NOTICE: AHCCCS Vaccine for Children (VFC) Coding and Reimbursement Clarification

May 31, 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.

For example, a DTaP vaccine should continue to be administered through a single syringe and the physician should report a single administration code (i.e., 90460) even though three vaccine toxoids are included in that syringe. If, however, the physician also administers a Hepatitis B vaccine through a separate injection site, s/he may report a second administration code (i.e., 90461).

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

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