GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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.

The Vaccines for Children (VFC) program is a federally-funded program overseen by CDC and administered in Ohio by the Ohio Department of Health. The VFC program supplies vaccine at no cost to public and private health care providers who enroll and agree to immunize eligible children in their medical practice or clinic. The VFC program was created by the Omnibus Budget Reconciliation Act of 1993 and began on October 1, 1994.

Any child from birth through 18 years of age is eligible to receive VFC-supplied vaccine if he/she meets at least one of the following criteria:

- The child does not have health insurance.
- The child is enrolled in Medicaid (including Medicaid HMOs).
- The child is an American Indian or Alaskan Native.
- The child has health insurance that does not pay for vaccine (applicable only to children attending a Federally Qualified Health Center, Rural Health Clinic or local health department).

POLICY
Routine immunizations do not require prior authorization.

Immunizations that are for the purpose of travel (90625, 90690-90693, 90717, 90725, 90727, 90735, 90738) are non-covered.

Codes 90697 and 90739 are non-covered pending FDA approval and/or ACIP recommendations.

Refer to these medical policies for determination of coverage:
- PG0092 HPV Vaccine Gardasil and Cervarix (90649, 90650, 90651)
- PG0106 Zostavax® (90736)
- PG0196 Flu (Influenza) and Pneumonia Immunization Vaccines (90460, 90461, 90471, 90472, 90473, 90474, 90630, 90653, 90654, 90655, 90656, 90657, 90658, 90660, 90661, 90662, 90664, 90666, 90667, 90668, 90669, 90670, 90672, 90673, 90685, 90686, 90687, 90688, 90732, G0008, G0009, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039)
Paramount follows the recommendations of 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) for the use of childhood and adult immunizations.

HMO, PPO, Individual Marketplace, Elite
Coverage of routine immunizations is generally 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.

Many benefit plans specifically exclude immunizations that are for the purpose of travel (90625, 90690-90693, 90717, 90725, 90727, 90735, 90738) or to protect against occupational hazards and risks. For any benefit exclusion, coverage will not be provided even if the medical necessity criteria described below are met. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

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].

If coverage is available for routine immunizations, the following conditions of coverage apply:

Paramount covers routine immunizations as medically necessary when BOTH of the following criteria are met:
- Used in accordance with an FDA-licensed indication
- Used in accordance with an affirmative and routine recommendation by CDC’s Advisory Committee on Immunization Practices (ACIP)

Advantage
Eligible individuals 18 years old and younger may receive these “free” VFC vaccines:
90620, 90621, 90633, 90634, 90644, 90645, 90646, 90647, 90648, 90649, 90650, 90651, 90655, 90656, 90657, 90658, 90660, 90664, 90666, 90667, 90668, 90669, 90670, 90672, 90673, 90680, 90681, 90685, 90686, 90687, 90688, 90696, 90698, 90700, 90702, 90703, 90707, 90710, 90713, 90714, 90715, 90716, 90721, 90723, 90732, 90733, 90734, and 90744

VFC vaccines are available through the Ohio Department of Health (ODH). Health Care Providers interested in enrolling in the VFC program should contact the ODH Immunization Program at 1-800-282-0546. Please bill Paramount with the appropriate CPT and ICD-10 vaccination codes for the immunization being administered. Paramount will pay for administration of the vaccine only. Billing with the vaccine codes will help ensure that you are reimbursed properly for administration of the correct vaccine.

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.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90460</td>
<td>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</td>
</tr>
<tr>
<td>90461</td>
<td>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)</td>
</tr>
<tr>
<td>90471</td>
<td>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</td>
</tr>
<tr>
<td>90472</td>
<td>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)</td>
</tr>
<tr>
<td>90473</td>
<td>Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)</td>
</tr>
<tr>
<td>90474</td>
<td>Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>90620</td>
<td>Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90621</td>
<td>Meningococcal recombinant lipoprotein vaccine, Serogroup B (MenB), 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90632</td>
<td>Hepatitis A vaccine (HepA), adult dosage, for intramuscular use</td>
</tr>
<tr>
<td>90633</td>
<td>Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90634</td>
<td>Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>HCPSC CODES</td>
<td>Vaccination Products Pending FDA Approval - Non-Reimbursable CPT Codes</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>G0010  Administration of hepatitis B vaccine</td>
<td>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</td>
</tr>
<tr>
<td>J3530  Nasal vaccine inhalation</td>
<td>90739 Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use</td>
</tr>
</tbody>
</table>

**REVISION HISTORY EXPLANATION**

04/01/08: Changed age guideline
08/01/09: Updated
01/01/11: Updated age guidelines
03/08/16: 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.
03/25/16: Per the Medicare Tactical Team’s review and determination, procedures 90471 and 90472 are now non-covered for Elite.

05/10/16: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

7/22/16: 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.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.