

INFLUENZA VACCINATIONS

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |

Policy

Original Effective Date: 09/01/2013

When benefits allow, influenza vaccinations and the administration charges are covered at member's in-network or preferred benefit level when received by any provider, including immunization vendors who provide worksite and other location vaccination clinics. Influenza vaccinations do not require prior authorization from the health plan. For Medicare members, claims will be reimbursed up to the Medicare allowable.

Pharmacies that contract with Kaiser Permanente may offer flu vaccinations at no charge to Kaiser Permanente members; ask at the pharmacy if you will need to pay.

If you want to get a vaccination at a non-Kaiser Permanente facility, call Member Services at 1-888-901-4636 prior to getting vaccinated as some employers/plans may not cover outside services.

Additional services (e.g. physician visit, vaccinations other than influenza) provided by non-contracted providers, including immunization vendors, will be adjudicated according to the member's medical coverage policy and Kaiser Permanente's coverage policies.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid (CMS) guidelines.

[Immunization vendors](#) or providers may submit charges via a [roster bill](#) in an excel workbook with proper encryption. Roster bills should be emailed to KPWA.claims-s@kp.org with "Influenza Roster Bill" in the subject line.

Roster bills must contain all of the following information. Incomplete or incorrect roster bills will be returned. Attached is the preferred [roster bill template](#).

- Provider/Vendor name
- Tax Identification number
- National Practitioner number
- Provider/Vendor remit to address
- Kaiser Permanente consumer's ID number
- Consumer's last and first name

- Date of birth for consumer
- Date of service
- Diagnosis code
- CPT codes
- Billed charge for each service

Policy Definitions

Roster Bill – A streamlined process for submitting health care claims for a large group of beneficiaries for seasonal influenza virus on a single document.

Immunization Vendors - A health care provider or public health clinic that provides mass immunizations.

Prerequisite(s)

Not applicable

References

[Flu Shot Billing Information and Requirements](#), CMS.gov

Frequently Asked Questions

- Q1:** Member's employer is offering a flu shot clinic at the worksite; immunizations are provided by an immunization vendor. Will the service be allowed?
- A1:** Yes. When billed by an immunization vendor or provider, it is Kaiser Permanente's policy to allow the influenza vaccination and the administration charge at member's in-network or preferred benefit level.
- Q2:** Does Kaiser Permanente accept roster billing?
- A2:** Yes. Kaiser Permanente will accept roster billing when received electronically with proper encryption in an excel workbook. The workbook must contain the required information or will be returned. Requirements can be found on the Influenza Vaccinations Payment Policy.
- Q3:** Member was seen by a non-contracted provider for an office visit and also received a flu vaccination. Will both of these services be allowed at member's in-network or preferred benefit level?
- A3:** No. The flu vaccination and administration charges will be allowed at member's in-network or preferred benefit level. The office visit will adjudicate against the appropriate benefit level based on the member's medical plan.

Revision History

09/14/2022 – Updated hyperlink to CMS site.

04/20/2022 – Updated to correct hyperlinks and formatting.

06/29/2020 – Updated language to ensure non-contracted providers have contacted Member Services to validate coverage at non KP facilities.

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.