

NOTICE: AHCCCS Vaccine for Children (VFC) Coding and Reimbursement Update – Effective 10/1/2024

August 28, 2024

Dear provider,

The Affordable Care Act (ACA) mandates that vaccine administration fees be paid to certain physicians and other providers administering vaccines to Medicaid-enrolled members, including those administered to children under the Vaccines for Children (VFC) program. There has been confusion regarding the reimbursement for immunization administration fees when VFC stock is administered to members. AHCCCS is sharing this guidance for clarification. The [finalized rule](#) includes the following language "The provider will also receive a single administration fee for any vaccine provided, regardless of the number of vaccine/toxoid components, and will not receive the Medicare administration rate for those services." The [CDC VFC Operations guide](#) further highlights this point, which states, "Administration fees are per vaccine and not per antigen."

Under the ACA, both the vaccine code and the vaccine administration code must be reported by all providers reporting vaccine administration services. If the vaccine is provided through the VFC program, the SL modifier must be added to both the vaccine code and the vaccine administration code (refer to the [AHCCCS FFS Billing Manual Chapter 10](#)). Providers shall not add the SL modifier to vaccine and administration codes used to report services provided to members who are over 18 years of age or for vaccines that are not covered under the VFC program administered to children.

When vaccines are administered separately, i.e., through separate injections, an administration fee will be paid for each separate administration. Physicians should not separate vaccine toxoids typically administered together into separate syringes to report multiple vaccine administration codes whereby inappropriately giving single-antigen vaccines when a combo could be used: In addition, section 1903(i)(15) of the Act provides that no payment shall be made "with respect to any amount expended for a single-antigen vaccine and its administration in any case in which the administration of a combined-antigen vaccine was medically appropriate (as determined by the Secretary)". Reporting multiple injections depends on which vaccine administration codes are used to report the services. When more than one vaccine is administered with counseling to a member 18 years of age or younger, each injection is reported with CPT code 90460 and SL modifier. Providers will be paid a separate fee for each injection. If more than one vaccine/toxoid is included in a single injection, additional reimbursement will not be made for administration of other additional toxoids included in the injection identified with CPT code 90460.

Effective 10/1/24, code 90461 will be closed.

The only code billable for VFC immunization administration will be 90460 with the SL modifier.

Any claim with 90461, regardless of modifier, will be denied. This applies to both OMB-0938-1197 FORM 1500 or UB50. The claim must include 90460 with SL modifier (Box 24) ; the toxoid administered (Box 19), and the rendering provider (Box 17). Per ARS 36-135; all vaccines administered shall be reported to the Arizona State Immunization Information System (ASIS): <https://www.azleg.gov/ars/36/00135.htm>

Please share this guidance with providers who are participating in the VFC program.

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