

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90371	Hepatitis B Immune Globulin (HBIG), human, for intramuscular use	Requires member's weight in kilograms to be included in claim remarks or attached documentation.
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, ea.	With modifier (TS) pays \$9 admin fee. Otherwise, TAR is required.
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Covered: Up to age 2 yrs. <ul style="list-style-type: none"> (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	Covered: Up to age 2 yrs. <ul style="list-style-type: none"> (SL) modifier is required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	Covered: No limits or requirements.
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	TAR required.
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	Covered: For high risk adults, age 18 yrs. and older (SK modifier required).
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	Covered: No limits or requirements.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	Covered: No limits or requirements.
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	<p>Covered: For ages 10-23 yrs.</p> <ul style="list-style-type: none"> Ages 10-18 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	<p>Covered:</p> <ul style="list-style-type: none"> Ages ≥ 19 yrs.: no limits or requirements. Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	<p>Covered: For ages 10-25 yrs.</p> <ul style="list-style-type: none"> Ages 10-18 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	Covered: For high-risk members (SK modifier required).
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use	Covered: For ages ≥ 1 yr.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use	Covered: For ages \geq 1 yr.
90632	Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages \geq19 yrs.: no limits or requirements. Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines For Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90633	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage - 2-dose schedule, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages \geq19 yrs.: no limits or requirements. Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90636	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages \geq19 yrs.: no limits or requirements. Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines For Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3-dose schedule, for intramuscular use	Covered: <ul style="list-style-type: none"> • Ages ≥ 19 yrs.: no limits or requirements. • Ages < 19 yrs.: SL modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4-dose schedule, for intramuscular use	Covered: <ul style="list-style-type: none"> • Ages ≥ 19 yrs.: no limits or requirements. • Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Covered: <ul style="list-style-type: none"> • Ages ≥ 19 yrs.: no limits or requirements. • Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Limited to ages ≥ 65 yrs.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> • Ages >=19 yrs.: no limits or requirements. • Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> • Ages >=19 yrs.: no limits or requirements. • Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> • Ages >=19 yrs.: no limits or requirements. • Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Covered: <ul style="list-style-type: none"> • Ages ≥ 19 yrs.: no limits or requirements. • Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> • For ages 6 months and older. • Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Covered: No limits or requirements.
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Covered: <ul style="list-style-type: none"> • Ages ≥ 19 yrs.: no limits or requirements. • Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	<p>Covered:</p> <ul style="list-style-type: none"> • Ages ≥ 19 yrs.: no limits or requirements. • Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	<p>Covered: For ages 2-49 yrs.</p> <ul style="list-style-type: none"> • Ages ≥ 19 yrs.: no limits or requirements. • Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Covered: No limits or requirements.
90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	<p>Covered:</p> <ul style="list-style-type: none"> • Ages < 19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90675	Rabies vaccine, for intramuscular use	Covered: For high-risk members (SK modifier required).

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Covered: For ages 6 weeks and older.
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	Covered: <ul style="list-style-type: none"> • Ages <19 yrs.: SL modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used. • Ages 19-59 yrs.: Payable if pregnant and at 32-36 weeks gestation. Provider must submit documentation of gestational age. • Ages >=60 yrs.: Covered, no modifier needed. • Limit to one per Lifetime.
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	Covered: For ages >=60 yrs. <ul style="list-style-type: none"> • Limit to one per Lifetime.
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	Covered: SK (high-risk) modifier required. <ul style="list-style-type: none"> • If no modifier, Provider must state why purchased.
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Covered: <ul style="list-style-type: none"> • Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). • Claims w/o modifier: Provider statement required explaining why VFC supply was not used.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	Must bill with code J3490 as a temporary workaround until the new code is included in the State provider manual. No TAR required.
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	Covered: No limits or requirements.
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90690	Typhoid vaccine, live, oral	Covered: No limits or requirements.
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	Covered: No limits or requirements.
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	Covered: No limits or requirements.
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	Covered: No limits or requirements.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV / Hib), for intramuscular use	Covered: For ages 6 months to 4 yrs. of age. <ul style="list-style-type: none"> (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use	Covered: For ages 0-7 yrs. of age. <ul style="list-style-type: none"> (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	Covered: No limits or requirements.
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used. Limit of two per Lifetime.
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used. Limit of two per Lifetime.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Covered: No limits or requirements.
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90717	Yellow fever vaccine, live, for subcutaneous use	Covered: No limits or requirements.
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine,- (DTaP-HepB-IPV) for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Covered: For ages 2 yrs. or older. <ul style="list-style-type: none"> Ages <19 yrs.: SL modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	Covered: SK modifier required (member of high-risk population).
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use.	Covered: No limits or requirements.
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular use	Covered: No limits or requirements
90743	Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used.
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	Covered: No limits or requirements.
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular use	Payable only with diagnosis of V05.3.
90750	Zoster (shingles) vaccine, (HZV), recombinant, subunit, adjuvanted, for intramuscular injection	Covered: For ages 50 yrs. and older.
90756	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	Covered: <ul style="list-style-type: none"> Ages <19 yrs.: (SL) modifier required when vaccine is supplied through Vaccines for Children (VFC). Claims w/o modifier: Provider statement required explaining why VFC supply was not used
90758	Zaire ebolavirus vaccine, live, for intramuscular use	Covered: No limits or requirements.
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	Covered: No limits or requirements.

Vaccine Codes and Coverage Information

Reimbursement Code	Reimbursement Code Description	Partnership Coverage Status
91304	severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use	Carved out to State.
91318	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	Carved out to State.
91319	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	Carved out to State.
91320	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	Carved out to State.
91321	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 25 mcg/0.25 mL dosage, for intramuscular use	Carved out to State.
91322	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 50 mcg/0.5 mL dosage, for intramuscular use	Carved out to State.



Vaccine Codes and Coverage Information

