



Marketplace National Regional Benefit Interpretation Document

Benefit Name	IMMUNIZATIONS/VACCINATIONS			
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin			
Benefit	This policy addresses vaccinations/immunizations.			
Definition	Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.			
	Essential Health Benefits for Individual and Small Group For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage			
	A. FEDERAL/STATE MANDATED REGULATIONS			
	Note: The most current federal/state mandated regulations for each state car be found in the links below.			
	CALIFORNIA:			
	Basic Health Care Services, Register 2003, No. 38; 9-19-2003 Title 28 The Department of Managed Health Care § 1300.67			
	Child Health Services, including Immunizations. California Health & Safety Code §1367.3, (for ages 17 and 18)			





Child Health Services, including Immunizations. California Health & Safety Code §1367.35 (for ages 16 and under): 1367.35

FLORIDA:

Chapter 381.003 Communicable disease and AIDS prevention and control

Immunization Laws Florida Statutes

MICHIGAN:

Section 380.1177

MISSISSIPPI:

Immunizations

Child Immunizations:

Miss. Code Ann. § 83-9-34

NEW MEXICO:

HB 522 – 52ND Legislature

State Immunization Laws for Healthcare Workers and Patients

NMSA 59A-22-34.3; NMSA 59A-46-38.2- Childhood Immunization Coverage

OHIO:

Ohio Immunization Laws

SOUTH CAROLINA:

2019 Required Standards of Immunization for School Attendance

TEXAS:

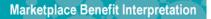
Texas, Sec. 1367.053-COVERAGE REQUIRED, Age birth through 6th birthday

Section 1201.061, 1201.062, 1201.063, or 1201.064

Sec. 1367.054-Copayment, Deductible, or Coinsurance Requirement Prohibited

UTAH:

School Entry Requirements





WASHINGTON:

Health Screening and Requirements

RCW 28A.210.010

WISCONSIN:

Immunization Law Clarification

Child Immunizations-632.895 (14)

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

IMMUNIZATIONS/VACCINATIONS

Refer to the Benefit Interpretation Policy titled **Preventive Services**

Those evidenced-based items or services that have, in effect, a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) with respect to the individual involved.

CALIFORNIA, FLORIDA, IDAHO, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN: Immunizations for routine use in children, adolescents, and adults that have, in

effect, a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved.

Note: Unless otherwise mandated, immunizations and vaccinations are covered in accordance with https://www.uspreventiveservicestaskforce.org/uspstf/

ILLINOIS:





Immunizations for routine use in children, adolescents, and adults to prevent or arrest the further manifestation of human illness or injury including but not limited to allergy injections and allergy serum as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC).

Guideline titled Preventive Care Services
https://www.uspreventiveservicestaskforce.org/uspstf/

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

SERVICES NOT APPROVED BY THE FDA

ALL STATES:

Services Not Approved by the FDA: Drugs, supplements, tests, vaccines, devices, radioactive materials, and any other services that by law require FDA approval in order to be sold in the U.S. but are not approved by the FDA are not covered. This exclusion applies to services provided anywhere, even outside the U.S. This exclusion does not apply to services covered under Approved Clinical Trials section. Please refer to the Appeals and Grievances section for information about denied requests for Experimental or Investigational services.

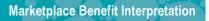
Refer to the Benefit Interpretation Policy titled **Preventive Services**

E. DEFINITIONS

See Glossary

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description		
4/15/2021	 Added KY 2022 Drafted 		
	Language		
5/14/2021	Added IL 2022 EOC		
	Language		
6/29/2021	Added ID 2022 EOC		





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Refer to Benefit Policy titled <u>Preventive Care Services</u> for codes					
Coding Disclaimer: Codes listed in this policy are for reference purposes only and					
may not be all-inclusive. Deleted codes and codes which are not effective at the					
time the service is rendered may not be eligible for reimbursement. Coverage is					
determined by the benefit document. Molina adheres to Current Procedural					
information is included for informational purposes only. Providers and facilities					
are expected to utilize industry standard coding practices for all submissions.					
When improper billing and coding is not followed, Molina has the right to					
reject/deny the claim and recover claim payment(s). Due to changing industry					
practices, Molina reserves the right to revise this policy as needed.					
For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:					
a. Covered and No PA Required					
b. Not Covered					
You cannot use the MHI PA Matrix to make coverage determinations.					
PA Lookup Tool					
	Product	CIM	Clinical		
Departments	Troduct	Civi	Management		
Date	01/26/2021	2/23/2021	4/7/2021		
Revised (for	11/2/2021		11/5/2021		
1/1/2022)					
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