

Medical Policy



Routine and Travel Immunizations

Policy Number: PG0019
Last Review: 12/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- **This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.**
- **Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.**
- **This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.**

SCOPE:

☒ Professional
☐ Facility

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.

Vaccines must be licensed by the U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research prior to use in the United States (U.S.). Before the FDA approves a license, vaccines are tested for safety and efficacy. Vaccines approved for marketing may also be required to undergo additional studies to further evaluate the vaccine and often to address specific questions about the vaccine's safety, effectiveness, or possible side effects.

Subsequent to the licensing of a new vaccine by the FDA, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) will review the vaccine and provide advice and guidance regarding the most appropriate selection of vaccines for administration to children and adults in the U.S. Recommendations include age for vaccine administration, number of doses and dosing interval, and precautions and contraindications. The ACIP renders recommendations, which are commonly referred to as affirmative or routine recommendations as well as recommendations which are referred to as permissive recommendations or statements.

Routine vaccines are immunizations recommended for everyone in United States based on age, health condition, or other risk factors, e.g., childhood vaccines before starting school, vaccines routinely recommended for adults, either annually (i.e., flu vaccine) or every 10 years (i.e., tetanus booster for adults).

Travel vaccines are not part of the routine vaccination schedule. Travel vaccines protect travelers from getting diseases abroad that may not normally be found in the United States. Vaccines recommended for a traveler depend on several things, including age, health, and itinerary. An individual's itinerary should be discussed with a health care provider to confirm any destination-specific vaccines and medicines, such as yellow fever vaccine or medicine to prevent malaria. A country's government vaccine requirement is designed to keep travelers from

bringing a disease into the country.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- Routine immunizations are considered medically necessary and eligible for coverage and do not require prior authorization.
- Immunizations that are for the purpose of travel, employment/occupational hazards and risks, camp and attendance at school may be non-covered per the member's benefit contract. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

Related medical policies for determination of coverage:

- **PG0137 Preventive Services**

This Coverage Policy does not pertain to Therapeutic Vaccines (such as those used for treatment of infectious disease and oncology nor does it apply to immune globulins, serum, or recombinant products [such as, but not limited to Rabies, Respiratory Syncytial Virus, or Rho(D) immune globulins].

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Routine Immunizations:

Most immunizations recommended for routine administration to children and adults by the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), and the Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC) will be covered under the preventive benefit, at no cost-share or co-pay. Refer to medical policy PG0137 Preventive Services.

Immunizations that are not recommended for routine administration but may be given on an as needed basis for medical reasons, will be covered under the medical benefit, applying the benefit appropriate cost-share/co-pay/deductible.

If benefit coverage is available for routine immunizations, then ALL the following conditions of coverage criteria must be met:

1. Individual's provider recommends immunization
2. Immunization is given with U.S. Food and Drug Administration (FDA) approved vaccine
3. Immunization is appropriate for individual's age and gender as recommended by ONE of the following:
 - I. Advisory Committee on Immunization Practices (ACIP) routine immunization recommendations at cdc.gov/vaccines/hcp/acip-recs/index.html
 - II. Health Resources and Services Administration (HRSA) guidelines for pediatric and adolescent preventive care and screening at [mchb.hrsa.gov/maternal-child-health-topics/child\[1\]health/bright-futures.html](http://mchb.hrsa.gov/maternal-child-health-topics/child[1]health/bright-futures.html)
 - III. HRSA guidelines for women's healthcare services at hrsa.gov/womens-guidelines/index.html
 - IV. U.S. Preventive Services Task Force (USPSTF) A or B rated services at [uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b\[1\]recommendations](http://uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b[1]recommendations)

Coverage of routine immunizations is subject to the terms, conditions, and limitations of a preventive services benefit as described in the applicable plan's schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

Travel Immunizations:

Many benefit plans specifically exclude immunizations that are for the purpose of travel, camp, attendance at school or to protect against employment/occupational hazards and risks. For any benefit exclusion, coverage will

not be provided even if the medical necessity criteria described above is met. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

Travel Vaccines covered with cost share, when a member's benefit contract plan allows, include, not an all-inclusive listing:

- Anthrax vaccine, for subcutaneous or intramuscular use (90581)
- Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use (90585)
- Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use (90625)
- Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use (90587)
- Zaire ebolavirus vaccine, live, for intramuscular use (90785)
- Japanese encephalitis virus vaccine, inactivated, for intramuscular use (90738)
- Rabies vaccine, for intramuscular use (90675)
- Rabies vaccine, for intradermal use (HDCV) (90676)
- Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use (90626)
- Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use (90627)
- Typhoid vaccine, live, oral (90690)
- Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use (90691)
- Yellow fever vaccine, live, for subcutaneous use (90717)

The vaccines listed above, when used exclusively for traveling purposes, are NOT covered, NOT eligible for reimbursement consideration, when travel-related vaccines are a benefit contract exclusion.

Not Covered Immunization situations where coverage cost is the responsibility of the employer.

- Immunizations needed for business related travel.
- Immunizations for individuals, who by reason of their employment, are involved in activities that place them at high risk for developing a disease deemed preventable by an immunization.
- Immunizations required because of an injury or immediate risk of infection due to the member's employment.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
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)
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
90587	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use

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 or 3 dose schedule, for intramuscular use
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, 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
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-18 months of age, for intramuscular use
90647	Haemophilus influenza type b vaccine (Hib), PRP-OMP conjugate 3 dose schedule, for intramuscular use
90648	Haemophilus influenza b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90675	Rabies vaccine, for intramuscular use
90676	Rabies vaccine, for intradermal use (HDCV)
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
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
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
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
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
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
90717	Yellow fever vaccine, live, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for 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 (MenACWY), for intramuscular use
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 or 4 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 influenza type b vaccine (Hib-HepB), for intramuscular use
90785	Zaire ebolavirus vaccine, live, for intramuscular use
HCPCS CODES	
G0010	Administration of hepatitis B vaccine
J3530	Nasal vaccine inhalation
Vaccination Products Pending FDA Approval - Non-Reimbursable CPT Codes	
90584	Denque vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous 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
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), of intramuscular use
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5X10 viral particles/0.5 ml dosage, for intramuscular use
91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 07/15/2005

Date	Explanation & Changes
04/01/2008	<ul style="list-style-type: none"> Changed age guideline
08/01/2009	<ul style="list-style-type: none"> Updated
01/01/2011	<ul style="list-style-type: none"> Updated age guidelines
03/08/2016	<ul style="list-style-type: none"> Combined policies PG0018 Immunization Vaccines, PG0047 Vaccine Administration, PG0103 Rotavirus, PG0107 State Funded Vaccine Services, PG0112 Immunization Admin Services with this policy. Title changed from Meningococcal Vaccine to Routine Immunizations Added codes 90460, 90461, 90471, 90472, 90473, 90474, 90620, 90621, 90632, 90633, 90634, 90636, 90644, 90647, 90648, 90680, 90681, 90696, 90697, 90698, 90700, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90719, 90720, 90721, 90723, 90739, 90740, 90743, 90744, 90746, 90747, 90748, G0010, J3530 to policy Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
03/25/2016	<ul style="list-style-type: none"> Per the Medicare Tactical Team 's review and determination, procedures 90471 and 90472 are now non-covered for Elite
05/10/2016	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
07/22/2016	<ul style="list-style-type: none"> Re-reviewed and noted that procedure codes 90471 and 90472 are not appropriate for the Elite product reimbursement when billed for the administration of the influenza virus vaccine, the pneumococcal vaccine, or the hepatitis B vaccine; that is when the Elite product is to use/code with the G-codes, G0008, G0009, G0010 However, when an administration of a vaccine is for anything other the influence, pneumococcal or hepatitis B vaccines, administration procedure codes 90471 and 90472 appear to be appropriate
02/13/2018	<ul style="list-style-type: none"> Effective 01/01/18 revised codes 90620 & 90621

	<ul style="list-style-type: none"> Added codes 90653 & 90674 to “free” VFC vaccines per ODM 5160-4-12 Removed deleted codes 90703-90706, 90708, 90712, 90719-90721 effective 12/31/15 Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/18/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
02/01/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
09/01/2023	<ul style="list-style-type: none"> Changed policy name from Routine Immunizations to Routine and Travel Immunizations Policy reviewed and updated to reflect most current clinical evidence
02/01/2024	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy format
12/01/2024	<ul style="list-style-type: none"> Medical Policy reviewed and maintained No changes to coverage/noncoverage documentation

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to
<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for Persons for ages 18 years or younger— United States, 2023. [CDC Web site]. 04/21/2023. Available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for Adults Aged 19 Years and Older – United States, 2023. [CDC Web site]. 04/21/2023. Available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Disease Control and Prevention (CDC). Advisory Committee for Immunization Practices (ACIP). <https://www.cdc.gov/vaccines/schedules/index.html>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting <https://www.cms.gov/medicare/coding/icd10>

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
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US Food and Drug Administration (FDA). Vaccines Licensed for Use in the United States. [FDA Web site]. 06/01/2023. Available at: <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

Hayes, Inc., <https://www.hayesinc.com/>

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