

Iowa Immunization Provider Manual



**Health and
Human Services**

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Immunizations

A. Purpose

To define immunization coverage and billing requirements for providers administering immunizations to Iowa Medicaid members.

1. Applicability

This policy applies to Iowa Medicaid enrolled providers administering immunizations to Iowa Medicaid members, including clinics, outpatient hospital facilities, pharmacies, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Partners.

B. Covered Services

Iowa Medicaid covers immunizations for children and adults that are medically necessary and approved by the Federal Drug Administration (FDA) as well as recommended by the Advisory Committee on Immunization Practices (ACIP). Iowa Medicaid also covers immunization administrations when another entity supplies the vaccine or toxoid.

Iowa Medicaid uses the immunization schedules published by the American Academy of Pediatrics and Center for Disease Control (CDC):

- [Child and adolescent](#) (18 years and younger)
- [Adult](#) (19 years and older)

1. Coverage Guidelines

a. Immunizations for Children

Vaccines for Children (VFC) immunizations supplied by the Iowa Department of Health and Human Services (HHS) must be used when administering a vaccine to members 0 through 18 years of age. Providers administering immunizations to children in this age group must be enrolled in the HHS VFC program and receive the immunizations at no charge through HHS Public Health.

In times of a statewide shortage of an individual VFC vaccine, Iowa Medicaid has the authority to reimburse VFC providers for vaccines administered to members ages 0 through 18 years when the Public Health stock is depleted. Public Health will notify Iowa Medicaid when their stock is depleted, and Iowa Medicaid will notify providers. Iowa Medicaid will reimburse for those vaccines at the currently published fee schedule rate. The fee schedules are available [here](#).

The [Immunization Coverage Table](#) is updated yearly and on the Iowa HHS Vaccines for Children [webpage](#).

If providers are not enrolled with the VFC program and would like to become enrolled, please complete and submit the 'VFC Provider Agreement and Enrollment Form' found on the HHS Vaccines for Children Program webpage.

Children enrolled in the Iowa Medicaid Hawki program do not meet the requirements for the VFC program, and therefore VFC vaccines provided by Public Health cannot be used. Vaccines given to Hawki members by Iowa Medicaid enrolled and MCO credentialed providers will be reimbursed by the member's Managed Care Organization (MCO). Reimbursement will include the provider's cost of the vaccine. The administration of the vaccine will be at the rate determined by the MCO.

b. Immunizations for Adults

Iowa Medicaid covers recommended immunizations for adults aged 19 and older. Coverage includes the vaccine and its administration. Recommended immunizations are those approved by the Food and Drug Administration (FDA) and recommended by the [Advisory Committee on Immunization Practices \(ACIP\)](#). Approved vaccines recommended by ACIP do not include vaccines the FDA has authorized but not approved under emergency use authorization.

ACIP Vaccine Recommendations and Guidelines can be found at [ACIP Recommendations | ACIP | CDC](#).

Dual-eligible members with Medicare drug plans (Medicare Part D) will have no out-of-pocket cost for adult vaccines recommended by the ACIP. For dual-eligible members please refer to Medicare's vaccine coverage found at [Medicare Part D Vaccines](#).

c. Immunization Counseling

Iowa Medicaid covers stand-alone vaccine counseling visits related to all pediatric vaccines, including the COVID-19 vaccine. Coverage is available to all members under the age of 21, when provided by a physician or other qualified health care professional, including local public health clinics.

Stand-alone vaccine counseling occurs when a member and/or caregiver receives counseling from a health care practitioner regarding the vaccine, but the member does not receive the vaccination at the same time as the counseling because the member and/or caregiver is not ready to consent.

Stand-alone vaccine counseling has been shown to help address vaccine hesitancy by helping beneficiaries and their families learn about vaccines from trusted health care providers.

Vaccine counseling will not be reimbursed separately when provided with preventative medicine codes 99381-99397 or if the vaccine is administered after the counseling is provided on the same calendar date by the same service provider.

HCPCs Code	Description
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, five to 15 minutes
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 minutes.
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 minutes time.
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 minutes.
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes (this code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit).
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, five to 15 minutes (this code is used for the Medicaid EPSDT benefit).

2. Immunization Administration

The [AMA CPT Category | New Immunization Codes](#) information page provides complete AMA CPT Code descriptions and instructions for vaccine administration.

For reimbursement of the vaccine administration(s) to process correctly, it is important to list all the vaccine codes on the claim lines before the administration codes.

The following CPT codes should be used as indicated in the code definition for reimbursement of administration of VFC vaccines:

CPT Code	Description
90460	Initial immunization administration through 18 years of age via any route of administration, with counseling by a physician or other qualified healthcare professional.
90461	Each additional immunization administration through 18 years of age via any route of administration, with counseling by a physician or other qualified healthcare professional
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)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified healthcare professional
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

When submitting claims to Iowa Medicaid, the total number of vaccines or needle sticks (not components) administered should be indicated as units of administration and divided in the following way on the claim form.

VFC Vaccine and Administration Claim Example #1

Member receives MMR, DTaP-HIB-IPV, and HepA vaccines and the member/guardian is provided counseling related to each vaccine by the RN.

Claim Line	CPT Code	Description	Units and Note	Rate
1	90707	Vaccine - MMR	One Unit	
2	90698	Vaccine – DTaP-HIB-IPV	One Unit	
3	90633	Vaccine-HepA	One Unit	
4	90460	Administration	One Unit (for the first vaccine administered)	
5	90461	Each Additional Vaccine Administered	2 units (for the second and third vaccine administered)	

VFC Vaccine and Administration Claim Example #2

Member receives PCV, DTaP-HIB-IPV-HepB, and Roravirus vaccines and the member/guardian is not provided counseling related to each vaccine.

Claim Line	CPT Code	Description	Units and Note
1	90671	Vaccine - PCV	One Unit
2	90697	Vaccine – DTaP-HIB-IPV-Hep B	One Unit
3	90681	Vaccine-Rotavirus	One Unit
4	90471	Administration	One Unit (for the first vaccine administered IM)
5	90472	Administration	One Unit (for the second vaccine administered IM)
6	90473	Administration	One Unit (for the first vaccine administered via intranasal or oral route)

Note: A counseling component is not a requirement of Iowa Medicaid however, providers should refer to their scope of practice. It is considered best practice to offer or provide counseling with the administration of any VFC vaccination. The counseling should be completed by a physician or another qualified health care professional, which includes but is not limited to a registered nurse, nurse practitioner, physician assistant or pharmacist.

3. Billing Instructions by Claim Type

VFC supplied vaccines must be billed with modifier SL at \$0.00 or a nominal fee of \$0.01.

If the Public Health stock is depleted and providers are using their purchased stock, the claim will need to include the “U8” modifier when being billed for children’s vaccine codes, only after the date provided by Iowa Medicaid that the statewide stock is depleted. The “U8” modifier indicates the provider is using their private stock after the statewide stock is depleted; it is not to be used for any other purpose. Claims submitted without the “U8” modifier after the statewide stock is depleted will result in nonpayment of the vaccine codes being billed.

For professional services billed on a CMS 1500 / 837 P claim form, bill the Immunization CPT Code and its correlating administration code. Vaccines administered in a pharmacy must be submitted on a CMS 1500 / 837 P claim form, not an NCPDP (pharmacy) claim.

For institutional services billed on a CMS UB-04/837I claim, the immunization CPT codes must be billed under Revenue Code 0636. The administration must be billed using Revenue Code 0771 with the appropriate CPT code. Both the vaccine and administration must be billed on the same claim.

For FQHCs, RHCs, and Tribal Health Programs, the immunizations will be paid within the encounter rate. Both the immunization and administration must be billed on the same claim. Immunizations are only separately reimbursed if no medical encounter was provided on the service date. Please refer to the FQHC, RHCs, and Tribal Health Program policies for further information.

C. Limitations

Abrysvo administered to pregnant members from 32 weeks through 36 weeks must be reported with an ICD-10-CM code specific to the third trimester of pregnancy AND an ICD-10-CM code from the Z3A.32 – Z3A.36 range at the line level for professional claims or header level for institutional claims.

The flu vaccine is limited to one vaccine per member per flu season (September – May.)

Summary of Policy Updates

September 2025

Section	Updates