



Updated Immunizations & Vaccines Policy to Include COVID-19 Vaccine Codes

December 18, 2020

We recently updated our Immunizations & Vaccine policy in our Benefit Administration Manual. It includes the covered codes for COVID-19 vaccines.

Please see attached policy for details.



Immunizations & Vaccines

DESCRIPTION

Immunizations/vaccines are those products which are designed to trigger acquired immunity against certain infectious diseases. They are administered to healthy individuals to prevent a disease. In most cases these vaccines are administered prior to exposure to the disease. HAP covers vaccines for non-Medicare Advantage Members following the Advisory Committee on Immunization Practice (ACIP) recommendations in accordance with the Affordable Care Act (ACA) and United States Preventive Service Task Force (USPSTF) coverage recommendations. Medicare Advantage Members must follow Medicare Preventive Services guidelines.

COVERED HCPCS CODES

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|-------|---|
| G0008 | Admin Influenza Virus Vac |
| G0009 | Admin Pneumococcal Vaccine |
| G0010 | Admin Hepatitis B Vaccine |
| Q2034 | Influenza virus vaccine, split virus, for intramuscular use (AGRIFLU) |
| Q2035 | Afluria vacc, 3 yrs & >, im |
| Q2036 | Flulaval vacc, 3 yrs & >, im |
| Q2037 | Fluvirin vacc, 3 yrs & >, im |
| Q2038 | Fluzone vacc, 3 yrs & >, im |
| Q2039 | NOS flu vacc, 3 yrs & >, im |

COVERED CPT® CODES

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|-------|---|
| 90460 | Immunization Admin Through 18 Years Of Age Via Any Route Of Administration, W Counseling; First Vaccine/Toxoid Component |
| 90461 | Immunization Admin Through 18 Years Of Age Via Any Route Of Admin, W Counseling; Ea Addl Vaccine/Toxoid Component |
| 90471 | Immunization Administration; 1 Single/Combination Vaccine/Toxoid |
| 90472 | Immunization Administration; Each Add'l Single/Combination Vaccine/Toxoid |
| 90473 | Immunization Administration, Intranasal/Oral; 1 Single/Combination Vaccine/Toxoid |
| 90474 | Immunization Administration, Intranasal/Oral; Ea Add'l Single/Combination Vaccine/Toxoid |
| 90585 | Bacillus Calmette-Guerin Vaccine (Bcg), Tuberculosis, Live, Percutaneous 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, 2 dose schedule, for intramuscular use (Bexsero) |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use (Trumenba) |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4-ID), split virus, preservative free, for intradermal use |
| 90632 | Hepatitis A Vaccine, Adult Dosage, Im Use |
| 90633 | Hepatitis A Vaccine, Pediatric/Adolescent Dosage-2 Dose Schedule, Im Use |
| 90634 | Hepatitis A Vaccine, Pediatric/Adolescent Dosage-3 Dose Schedule, Im Use |
| 90636 | Hepatitis A & Hepatitis B Vaccine (Hepa-Hepb), Adult Dosage, Im Use |
| 90644 | Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4-dose schedule, administered to children 2-15 m |
| 90647 | Hemophilus Influenza B Vaccine, Prp-Omp, 3 Dose Schedule, Im Use |
| 90648 | Hemophilus Influenza B Vaccine (Hib),Prp-T Conjugate (4 Dose Schedule), Im Use |
| 90649 | Human papilloma virus (hpv) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use |
| 90650 | Human Papillomavirus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use |
| 90653 | Influenza Virus Vaccine, Inactivated, Subunit, Adjuvanted, For Intramuscular Use [allV3] |
| 90654 | Influenza virus vaccine, split virus, preservative free, for intradermal use |

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|-------|---|
| 90655 | Influenza Virus Vaccine, Split Virus, Preservative Free, for Children 6-35 Months of Age, for Intramuscular Use |
| 90656 | Influenza Virus Vaccine, Split Virus, Preservative Free, for Use In Individuals 3 Years of Age and Above, for Im Use |
| 90657 | Influenza Virus Vaccine, Split, 6-35 Month, Im/Jet Injection Use |
| 90658 | Influenza Virus Vaccine, Split, 3 Yrs+, Im/Jet Injection Use |
| 90660 | Influenza Virus Vaccine, Live, Intranasal Use |
| 90661 | Influenza Virus Vaccine, Derived from Cell Cultures, Subunit, Preservative and Antibiotic Free, for Intramuscular Use |
| 90662 | Influenza Virus Vaccine, Split Virus, Preservative Free, Enhanced Immunogenicity via Increased Antigen Content [IIV3-HD] |
| 90670 | Pneumococcal conjugate vaccine, 13 valent, for intramuscular use |
| 90672 | Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use |
| 90673 | Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use |
| 90674 | INFLUENZA VIRUS VACCINE, QUADRIVALENT (ccIIV4), FROM CELL CULTURES, SUBUNIT, PRESERV & ANTIBIOTIC FREE, 0.5 mL DOSAGE, FOR IM USE [ccIIV4] |
| 90680 | Rotavirus Vaccine, Tetravalent, Live, Oral Use |
| 90681 | Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use |
| 90682 | INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERV & ANTIBIOTIC FREE, FOR IM USE |
| 90685 | Influenza Virus Vaccine, Quadrivalent, Split Virus, Preservative Free, Pt 6-35 Months Of Age, For Intramuscular Use [IIV4] |
| 90686 | Influenza Virus Vaccine, Quadrivalent, Split Virus, Preservative Free, Pt 3 Yrs Of Age And Older, For Intramuscular Use [IIV4] |
| 90687 | Influenza Virus Vaccine, Quadrivalent, Split Virus, Pt 6-35 Months Of Age, For Intramuscular Use [IIV4] |
| 90688 | Influenza Virus Vaccine, Quadrivalent, Split Virus, Pt 3 Years Of Age And Older, For Intramuscular Use [IIV4] |
| 90689 | Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 ml dosage, for intramuscular use. [coverage effective 01/01/2019] |
| 90694 | Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use |
| 90696 | Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when adminis |
| 90698 | Dipht, Tet Toxoids, Pertussis Vaccine, H Influenza Type B, and Poliovirus Vaccine, Inactivated (Dtap - Hib - Ipv), Im |
| 90700 | Diphtheria, Tetanus Toxoids, & Acellular Pertussis Vaccine (Dtap), Im Use |
| 90702 | Diphtheria & Tetanus Toxoids (Dt) Adsorbed, Individuals < 7 Years, Im Use |
| 90707 | Measles, Mumps & Rubella Virus Vaccine (Mmr), Live, Subq Use |
| 90710 | Measles, Mumps, Rubella, & Varicella Vaccine (MmrV), Live, Subq Use |
| 90713 | Poliovirus Vaccine, Inactivated, (Ipv), Subq Use |
| 90714 | Tetanus and diphtheria toxoids (td) adsorbed, preservative free, for use in individuals 7 years or older, for im use |
| 90715 | Tet, Dipht Toxoids and Acellular Pertussis Vaccine (Tdap), for Individuals Seven Years or Older, for Intramuscular Use |
| 90716 | Varicella Virus Vaccine, Live, Subq Use |
| 90723 | Dtap/Hib & Polio Virus, Inactivated (Dtap-Hepb-Ipv) Im Use |
| 90732 | Pneumococcal Polysaccharide Vaccine, 23-Valent, Adult/Immunosuppressed Patient Dosage, Subq/Im Use |
| 90733 | Meningococcal Polysaccharide Vaccine (Any Group(S)), Subq Use |
| 90734 | Meningococcal Conjugate Vaccine, Serogroups A, C, Y and w-135 (Tetravalent), for Intramuscular Use |
| 90739 | Hepatitis B Vaccine, Adult Dosage (2 Dose Schedule), For Intramuscular Use |
| 90740 | Hepatitis B Vaccine, Dialysis/Immunosuppressed Patient (3-Dose Schedule), Im Use |
| 90743 | Hepatitis B Vaccine, Adolescent (2-Dose Schedule), Im Use |
| 90744 | Hepatitis B Vaccine, Pediatric/Adolescent, (3-Dose Schedule), Im Use |
| 90746 | Hepatitis B Vaccine, Adult Dosage, Im Use |
| 90747 | Hepatitis B Vaccine, Dialysis/Immunosuppressed Patient (4-Dose Schedule), Im Use |
| 90748 | Hepatitis B & Hemophilus Influenza B Vaccine (Hepb-Hib), Im Use |
| 90756 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use TOS Code: V |

COVERED CODES - Corona virus - COVID-19 vaccine related

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|-------|--|
| 91300 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use |
| 91301 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use |
| 0001A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose |
| 0002A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose |
| 0011A | Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose |
| 0012A | Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose |

COVERAGE CRITERIA

1. Immunizations/vaccines recommended by the Centers for Disease Control (CDC) are covered for all HAP/AHL Members according to the FDA approved indication and following the CDC immunization schedule recommendations.
 - a. PEDIATRICS:
<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
 - b. ADULTS:
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
2. **Flu vaccines/ Flu shots/ Influenza Vaccine:**
 - a. CDC recommends annual influenza vaccination for everyone 6 months and older with any licensed, influenza vaccine that is appropriate for the recipient's age and health status, (IIV, RIV4, or LAIV4) with no preference expressed for any one vaccine over another.
 - b. Live Attenuated Influenza Vaccine (LAIV4) (e.g., FluMist® Quadrivalent intranasal vaccine) has received approval from the CDC for use in Members ages 2-49 years (who do not have contraindications) for the flu season 2020-2021.
 - c. Flu vaccines which have received FDA approval for the current flu season are covered as a preventive service for Members as described in the following Benefit Administration Manual policies
 - i. Preventive Services for Members other than Medicare Advantage Members.
 - ii. Preventive Services for Medicare Advantage Members.
3. **COVID-19 [Coronavirus Disease 2019] vaccine** [caused by virus: severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2):
 - a. HAP will cover Coronavirus vaccines approved by the FDA under emergency use authorization (EUA) or other approval for HAP/AHL Members consistent with CDC guidelines.
4. Coverage of services is based on the Member's subscriber documents. Please refer to those resources for information regarding eligibility for coverage, network or provider requirements. If the Member has coverage for the services discussed in this policy, then the medical criteria applies.
 - a. No additional rider is required for coverage of immunizations/vaccines.
 - b. No copay is charged for a preventive immunization/vaccine, the office visit co-pay may apply. Immunizations/vaccines identified as "preventive" services are listed on the applicable Benefit Administration Manual policy:
 - i. Preventive Services for Members Other Than Medicare Advantage.
 - ii. Preventive Services for Medicare Advantage Members.
 - c. All HAP/AHL Members meeting the CDC recommendations for administration have unlimited community access within the HAP/AHL service area for the influenza, meningococcal and pneumococcal vaccines, including Community Outreach Programs, College, Community, and County Health Departments.
 - d. Members receiving immunizations or vaccines from a Pharmacy should refer to the formulary for specific coverage information.
5. Medicare Advantage plan Members may be covered under either Part B benefits (Medical) or under Part D benefits (Pharmaceutical):
 - a. Part B: immunizations typically covered under Part B (Medical) benefits:
 - i. Influenza vaccines
 - ii. Pneumococcal vaccines
 - iii. Hepatitis B vaccine for high or intermediate risk Members
 - A. NOTE: Medicare considers a Member to be medium or high risk if any of the following applies:
 - I. Member has End-Stage Renal Disease (ESRD)
 - II. Member has hemophilia
 - III. Member is a client of or staff member at an institution for the developmentally disabled
 - IV. Member lives in the same household as a hepatitis B carrier
 - V. Member has unprotected sex with multiple partners or with someone who has hepatitis B
 - VI. Member uses certain federally prohibited substances

VII. Member is a health care professional in frequent contact with blood or other body fluids during routine work

- b. Part D: immunizations typically covered under Part D (Pharmaceutical) benefits:
 - i. All other vaccines and uses.
 - ii. If Member is considered to be at low risk for hepatitis B, the Hepatitis B vaccine will be covered under Part D (Pharmacy benefits).
 - c. Questions regarding how or where to submit a Medicare request for drug coverage: please contact the HAP Pharmacy Care Management at (313) 664-8940.
6. Medicaid Providers should refer to the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html

LIMITATIONS

1. Students away at school:
 - a. Please refer to the Students Away at School (School out of the Service area) policy for coverage of immunizations for HAP Members who do not have out-of-network coverage and are attending school full-time outside of the HAP service area.
2. Zoster and Shingrix vaccines:
 - a. These are addressed in a different Benefit Administration Manual policy. Please refer to the policy: Zoster (Shingles) Vaccine for coverage details. [90736, 90750].

EXCLUSIONS

1. Vaccines administered for the sole purpose of work or travel are not a covered benefit under the Member's HAP/AHL Subscriber Contract.
2. Oral polio vaccine (OPV) and vaccines containing whole cell pertussis (DTP, DTP-Hib) are not recommended for use in the United States and therefore are not covered.
3. Live Attenuated Influenza Vaccine (LAIV4) (e.g., FluMist® Quadrivalent intranasal vaccine) is not covered for:
 - a. HAP/AHL Members less than 2 years of age or older than 49 years of age due to lack of FDA approval for this population.
 - b. For HAP/AHL Members during seasons when it has not been approved by the CDC.

RELATED BENEFIT ADMINISTRATION MANUAL POLICIES:

1. Preventive Services for Members other than Medicare Advantage.
2. Preventive Services for Medicare Advantage Members.
3. Students Away at School (School out of the Service area)
4. Zoster (Shingles) Vaccine

REFERENCES:

1. **ACIP Recommendations:**
 - a. Center for Disease Control and Prevention. ACIP Recommendations: Vaccine Index. Advisory Committee on Immunization Practices (ACIP). Immunization Action Coalition. Avail @ https://www.immunize.org/acip/acip_chrono.asp
2. **Influenza/Flu vaccine:**
 - a. Centers for Disease Control and Prevention. Influenza <https://www.cdc.gov/flu/index.htm>
 - b. AstraZeneca. FluMist. Quadrivalent. <https://www.flumistquadrivalent.com/home.html>
 - c. Food & Drug Administration. Package Insert-FluMist Quadrivalent. August 2019. <https://www.fda.gov/media/83072/download>
 - d. Grohskopf, L.A., MD, et al. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019–20 Influenza Season. Morbidity and Mortality Weekly Report (MMWR). August 23, 2019, 68(3); 1–21. Avail @ https://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm?s_cid=rr6803a1_w
 - e. MLN Matters. 2019-2020 Influenza (Flu) Resources for Health Care Professionals. MLN Matters Number: SE19022. Article Release Date: September 9, 2019. Related CR Transmittal Number: N/A. Related Change Request (CR) Number: N/A. Effective Date: N/A. Implementation Date: N/A. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE19022.pdf>
 - f. Influenza Vaccine Products for the current Influenza Season. Avail @ <https://www.immunize.org/catg.d/p4072.pdf>
3. **COVID-19 [Coronavirus Disease 2019] vaccine:**
 1. TOOLKIT ON COVID-19 VACCINE: HEALTH INSURANCE ISSUERS AND MEDICARE ADVANTAGE PLANS. Center for Medicare & Medicaid Services. November 2020. <https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>
 2. COVID-19 Vaccines Information for Partners. Center for Medicare & Medicaid Services. 10/28/2020. <https://www.cms.gov/files/document/covid-vax-partner-toolkit.pdf>
 3. Coverage and Reimbursement of Vaccines, Vaccine Administration and Cost sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program. Center for Medicare & Medicaid Services. 10/29/2020 <https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf>

4. TOOLKIT ON COVID-19 VACCINE: HEALTH INSURANCE ISSUERS AND MEDICARE ADVANTAGE PLANS. Center for Medicare & Medicaid Services. 11/05/2020. <https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>
5. Interim Final Rule. Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency. Centers for Medicare & Medicaid Services. Federal Register CARES Act. CMS-9912-IFC. November 2020. <https://www.cms.gov/files/document/covid-vax-ifc-4.pdf>

4. MEDICARE REFERENCE:

- a. Local Coverage Determination (LCD): Immunizations (L34596) <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34596>
- b. Local Coverage Determination (LCD): Immune Globulins (L34771) <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34771>
 - i. Local Coverage Article: Billing and Coding: Immune Globulins (A57554) <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57554&ver=9&LCDId=34771&bc=AAAAAAAAIAAA&>
- c. MLN Matters. Influenza Vaccine Payment Allowances - Annual Update for 2019-2020 Season. MLN Matters Number: MM11428. Related CR Release Date: August 30, 2019. Related CR Transmittal Number: R4382CP. Related Change Request (CR) Number: 11428. Effective Date: August 1, 2019. Implementation Date: No later than October 1, 2019 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11428.pdf>
- d. MLN Matters. Quarterly Influenza Virus Vaccine Code Update - July 2020. MLN Matters Number: MM11603, Related CR Release Date: January 31, 2020. Related CR Transmittal Number: R4508CP, Related Change Request (CR) Number: 11603, Effective Date: July 1, 2020. <https://www.cms.gov/files/document/mm11603.pdf>

5. MEDICAID REFERENCE:

- a. Michigan Medicaid Provider Manual. <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
 - i. Billing & Reimbursement for Professionals
 - A. SECTION 6 - SPECIAL BILLING / 6.4 ANCILLARY MEDICAL SERVICES
 - ii. Early and Periodic Screening, Diagnosis and Treatment
 - A. SECTION 9 – PROCEDURES / 9.4 IMMUNIZATIONS
 - iii. Healthy Michigan Plan
 - A. SECTION 4 – COVERAGE
 - B. SECTION 5 – SPECIAL COVERAGE PROVISIONS / 5.5 PREVENTIVE SERVICES
 - iv. Medicaid Health Plans
 - A. SECTION 2 - SPECIAL COVERAGE PROVISIONS / 2.1 COMMUNICABLE DISEASE SERVICES
 - v. Nursing Facility
 - A. SECTION 10 - MEDICAID SERVICE DESCRIPTIONS / 10.38 VACCINES
 - vi. Pharmacy
 - A. SECTION 14 – SPECIAL PRODUCT COVERAGE / 14.15 VACCINES
 - vii. Practitioner
 - A. SECTION 3 – GENERAL PRACTICE / 3.12 IMMUNIZATIONS (VACCINES AND TOXOIDS)
 - B. SECTION 4 – GENERAL PRACTICE - SPECIAL CONSIDERATIONS / 4.8 PREVENTIVE SERVICES

This Benefit policy discusses the medical criteria for covered services. Coverage of services for Members is based on the Member's subscriber documents and are subject to all terms and conditions including specific exclusions and limitations. This type of document includes the following: Subscriber contract and associated riders; Member Benefit Guide; or an Evidence of Coverage document (for Medicare Advantage Members).

HAP HMO/POS and AHL EPO/PPO Members:

If there is a discrepancy between this policy and coverage described in the subscriber documents, the Member's subscriber documents will apply.

ASO Members:

Coverage as discussed in this policy may not apply to employer groups that are self-funded (referred to as an ASO group [Administrative Services Only]). Each ASO group determines the coverage available to their members which is found in the ASO Benefit Guide and associated riders. If a member has coverage for the type of service covered by this policy, then the medical criteria as discussed in this policy applies to those services.

Medicare Advantage Plan Members:

Coverage is based on Medicare (CMS) regulations and guidelines which include the NCDs (National Coverage Decision) and LCDs (Local Coverage Decision) for our area. When no coverage determination has been made by CMS, then this policy will apply.

Medicaid Plan Members:

For Medicaid/Healthy Michigan Plan members coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at:

http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572-,00.html, the Michigan Medicaid Provider Manual will apply.

EFFECTIVE DATE

08/01/2002

REVISED DATE

11/21/2020

REVIEWED DATE

02/05/2020

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