | per | once |
| 90677 | intramuscular use | 09 | All | 11, 12 | \$10.00 | administration | per day |
| | Pneumococcal conjugate vaccine, 20 valent (PCV20), for | | | | | per | once |
| 90677 | intramuscular use | 10 | 100 | 11, 12 | \$10.00 | administration | per day |

| | Pneumococcal conjugate | | | | | | |
|-------|---|-----|------|--------|----------------|----------------|---------|
| | vaccine, 20 valent | | | | | | |
| 00077 | (PCV20), for | 0.4 | | 44.40 | A 40.00 | per | once |
| 90677 | intramuscular use | 31 | All | 11, 12 | \$10.00 | administration | per day |
| | Pneumococcal conjugate | | | | | | |
| | vaccine, 20 valent | | | | | | |
| 00677 | (PCV20), for | 22 | 225 | 11 10 | ¢10.00 | per | once |
| 90677 | intramuscular use | 33 | 335 | 11, 12 | \$10.00 | administration | per day |
| | Zoster (shingles) vaccine (HZV), recombinant, | | | | | | |
| | subunit, adjuvanted, for | | | | | per | once |
| 90750 | intramuscular use | 01 | 183 | 22 | \$10.00 | administration | per day |
| 30730 | Zoster (shingles) vaccine | 01 | 100 | | ψ10.00 | administration | perday |
| | (HZV), recombinant, | | | | | | |
| | subunit, adjuvanted, for | | | | | per | once |
| 90750 | intramuscular use | 08 | 082 | 49 | \$10.00 | administration | per day |
| | Zoster (shingles) vaccine | | | | | | , |
| | (HZV), recombinant, | | | | | | |
| | subunit, adjuvanted, for | | | | | per | once |
| 90750 | intramuscular use | 09 | All | 11, 12 | \$10.00 | administration | per day |
| | Zoster (shingles) vaccine | | | | | | |
| | (HZV), recombinant, | | | | | | |
| | subunit, adjuvanted, for | | | | | per | once |
| 90750 | intramuscular use | 10 | 100 | 11, 12 | \$10.00 | administration | per day |
| | Zoster (shingles) vaccine | | | | | | |
| | (HZV), recombinant, | | | | | | |
| 00750 | subunit, adjuvanted, for | 24 | A II | 44 40 | # 40.00 | per | once |
| 90750 | intramuscular use | 31 | All | 11, 12 | \$10.00 | administration | per day |
| | Hepatitis B vaccine (HepB), 3-antigen (S, | | | | | | |
| | Pre-S1, Pre-S2), 10 mcg | | | | | | |
| | dosage, 3 dose | | | | | | |
| | schedule, for | | | | | per | once |
| 90759 | intramuscular use | 01 | 183 | 22 | \$10.00 | administration | per day |

| | Hepatitis B vaccine (HepB), 3-antigen (S, | | | | | | |
|-------|---|----|-----|--------|---------------|-----------------------|-----------------|
| | Pre-S1, Pre-S2), 10 mcg | | | | | | |
| | dosage, 3 dose schedule, for | | | | | per | once |
| 90759 | intramuscular use | 08 | 082 | 49 | \$10.00 | administration | per day |
| 33.33 | Hepatitis B vaccine | | | | V.0100 | | p o : G.a.y |
| | (HepB), 3-antigen (S, | | | | | | |
| | Pre-S1, Pre-S2), 10 mcg | | | | | | |
| | dosage, 3 dose | | | | | nor | 0000 |
| 90759 | schedule, for intramuscular use | 09 | All | 11, 12 | \$10.00 | per administration | once per day |
| 90739 | Hepatitis B vaccine | 03 | All | 11, 12 | Ψ10.00 | administration | per day |
| | (HepB), 3-antigen (S, | | | | | | |
| | Pre-S1, Pre-S2), 10 mcg | | | | | | |
| | dosage, 3 dose | | | | | | |
| | schedule, for | | | | | per | once |
| 90759 | intramuscular use | 10 | 100 | 11, 12 | \$10.00 | administration | per day |
| | Hepatitis B vaccine | | | | | | |
| | (HepB), 3-antigen (S, | | | | | | |
| | Pre-S1, Pre-S2), 10 mcg dosage, 3 dose | | | | | | |
| | schedule, for | | | | | per | once |
| 90759 | intramuscular use | 31 | All | 11, 12 | \$10.00 | administration | per day |
| | Hepatitis B vaccine | | | | | | |
| | (HepB), 3-antigen (S, | | | | | | |
| | Pre-S1, Pre-S2), 10 mcg | | | | | | |
| | dosage, 3 dose | | | | | | |
| 00750 | schedule, for | 00 | 005 | 44.40 | 040.00 | per | once |
| 90759 | intramuscular use | 33 | 335 | 11, 12 | \$10.00 | administration | per day |