

**Marketplace National Regional Benefit Interpretation Document**

<b>Benefit Name</b>	IMMUNIZATIONS/VACCINATIONS
<b>Applicable State</b>	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
<b>Benefit Definition</b>	<p>This policy addresses vaccinations/immunizations.</p> <p>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.</p> <p><b>Essential Health Benefits for Individual and Small Group</b></p> <p>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</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>CALIFORNIA:</b></p> <p style="padding-left: 40px;">Basic Health Care Services, Register 2003, No. 38; 9-19-2003 Title 28 The Department of Managed Health Care <a href="#">§ 1300.67</a></p> <p style="padding-left: 40px;">Child Health Services, including Immunizations. California Health &amp; Safety Code <a href="#">§1367.3</a>, (for ages 17 and 18)</p>

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 – 52<sup>ND</sup> 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 6<sup>th</sup> 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	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 EOC Language</li> </ul>
6/29/2021	<ul style="list-style-type: none"> <li>Added ID 2022 EOC</li> </ul>

Procedure Codes (Internal Use Only)	Refer to Benefit Policy titled <b>Preventive Care Services</b> for codes  <b>Coding Disclaimer:</b> 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 Terminology (CPT <sup>®</sup> ), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this 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.			
Prior Authorization	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: <ol style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ol> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	01/26/2021	2/23/2021	4/7/2021
	Revised (for 1/1/2022)	11/2/2021	4/14/2022	11/5/2021
	Revised (for 1/1/2023)	11/18/2022		11/10/2022