



**Immunizations**

**Revision: 1**

**Policy Number: M-0030**

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Payment will not be made for any use of these drugs outside of the criteria without prior authorization. The member may not be billed unless the member explicitly agrees in writing to be responsible for the charges in accordance with the contract/provider manual. Prior authorization will only be given if the provider demonstrates the intended use meets Medicare coverage guidelines.

**Coding Information**

ICD-9 Codes that Support Medical Necessity

Tetanus Toxoid (CPT 90703):

870.0-897.7	LACERATION OF SKIN OF EYELID AND PERIOCLAR AREA - TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) BILATERAL (ANY LEVEL) COMPLICATED
910.0-919.9	ABRASION OR FRICTION BURN OF FACE NECK AND SCALP EXCEPT EYE WITHOUT INFECTION - OTHER AND UNSPECIFIED SUPERFICIAL INJURY OF OTHER MULTIPLE AND UNSPECIFIED SITES INFECTED
V03.7	NEED FOR PROPHYLACTIC VACCINATION WITH TETANUS TOXOID ALONE

Tetanus and Diphtheria toxoids (CPT 90702, 90714)

870.0-897.7	LACERATION OF SKIN OF EYELID AND PERIOCLAR AREA - TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) BILATERAL (ANY LEVEL) COMPLICATED
910.0-919.9	ABRASION OR FRICTION BURN OF FACE NECK AND SCALP EXCEPT EYE WITHOUT INFECTION - OTHER AND UNSPECIFIED SUPERFICIAL INJURY OF OTHER MULTIPLE AND UNSPECIFIED SITES INFECTED
940.0-949.5	CHEMICAL BURN OF EYELIDS AND PERIOCLAR AREA - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE UNSPECIFIED SITE WITH LOSS OF A BODY PART
V03.7	NEED FOR PROPHYLACTIC VACCINATION WITH TETANUS TOXOID ALONE

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Diphtheria, antitoxin (CPT 90296):

032.0-032.3	FAUCIAL DIPHTHERIA - LARYNGEAL DIPHTHERIA
032.81-032.85	CONJUNCTIVAL DIPHTHERIA - CUTANEOUS DIPHTHERIA
032.89	OTHER SPECIFIED DIPHTHERIA
032.9	DIPHTHERIA UNSPECIFIED

Rabies Prophylaxis (CPT codes 90675, 90676):

V01.5	CONTACT WITH OR EXPOSURE TO RABIES
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Hepatitis A vaccine (CPT codes 90632, 90633, 90634):

V01.79	CONTACT OR EXPOSURE TO OTHER VIRAL DISEASES
V02.60	CARRIER OR SUSPECTED CARRIER OF VIRAL HEPATITIS UNSPECIFIED
V02.69	CARRIER OR SUSPECTED CARRIER OF OTHER VIRAL HEPATITIS

**Indications and Limitations:**

A. Tetanus Toxoid (CPT 90703)

These injections are covered when given for an acute injury to a person who is incompletely immunized.

1. Recommendations on tetanus prophylaxis are based on the condition of the wound and the patient’s immunization history.

a. For more serious wounds, toxoid should be administered if the patient has not had a booster dose within the past 5 years.

A wound with any of the following clinical features is a tetanus-prone wound:

more than 6 hours old;

stellate;

avulsion;

abrasion;

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greater than 1 cm deep;  
injury due to missile, crush, burn, or frostbite;  
signs of infection;  
devitalized tissue;  
a wound which affords anaerobic conditions or which has been incurred in a circumstance with probability of exposure to tetanus spores.

b. In cases of clean, minor wounds, tetanus toxoid should be administered only if the patient has not had a booster dose within the past 10 years. For more serious wounds, toxoid should be administered if the patient has not had a booster dose within the past 5 years.

2. When a patient has not received primary immunization or the primary immunization status is not known, and the patient has sustained a high-risk wound. Coverage includes:

- a. The initial injection;
- b. A second injection in 1 month; and
- c. A third injection 6-10 months later.

3. When a tetanus booster is given to a patient in the absence of an injury/potential exposure, the injection does not meet the coverage criteria for Medicare (even though it may be appropriate preventative treatment). Preventative services should not be billed to Medicare.

B. Tetanus and Diphtheria toxoids (90702, 90714, 90718) - These injections are temporarily being covered when given for an acute injury to a person who is incompletely immunized. This is due to the limited availability of the Tetanus toxoid.

When the availability of tetanus toxoid increases we may rescind coverage of these codes.

C. Diphtheria, antitoxin (CPT 90296) will be covered for the treatment of diphtheria.

D. Hepatitis A vaccine (CPT codes 90632, 90633, 90634)

Hepatitis A is an acute, usually self-limiting infection of the liver caused by hepatitis A virus (HAV). The virus has a worldwide distribution and causes about 1.5 million cases of clinical hepatitis each year. The disease burden due to hepatitis A in the United States has been estimated to be approximately 143,000 infections per year, of which 75,800 result in clinical hepatitis.

Humans are the only reservoir of the organism. Transmission occurs primarily through the fecal-oral route, and is closely associated with poor sanitary conditions. The most common modes of

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transmission include close personal contact with an infected person and ingestion of contaminated food and water. The virus is shed in the feces of persons with both asymptomatic and symptomatic infection. Under favorable conditions HAV may survive in the environment for months. Blood born transmission of HAV occurs, but is much less common.

The average incubation period is 28 days, but may vary from 15–50 days. Approximately 10–12 days after infection the virus can be detected in blood and feces. In general, a person is most infectious from 14–21 days before the onset of symptoms, through 7 days after the onset of symptoms. Once a person has had Hepatitis A they have lifetime immunity so vaccines are unnecessary for these individuals.

Hepatitis A Vaccine will be covered for those patients who have been exposed either by close personal contact with an infected person or after ingestion of contaminated food or water.

Several vaccines against hepatitis A are now available that are highly efficacious and provide long-lasting protection in adults and in children above one to two years of age. For those requiring both immediate and long-term protection, the vaccine may be administered concomitantly with Immune globulin (IG).

Immunization for adults, children and adolescents consists of a two-dose regimen with the second dose being administered 6-18 months later depending on the vaccine used.

Examples of the vaccines available are:

HAVRIX® (Hepatitis A Vaccine, Inactivated)

AQTA® (Hepatitis A Vaccine, Inactivated)

#### E. Rabies Prophylaxis (CPT codes 90675, 90676)

Rabies is a disease that rarely affects humans. It is carried by animals, and transmitted by bite or scratch. The most common carriers are skunks, foxes, bats, raccoons, or domestic animals that have had infectious encounters with a carrier. When a human has had an encounter with an animal, the physician can determine if the encounter was at high risk for rabies exposure.

1. Post-exposure prophylaxis treatment utilizes two rabies immunizing products concurrently:

a. Vaccines - induce an active immune response that requires about 7-10 days to develop, but persists for as long as a year or more. Types can include:

- Human Diploid Cell Rabies Vaccine (HDCV)

- Rabies Vaccine, Adsorbed (RVA)

b. Globulins - provide rapid passive immunity that persists for a short time (half-life of about 21 days). Types can include:



- Rabies Immune Globulin (RIG)
- Antirabies Serum, Equine (ARS) - preferred over RIG due to less side effects than RIG.

2. Post-exposure injections are given in the following way:

a. When the patient has not been previously immunized

- RIG; half the dose IM, the other half in the wound (bite), on the day of the exposure; and
- HDCV, IM, on the day of exposure and days 3, 7, 14, and 28.

b. When the patient has been previously immunized

- HDCV on the day of the exposure and day 3.

#### F. Non-Coverage

The following CPT-4 codes represent immunizations that are considered routine preventative immunizations or they are not a disease entity endemic in the United States and therefore are not covered by Medicare:

90476, 90477 adenovirus

90581 anthrax

90585, 90586 BCG

90636 Hepatitis A/Hepatitis B

90644 Meningococcal conjugate vaccine, serogroups c & y and hemophilus influenza b vaccine, tetanus toxoid conjugate (hib-mency-tt), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use

90645-90648 Hemophilus influenza

90649 HPV

90650 HPV Vaccine , Types 16, 18, Bivalent 3 dose schedule for IM use

90680 Rotavirus

90681 Rotavirus, live attenuated, 2 dose schedule, oral

90690-90693 Typhoid

90696 DTAP-IPV

90698 DTAP P HIB IPV

90700 DTaP

90704 Mumps

90705 Measles

90706 Rubella

90707 MMR

90708 Measles and rubella

90710 MMRV

90712, 90713 Poliovirus

90715 Tdap



90716 Varicella  
90717 Yellow fever  
90719 Diphtheria toxoid  
90720 DTP-Hib  
90721 DtaP-Hib  
90723 DtaP-HepB-IPV  
90725 Cholera  
90727 Plague  
90733 Meningococcal any group S  
90734 Meningococcal Subgroups A, C, Y, and W-135  
90735 Japanese encephalitis  
90736 Zoster, (shingles) vaccine, live  
90738 Japanese encephalitis virus vaccine inactivated, for IM use (Status I code will deny as not a valid code for Medicare)  
90748 HepB-Hib (Status I code will deny as not valid codes for Medicare)  
90749 Unlisted vaccine

**Background:**

A vaccine is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles a disease-causing microorganism, and is often made from weakened or killed forms of the microbe. The agent stimulates the body's immune system to recognize the agent as foreign, destroy it, and "remember" it, so that the immune system can more easily recognize and destroy any of these microorganisms that it later encounters.

Vaccines can be prophylactic (e.g. to prevent or ameliorate the effects of a future infection by any natural or "wild" pathogen), or therapeutic (e.g. vaccines against cancer are also being investigated; see cancer vaccine). The term "vaccine" derives from Edward Jenner's 1796 use of the term "cow pox" (Latin "*variola vaccinae*", adapted from the Latin "*vaccīn-us*", from "*vacca*" cow), which, when administered to humans, provided them protection against smallpox.

**Definitions:**

ACIP—Advisory Committee on Immunization Practices. A group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States.



HCPCS Code—Healthcare Common Procedure Coding System - A system of letter and number codes assigned to procedures, medications, supplies and equipment used for pricing and billing.

ICD-9 Code—International Classification of Disease, 9<sup>th</sup> edition. A standardized classification of disease, injuries, and causes of death, by etiology and anatomic localization and codified into a 6-digit number, which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both US and internationally.

**References:**

1. Local Coverage Determination (LCD) for Immunizations (L31084). Revision 8. Available at: <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=31084&ContrlId=268&ver=25&ContrVer=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Alabama&CptHcpcsCode=90296&bc=gAAAABAAAAAAAA%3d%3d&>. Accessed August 30, 2013.
2. Medicare Prescription Drug Benefit Manual Chapter 6 – Part D Drugs and Formulary Requirements. Available at: <http://www.cms.gov/Medicare/Prescription-DrugCoverage/PrescriptionDrugCovContra/downloads/Chapter6.pdf>. Accessed August 31, 2012.

**Document History:**

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