



Medicare Vaccine Information – Updated July 2008

Prophylactic vaccines are normally covered under the Medicare Prescription Drug Plan (Part D benefit), except in some cases where the Centers for Medicare & Medicaid Services (CMS) has mandated coverage under the Medicare Part B benefit. Additionally, some vaccines may be covered under either benefit depending on the medical reason for needing the vaccine. For example, vaccines given to treat an injury or as a result of direct exposure to a disease or condition are covered under Part B when provided in conjunction with a physician's service.

Members enrolled in Aetna's Medicare Advantage Plans with prescription drug coverage (MA-PD) are provided with Part A, Part B and Part D drug coverage through Aetna. A member enrolled in a stand-alone Aetna Medicare RxSM plan ("PDP") only has Part D drug coverage available through Aetna. Their Part B coverage could be through Original Medicare or another type of plan option such as a Medicare Cost Plan, a Private Fee-for-Service Plan or a Medicare Medical Savings Account Plan.

Vaccine/Vaccine Administration Fee Reimbursement – 2008 guidelines

- For services rendered in **2008** and beyond, the cost of and the administration fee associated with a Part D vaccine will be covered under the Part D plan benefit. When a member has Part D coverage under an Aetna Medicare plan (either PDP or MA-PD) and obtains a Part D vaccine that is covered per the member's plan formulary, the member's cost sharing responsibility will be based on their benefit plan, and where the vaccine is obtained and administered.
- When a member obtains a Part D vaccine and the vaccine is administered at a participating pharmacy, applicable member cost sharing is determined at the point of sale. If a member obtains the Part D vaccine from a physician's office, clinic or other medical provider, or from a non-participating pharmacy, the member will pay for the vaccine and the associated vaccine administration fee at the point of sale and submit a claim to Aetna for reimbursement. The member will be responsible for any applicable cost sharing plus any amount above the average wholesale price of the cost of the vaccine and any amount above usual and customary for the administration fee related to the Part D vaccine.
- When the vaccine is covered under the Part B benefit and the member has MA or MA-PD plan coverage with Aetna, then both the vaccine and the associated administration fee are covered under Part B.

Vaccine/Vaccine Administration Fee Reimbursement – 2007 guidelines

If an Aetna Medicare member plan includes Part D coverage through Aetna, they must pay their physician for Part D covered vaccines received at the time of service, and the member must submit an itemized claim for the vaccine charges and proof of payment to Aetna Pharmacy Management in order to be reimbursed. Medicare Part D carriers cannot issue payment directly to physicians, as they are not contracted under the drug plan.

For service dates during 2007, the charge for the vaccine administration fee should continue to be billed to Aetna if the member was enrolled in an Aetna Medicare Advantage plan at the time of the service. If the member was not enrolled in a plan that included Part D coverage, then the vaccine administration fee will not be covered under Medicare

- **For 2007 services only:** When the vaccine is covered under the Part D (PDP or MA-PD) benefit and the member is enrolled in a Part D Plan, the associated administration fee will be covered under the member's Part B benefit coverage.
 - If the member is covered under an Aetna MA-PD that includes Part A, Part B and Part D, the administration fee should be billed to Aetna's Claims department with HCPCS code **G0377**.
 - If the member is covered under an Aetna MA plan, but has his/her Part D Plan coverage through a different Part D Plan Sponsor, the administration fee should be billed to Aetna's Claims Department with HCPCS code G0377, and include a copy of the member's PDP ID card as proof of Part D plan coverage (if available), to expedite claims handling. The charge for the vaccine should be billed to the carrier providing the Part D plan coverage. Copayments and deductibles may apply.
 - If the member is not enrolled in a Part D Plan, then the vaccine administration fee would not be covered under the member's Part B benefit.
 - When the vaccine is covered under the Part B benefit and the member has MA or MA-PD plan coverage with Aetna, then both the vaccine and the associated administration fee are covered under Part B.

This 2008 chart provides a guide to assist you in determining if a vaccine will be covered under the member's medical (Part B benefit) or prescription drug (Part D benefit) coverage:

Vaccine Type	Brand Names (examples); <i>generics</i>	Covered under Medical (Part B)	*Covered under Pharmacy (Part D)	Requires clinical review to determine Medical vs. Pharmacy coverage
Anthrax	Anthrax vaccine			X
diph-acell pert-tet tox -haemoph B-poly combinations	Trihibit, Pediarix		X	
Haemophilus B	Pedvax HIB, ActHIB, Hibtiter		X	
Haemophilus B-Hepatitis B combination	Comvax		X	
Hep A and Hep B combination	Twinrix		X	
Hepatitis A	Havrix, Vaqta			X
Hepatitis B	Recombivax HB, Engerix-B			X
Herpes zoster	Zostavax		X	
Human papillomavirus (HPV)	Gardasil		X	
Influenza		X		
Japanese encephalitis	Je-Vax		X	
Measles	Attenuvax		X	
Measles-mumps-rubella; measles-rubella combinations	M-M-R; M-R-Vax		X	
Measles-rubella combination	M-R-VAX II		X	
Meningococcal	Menomune, Menactra		X	
Mumps	Mumpsvax		X	
Pneumococcal		X		
Poliovirus	Ipol		X	
Rabies	Imovax Rabies, Rabavert			X
Rotavirus	Rotateq		X	
Rubella	Meruvax		X	
Tetanus toxoid	Tetanus toxoid			X
Tetanus-Diphtheria-Pertussis	<i>Tet/Dip</i> , Infanrix, Tripedia, Daptacel, Adacel, Boostrix		X	
Typhoid	Typhim Vi		X	
Typhoid vaccine, oral	Vivotif Berna EC		X	
Varicella	Varivax, <i>varicella zoster</i>		X	
Yellow fever	YF-Vax		X	

***Precertification programs, step-therapy programs and/or dispensing quantity limits may apply to certain medications covered under Medicare Part D. For additional information please go to http://www.aetna.com/products/rx/pcpb_menu.html**

Note: Each benefits plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their health care providers will need to consult the member's benefits plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply. The member's benefits plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between this information and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of CMS for Medicare members. CMS's Coverage Database can be found on the following website: <http://www.cms.hhs.gov/partnerships/downloads/determine.pdf>