

In this document

Overview	2
Antiviral therapy and hormonal contraceptives	2
Diagnostic tests.....	3
Evaluation and management, or E/M, services.....	3
Vaccinations.....	3
Payable procedure codes for vaccinations	4
How to check vaccine benefits.....	7
COVID-19 testing policies.....	8
Billing: Frequently asked questions	9
What do I need to know before I get started?	9
For BCN commercial members only: How do pharmacies bill vaccines through the pharmacy benefit manager when the member has only medical coverage through BCN?.....	9
Can pharmacies bill medical E/M codes for vaccine administration when the vaccine product is billed under the pharmacy benefit?	9
How should pharmacies bill E/M codes for diagnostic testing and hormonal contraceptive evaluations?	9
If a patient receives a vaccine and a hormonal contraceptive consultation on the same date of service, can I bill for both vaccine administration and an E/M code?	11
Can I bill an E/M code for a hormonal contraceptive consultation that doesn't result in a hormonal contraceptive being prescribed?	11
When is it appropriate to bill procedure code **99211?	11
What information is needed for electronic billing?.....	11
What are the reimbursement rates for these services?	12
How do I determine a patient's copayment or cost sharing and deductible?	12
Where can I find additional information about billing and claims?	13
Questions.....	14

This document provides details about the services covered under the Blue Cross Vaccine Affiliation program, along with billing information. Only participating network pharmacies in Michigan can join this program.

Overview

Michigan pharmacies that join the Blue Cross Vaccine Affiliation program can bill and receive reimbursement for certain services provided to Blue Cross Blue Shield of Michigan and Blue Care Network commercial members as follows.

Service	Submit claims to...
Antiviral therapy for influenza and COVID-19	For patients who have pharmacy coverage through Blue Cross or BCN, submit claims to the Blue Cross or BCN pharmacy benefit manager
Hormonal contraceptives	For patients who don't have pharmacy coverage through Blue Cross or BCN, submit claims to the pharmacy benefit manager through which the patient has pharmacy coverage
Diagnostic tests	Blue Cross and BCN under the medical benefit
Evaluation and management services	
Vaccinations	<p>Blue Cross and BCN's pharmacy benefit manager</p> <p>Important:</p> <ul style="list-style-type: none"> For Blue Cross commercial, some members' coverage doesn't include a pharmacy benefit. In these cases, submit the claim under the medical benefit. For BCN commercial members, always submit claims for vaccine products and vaccine administration to BCN's pharmacy benefit manager. This applies to all BCN commercial members, including those who have only medical benefit coverage through BCN. See the Billing: Frequently asked questions section later in this document for more information. Some plans don't cover all vaccines. To learn how to check vaccine benefits, see How to check vaccine benefits on page 4.

To learn how to join the Blue Cross Vaccine Affiliation program, see the document titled [Blue Cross Vaccine Affiliation program overview](#).

Antiviral therapy and hormonal contraceptives

Under the Blue Cross Vaccine Affiliation program, pharmacists can bill and receive reimbursement for prescribing:

- Antiviral therapies to treat certain diagnoses as allowed by state law. For more information, see the [MCL – Section 333.17724a](#) page on [legislature.mi.gov](#).*
- Hormonal contraceptives as allowed by state law. For more information, see [MCL - Section 333.17744g](#) on [legislature.mi.gov](#).*

Refer to the [For Providers: Drug Lists](#) page on bcbsm.com for drug coverage information. This page includes all drugs lists and utilization management requirements.

Diagnostic tests

The following procedure codes are payable through the Blue Cross Vaccine Affiliation program. Procedure codes are payable for both Blue Cross and BCN commercial members unless otherwise noted.

Diagnostic tests							
**87275	*87276	**87400	**87420 ⁽¹⁾	**87502 ⁽¹⁾	**87631	**87633 ⁽¹⁾	**87634 ⁽¹⁾
**87804	**87807						

⁽¹⁾Procedure code is payable only for Blue Cross commercial members.

Note: For additional information about COVID-19 testing, see the [COVID-19 testing policies](#) section later in this document.

Evaluation and management, or E/M, services

The following procedure codes are payable through the Blue Cross Vaccine Affiliation program.

Evaluation and management services							
**99202	**99211	**99212					

For more information about E/M codes, see the following sections later in this document:

- “Can pharmacies bill medical E/M codes for vaccine administration when the vaccine product is billed under the pharmacy benefit?” on Page 9
- “How should pharmacies bill E/M codes for diagnostic testing and hormonal contraceptive evaluations?” on Page 9
- “If a patient receives a vaccine and a hormonal contraceptive consultation on the same date of service, can I bill for both vaccine administration and an E/M code?” on Page 11

Vaccinations

For patients with Blue Cross or BCN commercial plans, the administration of vaccines and vaccine products can often be billed through the Blue Cross and BCN pharmacy benefit. However, not all of these commercial members have pharmacy benefits through Blue Cross or BCN; in these cases, providers must submit the claim under the patient’s medical benefit as part of the Blue Cross Vaccine Affiliation Program.

This section lists payable procedure codes and explains how to check members’ vaccine benefits.

Payable procedure codes for vaccinations

The following vaccine administration codes may apply: G0008, G0009, G0010, **90460, **90461, **90471, **90472, **90473, **90474, **90480, **96380 and **96381.

The following vaccine procedure codes are payable through the Blue Cross Vaccine Affiliation program.

Type	Procedure code	Procedure code billable units	NDC billable unit
Chikungunya	*90593	0.8 ML	ML
	*90589	0.5 ML	ML
COVID-19	*91304	0.5 ML	ML
	*91318	0.9 ML	ML
	*91319	0.3 ML	ML
	*91320	0.3 ML	ML
	*91321	0.25 ML	ML
	*91322	0.5 ML	ML
	*91323	0.2 ML	ML
Dengue	*90587	1 ML	ML
DTAP (Diphtheria, tetanus toxoids, acellular pertussis vaccine)	*90696	N/A	ML
	*90697	N/A	TBD
	*90698	N/A	UN
	*90700	N/A	ML
	*90723	N/A	ML
Hepatitis (A+B)	*90636	1 ML	ML
Hepatitis A	*90632	0.5 ML	ML
	*90633	0.5 ML	ML
Hepatitis B	*90739	0.5 ML	ML
	*90740	0.5 ML	ML
	*90743	0.5 ML	ML
	*90744	0.5 ML	ML
	*90746	0.5 ML	ML

Blue Cross Vaccine Affiliation program payable procedure codes and billing information

For Blue Cross commercial and BCN commercial

March 2026

Type	Procedure code	Procedure code billable units	NDC billable unit
	*90747	0.5 ML	ML
	*90748	N/A	ML
	*90759	1ML	ML
Hib	*90647	N/A	ML
	*90648	N/A	ML
HPV	*90651	N/A	ML
Influenza	*90630	0.1 ML	ML
	*90653	0.5 ML	ML
	*90654	0.1 ML	ML
	*90655	0.25 ML	ML
	*90656	0.5 ML	ML
	*90657	0.25 ML	ML
	*90658	N/A	ML
	*90660	0.2 ML	ML
	*90661	0.5 ML	ML
	*90662	0.5 ML	ML
	*90672	0.2 ML	ML
	*90673	0.5 ML	ML
	*90674	0.5 ML	ML
	*90682	0.5 ML	ML
	*90685	0.25 ML	ML
	*90686	0.5 ML	ML
	*90688	0.5 ML	ML
	*90687	0.25 ML	ML
	*90694	0.5 ML	ML
	*90756	0.5 ML	ML
Q2034	N/A	ML	

Blue Cross Vaccine Affiliation program payable procedure codes and billing information

For Blue Cross commercial and BCN commercial

March 2026

Type	Procedure code	Procedure code billable units	NDC billable unit
	Q2035	0.5 ML	ML
	Q2036	0.5 ML	ML
	Q2037	0.5 ML	ML
	Q2038	0.5 ML	ML
Japanese encephalitis	*90738	0.5 ML	ML
Meningococcal	*90619	N/A	ML
	*90620	N/A	ML
	*90621	N/A	ML
	*90623	0.5 ML	ML
	*90644	N/A	UN
	*90733	0.5 ML	UN
	*90734	N/A	UN for powder, or oral tab ML for liquid in vial
MMR (Measles, Mumps, Rubella)	*90707	0.5 ML	ML
MMRV (Measles, Mumps, Rubella, Varicella)	*90710	0.5 ML	ML
Pneumococcal	*90670	0.5 ML	ML
	*90671	0.5 ML	ML
	*90684	0.5 ML	ML
	*90732	0.5 ML	ML
	*90677	0.5 ML	ML
Polio	*90713	0.5 ML	ML
Rotavirus	*90680	N/A	ML
	*90681	N/A	ML
RSV (Respiratory syncytial virus)	*90678	0.5 ML	ML
	*90679	0.5 ML	ML

Blue Cross Vaccine Affiliation program payable procedure codes and billing information

For Blue Cross commercial and BCN commercial

March 2026

Type	Procedure code	Procedure code billable units	NDC billable unit
	*90683	0.5 ML	ML
	*90380	0.5 ML	ML
	*90381	1 ML	ML
	*90382	0.7 ML	ML
Smallpox-monkeypox	*90611	0.5 ML	ML
TDAP (Tetanus, diphtheria toxoids and acellular pertussis)	*90715	0.5 ML	ML
Tetanus-Diphtheria	*90702	0.5 ML	ML
	*90714	0.5 ML	ML
Tickborne Encephalitis	*90626	0.25 ML	ML
	*90627	0.5 ML	ML
Varicella (chicken pox)	*90716	0.5 ML	ML
Zoster (shingles)	*90736	1 dose	UN
	*90750	0.5 ML	ML

How to check vaccine benefits

Here's how to check member eligibility and benefits for vaccines:

1. Log in to our provider portal ([availity.com](https://www.availity.com)).
2. Click on *Patient Registration* in the menu bar and then click on *Eligibility and Benefits Inquiry*.
3. Enter the necessary information in the Payer section and the Provider Information section.
4. Enter the member ID in the Patient Information section.
5. Click on *Search*.
6. Select the row for the appropriate member.
7. In the Service Information section, enter *Immunizations* in the Benefit / Service Type field.
8. Click on *Submit*.
9. Do one of the following:

If...	Then...
There is a Benefit Explainer button near the top of the screen	<ol style="list-style-type: none"> Click on the <i>Benefit Explainer</i> button. Tip: If Benefit Explainer doesn't open, you'll need to allow Availability Essentials™ to open popups. In Benefit Explainer, click on the <i>Search</i> button. Press <i>CTRL+F</i>. Search on <i>Preventive Immunizations</i>.
There isn't a Benefit Explainer button near the top of the screen	<ol style="list-style-type: none"> Scroll to the Benefit Information section. Look in the Immunizations sections.

COVID-19 testing policies

Blue Cross and BCN made it easier for members to get COVID-19 diagnostic and antibody tests by giving them more options on where they can be tested when:

- It's medically necessary
- The test is ordered by an attending health care provider

For our Blue Cross and BCN commercial health plans, the health care provider can be a licensed physician, pharmacist or attending clinician operating within the scope of their license. The provider must:

- Determine testing is medically necessary by performing an individualized clinical assessment and using judgment in accordance with accepted standards of medical practice.
- Ensure the test has received or is waiting to receive approval for use (including emergency use) by the Food and Drug Administration, all applicable state and federal safety guidelines are met and report test results to the appropriate agencies.
- Maintain documentation to support coverage and medical necessity, which may be audited by Blue Cross, BCN or a governmental agency.
- Follow all rules established by the Michigan Department of Health & Human Services for reporting on communicable diseases. For details, see the [Communicable Disease Information and Resources](#) page of the [Michigan.gov/mdhhs](#) website.* Scroll to the *Communicable Disease Reporting in Michigan* section and click the link for the *Health Care Professional's Guide to Disease Reporting in Michigan (Brick Book)*.

Blue Cross and BCN will not cover the cost of workplace or occupational screening COVID-19 tests. As part of our standard policy, we don't cover testing for return-to-work strategies, similar to how we don't cover drug testing for employment purposes.

Billing: Frequently asked questions

What do I need to know before I get started?

Before providing services that will be billed under the medical benefit, do the following.

- Determine whether your corporate office or ownership group already has a process or vendor in place for medical billing or payer setup.
- Ensure that your pharmacy management system or software vendor can support medical billing and transmit claims to medical payers through an appropriate clearinghouse. For additional information, see the [For Providers: How Do I Sign Up for Electronic Data Interchange?](#) page on bcbsm.com.

For BCN commercial members only: How do pharmacies bill vaccines through the pharmacy benefit manager when the member has only medical coverage through BCN?

For BCN commercial members, always submit claims for vaccine products and vaccine administration to BCN's pharmacy benefit manager. Pharmacies should use the following billing information:

- **RxBIN:** 610011
- **RxGroup:** MiBCNRX

Note: There isn't pharmacy billing information on the member's BCN ID card for BCN commercial members who have only medical coverage through BCN.

Can pharmacies bill medical E/M codes for vaccine administration when the vaccine product is billed under the pharmacy benefit?

No. The pharmacy benefit provides reimbursement for both the vaccine product and vaccine administration. Don't bill an E/M code for vaccine administration.

How should pharmacies bill E/M codes for diagnostic testing and hormonal contraceptive evaluations?

Pharmacies can bill E/M services as follows:

- For diagnostic testing for COVID-19, influenza and respiratory infections
- For hormonal contraceptive evaluations

When billing for these services, you must use the Blue Cross professional (medical-surgical) PIN that's assigned when you join the Vaccine Affiliation program.

The appropriate E/M code varies based on whether the patient is new or established and on the amount of time spent with the patient.

To determine whether a patient is new or established:

- A patient is considered **new**:
 - On the first visit at which they receive one of the following:
 - Diagnostic testing and an evaluation on the same date of service
 - A hormonal contraceptive evaluation
 - When it's been more than 36 months since the patient last received diagnostic testing services or a hormonal contraceptive evaluation
- A patient is considered **established** if they've received diagnostic testing services or a hormonal contraceptive evaluation from the pharmacy within the last 36 months.

When calculating the amount of time spent with the patient, include the time required to:

Service	Include time required to...
Diagnostic testing	<ul style="list-style-type: none"> • Obtain a medically appropriate history • Complete the test • Interpret the test result • For positive results, determine the appropriate antiviral therapy and write the prescription. In some cases, pharmacists will also need to obtain further patient history, such as kidney or liver function
Hormonal contraceptive evaluation	<ul style="list-style-type: none"> • Obtain a medically appropriate history • Provide the patient with the patient questionnaire • Interpret the patient's answers to the questionnaire • When appropriate, prescribe a hormonal contraceptive

Here are some examples:

Diagnostic test for...	Details
A new patient	If the time spent with the patient meets or exceeds 15 minutes, use procedure code **99202.
An established patient	If the time spent the with the patient meets or exceeds 10 minutes, use procedure code **99212.

If a patient receives a vaccine and a hormonal contraceptive consultation on the same date of service, can I bill for both vaccine administration and an E/M code?

Yes.

Note: For vaccines, the vaccine administration code includes reimbursement for consultative time spent with the patient. This applies whether the vaccine and its administration are billed under the pharmacy benefit or under the medical benefit.

Can I bill an E/M code for a hormonal contraceptive consultation that doesn't result in a hormonal contraceptive being prescribed?

Yes.

When is it appropriate to bill procedure code **99211?

Bill procedure code **99211 if a patient returns for follow-up services related to an E/M service previously received at the pharmacy.

What information is needed for electronic billing?

When submitting electronic 837 professional claims for medical services, report the following information:

- **For Blue Cross commercial claims:**

- In loop 2000B SBR09
 - For members with coverage through the Blue Cross Blue Shield of Michigan Federal Employee Program®, report claim filing indicator FI.
 - For all other members with Blue Cross commercial coverage, report claim filing indicator BL.
- In loop 2010BB NM109, report payer ID 00710.

- **For BCN commercial claims:**

- In loop 2000B BR09, report claim filing indicator HM.
- In loop 2010BB NM109, report payer ID 00710.

Blue Cross and BCN will deny claims that are submitted with incorrect claim filing indicators.

For additional information, see the document [HIPAA Standard Companion Guide – Batch Transaction](#). You can find this guide on the [How Do I Sign Up for Electronic Data Interchange?](#) page on bcbsm.com.

What are the reimbursement rates for these services?

View our fee schedules to determine reimbursement rates. Here's how:

Line of business	Details
Blue Cross commercial	<ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com*). 2. Click <i>Payer Spaces</i> on the menu bar and then click the BCBSM and BCN logo. 3. Click the <i>Resources</i> tab. 4. Click <i>Secure Provider Resources (Blue Cross and BCN)</i>. 5. Click <i>Fee Schedules</i> and then click <i>Blue Cross Professional Fee Schedules</i>. 6. Accept the End User Agreement. 7. Click the appropriate link on the left: <ul style="list-style-type: none"> ○ For E/M codes, click <i>Traditional, TRUST PPO, and BPP</i>. ○ For vaccines, click <i>Injection</i>. <p>Tip: To view the latest changes, click the <i>Click here</i> link at the top of the page.</p>
BCN commercial	<ol style="list-style-type: none"> 1. Download and complete the License Agreement document. 2. Attach the completed form to an email and send it to FeeSchedule@bcbsm.com.

How do I determine a patient's copayment or cost sharing and deductible?

Here are the options for determining what a member owes:

	Option	Details
1	Bill Blue Cross or BCN first and bill the patient later	The remittance advice will include the amount the member owes. For more information, see the document titled Locating a voucher or remittance advice through our provider portal .
2	Look up the copayment or cost sharing and deductible in Availity Essentials	<p>Here's how:</p> <ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com*). 2. Click on Patient Registration in the menu bar and then click on Eligibility and Benefits Inquiry. 3. Enter the necessary information in the Payer section and the Provider Information section. 4. Enter the member ID in the Patient Information section. 5. Click on <i>Search</i>. 6. Select the row for the appropriate member. 7. In the Service Information section, select a service in the Benefit / Service Type field: <ul style="list-style-type: none"> ○ For E/M services, select <i>Professional (Physician) Visit – Office – 98</i>.

Blue Cross Vaccine Affiliation program payable procedure codes and billing information

For Blue Cross commercial and BCN commercial

March 2026

	Option	Details
		<ul style="list-style-type: none"> ○ For lab diagnostic services, select <i>Diagnostic Lab – 5</i>. ○ For vaccines, select <i>Immunizations - 80</i>. <p>8. Click <i>Submit</i>.</p> <p>9. For information about the deductible and out-of-pocket costs, scroll to the Plan Maximums and Deductibles section.</p> <p>10. For copay and coinsurance information, scroll to the Benefit Information section and expand the appropriate section:</p> <ul style="list-style-type: none"> ○ For E/M services, expand <i>Professional (Physician) Visit - Office - Office Visits - 98</i>. ○ For lab diagnostic services, expand <i>Diagnostic Lab – Laboratory Services - 5</i>. ○ For vaccines, expand <i>Immunizations - 80</i>.
3	Call Provider Inquiry	See the Questions section later in this document for details.

Where can I find additional information about billing and claims?

You can find information about billing and claims in:

Location	More information
New Provider Guide	Includes information about submitting claims electronically, getting paid by EFT and more.
Provider manuals	To access the <i>Blue Cross Commercial Provider Manual</i> and the <i>BCN Provider Manual</i> , see the Provider Manuals page on bcbsm.com .
Provider Resources website	To access claims information on our Provider Resources site: <ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com*). 2. Click <i>Payer Spaces</i> on the menu bar and then click the BCBSM and BCN logo. 3. Click the <i>Resources</i> tab. 4. Click <i>Secure Provider Resources (Blue Cross and BCN)</i>. 5. Click <i>Billing and Claims</i> and then click <i>Claims</i>.
Training on the Blue Cross and BCN Provider Training website	<ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com*). 2. Click <i>Payer Spaces</i> on the menu bar and then click the BCBSM and BCN logo. 3. Click the <i>Provider Training Site</i> tile in the Applications tab. 4. Select an organization and click <i>Submit</i>. 5. Search for <i>benefit</i> and launch one of the following courses: <ul style="list-style-type: none"> ○ <i>Effective searching in Benefits & Eligibility mini module</i>

Location	More information
	<ul style="list-style-type: none"> ○ <i>Benefit Explainer Tool Overview e-Learning</i> <p>For issues regarding access to or navigating the Provider Training site, email ProviderTraining@bcbsm.com.</p>
<p>Availity Essentials training</p>	<p>To take Availity Essentials training courses related to claims:</p> <ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com*) 2. At the top of the screen, click <i>Help & Training</i> and then click <i>Get Trained</i>. 3. Click the search icon  near the upper-right corner of the page. 4. Enter <i>BCBSM</i> in the search field and click <i>Catalog</i>. <div data-bbox="444 751 1474 863" style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;">  </div> <ol style="list-style-type: none"> 5. Take the following courses: <ul style="list-style-type: none"> ○ <i>EFT Enrollment & Remittance Viewer for BCBSM Providers</i> ○ <i>DDE (Direct Data Entry) Claim Submission for BCBSM Providers</i> ○ <i>Claims Status & Clinical Editing Appeals for BCBSM Providers</i> ○ <i>Learn How to Submit Claim Attachments for BCBSM Providers</i>

Questions

If you have questions on the following topics, here's what to do:

Topic	What to do
<p>Claims submitted under the medical benefit</p>	<p>Call Provider Inquiry at 1-800-344-8525.</p> <ul style="list-style-type: none"> • Blue Cross customer service representatives are available from 8:30 a.m. to 5 p.m. Monday through Friday.
<p>Eligibility</p>	<ul style="list-style-type: none"> • BCN customer service representatives are available from 8 a.m. to 5 p.m. Monday through Friday.
<p>Member benefits</p>	
<p>Availity Essentials</p>	<p>For information about registering for Availity Essentials, see the Register for Web Tools page on bcbsm.com.</p> <p>If you have questions about registering or about working in Availity Essentials, call Availity Client Services at 1-800-AVAILITY (282-4548).</p>
<p>Claims submitted to the pharmacy benefit manager</p>	<p>Call the Pharmacy Help Desk at 1-800-437-3803.</p>



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Blue Cross Vaccine Affiliation program payable procedure codes and billing information

For Blue Cross commercial and BCN commercial

March 2026

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