

Coverage

**Vaccine Product & Administration: Almost all insured adults have coverage for vaccines; however, gaps still exist for uninsured and underinsured a**

	Adolescents and Children 0-18y	Adults 19-64y	Seniors ≥65y
	(e.g., Rotavirus, DTaP, PCV, HPV, Influenza)	(e.g., Tdap/Td, Influenza, PCV, Hepatitis B)	(e.g., Shingles, PCV, Tdap/Td, Influenza)
<b>Uninsured</b>	<b>Vaccines for Children Program:</b> A federally funded program that provides ACIP-recommended vaccines at no cost to Medicaid-eligible, uninsured, underinsured, and AI/AN children.	<b>Section 317:</b> The federal government provides states with funds to purchase vaccines for uninsured adults. However, this program does <b>NOT</b> cover for all un- or underinsured adults.	<b>Medicare Part B:</b> Part B requires coverage of pneumococcal, influenza, hepatitis B, and COVID-19 vaccines with no cost sharing.
<b>Low Income</b>	<b>CHIP:</b> Children in integrated CHIP-Medicaid programs are VFC eligible. Those in standalone CHIP programs may also be eligible for VFC, but only at FQHCs/RHCs.	<b>Medicaid:</b> Per the IRA, Medicaid programs are required to cover all ACIP-recommended vaccines with no cost sharing for most beneficiaries	Vaccines needed as a result of injury or direct exposure are covered with cost-sharing. <b>Medicare Part D:</b> Plans must cover all commercially available and ACIP-recommended vaccines <b>not covered under Part B</b> without cost sharing
<b>Commercial</b>	<b>Commercial:</b> Group health plans and individual market plans are required to cover all ACIP-recommended vaccines per ACA PHSA Section 2713.		<b>Medicare Advantage:</b> MA and MA-PD plans must also cover all ACIP recommended vaccines without cost sharing.

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ACA: Affordable Care Act; ACIP: Advisory Commission on Immunization Practices; AI/AN: American Indian/Alaska Native; CHIP: Children's Health Insurance Program; FQHC: Federally Qualified Health Centers; IRA: Inflation Reduction Act; MA: Medicare Advantage; MA-PD: Medicare Advantage Prescription Drug Plan; RHC: Rural Health Centers; SSA: Social Security Act; PHSA: Public Health Service Act; VFC: Vaccines For Children;

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Coverage

**Vaccine Counseling: Many insurers cover vaccine counseling, both when a vaccine is administered, and when it is not administered**

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**Before Vaccination**

- Providers commonly counsel a patient on the risks and benefits of an immunization prior to vaccination
- Counseling time may be covered as part of a vaccine administration service or visit
- Though coding gaps exist, almost all payers cover all available vaccine counseling codes that are used in conjunction with vaccination

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**Standalone**

- Providers commonly counsel a patient on the risks and benefits of an immunization, but a patient declines a vaccine
- Counseling time may be covered a separate service of as part of the visit
- Only certain payers cover standalone vaccine counseling codes

While almost all payers cover vaccine counseling, reimbursement is determined based on coding. The availability of codes and a payer's reimbursement policy determines if a provider will be reimbursed for vaccine counseling.

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Coding

**Providers must include the appropriate medical classification codes for reimbursement**

Proper claim filing requires use of multiple different codes that maintained by different entities including the FDA, AMA, and CDC



**Diagnosis Code (ICD-10):** A code set maintained by the CDC/WHO that classifies medical diagnoses



**Product, Administration, and Counseling Codes (CPT):** A code set maintained by AMA that describes products and provider services



**National Drug Codes (NDCs):** A code set maintained by FDA that is used to identify manufacturers, specific drug products, and package sizes.

The form shows fields for patient name, address, insurance policy number, and procedure codes. The procedure codes listed are 906XX and 904XX. The NDC code 00000-4444-02 is also visible.

AMA: American Medical Association; CDC: Center for Disease Control and Prevention; CPT: Current Procedural Terminology; FDA: Food and Drug Administration; ICD: International Classification of Diseases; NDC: National Drug Codes; WHO: World Health Organization

**Vaccine Counseling: Coding depends on whether a vaccine is administered, and if so the type, and the length of counseling**

Before Vaccination		Standalone	
Vaccine Administration Codes	Visit Codes	CPT Codes (New for 2026)	G-codes
Certain vaccine administration codes include vaccine counseling time: <ul style="list-style-type: none"> <li>90460 &amp; 90461: Provider administers a vaccine and counsels a patient <b>under the age of 18</b></li> <li>90480: Provider administers a <b>COVID-19 vaccine</b> and counsels a patient</li> <li>90380: Provider administers an <b>RSV mAb</b> and counsels a patient</li> </ul>	Certain plans will permit providers to bill addition time-based codes (i.e., prolonged service codes) if a provider counsels a patient on vaccines during a non-preventive well visit <ul style="list-style-type: none"> <li>99202, 99203, 99204, 99205: Prolonged service codes for new patients</li> <li>99212, 99213, 99214, 99215: Prolonged service codes for existing patients</li> </ul>	Used by commercial plans and some Medicaid plans: <ul style="list-style-type: none"> <li>90482 (Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; <b>3 minutes up to 10 minutes</b>)</li> <li>90483 (...greater than <b>10 minutes up to 20 minutes</b>)</li> <li>90484 (... greater than <b>20 minutes</b>)</li> </ul>	Used by some Medicaid plans: <ul style="list-style-type: none"> <li>G0310: Immunization counseling ...when the vaccine(s) is not administered on the same date of service, <b>5 to 15 mins time</b>.</li> <li>G0311: (...16-30 mins)</li> <li>G0312: (...under 21, 5-15 mins)</li> <li>G0313: (...under 21, 16-30 mins)</li> <li>G0315 Immunization counseling by a physician or other qualified health care professional for <b>COVID-19, ages under 21, 5-15 mins time</b>.</li> <li>G0314 (...16-30 mins)</li> </ul>
While providers can code for counseling a child or when administering a COVID-19 vaccines, codes only exist for counseling an adult if the counseling occurs as part of a non-preventive well visit (e.g., E/M visit).		Standalone vaccine counseling codes exist in all markets except Medicare. Some Medicaid plans restrict reimbursement only when a provider counsels a child/family.	

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**Vaccine Product & Administration: Most payment rates are negotiated between providers and payers and are not public**

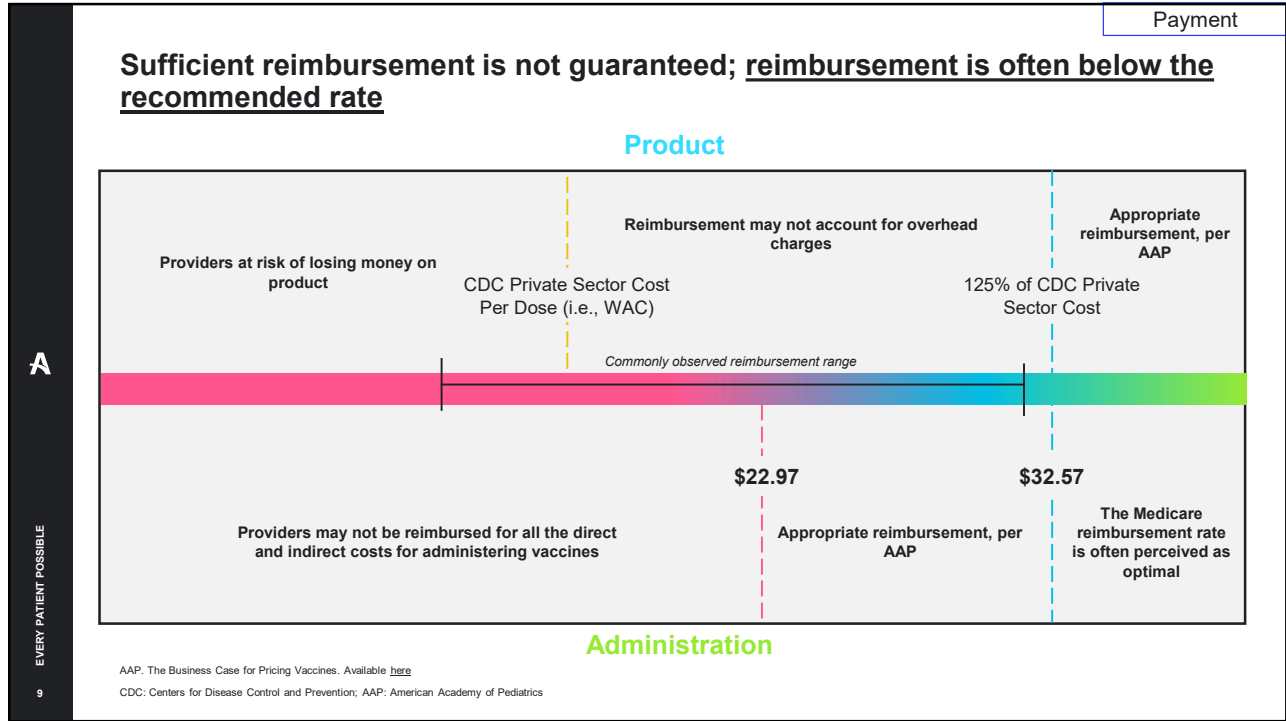
Market		Vaccine Product	Vaccine Administration*
Medicare Part B	Fee for Service	Preventive: 95% Average Wholesale Price Therapeutic: 106% Average Sales Price	\$30 + MEI + GAF‡
	Medicare Advantage	Negotiated between plans and providers	
Medicare Part D		N/A	N/A
Commercial		Negotiated between plans and providers	
Medicaid	Managed Care	Negotiated between plans and providers	
	Fee for Service	Established by the Medicaid agency per a fee schedule or methodology	
Vaccines for Children Program		N/A	Dependent on state, up until to VFC regional maximum

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GAF: Geographic Adjustment Factor; MEI: Medicare Economic Index; VFC: Vaccines for Children



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## Questions on appropriate codes?

**NAIS: Adult Current  
Procedural Terminology®  
Coding Case Scenarios**

[https://www.izsummitpartners.org/content/uploads/Smart-Vaccine-Purchasing-Tips\\_2025.pdf](https://www.izsummitpartners.org/content/uploads/Smart-Vaccine-Purchasing-Tips_2025.pdf)  
<https://www.izsummitpartners.org/content/uploads/smartvpxur-table.xlsx>

April 23, 2024

**Adult Current Procedural Terminology®  
Coding Case Scenarios**

**BACKGROUND**

Over the past five years, in an effort to physicians in nearly every specialty, the American Medical Association and the Centers for Medicare & Medicaid Services (CMS) have updated the list of codes for immunization services. In 2024, new standard immunization codes for providers for non-Medicare and Medicare patients, as well as for commercial and Medicaid plans will be used. The Centers for Medicare & Medicaid Services (CMS) has updated the Medicare and Medicaid codes for immunization services. The Centers for Medicare & Medicaid Services (CMS) has updated the Medicare and Medicaid codes for immunization services. The Centers for Medicare & Medicaid Services (CMS) has updated the Medicare and Medicaid codes for immunization services.

**CASE 1**

**OFFICE VISIT: Low complexity, immunization counseling with no vaccine administration**

A 48-year-old patient with private insurance visits his provider for his annual comprehensive health and wellness visit, which includes a review of the patient's past medical history, an annual physical exam, and coordination of follow-up monitoring of high cholesterol and pre-diabetes. This patient is an established patient and is indicated for an influenza vaccine and a tetanus, diphtheria, pertussis (Tdap)/ tetanus and diphtheria (Td) booster vaccination.

The physician spends 3 minutes prior to the visit, on the date of encounter, reviewing the patient's history, including looking for prior immunizations for this patient in the state immunization information system (SIS). At the visit, the provider counsels the patient for 5 minutes on the Td/Tdap booster recommendation and the importance of annual influenza vaccination. The patient decides not to get either vaccine. The total time spent on the encounter lasts 40 minutes (30 minutes visit, 5 minutes of work prior to the visit, and 5 minutes of immunization counseling).

Item Coding	CPT Code	Comment
Established Patient Preventive Medicine Services Visit	99215, age 40-64	For cholesterol and pre-diabetic condition (25 min)
Immunization Counseling, 3-5 minutes	90482	Counseling (5 min)

**Explanation of code selection**

Under the new policy, the provider can bill separately for immunization counseling. The correct code is the standard immunization counseling code. Since the counseling occurred for less than 10 minutes but more than 3 minutes, 90482 is the appropriate code.

The provider can also bill the preventive visit code which is linked to age (99214 (age 18-39), 99215 (age 40-64), 99217 (age 65 and older)) since the provider counseled on preventive screening and conducted an exam. No specific times are associated with these codes. Because these codes are not time based, no changes are required relative to the AMA changes.

Under the new coding rules, the non "face-to-face" time spent on the date of the encounter can be counted regardless of the fact that the total time for this patient encounter results in the same code being previously chosen.

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# Thank you.

Mitchell Finkel, Associate Principal  
[mfinkel@avalere.com](mailto:mfinkel@avalere.com)

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