



# SHCA VACCINE FOR CHILDREN (VFC) BILLING REFERENCE

May 2019



The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The program was officially implemented in October 1994 as part of the President's Childhood Immunization Initiative.

Funding for the VFC Program allows the Centers for Disease Control and Prevention (CDC) to buy vaccines at a discount from the manufacturers and distribute them to state health departments and certain local and territorial public health agencies, which in turn distribute them at no charge to private physician offices and public health clinics registered as VFC providers.

\*Excerpted from the Federal VFC Operations Guide; ADHS

Due to changes under Section 1202 of the Patient Protection and Affordable Care Act (ACA), the vaccine code and the vaccine administration code must be reported by all providers reporting vaccine administration services.



# VACCINE FOR CHILDREN BILLING REFERENCE

- 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**.
  - Do not add the SL modifier to vaccine and administration codes used to report services provided to members who are 19 years of age or older or for vaccines **not** covered under the VFC program administered to children.
- CPT codes identifying the vaccine or toxoid given under the VFC program should be identified with the appropriate CPT code to identify the vaccine, the SL modifier, and the charge listed as \$0.00.
  - For members 19 years of age or older vaccines should be identified with the appropriate CPT code and the charge for that vaccine or for vaccines **not** covered under the VFC program administered to children.

# VACCINE FOR CHILDREN BILLING REFERENCE

Codes: 90460 & 90461

More than one vaccine administration payment can be made if multiple injections are given to the member.

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 through 18 years of age or younger, each single injection is reported with CPT administration code 90460 (first or only component of each vaccine or toxoid administered) and if covered under VFC, add the SL modifier.

Providers will be paid a separate administration fee for each separate injection.

If more than one vaccine/toxoid is included in a single injection, the additional toxoids should be identified with the appropriate CPT code and if covered under VFC, add the SL modifier.

Administration of those other components/toxoids may be identified with CPT code 90461 and if covered under VFC, add the SL modifier.

Steward Health Choice Arizona will not make additional payment for administration of other additional toxoids included in the injection identified with CPT code 90460.

Providers are not compelled to report 90461 for the administration of those additional toxoids.

## Example 1: Child through 18 years of age or under receiving one VFC injection

24. A. DATE(S) OF SERVICE FROM TO MM/DD/YY MM/DD/YY	B.PLACE OF SERVICE	C. EMG	D. PROCEDUR ESERVICE OR SUPPLY	E. DIAG POINT	F. BILLED CHARGE	G.UNIT
01/01/2013- 01/01/2013	11		90460 SL	1	\$xx.xx	1
01/01/2013- 01/01/2013	11		90700 SL	1	\$0.00	1

# VACCINE FOR CHILDREN BILLING REFERENCE

Codes: 90460 & 90461

## Example 2: Child through 18 years of age or under receiving three separate VFC injections

24. A. DATE(S) OF SERVICE FROM TO MM/DD/YY MM/DD/YY	B.PLACE OF SERVICE	C. EMG	D. PROCEDURE, SERVICE OR SUPPLY	E. DIAG POINT	F. BILLED CHARGE	G.UNIT
01/01/2013-01/01/2013	11		90460 SL	1	\$xx.xx	3
01/01/2013-01/01/2013	11		90700 SL	1	\$0.00	1
01/01/2013-01/01/2013	11		90655 SL	1	\$0.00	1
01/01/2013-01/01/2013	11		90707 SL	1	\$0.00	1

# VACCINE FOR CHILDREN BILLING REFERENCE

Codes: 90471, 90472, 90473, 90474

When more than one injection is given to a member who is 19 years of age or older or to a child without counseling, the administration of the first injection is identified with CPT code 90471 and additional injections are identified with CPT code 90472.

Each vaccine or toxoid component should be identified with the appropriate CPT code on the claim form along with the charge for that toxoid.

Intranasal or oral administration should likewise be coded with CPT code 90473 and additional administrations are identified with CPT code 90474.

**Note: Examples 3 and 4 would also apply to non-VFC injections for children**

Example 3: Member 19 years of age or older receiving one injection						
24. A. DATE(S) OF SERVICE FROM TO MM/DD/YY MM/DD/YY	B.PLACE OF SERVICE	C. EMG	D. PROCEDUR E,SERVICE OR SUPPLY	E. DIAG POINT	F. BILLED CHARGE	G.UNIT
01/01/2013- 01/01/2013	11		90471	1	\$xx.xx	1
01/01/2013- 01/01/2013	11		90656	1	\$xx.xx	1

# VACCINE FOR CHILDREN BILLING REFERENCE

Codes: 90460 & 90461

Note: Examples 3 and 4 would also apply to non-VFC injections for children

## Example 4: Member 19 years of age or older receiving three injections

24. A. DATE(S) OF SERVICE FROM TO MM/DD/YY MM/DD/YY	B.PLACE OF SERVICE	C. EMG	D. PROCEDURE SERVICE OR SUPPLY	E. DIAG POINT	F. BILLED CHARGE	G.UNIT
01/01/2013-01/01/2013	11		90471	1	\$xx.xx	1
01/01/2013-01/01/2013	11		90472	1	\$xx.xx	2
01/01/2013-01/01/2013	11		90656	1	\$xx.xx	1
01/01/2013-01/01/2013	11		90670	1	\$xx.xx	1
01/01/2013-01/01/2013	11		90703	1	\$xx.xx	1



# THANK YOU!

## ADDITIONAL RESOURCES:

- The SHCA Provider Manual, Chapter 16 - Women and Children's Services, breaks down the Medical Policy per AHCCCS for EPSDT.
  - To access the Provider Manual:  
<https://www.stewardhealthchoiceaz.com/>  
-> Providers Tab -> Provider Manual
- AHCCCS FFS Provider Manual Chapter 10 Individual Practitioner Services, page 9-12, outline EPSDT and VFC - as an AHCCCS Contractor we follow these same guidelines:  
<https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

**Disclaimer:** This article was prepared as a service to Health Choice providers and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. Listing of a code does not imply that the service described by the code is covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code or any reference material does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

