

MEDICAL POLICY



SUBJECT: IMMUNIZATIONS	EFFECTIVE DATE: 09/16/04
POLICY NUMBER: 2.01.42	REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18
CATEGORY: Vaccines/Biologics	PAGE: 1 OF: 9
<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i>	

POLICY STATEMENT:

Childhood and adult immunizations are **eligible for coverage** when:

- I. Administered according to the official recommendations of the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC), and
- II. The services are covered by a member's contract/benefit design.

ACIP recommendations are effective on the date of the ACIP meeting at which the recommendations were made and are considered official when publicized by the CDC.

POLICY GUIDELINES

- I. Refer to the member's subscriber contract and/or the Customer (Member/Provider) Service Department for specific contract age limitations for dependents.
- II. Coverage criteria are adjusted when national guidelines are revised to address new vaccines or changes in vaccine indications or the CDC makes recommendations for changes in administration schedules related to national vaccine shortages.
- III. Coverage for vaccines related to or required only as a condition of work, travel or school are strictly contract dependent.

The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION:

Immunization is the process of stimulating the body's immune system to protect against a specific infection. Minute amounts of the specific bacteria or virus, in whole or part, are specially treated so that when given to the patient, they will stimulate the body's immune system without actually causing disease. Some immunizations require "boosters," or repeat doses of the same vaccine, to keep up the body's protection against a specific bacteria or virus.

Recommended Pediatric and Adult immunizations are addressed as part of the Health Plan's Preventive Health Guidelines.

The "Recommended Childhood Immunization Schedule – Birth to 18 years and "Catch-up" that is part of Preventive Health Services: Healthy Children to Age 19 guidelines is produced by the American Academy of Pediatrics (AAP), the ACIP of the CDC, and the American Academy of Family Physicians and can be referenced at: <https://www.excellusbcs.com/wps/portal/xl/prv/pc/cpg>. The Childhood & Adolescent Immunization Schedules are also available at: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

The following immunizations are included in the recommendations for children and adolescents aged 18 years or younger based on medical indications:

SUBJECT: IMMUNIZATIONS	EFFECTIVE DATE: 09/16/04
POLICY NUMBER: 2.01.42	REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18
CATEGORY: Vaccines/Biologics	PAGE: 2 OF: 9

Diphtheria-Tetanus- acellular Pertussis (DTaP)	Influenza (Seasonal) (IIV)	Pneumococcal Polysaccharide (PPSV23)
Hepatitis A	Measles, Mumps, Rubella (MMR)	Poliovirus Inactivated (IPV)
Hepatitis B	Meningococcal (Hib-MenCY >6 weeks; MenACWY-D >9 mos; MenACWY-CRM ≥2 mos)	Rotavirus
Haemophilus Influenza Type B (HiB)	Pneumococcal conjugate (PCV13)	Tetanus-diphtheria -acellular Pertussis (Tdap) ≥7 yrs
Human Papillomavirus (HPV) (Cervarix [HPV2], Gardasil [HPV4, HPV9])		Varicella (VAR)

The Preventive Care of Adults Ages 19 Years and Older guidelines include immunization schedules and information for both persons at “usual risk” and “at risk”. These guidelines are based primarily on recommendations from the Report of the US Preventive Services Task Force and the Department of Health and Human Services Centers for Disease Control and Prevention Recommended Adult Immunization Schedule and can be referenced at:

<https://www.excellusbcs.com/wps/portal/xl/prv/pc/cpg>. The Adult Immunization Recommendations Schedule is also available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-shell.html>

The following immunizations for Adults Aged 19 Years or Older are included in the recommendations:

Tetanus-diphtheria -acellular Pertussis (Tdap)/(Td)	Human Papillomavirus (HPV) (Cervarix [HPV2], Gardasil [HPV4, HPV9])	
Hepatitis A	Influenza (Seasonal)	Pneumococcal (PCV13 / PPSV23)
Hepatitis B	Measles, Mumps, Rubella (MMR)	Varicella (VAR)
Haemophilus Influenza Type B (HiB)	Meningococcal (MenACWY or MPSV4) (MenB)	Herpes Zoster (Shingles) (HZV)

According to New York State Law (NYS ISC Laws § 3221, § 3216, § 4303), every health insurance policy providing medical, major medical or similar comprehensive type coverage must provide coverage for necessary immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) to the CDC.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT:	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	each additional vaccine or toxoid component administered
	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB -FHbp), 2 dose schedule, for intramuscular use

SUBJECT: IMMUNIZATIONS POLICY NUMBER: 2.01.42 CATEGORY: Vaccines/Biologics	EFFECTIVE DATE: 09/16/04 REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18 PAGE: 3 OF: 9
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- 90630 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
- 90632 Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use
- 90633 Hepatitis A vaccine (Hep A), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
- 90634 Hepatitis A vaccine (Hep A), pediatric/adolescent dosage-3dose schedule, for intramuscular use
- 90636 Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
- 90644 Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-18 months of age, for intramuscular use
- 90647 Hemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
- 90648 Hemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
- 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
- 90653 Influenza virus vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
- 90654 Influenza virus vaccine, 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
- 90658 Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
- 90660 Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
- 90661 Influenza virus vaccine trivalent (ccIIV3), 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
- 90664 (E/I) Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use
Note: Not covered for 2018-2019 influenza season as is not recommended for use by the CDC.

SUBJECT: IMMUNIZATIONS POLICY NUMBER: 2.01.42 CATEGORY: Vaccines/Biologics	EFFECTIVE DATE: 09/16/04 REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18 PAGE: 4 OF: 9
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- 90666 (E/I) Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use (*pending FDA approval*)
- 90667 (E/I) Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use (*pending FDA approval*)
- 90668 (E/I) Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use (*pending FDA approval*)
- 90670 Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
- 90672 Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
- 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 (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90680 Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
- 90681 Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
- 90682 Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (e.g. Flublok® Quadrivalent)
- 90685 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
- 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
- 90688 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
- 90689 (E/I) Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use (*pending FDA approval*)(*effective 1/1/19*)
- 90696 Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use
- 90697 (E/I) 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 (*pending FDA approval*)
- 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
- 90702 Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use

SUBJECT: IMMUNIZATIONS POLICY NUMBER: 2.01.42 CATEGORY: Vaccines/Biologics	EFFECTIVE DATE: 09/16/04 REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18 PAGE: 5 OF: 9
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- 90707 Measles, mumps, and rubella 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
- 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
- 90716 Varicella virus vaccine (VAR), live, for subcutaneous use
- 90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DtaP-HepB-IPV), for intramuscular use
- 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
- 90733 Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
- 90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 quadrivalent (MCV4 or MenACWY), for intramuscular use
- 90736 Zoster (shingles) vaccine (HZV), live, for *subcutaneous* injection (Zostavax)
- 90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use
- 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
- 90748 Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use
- 90750 Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for *intramuscular* injection (Shingrix) (effective 1/26/18)
- 90756 Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use (effective 1/1/2018)

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- HCPCS:** G0008 Administration of influenza virus vaccine
- G0009 Administration of pneumococcal vaccine

SUBJECT: IMMUNIZATIONS POLICY NUMBER: 2.01.42 CATEGORY: Vaccines/Biologics	EFFECTIVE DATE: 09/16/04 REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18 PAGE: 6 OF: 9
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- G0010 Administration of hepatitis B vaccine
- Q2034 Influenza virus vaccine, split virus, for intramuscular use (Agriflu) Sipuleucel-t, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukopheresis and all other preparatory procedures, per infusion
- 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, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)

ICD10: Numerous

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SUBJECT: IMMUNIZATIONS POLICY NUMBER: 2.01.42 CATEGORY: Vaccines/Biologics	EFFECTIVE DATE: 09/16/04 REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18 PAGE: 7 OF: 9
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*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). **Hepatitis A** ACIP Vaccine Recommendations [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>] accessed 4/13/18.

*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). **Hepatitis B** ACIP Vaccine Recommendations [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html>] accessed 4/13/18.

*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). **Hib** ACIP Vaccine Recommendations (Haemophilus Influenzae type B) [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html>] accessed 4/13/18.

*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). Human Papillomavirus (**HPV**) ACIP Vaccine Recommendations [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html>] accessed 4/13/18.

*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). **Influenza** ACIP Vaccine Recommendations [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>] accessed 4/13/18.

*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). **Japanese Encephalitis** ACIP Vaccine Recommendations [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/je.html>] accessed 4/13/18.

*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). MMR ACIP Vaccine Recommendations (**Measles, Mumps and Rubella**) [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>] accessed 4/13/18.

*Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). MMRV ACIP Vaccine Recommendations (**Measles, Mumps, Rubella, and Varicella**) [<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>] accessed 4/13/18.

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SUBJECT: IMMUNIZATIONS POLICY NUMBER: 2.01.42 CATEGORY: Vaccines/Biologics	EFFECTIVE DATE: 09/16/04 REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18 PAGE: 8 OF: 9
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* key article

KEY WORDS:

Immunizations, vaccines, ACIP.

SUBJECT: IMMUNIZATIONS	EFFECTIVE DATE: 09/16/04
POLICY NUMBER: 2.01.42	REVISED DATE: 10/20/05, 09/21/06, 07/19/07, 08/21/08,
CATEGORY: Vaccines/Biologics	07/16/09, 07/15/10, 07/21/11, 07/19/12,
	07/18/13, 07/17/14, 07/16/15, 07/21/16,
	07/20/17, 05/17/18
	PAGE: 9 OF: 9

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There currently is neither a National Coverage Determination (NCD) nor a Local Coverage Determination (LCD) for Immunizations. However, immunizations are addressed in the Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 50.4.4.2. Please refer to the following website for Medicare Members:

<http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>.

Medicare Part B Immunization: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr_immun_bill.pdf

Medicare Part D Vaccines: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf>