Medicare Advantage Health Maintenance Organization Enhanced Benefit Policy

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

UAW Retiree Medical Benefits Trust Vaccines

BCN Advantage℠
☒ Group
☐ Individual

Approval Date: 10/29/2025
Effective Date: 01/01/2026

Description

A vaccine is a suspension of live (usually attenuated) or inactivated microorganisms (e.g., bacteria or viruses), fractions of the agent, or genetic material of the administered to induce immunity and prevent infectious diseases and their sequelae.

Medicare Coverage

Medicare Part B covers the following types of vaccines and their administration:

- **Preventive vaccines specified in statute**: Examples include the Influenza, COVID-19, Pneumococcal, and Hepatitis B vaccines, which are used to prevent illness
- **Vaccines used for treatment:** Examples include the Tetanus, Rabies, and Hepatitis A vaccines, which are used as treatment after exposure to an illness

Part D plans cover all commercially available vaccines when they're reasonable and necessary to prevent illness, except those covered by Part B. For example, the shingles, respiratory syncytial virus (RSV), and tetanus-diphtheria-pertussis (Tdap) vaccines are Part D vaccines.

Policy Guidelines

BCN Advantage is a Medicare Advantage Plan Health Maintenance Organization (HMO), which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCN to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

After searching the Medicare Coverage Database and other sources of conditions of coverage, it was determined that either Original Medicare does not provide coverage or has restrictions that have been modified or removed for the items/services found in this enhanced benefit policy.

Since Original Medicare offers limited coverage for vaccines, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing are determined by the BCN Advantage groups that select this benefit.

The following is applicable for this enhanced benefit policy:

CPT/HCPCS Codes

CPT/HCPCS Code(s):	Code Description:
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use

90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
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
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90716	Varicella virus vaccine (VAR), live, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use

ICD-10 Codes

ICD-10 Code(s):	Code Description:
Not Applicable	

Conditions for payment

The table below specifies payment conditions for vaccines.

Conditions for Payment	
Eligible Provider	Consistent with Original Medicare
Payable Location	Any Medical Setting
Frequency Limits	USPSTF A or B immunization recommendation schedule
CPT/HCPCS Code Restriction	Part D Vaccines: 90587, 90619, 90620, 90621, 90623, 90632, 90633, 90636, 90647, 90648, 90651, 90678, 90679, 90683, 90696, 90697, 90698, 90700, 90707, 90710, 90713, 90716, 90723, 90734, 90750 Drug Administration Codes: 90460, 90471, 90472
Diagnosis Restrictions	No restrictions
Age Restrictions	No restrictions

BCN Advantage Reimbursement

To find BCN Advantage plan's maximum payment amount for UAW Retiree Medical Benefits Trust Vaccines, visit our provider portal, Availity Essentials. Within Secure Provider Resources, click on BCN Fee Schedules under the Fee Schedules tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- The member cost share for the vaccines listed above is $0. The vaccines above will be covered at 100% of the allowed amount.
- BCN Advantage providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible.

- Providers can only collect the appropriate BCN Advantage cost sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the non-covered service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from BCN Advantage before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost-share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.
2. Use the BCN Advantage unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Send your electronic and paper claims to BCN Advantage.
6. Use electronic billing:
    a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
    b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue Plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue Plan for billing instructions.
7. Send paper claims to:

    BCN Advantage Claims
    Blue Care Network
    P.O. Box 68753
    Grand Rapids, MI 49516-8753

Government Regulations

National:

Not Applicable

Local:

WPS: L34596, A56900 Immunizations (Part B)

CGS: A52438 Tetanus Immunization (Part B)

First Coast: Tetanus Immunization (Part B)

Novitas: A58872 Tetanus Immunization (Part B)

Palmetto: A54767 Tetanus Immunization (Part B); A54767 Medicare Preventive Coverage For Certain Vaccines- 90740, 90743, 90744, 90746, 90759

(The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services (CMS) are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, please refer to CMS.gov website.)

References

1. Medicare Benefit Policy Manual
    - Chapter 15, section 50.4.4.2 - Immunizations
2. Medicare Claims Processing Manual
    - Chapter 18, section 10 - Pneumococcal Pneumonia, Influenza Virus, Hepatitis B, and Coronavirus Disease (COVID-19) Vaccines and Administration
3. Medicare.gov
    - *Pneumococcal Vaccination Coverage*
    - *Flu Shots*
    - *Hepatitis B Shots Coverage*
    - *Coronavirus disease 2019 (COVID-19) vaccine*
4. Related internal Medical Policy

Important Reminder

Medicare Advantage Enhanced Benefit Policies list the criteria BCBSM and BCN use to decide which medical services are considered “reasonable and necessary” when Medicare coverage rules are not fully developed. Individual member benefit plan documents, such as the Evidence of Coverage and Annual Notice of Change, as well as applicable laws govern benefit coverage, including any inclusion, exclusion, and/or other restrictions.

Medicare Advantage Enhanced Benefit policies are created when permitted by applicable laws, reviewed regularly, and may be revised periodically. BCBSM/BCN Enhanced Benefit Policies are proprietary and should not be copied or disseminated without the express, prior written approval of BCBSM. All providers are required to review applicable BCBSM reimbursement policies prior to claim submission and bill for covered services in accordance with those policies. Additionally, providers contracted with BCBSM or BCN’s Medicare Advantage network(s) should review the provider manual for any additional claim submission requirements. Providers not contracted with BCBSM or BCN’s Medicare Advantage network may be required to submit documentation supporting billed claims, including, but not limited to, applicable medical records.

Disclaimer: This Enhanced Benefit Policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in this Enhanced Benefit Policy. Enhanced benefit policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The Enhanced Benefit Policy is not intended to replace independent medical judgment for treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another.

Pursuant to Section 1557 and Section 504, Blue Cross does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). This includes our rules, benefit designs and medical policies.

BCN Advantage Policy History

Policy Effective Date	BCN Approval Date	Comments
01/01/2026		