Vaccine

Reimbursement Policy ID: RPC.0065.5400

Recent review date: 04/2026

Next review date: 06/2028

AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.
To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses both children and adult vaccines.

The Vaccines for Children (VFC) program was established in 1993 to serve children defined as "federally vaccine eligible" under section 1928(b)(2), which includes both "uninsured" and "Medicaid eligible" children. States receive federal funding for reduced-price vaccines under this program. All providers of childhood vaccines are required to participate in the program. Vaccines for all children 18 years and younger should be obtained through the Vaccines for Children Program (VFC).

Exceptions

N/A

Reimbursement Guidelines

Vaccines covered by the VFC program will not be reimbursed by AmeriHealth Caritas DC but are reimbursed for the actual administration by billing with the appropriate procedure codes and modifier. Providers are expected to plan for a sufficient supply of vaccines and are required to report the use of VFC vaccines immunizations through the District of Columbia Immunization Registry.

The Vaccines for Children program includes vaccines which are used to prevent the diseases listed below:

Diphtheria
Pertussis (whooping cough)
Pneumococcal disease
Poliomyelitis
Rotavirus
Rubella
Tetanus
Varicella
COVID-19
Respiratory syncytial virus (RSV)
Mumps
Hemophilus influenza type b
Hepatitis A
Hepatitis B
Human Papillomavirus
Influenza
Measles
Meningococcal disease
DENGUE
Monkey Pox

Providers are required to administer immunizations in accordance with the recommended childhood immunization schedule for the United States, or when medically necessary for the enrollee's health. Providers are required to prepare for the simultaneous administration of all vaccines for which an enrollee under the age of 21 is eligible at the time of each visit.

Immunizations for adults

Reimbursement to providers is available for both the vaccine and the administration components for the following:

Chickenpox (Varicella)
Diphtheria
Flu (influenza)
Hepatitis A
Hepatitis B
Human Papillomavirus (HPV)
Measles
Meningococcal disease
Hemophilus influenzae type b (Hib)
Mumps
Whooping Cough (Pertussis)
Pneumococcal disease
Respiratory syncytial virus (RSV)
Rubella
Shingles
Tetanus
COVID-19

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).

III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS)
V. https://www.cdc.gov/vaccines/schedules/index.html
VI. Applicable District of Columbia Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

04/2026	Reimbursement Policy Committee Approval
04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template Revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section