



Covered Benefit: Immunization & Vaccines

CMP Published: Yes No

CMP Link:

CPG Link: Pediatric, Adolescent and Adult
Routine Preventative Services

Definitions:

Immunizations and vaccinations for treatment of disease or prevention of infectious disease are covered. Neighborhood covers a set of immunizations and vaccines inclusive of the Rhode Island Department of Health's State Supplied Vaccine Schedule for children and adults. In addition to the State's Schedule, Neighborhood's Clinical Management Committee approves coverage of additional immunizations and vaccines that align with the benefit coverage dictated by its contract with the Department of Human Services.

The administration of covered immunizations and vaccines also is covered.

State supplied vaccines are provided by the DOH at no cost to providers and practitioners; therefore there is no reimbursement for the actual state supplied vaccines; although administration is covered.

Benefit Packages: RItE Care, Substitute Care, Children with Special Health Care Needs, and Rhody Health Partners

Coverage Limitations:

Immunizations and vaccines that are typically part of the routine well-child care are covered when administered by the member's PCP or a covering practitioner for the member's PCP, see Table 2. These immunizations and vaccines are also covered when administered at a School Based Health Center.

Other immunizations and vaccines are covered with no restrictions, see Table 3.

HPV vaccine (CPT code 90649) is covered for members with an immunization and vaccine benefit (see benefit packages listed above).

- For females and males HPV vaccine is covered from the age of 11 to 26.99. If a member has begun the series by age 26.99, the Plan will cover the completion of the series by age 27.99 with an authorization.

Exclusions:

The vaccines and immunizations listed on Table 1. Noncovered Immunizations and Vaccines are not covered. Table 1 includes vaccines and immunizations for travel which are not covered.



Table 1. Noncovered Immunizations and Vaccines as of 09/01/10: Only immunizations and vaccines that are not covered for ANY age member are listed in Table 1.

PROCEDURE CODE	DESCRIPTION
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
90476	ADENOVIRUS VACCINE, TYPE 4
90477	ADENOVIRUS VACCINE, TYPE 7
90581	ANTHRAX VACCINE, SC
90585	BCG VACCINE, PERCUTANEOUS
90586	BCG VACCINE, INTRAVESICAL
90634	HEP A VACCINE, PED/ADOL 3 DO
90645	HIB VACCINE, HBOC, IM
90644	MENINGOCOCCAL (Hib-Men CY-TT) 4 DOSE, 2-15 MO,
90646	HIB VACCINE, PRP-D, IM
90650	HPV TYP BIVAL 3 DOSE IM
90657	FLU VACCINE, 6-35 MO, IM
90661	FLU VACC CELL CULT PRSV FREE
90662	FLU VACC PRSV FREE INC ANTIG
90663	FLU VACC PANDEMIC H1N1
90664	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE FOR INTRANASAL USE
90665	LYME DISEASE VACCINE, IM
90666	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE
90667	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTRAMUSCULAR USE
90669	PNEUMOCOCCAL VACCINE, PED
90680	ROTAVIRUS VAC, TETRAVALENT L
90690	TYPHOID VACCINE, ORAL
90691	TYPHOID VACCINE, IM
90692	TYPHOID VACCINE, H-P, SC/ID
90693	TYPHOID VACCINE, AKD, SC
90698	DTAP-HIB-IP VACCINE, IM
90704	MUMPS IMMUNIZATION
90705	MEASLES IMMUNIZATION
90706	RUBELLA IMMUNIZATION
90708	MEASLES RUBELLA IMMUNIZATION
90712	ORAL POLIOVIRUS IMMUNIZATION
90717	YELLOW FEVER IMMUNIZATION
90719	DIPHTHERIA IMMUNIZATION
90720	DTP/HIB IMMUNIZATION
90721	DIPHTHERIA, TETANUS, TEXOIDS,
90725	CHOLERA IMMUNIZATION
90727	PLAGUE IMMUNIZATION
90735	ENCEPHALITIS VIRUS IMMUNIZAT



90738	JAPENESE ENCEPHALITIS
90743	HEP B VACC, ADOL, 2 DOSE, IM
90747	IMMUN HEPAT B DIALYSIS ANY A
90748	IMMUN HEPAT B AND HIB VACCIN
90749	IMMUNIZATION PROCEDURE NEC
G0008	ADMIN OF INFLUENZA
G0009	ADMIN OF PNEUMOCOCCAL VACCIN
G0010	ADMIN OF HEPATITIS B VACCINE
T1502	ADMINISTRATION OF ORAL, INTR

Coverage Includes:

Immunizations and vaccines are covered when administered per Table 2 - Member's PCP or Covering Practitioner, or Table 3 - Any Provider, at the places of service listed below. Please note, a PCP may be located at a physician's office, a hospital outpatient department, or a community health center. School based health centers are treated as PCP sites for the purposes of immunization and vaccine administration.

- School (POS 03)
- Professional (POS 11)
- Urgent Care Facility (POS 20)
- Outpatient (POS 22)
- Emergency Room (POS 23)
- Community Health Centers-CHCs (POS 50)
- Mass Immunization Center (60)

Table 2. Covered Immunization and Vaccination when administered by member's PCP or Covering Practitioner as of 09/01/10

PROC	Description	Age 0.0 - 18.9	Age 19.0 - 999.9	Age - ANY
90465	IMMUNE ADMIN 1 INJ; < 8 YRS			
90466	IMMUNE ADMIN ADDL INJ; < 8 Y			
90467	IMMUNE ADMIN O OR N; < 8 YRS			
90468	IMMUNE ADMIN O/N; ADDL < 8 Y			
90471	IMMUNIZATION ADMIN SNGL OR C			Pay
90472	IMMUNIZATION ADMIN SNGL OR C			Pay
90473	IMMUNE ADMIN ORAL/NASAL			Pay
90474	IMMUNE ADMIN ORAL/NASAL ADDL			Pay
90632	HEP A VACCINE, ADULT, IM		Pay	
90633	HEP A VACCINE,	SSV		

PROC	Description	Age 0.0 - 18.9	Age 19.0 - 999.9	Age - ANY
	PED/ADOL 2 DO			
90636	HEP A/HEP B VACCINE ADULT IM		Pay	
90647	HIB VACCINE, PRP- OMP, IM	SSV		
90648	HIB VACCINE, PRP-T, IM			SSV
90649	H PAPILOMA VACC 3 DOSE IM	SSV		
90670	PNEUMOCOCCAL VACC; 13 VAL IM	SSV		
90681	ROTAVIRUS VACC 2 DOSE ORAL	SSV		
90707	MMR VIRUS IMMUNIZATION	SSV	Pay	
90710	MEASLES-MUMPS- RUBELLA IMMUNI			Pay
90713	POLIOMYELITIS IMMUNIZATION	SSV	Pay	
90716	CHICKEN POX IMMUNIZATION	SSV	Pay	
90718	TD IMMUNIZATION		Pay	
90732	PNEUMOCOCCAL IMMUNIZATION			SSV
90733	MENINGOCOCCAL IMMUNIZATION		Pay	
90734	MENINGOCOCCAL VACCINE, IM	SSV	Pay	
90736	ZOSTER VACC; SC		Pay	
90740	HEPB VACC, ILL PAT 3 DOSE IM		Pay	
90744	HEPAT B VACCINE AGE<11	SSV		
90746	HEPAT B VACCINE, ADULT		Pay	



Table 3: Covered Immunizations and Vaccines ANY PROVIDER

PROC	Description	Age 0.0 - 18.9	Age 19.0 - 999.9	Age - ANY
90465	IMMUNE ADMIN 1 INJ; < 8 YRS			
90466	IMMUNE ADMIN ADDL INJ; < 8 Y			
90467	IMMUNE ADMIN O OR N; < 8 YRS			
90468	IMMUNE ADMIN O/N; ADDL < 8 Y			
90471	IMMUNIZATION ADMIN SNGL OR C			Pay
90472	IMMUNIZATION ADMIN SNGL OR C			Pay
90473	IMMUNE ADMIN ORAL/NASAL			Pay
90474	IMMUNE ADMIN ORAL/NASAL ADDL			Pay
90655	FLU VACCINE, 6-35 MO, IM	SSV		
90656	FLU VACCINE NO PRESERV 3 & >	SSV		
90658	FLU VACCINE, 3 YRS, IM		SSV	
90660	FLU VACCINE, NASAL		SSV	
90675	RABIES VACCINE, IM			Pay
90676	RABIES VACCINE, ID			Pay
90696	DTAP-IPV VACC 4-6 YR IM	SSV		
90700	DTAP IMMUNIZATION	SSV		
90701	DTP IMMUNIZATION		Pay	
90702	DT IMMUNIZATION	SSV		
90703	TETANUS IMMUNIZATION			Pay
90714	TETANUS AND DIPHTHERIA	SSV	Pay	
90715	TDAP VACCINE >7 IM			SSV
90723	DTAP-HEP B-IPV VACCINE, IM	SSV		

Note: *Note: Age bands within Tables 2 and 3 below are for general understanding only, code specific CPT age bands will be applied at the time of claims adjudication.*



HPV vaccine, CPT code **90649**, is covered as a state supplied vaccine from age 11-18.99; by the Plan from age 19-26.99; and for members who begin the 3-shot series by age 26.99, the 2nd and 3rd shot of the series will be covered up to age 27.99 with authorization.

For information regarding immunoglobulin coverage, including tetanus, rabies, and Rhogam, please refer to the Pharmaceutical Benefit Coverage Summary.

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