

## IMMUNIZATION AND INJECTABLE REIMBURSEMENT

Effective 1/01/2021

**Applicable to Banner Health Insurance Group Inc. (Medicare Advantage PPO) and  
Banner Health Plan Inc. (Medicare Advantage HMO)**

All updates and revisions to the following covered immunization and injectable reimbursement rate schedule shall be communicated via electronic notification to Provider and shall not require an amendment to the Agreement. Unless otherwise specified in a Provider's contract, these rates apply to Banner Health Insurance Group Inc. and Banner Health Plan Inc.

### IMMUNIZATION REIMBURSEMENT:

Reimbursement for covered immunization services shall be paid at the lesser of Provider's billed charges or at the rates listed in the table below, less any applicable copayments, coinsurance and deductible amounts for which the Member is responsible. Rates identified as Medicare Allowable in the table below will be updated according to the CMS quarterly updates. Covered immunizations not listed in the table below will be paid at the Prevailing (Medicare) Fee Schedule. Covered immunization codes not part of the Medicare Fee Schedule will be paid at 50% of billed charges.

CPT Code	Description	Rate	CPT Code	Description	Rate
90396	VarizIG (Varicella Zoster Immune Globulin) Note: Used for post exposure prophylaxis to Chickenpox	\$135.73	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use	\$227.93
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	Medicare Allowable	90653	Influenza virus vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	\$65.48
90472	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)	Medicare Allowable	90654	Influenza virus vaccine, preservative free, intradermal use	Medicare Allowable
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combinations vaccine/toxoid)	Medicare Allowable	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Medicare Allowable
90474	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)	Medicare Allowable	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Medicare Allowable
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use	\$170.00	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	\$67.08
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use	\$128.20	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Medicare Allowable
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	Medicare Allowable	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	\$29.57
90632	Hepatitis A vaccine, adult usage, for intramuscular use	Medicare Allowable	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Medicare Allowable
90636	Hepatitis A and Hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	\$100.00	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	\$32.15
90647	Haemophilus influenza type b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	\$30.00	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	\$84.53
90648	Haemophilus influenza type b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use (Hib)	\$35.30	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	\$115.00
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	\$170.22	90682	Influenza vaccine, quadrivalent, derived from recombinant DNA, hemagglutinin protein only, preservative and antibiotic free, intramuscular use	\$67.08

<b>90650</b>	Human Papillomavirus (HPV) vaccine, types 16,18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	\$175.00	<b>90686</b>	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	\$21.54
<b>90687</b>	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	\$10.54	<b>90716</b>	Varicella virus vaccine (VAR), live, for subcutaneous use	\$135.17
<b>90688</b>	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	\$21.09	<b>90732</b>	Pneumococcal, polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Medicare Allowable
<b>90689</b>	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, pres free, 0.25mL dosage for intramuscular use	Medicare Allowable	<b>90733</b>	Meningococcal, polysaccharide vaccine, serogroups A, C, Y and W-135, quadrivalent (MPSV4), for subcutaneous use	\$135.00
<b>90691</b>	Typhoid vaccine, Vi capsular polysaccharide (ViCPS), for intramuscular use	Medicare Allowable	<b>90734</b>	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use	\$129.00
<b>90694</b>	Influenza virus, quadrivalent (allV4), inactivated, adjuvanted, pres free, 0.5mL dosage for intramuscular use	\$67.10	<b>90736</b>	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	\$151.41
<b>90698</b>	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	\$96.14	<b>90739</b>	Hepatitis B Vaccine, 2 dose adult, for intramuscular use	Medicare Allowable
<b>90707</b>	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	\$78.68	<b>90740</b>	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	Medicare Allowable
<b>90710</b>	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	\$215.46	<b>90743</b>	Hepatitis B vaccine (HepB), ped/adolescent dosage, 3 dose, intramuscular use	Medicare Allowable
<b>90713</b>	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	\$34.00	<b>90746</b>	Hepatitis B vaccine (HepB), adult dosage (3 dose schedule), for intramuscular use	Medicare Allowable
<b>90714</b>	Tetanus and diphtheria toxoids (Td) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	Medicare Allowable	<b>90747</b>	Hepatitis B vaccine, Dialysis or immunosuppressed patient dosage, 4 dose, intramuscular use	Medicare Allowable
<b>90715</b>	Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Medicare Allowable	<b>90756</b>	Influenza vaccine, quadrivalent, derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, intramuscular use	\$30.47

#### MEDICARE SEASONAL INFLUENZA VACCINE HCPCS CODES:

HCPCS	Description	Rate
<b>G0008</b>	Administration of influenza virus vaccine	Medicare Allowable
<b>G0009</b>	Administration of pneumococcal vaccine	Medicare Allowable
<b>G0010</b>	Administration of hepatitis B vaccine	\$15.00
<b>Q2035</b>	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older for intramuscular use	Medicare Allowable
<b>Q2036</b>	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Medicare Allowable
<b>Q2037</b>	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Medicare Allowable
<b>Q2038</b>	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Medicare Allowable
<b>Q2039</b>	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not otherwise specified)	\$20.00
<b>New Influenza Codes</b>	Currently not specified	\$20.00

#### INJECTABLE REIMBURSEMENT:

Reimbursement for covered injectable codes (J0120-J9999) shall be paid at the lesser of Provider's billed charges or at the rates listed in the table below, less any applicable copayments, coinsurance and/or deductibles for which the Plan Member is responsible. Covered injectable codes not listed in the table below will be paid at the Prevailing (Medicare) Fee Schedule. Covered injectable codes not part of the Medicare Fee Schedule will be paid at 50% of billed charges:

HCPCS	Description	Rate
<b>J2790</b>	Injection, Rho D immune globulin, human, full dose, 300 micrograms (1500IU)	Medicare Allowable
<b>J0696</b>	Injection, ceftriaxone sodium, per 250 mg.	Medicare Allowable