



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

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Coverage Policy Number ..... 9001

## Subject Routine Immunizations

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### Hyperlink to Related Coverage Policies

- Bivalent Human Papillomavirus (Types 16 and 18) Recombinant Vaccine-Cervarix®
- Pneumococcal 13-valent Conjugate Vaccine [Diphtheria CRM187 Protein] (Prevnar-13™)
- Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine - (Gardasil®)
- Rotavirus Vaccine: RotaTeq®, Rotarix®
- Zoster Vaccine Live (Zostavax®)

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

## Coverage Policy

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 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:

CIGNA 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 recommendation by CDC's Advisory Committee on Immunization Practices (ACIP)**

**(CIGNA covers routine disease prevention vaccines according to the provisional affirmative recommendations of the ACIP until the recommendations are officially published in the MMWR).**

**Coverage may not be available for a vaccine indication which is solely based on a permissive recommendation of the ACIP. CIGNA will determine coverage for the use of a vaccine which is based upon an ACIP permissive recommendation after review of the FDA indication and the associated evidence of efficacy and safety of that vaccine. Coverage criteria for a vaccine with a permissive recommendation are found in the coverage policy for that specific vaccine.**

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## **General Background**

Disease prevention vaccines are those products which are designed to trigger acquired immunity against certain infectious diseases. Disease prevention vaccines are administered to healthy individuals to prevent a disease. In most cases these vaccines are administered prior to exposure to the disease, but in some cases, the vaccine is administered after an exposure has occurred (i.e. Rabies vaccine).

A therapeutic vaccine by definition is a vaccine which prevents or eases the severity of the problems from an infection that has already occurred. Therapeutic vaccines are also under development in oncology such as for prostate cancer.

Vaccines must be licensed by the FDA's Center for Biologics Evaluation and Research (CBER) prior to use in the United States. 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.

### **The Advisory Committee on Immunization Practices (ACIP)**

Subsequent to the licensing of a new vaccine by the FDA, the ACIP will review the vaccine and make recommendations regarding the administration of the vaccine in the United States (U.S.).

CDC's Advisory Committee on Immunization Practices (ACIP) is comprised of experts in fields associated with immunization, who have been selected by the Secretary of the U.S. Department of Health and Human Services to provide advice and guidance to the Secretary, the Assistant Secretary for Health, and the Centers for Disease Control and Prevention (CDC) on the control of vaccine-preventable diseases.

The Advisory Committee on Immunization Practices provides advice and guidance regarding the most appropriate selection of vaccines for administration to children and adults in the United States. Recommendations include age for vaccine administration, number of doses and dosing interval, and precautions and contraindications. The committee currently issues advice for the control of diseases for which a vaccine is licensed in the U.S. The ACIP is the only entity in the federal government that makes such recommendations.

The ACIP meets three times each year and submits their recommendations to the Director of the CDC and the Department of Health and Human Services (HHS). The recommendations become official when published in the CDC's Morbidity and Mortality Weekly (MMWR).

ACIP recommendations are considered provisional until published in the MMWR (CDC Publication).

### **ACIP Recommendations**

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.

Affirmative or routine recommendations identify the members of the U.S. population who should receive the immunization. Typically the recommendation includes the age range for administration and the number and frequency of doses required to achieve the expected immunity. Additional guidance may be provided for “catch up” age ranges, periodic re-vaccination, as well as additional guidance regarding high risk sub-groups who should receive the vaccine.

Permissive recommendations or statements identify which members of the U.S. population may receive the immunization and provides associated guidance regarding the number and frequency of doses for that population.

### Other Vaccination Recommendations

The United States Preventive Services Task Force (USPSTF) recognizes the importance of immunizations in primary disease prevention. However, the USPSTF does not wish to duplicate the significant investment of resources made by others to review new evidence on immunizations in a timely fashion and make recommendations. The USPSTF therefore will not update its 1996 recommendations. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) publishes recommendations on immunizations for children and adults.

Additionally, the American Academy of Pediatrics (AAP) contributes collaboratively to the literature review, analyses of data, and deliberations as a liaison to several of the disease specific working groups for the CDC's Advisory Committee on Immunization Practices (ACIP).

### Combination Vaccines

Several of the routinely administered childhood vaccines have been combined into single products. These are called combination vaccines. Some combination vaccines are routinely used in the United States (e.g. DTaP- Diphtheria, Tetanus, acellular Pertussis and MMR – Measles, Mumps and Rubella). The advantage of combination vaccines is that children get the protection of all the component vaccines while getting fewer injections.

ACIP includes the combined vaccine in recommendations for use when any component of the combination is indicated, and if the other components are not contraindicated. They further note that the combined vaccine is to be used in its FDA indicated population and age range.

## Coding/Billing Information

**Note:** This list of codes may not be all-inclusive. New vaccines may be added to this policy with each update.

### Covered when medically necessary:

CPT <sup>®</sup> * Codes	Description
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use

90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DtaP-Hib-IPV), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP) when administered to individuals younger than 7 years, for intramuscular use
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
90703	Tetanus toxoid adsorbed, for intramuscular use
90704	Mumps virus vaccine, live, for subcutaneous use
90705	Measles virus vaccination, live, for subcutaneous use
90706	Rubella virus vaccine, live, for subcutaneous use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90708	Measles and Rubella virus vaccines, live, for subcutaneous use
90710	Measles, mumps, rubella and varicella vaccine (MMRV), live, for subcutaneous use
90712	Poliovirus vaccine, (any type(s)), (OPV), live, for oral use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids (Td) adsorbed, 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, live, for subcutaneous use
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use
90719	Diphtheria toxoid, for intramuscular use
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for

	subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetavalent), for intramuscular use
90736	Zoster (shingles) vaccine, live, for subcutaneous injection
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use

<b>HCPCS Codes</b>	<b>Description</b>
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria) (new code effective 01/01/2011)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval) (new code effective 01/01/2011)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin) (new code effective 01/01/2011)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) (new code effective 01/01/2011)
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified) (new code effective 01/01/2011)
S0195	Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine

### Vaccine administration codes

<b>CPT<sup>®</sup> Codes</b>	<b>Description</b>
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component
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/toxoid component (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)

<b>HCPCS Codes</b>	<b>Description</b>
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G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
J3530	Nasal vaccine inhalation

<b>ICD-9-CM Diagnosis Codes</b>	<b>Description</b>
V03.5	Need for prophylactic vaccination and inoculation against bacterial diseases; Diphtheria alone
V03.6	Need for prophylactic vaccination and inoculation against against bacterial diseases; Pertussis alone
V03.7	Need for prophylactic vaccination and inoculation against bacterial diseases; Tetanus alone
V03.81	Need for prophylactic vaccination and inoculation against bacterial diseases; Hemophilus influenza, type B (Hib)
V03.82	Need for prophylactic vaccination and inoculation against bacterial diseases; Streptococcus pneumoniae (pneumococcus)
V03.89	Need for prophylactic vaccination and inoculation against bacterial diseases; other specified vaccination
V04.0	Need for prophylactic vaccination and inoculation against certain viral diseases; Poliomyelitis
V04.2	Need for prophylactic vaccination and inoculation against certain viral diseases; Measles alone
V04.3	Need for prophylactic vaccination and inoculation against certain viral diseases; Rubella alone
V04.6	Need for prophylactic vaccination and inoculation against certain viral diseases; Mumps alone
V04.81	Need for prophylactic vaccination and inoculation against certain viral diseases; Influenza
V04.89	Need for prophylactic vaccination and inoculation against certain viral diseases; other viral diseases
V05.3	Need for prophylactic vaccination and inoculation against single diseases; Viral hepatitis
V05.4	Need for prophylactic vaccination and inoculation against single diseases; Varicella
V05.8	Need for prophylactic vaccination and inoculation against single diseases; other specified disease
V06.1	Need for prophylactic vaccination and inoculation against combinations of diseases; Diphtheria-tetanus-pertussis, combined (DTP) (DTaP)
V06.3	Need for prophylactic vaccination and inoculation against combinations of diseases; Diphtheria-tetanus-pertussis with poliomyelitis (DTP+polio)
V06.4	Need for prophylactic vaccination and inoculation against combinations of diseases; Measles-mumps-rubella (MMR)
V06.5	Need for prophylactic vaccination and inoculation against combinations of diseases; Tetanus-diphtheria (Td)(DT)
V06.6	Need for prophylactic vaccination and inoculation against combinations of diseases; Streptococcus pneumoniae (pneumococcus) and influenza
V06.8	Need for prophylactic vaccination and inoculation against combinations of diseases; other combinations of diseases
V06.9	Need for prophylactic vaccination and inoculation against combinations of diseases; Unspecified combined vaccine

**Not Covered-pending FDA approval and/or ACIP recommendations:**

<b>CPT* Codes</b>	<b>Description</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
90654	Influenza virus vaccine, split virus, preservative free, for intradermal use (new code effective 01/01/2011)
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use (new code effective 07/01/2010)
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use (new code effective 07/01/2010)
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use (new code effective 07/01/2010)
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use (new code effective 07/01/2010)

**Not Covered: Immunizations for the purpose of travel are excluded under most benefit plan**

<b>CPT* Codes</b>	<b>Description</b>
90690	Typhoid vaccine, live, oral
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90692	Typhoid vaccine, heat-and phenol-inactivated (H-P), for subcutaneous or intradermal use
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S.military)
90717	Yellow fever vaccine, live, for subcutaneous use
90725	Cholera vaccine for injectable use
90727	Plague vaccine, for intramuscular use
90735	Japanese encephalitis virus vaccine, for subcutaneous use
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use

<b>ICD-9-CM Diagnosis Codes</b>	<b>Description</b>
V03.0	Need for prophylactic vaccination and inoculation against bacterial diseases; Cholera alone
V03.1	Need for prophylactic vaccination and inoculation against bacterial diseases; Typhoid-paratyphoid alone (TAB)
V03.3	Need for prophylactic vaccination and inoculation against bacterial diseases; Plague
V04.4	Need for prophylactic vaccination and inoculation against certain viral diseases; Yellow fever
V05.0 <sup>†</sup>	Need for prophylactic vaccination and inoculation against single diseases; Arthropod-borne viral encephalitis
V06.0	Need for prophylactic vaccination and inoculation against combinations of diseases; Cholera with Typhoid-paratyphoid (cholera +TAB)

<sup>†</sup>**Note:** Not covered when used to report the need for prophylactic vaccination and inoculation against Japanese encephalitis.

\*Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.

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## References

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2. AAP Vaccine Policy Statements. Available at: <http://aappolicy.aappublications.org/index.dtl> . Accessed on April 8, 2011.
3. Immunizations for children and adults. Topic Page. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.uspreventiveservicestaskforce.org/uspstf/uspschil.htm> . Accessed on April 8, 2011.
4. Vaccines Licensed for Immunization and Distribution in the United States. Available at: <http://www.fda.gov/cber/vaccine/licvacc.htm>. Accessed on April 8, 2011.
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## Policy History

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<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare Great-West Healthcare	4/15/2010	9001	Routine Immunizations

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