

# Immunizations Facts

## Overview

The following information should be used as reference. BCBSMA complies with [Centers for Disease Control \(CDC\)](#) recommendations for vaccination and immunization. Please refer to Center of Disease Control Information on vaccines for more information.

## Routine Pediatric Preventive Immunizations

Examples of *routine pediatric preventive immunizations* including but not limited to the following:

- Chicken pox (Varicella)
- Diphtheria
- Hemophilus influenza B
- Hepatitis B
- Measles
- Mumps
- Pertussis

## Additional Immunizations

Examples of additional immunizations including but not limited to the following:

- Pneumococcal conjugate vaccine 7-valent (PCV7) for children aged 0-2
- Polio
- Rubella
- Tetanus
- Hepatitis B immunizations
- Routine Hepatitis B immunizations
- Routine yearly influenza immunizations
- Routine tetanus boosters for adolescents and adults.

## Gardasil

Human Papilloma Virus (HPV) vaccine: Gardasil is a recombinant vaccine (contains no live virus) that is **given as three injections over a six-month period**. The vaccine was recommended for **females** 9 through 26 years and **males** ages 9 through 21 years of age by the Advisory Committee.

## Zostavax

- The vaccine is covered for members age 60 and older.  
*The FDA changed the ruling of coverage to age 50 on 03/24/2011. **BCBSMA follows the ACIP's recommendation** (Advisory Committee on Immunization Practices) and they continue to recommend coverage for people age **60 and older**.*
- Coverage may be found under the **routine adult physical benefit or Pharmacy Benefits**. See [Vaccinations - Expanding Access](#) for more information on pharmacy coverage.
- The member must have immunization benefits.
- **Medicare Part B does not** cover the Zostavax vaccine because it is a preventive service.

## Expanding Access to Vaccinations for our Members

Our members 18 years of age and older with pharmacy benefits may go to a participating Express Scripts retail pharmacy to receive 11 different immunizations. In Massachusetts, the pharmacist must be registered and licensed to administer the vaccine. Since requirements vary in other states, members should contact their local pharmacy to confirm availability. For more information please view the document, [Vaccinations - Expanding Access](#).

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## Therapeutic Immunizations (Covered as Medical Care)

Therapeutic immunizations are for members of any age. These vaccines are given when there is *exposure or possible exposure* to a bacteria or virus. *Examples* include:

- A tetanus booster after stepping on a rusty nail
- A meningitis vaccine for possible exposure to meningitis
- Rabies vaccine after a bite from an animal with possible Rabies \*
- Hepatitis A vaccine after possible exposure to Hepatitis A.

\*See [PEP Member Experience Scenarios](#) for claims processing information regarding the rabies vaccine.

## Travel or Preventive Vaccines

There may be contractual restrictions for the following vaccines. Please refer to OLB.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Hepatitis A</li> <li>▪ Hepatitis B</li> <li>▪ Influenza (flu)</li> <li>▪ Japanese Encephalitis</li> <li>▪ Lyme disease<sup>9</sup></li> <li>▪ Measles</li> <li>▪ Meningococcus</li> </ul> | <ul style="list-style-type: none"> <li>▪ Pneumococcus</li> <li>▪ Polio</li> <li>▪ Rabies</li> <li>▪ Tetanus and Diphtheria</li> <li>▪ Tick-Borne Encephalitis</li> <li>▪ Typhoid</li> <li>▪ Yellow fever</li> </ul> |
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For managed care plans, all preventive and travel immunizations are covered including meningococcal vaccine, except for cholera, which is not proven to be helpful.

**Please note** that in order to *qualify as a travel immunization*, a claim must contain both a *diagnosis* code and a *procedure* code from the table below:

Diagnosis Codes	Procedure Codes					
	Code	Description	Code	Description	Code	Description
V030	90632	Hepatitis A	90691	Typhoid	90735	Japanese Encephalitis
V031						
V0389	90633	Hepatitis A	90692	Typhoid	90738	Japanese Encephalitis
V040						
V044	90634	Hepatitis A	90712	Polio Virus	90740	Hepatitis B
V045	90636	Hepatitis A & B	90713	Polio Virus	90743	Hepatitis B
V0489	90665	Lyme Disease	90717	Yellow Fever	90744	Hepatitis B
V050	90675	Rabies	90725	Cholera	90746	Hepatitis B
V053	90676	Rabies	90733	Meningitis	90747	Hepatitis B
V060	90690	Typhoid, Oral	90734	Meningitis	90748	Hepatitis B & Influenza B
V062						
V063						

## When services are not recommended

**Vaccines required by Third Party:** when the vaccine is a workplace requirement, vaccines are not recommended, since it is the responsibility of the workplace to provide the vaccine in these instances.

## Resources

For more information, please see the links below:

[Member Central/Healthier Living](#)

[Routine Services Facts](#)

[Flu Shot Facts](#)

[Travel Clinic Facts](#)

[Vaccinations - Expanding Access](#)