



MediKids Vaccines Billing and Service Guidelines

Humana Healthy Horizons® in Florida is committed to providing MediKids vaccines to children while ensuring we have an efficient billing and payment process for providers. The following information details the Humana Healthy Horizons guidance related to this integral service.

Question	Answer						
<p>How should Humana Healthy Horizons be billed and how will providers be reimbursed?</p>	<p>Providers should bill the appropriate vaccine and administration code(s) when these services are rendered to children 1 to 4 years old. The vaccine reimbursement rates, which apply to appropriately billed services for children in the MediKids population, are included on the final pages of this document and are effective Oct. 1, 2025.</p>						
<p>How can I determine MediKids coverage?</p>	<p>You can determine if the patient is covered by MediKids in 2 ways:</p> <ol style="list-style-type: none"> 1. When looking up the patient in the Florida Medicaid Managed Information System provider portal in Florida, “MK” Medicaid codes identify the member as a MediKids member. 2. The group number on the patient’s Humana Healthy Horizons member ID card will end in 28. <p>Sample member ID card:</p> <div data-bbox="548 1157 1127 1518" style="border: 1px solid black; padding: 10px;"> <p>Humana Healthy Horizons® in Florida <small>A Medicaid product of Humana Medical Plan, Inc.</small> Medical Plan MEMBER NAME Member ID: HXXXXXXXXX</p> <table border="0"> <tr> <td>Medicaid ID#: XXXXXXXX</td> <td>Group #: XXXXXX</td> </tr> <tr> <td>Date of Birth: XX/XX/XX</td> <td>RxBIN: 610649</td> </tr> <tr> <td>Effective Date: XX/XX/XX</td> <td>RxPCN: 03190000</td> </tr> </table> <p>PCP Name: XXXXXXXXX PCP Phone: (XXX) XXX-XXXX Primary Care Address: XXXXXXXXXXXX</p> </div> <p><i>(Note: In the sample ID card, the group number 'XXXXXX' is circled in pink, and a line connects it to a larger pink circle containing the number '28', indicating that the group number ends in 28.)</i></p>	Medicaid ID#: XXXXXXXX	Group #: XXXXXX	Date of Birth: XX/XX/XX	RxBIN: 610649	Effective Date: XX/XX/XX	RxPCN: 03190000
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<p>Where can this and other Humana Healthy Horizons training guidance be found?</p>	<p>Humana Healthy Horizons continuously updates its provider training materials website with the most recent guidance, including our billing and service guidelines for MediKids vaccines.</p>						

Humana Healthy Horizons® in Florida

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

Question	Answer
Will Humana Healthy Horizons require prior authorization for services?	No, Humana Healthy Horizons will reimburse these vaccine services without any prior authorization or referral requirements.
Where should paper claims be sent?	Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601
How do I submit electronic claims?	To submit electronic claims, Humana Healthy Horizons managed Medical Assistance (MMA) providers should: <ol style="list-style-type: none"> 1. Visit our Coverage and claims webpage. 2. Select the link for either Availity Essentials™ or Waystar®. 3. Use payer ID 61101 for electronic claim submissions. Visit Availity Essentials: Training & Education to access training materials or submit through the portal.
Can I receive payments via electronic funds transfer (EFT)?	Yes. To set up or change EFT or electronic remittance advice (ERA) with multiple payers, you may use a Council for Affordable Quality Healthcare EFT/ERA solution. To learn more, visit our Electronic claims payment webpage .
How much will Humana Healthy Horizons reimburse for the vaccines?	Humana Healthy Horizons will reimburse the vaccines at the rates listed for each vaccine's Current Procedural Terminology (CPT®) code on the final page of this document.
Will I be reimbursed for vaccine administration?	The vaccine administration's reimbursement will be at the rates defined on the Florida Agency for Health Care Administration (AHCA) MMA Physician Incentive Program (MPIP) site for the corresponding year. <p>Note: Providers who have qualified for the MPIP as well as those not qualified under the MPIP will receive payment for the vaccine and vaccine administrations.</p>
Who can I contact at Humana Healthy Horizons for specific questions related to these services?	Provider Services: Call 800-477-6931 , Monday – Friday, 8 a.m. – 8 p.m., Eastern time. Claim processing escalations: Email: FLMedicaidResolution@humana.com .
Where can I find Humana Healthy Horizons claims clearinghouse contact information?	<ul style="list-style-type: none"> • Availity Essentials 800-282-4548 • Change Healthcare/Optum 866-371-9066 • Waystar™ 844-592-9782 (hospitals) 844-392-9782 (providers) • TriZetto® Provider Solutions 800-969-3666 • The SSI Group 800-820-4774 Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information.

The following rates are effective Oct. 1, 2025.

CPT	CPT Description	Rate
90380	Respiratory syncytial virus monoclonal antibody, seasonal dose; 0.5 mL dosage for intramuscular (IM) use (Beyfortus®)*	\$340.07
90381	Respiratory syncytial virus monoclonal antibody, seasonal dose; 1 mL dosage for IM use (Beyfortus®)*	\$340.07
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for IM use (MenQuadfi®)	\$89.55
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage (2-dose schedule), for IM use (Vaqta®-PEDS, Havrix®-PEDS)	\$26.54
90647	Haemophilus influenzae B (3-dose schedule) injection into muscle (PedvaxHIB®)	\$21.96
90648	Haemophilus influenzae B (4-dose schedule) injection into muscle (ActHIB®, Hiberix®)	\$8.95
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, 0.25 mL dosage, for IM use	\$11.56
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for IM use (Fluzone® TIV)	\$7.33
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for IM use (Flulaval® TIV)	\$10.77
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use (FluMist® TIV)	\$19.35
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for IM use	\$27.05
90671	Pneumococcal conjugate vaccine, 15-valent (PCV15), for IM use	\$186.11
90677	Pneumococcal conjugate vaccine, 20-valent (PCV20), for IM use	\$218.76
90680	Rotavirus vaccine, pentavalent RV5, 3-dose schedule, live, for oral use (RotaTeq®)	\$69.06
90681	Rotavirus vaccine, human, attenuated RV1, 2-dose schedule, live, for oral use (Rotarix®)	\$99.86
90696	Diphtheria, tetanus toxoids, acellular pertussis (whooping cough) and polio (DTaP-IPV), IM (Quadracel®, Kinrix®)	\$43.56
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 IM use	\$94.15
90698	Diphtheria, tetanus toxoids, acellular pertussis (whooping cough), Haemophilus influenza type B and polio (DTaP-HIB-IPV), IM (Pentacel®)	\$77.23
90700	Diphtheria, tetanus and acellular pertussis (whooping cough) (DTaP), IM (Daptacel®, Infanrix®)	\$19.92
90702	Diphtheria and tetanus toxoids, IM DT	\$25.63
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (M-M-R® II, Priorix®)	\$66.43

CPT	CPT Description	Rate
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (ProQuad®)	\$172.16
90713	Polio vaccine, injection beneath the skin or into muscle (IPOL®)	\$30.82
90716	Varicella virus vaccine (VAR), live, for subcutaneous use (Varivax®)	\$122.15
90723	Diphtheria, tetanus toxoids, acellular pertussis (whooping cough), hepatitis B and polio (DTaP-HepB-IPV), IM (Pediarix® – latex-free)	\$69.33
90732	Pneumococcal polysaccharide, 23-valent subcutaneous or IM (Pneumovax® 23)	\$89.46
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for IM use (Menveo®)	\$108.91
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3-dose schedule, for IM use (Recombivax HB®-PED, Engerix-B®-PEDS)	\$20.62
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease COVID-19) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, tris-sucrose formulation, for IM use (Pfizer-BioNTech Covid-19 vaccine)	\$43.94
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease COVID-19) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for IM use (Moderna COVID-19 Vaccine [United States only])	\$98.57
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease COVID-19) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for IM use (Spikevax®)	\$108.35

* Respiratory syncytial virus monoclonal antibody codes have specific administration codes that must be billed together.