

**Medical Policy # 002****Policy Title: Immunization Coverage Policy****Date Written/Updated: October 21, 2009****Date approved by QM/UM Committee: November 3, 2009****Background: To outline coverage of immunizations for Preventive, Responsive and Travel purposes. Also identifies non-covered immunizations.****Hayes Technology Assessment Rating:** Not Applicable. Based on 2008 & 2009 Centers for Disease Control and Prevention Recommendations.**Coverage Policy:**

The following Immunizations are considered routine preventive services for persons under the age of 19:

90633-90634	<b>Hepatitis A Pediatric/Adolescent Dosage</b>
90645 – 90648	<b>Hemophilus influenza B vaccines (Hib)</b>
90649	<b>Human Papilloma Virus vaccine (Males and Females, ages 9-26)</b>
90655 – 90658	<b>Influenza Virus vaccines</b>
90660	<b>Influenza Virus vaccine, live, intranasal</b>
90669	<b>Pneumococcal conjugate vaccine</b>
90670	<b>Pneumococcal Vaccine 13-Valent</b>
90698	<b>Diphtheria, tetanus toxoids, pertussis, haemophilus influenza Type B and poliovirus vaccine</b>
90700 – 90710; 90713- 90716	<b>DtaP, DTP, Tetanus Toxoid, Mumps, Rubella, Measles, MMRV, Poliovirus, TdaP, Varicella virus vaccines</b>
90718 - 90723	<b>Td, Diphtheria, DTP-Hib, DtaP-HepB-IPV vaccines</b>
90732	<b>Pneumococcal polysaccharide vaccine</b>
90733-90734	<b>Meningococcal Vaccines</b>
90740 – 90744	<b>Hepatitis B vaccines</b>
90747 - 90748	<b>Hepatitis B, HepB-Hib vaccines</b>
90680	<b>Rotavirus Vaccine</b>
S0195	<b>Pneumococcal conjugate vaccine, polyvalent</b>

The following Immunizations are considered routine preventive services for persons over the age of 19:

S0195	<b>Pneumococcal conjugate vaccine, polyvalent</b>
90658	<b>Influenza virus, split vaccine</b>
90714	<b>Tetanus and Diphtheria toxoids adsorbed.</b>
90715	<b>Diphtheria, acellular pertussis, tetanus (age 7 and older)</b>
90649	<b>Human Papilloma Virus (Males and Females up to age 26)</b>
90736	<b>Zoster Vaccine (ages 60 and older)</b>

The following Immunizations are covered benefits but not considered routine preventive services:

90632-90636	<b>Hepatitis A Vaccines</b>
90746-90747	<b>Hepatitis B Vaccines</b> (over age 18)
90706	<b>Rubella Virus Vaccine</b>
90765-90766	<b>Rabies Vaccine</b>

The following Immunizations are covered benefits with prior authorization required:

90585-90586	<b>BCG Vaccine</b>
90690-90692	<b>Typhoid Vaccine</b>
90749	<b>Unlisted Vaccine</b>

The following Immunizations are not covered benefits:

90476-90477	<b>Adenovirus Vaccine</b>
90581	<b>Anthrax Vaccine</b>
90665	<b>Lyme Disease Vaccine</b>
90712	<b>Oral Polio Vaccine</b>
90717	<b>Yellow Fever Vaccine</b>
90725	<b>Cholera Vaccine</b>
90727	<b>Plague Vaccine</b>
90735	<b>Japanese Encephalitis Vaccine</b>