

Vaccination (Immunization)

Guideline Number: MPG341.13
Approval Date: July 14, 2021

[↪ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	1
Definitions	6
Questions and Answers	6
References	6
Guideline History/Revision Information	8
Purpose	8
Terms and Conditions	8

- Related Medicare Advantage Reimbursement Policy
 - [Discarded Drugs and Biologicals Policy, Professional](#)
- Related Medicare Advantage Coverage Summary
 - [Preventive Health Services and Procedures](#)

Policy Summary

[↪ See Purpose](#)

Overview

Immunizations are generally excluded from coverage under Medicare unless they are directly related to the treatment of an injury or direct exposure to a disease or condition, such as anti-rabies treatment or tetanus antitoxin or booster vaccine. In the absence of injury or direct exposure, preventive immunizations (vaccination or inoculation) against such diseases as smallpox, typhoid and polio, are not covered. In cases where a vaccination or inoculation is excluded from coverage, the entire charge will be denied (such as office visits which are primarily for the purpose of administering a non-covered injection).

Guidelines

Refer to the [Applicable Codes](#) for Medicare covered (Part B), Medicare non-covered, and Medicare possibly covered (Part D) immunizations.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification: Vaccines listed as Medicare Covered for Hepatitis B are eligible for Medicare Part B coverage if there has been a documented exposure, injury or risk factor. For Hepatitis B, coverage is limited to those who are at high or intermediate risk of contracting Hepatitis B.

- High risk groups are identified as:
 - ESRD patients
 - Hemophiliacs who receive Factor VIII or IX concentrates
 - Clients of institutions for the mentally retarded
 - Persons who live in the same household as a hepatitis B virus (HBV) carrier

- Homosexual men
- Illicit injectable drug abusers; and
- Persons diagnosed with diabetes mellitus
- Intermediate risk groups are identified as:
 - Staff in institutions for the mentally retarded; and
 - Workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work

CPT Code	Description
Medicare Covered for Influenza and Pneumococcal	
Vaccines listed below are eligible for Medicare Part B payment. These vaccines may be reimbursed regardless of the setting in which they are furnished. In addition, the administration fee for these vaccines is also eligible for payment.	
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use (FDA approved for adults 65 years of age and older)
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90661	Influenza virus vaccine, trivalent (cclIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (FDA approved for adults 65 years of age and older)
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use (Effective 07/01/2021)
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use (FDA approved for 2 years through 49 years of age)
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use (Effective 07/01/2021)
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use (FDA approved for 6 months through 35 months of age)
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use (FDA approved for 6 months through 35 months of age)
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use
90694	Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use

CPT Code	Description
Medicare Covered for Influenza and Pneumococcal	
Vaccines listed below are eligible for Medicare Part B payment. These vaccines may be reimbursed regardless of the setting in which they are furnished. In addition, the administration fee for these vaccines is also eligible for payment.	
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
Medicare Covered for Hepatitis B (See Coding Clarification)	
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
Medicare Covered for Tetanus and/or Diphtheria Vaccine: The below injections are covered when given for an acute injury to a person who is incompletely immunized. When the tetanus booster is given to a patient in the absence of an injury, the injection does not meet the coverage criteria for Medicare (even though it may be appropriate preventive treatment).	
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
Medicare Covered for Rabies Vaccine: Rabies is a disease that is carried by animals and transmitted by a bite or scratch. When administering a rabies vaccine to a human who has had an encounter with an animal that is at high risk for rabies, 90675 should be billed with the appropriate ICD-10 diagnosis code for the exposure.	
90675	Rabies vaccine, for intramuscular use
90676	Rabies vaccine, for intradermal use
Medicare Covered for Administration of Tetanus, Diphtheria and/or Rabies Vaccines: Administration codes for the tetanus and rabies vaccinations must also meet coverage criteria.	
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)
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)
Medicare Non-Covered: Vaccinations listed below are never covered by Medicare Part B or Medicare Part D.	
90476	Adenovirus vaccine, type 4, live, for oral use
90477	Adenovirus vaccine, type 7, live, for oral use
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use

CPT Code	Description
Medicare Non-Covered: Vaccinations listed below are never covered by Medicare Part B or Medicare Part D.	
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 (MenB-4C), 2 dose schedule, for intramuscular use
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use (Effective 07/01/2021)
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use (Effective 07/01/2021)
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use
90758	Zaire ebolavirus vaccine, live, for intramuscular use (Effective 07/01/2021)
Medicare Possibly Covered (Part D) – All Others: Vaccinations listed below are never covered by Medicare Part B however may be covered by Medicare Part D Prescription Drug Coverage (reference the applicable formulary).	
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)
90581	Anthrax vaccine, for subcutaneous or intramuscular use
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use

CPT Code	Description
Medicare Possibly Covered (Part D) – All Others: Vaccinations listed below are never covered by Medicare Part B however may be covered by Medicare Part D Prescription Drug Coverage (reference the applicable formulary).	
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90690	Typhoid vaccine, live, oral
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DtaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DtaP-IPV/Hib), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), when administered to individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90716	Varicella virus vaccine (VAR), live, for subcutaneous use
90717	Yellow fever vaccine, live, for subcutaneous use
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection
90749	Unlisted vaccine/toxoid
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use (FDA approved for adults 50 years of age and older)

CPT® is a registered trademark of the American Medical Association

HCPCS Code	Description
Medicare Covered for Influenza and Pneumococcal Vaccines listed below are eligible for Medicare Part B payment. These vaccines may be reimbursed regardless of the setting in which they are furnished. In addition, the administration fee for these vaccines is also eligible for payment.	
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2039	Influenza virus vaccine, not otherwise specified

HCPCS Code	Description
Medicare Covered for Influenza and Pneumococcal (see Coding Clarification)	
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
Medicare Covered for Hepatitis B (see Coding Clarification)	
G0010	Administration of hepatitis B vaccine

Modifier	Description
AT	Acute treatment

Diagnosis Code
Vaccination (Immunization): Diagnosis Code List

Definitions

Vaccination: An injection of a killed microbe in order to stimulate the immune system against the microbe, thereby preventing disease. Vaccinations, or immunizations, work by stimulating the immune system, the natural disease-fighting system of the body. The healthy immune system is able to recognize invading bacteria and viruses and produce substances (antibodies) to destroy or disable them. Immunizations prepare the immune system to ward off a disease. To immunize against viral diseases, the virus used in the vaccine has been weakened or killed. To only immunize against bacterial diseases, it is generally possible to use a small portion of the dead bacteria to stimulate the formation of antibodies against the whole bacteria. In addition to the initial immunization process, it has been found that the Effectiveness of immunizations can be improved by periodic repeat injections or “boosters.”

Questions and Answers

1	Q:	Where is the Medicare sourcing for coverage of the Hepatitis B vaccine? I thought it was covered for everyone.
	A:	The CMS sourcing for a list of indications that support payment of the Hepatitis B series can be found in the Vaccination (Immunization): ICD-10 Diagnosis Code List attachment.
2	Q:	Can I charge an administration fee?
	A:	Yes. Administration fees for vaccines could be handled in the following manner: <ul style="list-style-type: none"> Part D vaccines, including the associated administration costs could be billed on one claim to the beneficiary or to the Part D plan. Note: CMS believes that Part D vaccines, including the associated administration costs, should be billed on one claim for both in- and out-of-network situations. Part D vaccine administration costs are a component of the negotiated price for a Part D-covered vaccine.
3	Q:	When did CPT Code 90694 become effective?
	A:	CPT Code 90694 became effective as a code with a status indicator of ‘N’-non covered on 01/01/2020. On 07/01/2020 the status indicator changed to ‘A’ and is now considered covered.

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	A54767 Billing and Coding: Medicare Preventive Coverage for Certain Vaccines	Palmetto	AL, GA, TN, NC, SC, VA, WV	AL, GA, TN, NC, SC, VA, WV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	A52438 Billing and Coding: Tetanus Immunization	CGS	KY,OH	KY,OH
L34596 Immunizations	A56900 Billing and Coding: Immunizations	WPS	AK, AL, AR, AZ, CA (Entire State), CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO (Entire State), MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, KS, MO, NE, IN, MI

CMS Benefit Policy Manual

[Chapter 15; § 50 Drugs and Biologicals](#)

CMS Claims Processing Manual

[Chapter 17; § 10 Payment Rules for Drugs and Biologicals, § 40 Discarded Drugs and Biologicals](#)

[Chapter 18 Preventive & Screening Services](#)

CMS Transmittal(s)

[Transmittal 3827, Change Request 10196, Dated 08/04/2017 \(Quarterly Influenza Virus Vaccine Code Update - January 2018\)](#)

[Transmittal 3908, Change Request 10224, Dated 11/03/2017 \(Influenza Vaccine Payment Allowances - Annual Update for 2017-2018 Season\)](#)

[Transmittal 4127, Change Request 10871, Dated 09/15/2018 \(Quarterly Influenza Virus Vaccine Code Update - January 2019\)](#)

MLN Matters

[Article MM8249, New Influenza Virus and Hepatitis B Virus Vaccine Codes](#)

[Article MM8473, New Influenza Virus Vaccine Code](#)

[Article MM9051, Modifications to Medicare Part B Coverage of Pneumococcal Vaccinations](#)

[Article MM9778, Update to Hepatitis B Deductible and Coinsurance and Screening Pap Smears Claims Processing Information](#)

[Article MM9793, Implementation of New Influenza Virus Vaccine Code](#)

[Article MM9876, Implementation of New Influenza Virus Vaccine Code](#)

[Article MM10196 Revised, Quarterly Influenza Virus Vaccine Code Update - January 2018](#)

[Article MM10871 Revised, Quarterly Influenza Virus Vaccine Code Update - January 2019](#)

[Article MM11293, Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - July 2019 Update](#)

[Article MM11318, July 2019 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

[Article SE0727, Reimbursement for Vaccines and Vaccine Administration Under Medicare Part D](#)

[Article SE17026, 2017-2018 Influenza \(Flu\) Resources for Health Care Professionals](#)

UnitedHealthcare Commercial Policies

[Vaccines](#)

[Preventive Care Services](#)

Other(s)

[Preventative Services Guide](#)

[Department of Health and Human Services, Centers for Medicare & Medicaid Services, Preventive Services, CMS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
07/14/2021	<p>Applicable Codes</p> <p><i>Medicare Covered for Influenza and Pneumococcal</i></p> <ul style="list-style-type: none"> Added CPT codes 90671 and 90677 Removed notation indicating CPT code 90689 is “not FDA approved” <p><i>Medicare Non-Covered</i></p> <ul style="list-style-type: none"> Added CPT codes 90626, 90627, and 90758 <p><i>Tetanus-Diphtheria</i></p> <ul style="list-style-type: none"> Added 1658 ICD-10 diagnosis codes (see list for details) Removed ICD-10 diagnosis code T07 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG341.12

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).