




ISSUE DATE September 29, 2023	EFFECTIVE DATE October 1, 2023	NUMBER 01-23-25, 08-23-28, 09-23-24, 10-23-11, 24-23-21, 31-23-26, 33-23-22
SUBJECT Addition of Procedure Codes for Vaccine Administration	BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to advise providers that the Department of Human Services (Department) is adding procedure codes to the Medical Assistance (MA) Program Fee Schedule for vaccine administration.

SCOPE:

This bulletin applies to all outpatient hospital-based medical clinics, independent medical/surgical clinics, pharmacies, physicians, certified registered nurse practitioners, physician assistants, and certified nurse midwives enrolled in the MA Program who may administer vaccines to MA beneficiaries in the fee-for-service delivery system. Providers rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any coding or billing questions.

BACKGROUND/DISCUSSION:

The Centers for Medicare & Medicaid Services (CMS) issued State Health Official Letter # 23-003 on June 27, 2023, regarding mandatory Medicaid coverage and reimbursement of vaccines for adults as required by Section 11405 of the Inflation Reduction Act (Pub. L. 117-169).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

Beginning October 1, 2023, the MA Program will provide coverage, without cost sharing, for vaccines and their administration, when approved by the U.S. Food and Drug Administration (FDA) and recommended by the Advisory Committee on Immunization Practices (ACIP), as described in Section 1905(a)(13)(B) of the Social Security Act.

Historically, the Department has covered the ACIP recommended vaccines on the adult immunization schedule. The procedure codes being added are based on other ACIP recommendations, such as vaccines recommended due to travel, occupation or shared clinical decision making.

PROCEDURE:

The Department is adding the following procedure codes to the MA Program Fee Schedule to be used for vaccine administration. Providers should follow the ACIP recommendations and the package insert to determine the correct population, dosage and instructions for administration of all vaccines.

Procedure Code	National Code Description	Effective Date	MA Fee
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	10/1/23	\$10.00
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	10/1/23	\$10.00
90581	Anthrax vaccine, for subcutaneous or intramuscular use	10/1/23	\$10.00
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	1/1/24	\$10.00
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y – tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	1/1/24	\$10.00
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	10/1/23	\$10.00
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	10/1/23	\$10.00
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	1/1/24	\$10.00
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	10/1/23	\$10.00
90758	Zaire ebolavirus vaccine, live, for intramuscular use	10/1/23	\$10.00

NOTE: Provider type 10, specialty 100 (physician assistant) is included because physician assistants can be identified as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled “Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants”

(<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2022010701.pdf>).

Procedure codes 90589, 90623 and 90683 are effective January 1, 2024, to coincide with the effective date of those codes as specified by the American Medical Association, anticipating the FDA approval of the vaccine. If the FDA approval occurs prior to that date and the provider determines that the vaccine is a medically necessary, the provider may use the procedure code 90749 (Unlisted vaccine/toxoid) to bill for the administration of the vaccine.

The attachment includes the list of procedure code updates from above chart, which includes the procedure code, code description, provider type, provider specialty, place of service, effective date, and MA fee. Providers are to utilize the codes as outlined in this Bulletin and in the attachment. Providers may also access the online version of the MA Program Fee Schedule on the Department’s website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

MA providers may also bill the MA Program for the vaccine for MA eligible beneficiaries by indicating, on the claim submission, the appropriate National Drug Code and the units dispensed for the vaccine. Providers may access the DHS Pharmacy Services Covered Drugs Search Tool on the Department’s website at:

<https://www.humanservices.state.pa.us/CoveredDrugs/CoveredDrugs/Index>.

For information on how licensed pharmacies enrolled in the MA Program who provide services to MA beneficiaries should bill for the administration of vaccines by a pharmacist, refer to MA Bulletin 01-21-19, “Vaccine Administration by Pharmacists – Pharmacy Services.” The bulletin is available on the Department’s website at:

<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2021123001.pdf>.

RESOURCES:

Advisory Committee on Immunization Practices

<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

Centers for Disease Control and Prevention Vaccines for Children Program

<https://www.cdc.gov/vaccines/programs/vfc/about/index.html>

Centers for Disease Control and Prevention Vaccine Information for Adults

<https://www.cdc.gov/vaccines/adults/index.html>

Pennsylvania Department of Health

<https://www.health.pa.gov/topics/programs/immunizations/Pages/Immunizations.aspx>

U.S. Food and Drug Administration – Vaccines Licensed for Use

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

ATTACHMENT:

Updates to the Medical Assistance Program Fee Schedule for Vaccine Administration

Updates to the Medical Assistance Program Fee Schedule for Vaccine Administration

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier	Informational Modifier	Effective Date	MA Fee	MA Units	Limits
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	01	183	22			10/1/2023	\$10.00	per administration	once per day
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	08	082	49			10/1/2023	\$10.00	per administration	once per day
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	09	All	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	10	100	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	24	247	11			10/1/2023	\$10.00	per administration	once per day
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	31	All	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	33	335	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	01	183	22			10/1/2023	\$10.00	per administration	once per day
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	08	082	49			10/1/2023	\$10.00	per administration	once per day
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	09	All	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	10	100	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	24	247	11			10/1/2023	\$10.00	per administration	once per day
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	31	All	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	33	335	11, 12, 27			10/1/2023	\$10.00	per administration	once per day

90581	Anthrax vaccine, for subcutaneous or intramuscular use	01	183	22			10/1/2023	\$10.00	per administration	once per day
90581	Anthrax vaccine, for subcutaneous or intramuscular use	08	082	49			10/1/2023	\$10.00	per administration	once per day
90581	Anthrax vaccine, for subcutaneous or intramuscular use	09	All	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90581	Anthrax vaccine, for subcutaneous or intramuscular use	10	100	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90581	Anthrax vaccine, for subcutaneous or intramuscular use	24	247	11			10/1/2023	\$10.00	per administration	once per day
90581	Anthrax vaccine, for subcutaneous or intramuscular use	31	All	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90581	Anthrax vaccine, for subcutaneous or intramuscular use	33	335	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	01	183	22			1/1/2024	\$10.00	per administration	once per day
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	08	082	49			1/1/2024	\$10.00	per administration	once per day
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	09	All	11, 12, 27			1/1/2024	\$10.00	per administration	once per day
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	10	100	11, 12, 27			1/1/2024	\$10.00	per administration	once per day
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90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	33	335	11, 12, 27			1/1/2024	\$10.00	per administration	once per day
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y – tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	01	183	22			1/1/2024	\$10.00	per administration	once per day
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y – tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	08	082	49			1/1/2024	\$10.00	per administration	once per day
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y – tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	09	All	11, 12, 27			1/1/2024	\$10.00	per administration	once per day
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y – tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	10	100	11, 12, 27			1/1/2024	\$10.00	per administration	once per day

90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y – tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	24	247	11			1/1/2024	\$10.00	per administration	once per day
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y – tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	31	All	11, 12, 27			1/1/2024	\$10.00	per administration	once per day
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y – tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	33	335	11, 12, 27			1/1/2024	\$10.00	per administration	once per day
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	01	183	22			10/1/2023	\$10.00	per administration	once per day
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	08	082	49			10/1/2023	\$10.00	per administration	once per day
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90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	10	100	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	24	247	11			10/1/2023	\$10.00	per administration	once per day
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90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	33	335	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	01	183	22			10/1/2023	\$10.00	per administration	once per day
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	08	082	49			10/1/2023	\$10.00	per administration	once per day
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90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	01	183	22			1/1/2024	\$10.00	per administration	once per day
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	08	082	49			1/1/2024	\$10.00	per administration	once per day
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90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	01	183	22			10/1/2023	\$10.00	per administration	once per day
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	08	082	49			10/1/2023	\$10.00	per administration	once per day
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90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	24	247	11			10/1/2023	\$10.00	per administration	once per day
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	31	All	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	33	335	11, 12, 27			10/1/2023	\$10.00	per administration	once per day
90758	Zaire ebolavirus vaccine, live, for intramuscular use	01	183	22			10/1/2023	\$10.00	per administration	once per day
90758	Zaire ebolavirus vaccine, live, for intramuscular use	08	082	49			10/1/2023	\$10.00	per administration	once per day
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