COVERAGE:

Immunizations, administered by a physician or pharmacist, for children (birth to 18 years of age) and adults (from 18 to greater than 65 years of age) are considered **medically necessary**:

1. When the patient is eligible for preventive medicine benefits **or**
2. When the patient requires the immunization as a method of treatment **and**
3. When the immunization/vaccine is included in one of the **General Recommendation on Immunization Schedule** documents, such as American Academy of Family Practice (AAFP), American Academy of Pediatrics (AAP), or Advisory Committee on Immunization Practices (ACIP)–(part of the Center for Disease Control and Prevention – the CDC) listed in the Rationale section.

**FOR ALL TEXAS CONTRACTS –**

Childhood (from birth through the date the child is six [6] years of age) and any other immunizations that are required by law will be **allowed for coverage**. This includes immunizations against:

- Diphtheria,
- Haemophilus influenzae type B
- Hepatitis B,
- Measles,
- Mumps,
- Pertussis,
- Polio,
- Rubella,
- Tetanus, and
- Varicella.

Children, adolescent, and adult immunization/vaccine recommendations can be accessed through the annually revised and adopted BCBSTX "Wellness Guidelines."

**FOR ALL TEXAS CONTRACTS –**

There is a **legislative mandate** adopted by the Texas Department of Insurance, that authorizes pharmacists to administer immunizations and vaccinations. Refer to the coverage section below for the allowance of either a physician or pharmacist (if appropriately certified and under a physician's written protocol) to provide this service.

DESCRIPTION:

The **Recommended Immunization Schedule for Children and Adults** is a program of administering vaccines and toxoids before any exposure to pathogenic viruses/bacteria. Immunizations are most effective when they are completed before exposure. However, in the case of unanticipated exposure or incomplete immunization, postexposure immunization can be very effective.

RATIONALE:
The immunization types and schedule for children and adults shall follow the recommendations approved by the:

- American Academy of Family Practice (AAFP)
- American Academy of Pediatrics (AAP)
- Advisory Committee on Immunization Practices (ACIP) - (part of the Center for Disease Control and Prevention - the CDC)
- American College of Obstetrics and Gynecology (ACOG)
- American College of Physicians (ACP)
- The American College of Preventive Medicine (ACPM)
- Centers for Disease Control and Prevention (CDC)
- Morbidity and Mortality Weekly Report (MMWR) - (part of the Center for Disease Control and Prevention - the CDC)
- National Immunization Program (NIP) - (part of the Center for Disease Control and Prevention - the CDC)
- U.S. Preventive Services Task Force (USPSTF)

The vaccination recommendations adopted by the CDC, ACIP, AAP, and AAFP, are consistent with the other groups listed that promote preventive health services to patients of all ages. Health care providers may provide education to their patients or the patient's parents/guardians about immunizations in general and the proposed schedule of immunizations due.

Additional avenues of information available on immunizations and preventive medicine issues are accessible in the "Healthy Living" portion of the BCBSTX (HCSC) web site, www.bcbstx.com.

PRICING:
None

REFERENCES:


- "Tetanus Immune Globulin." (1989 April): 447a,
- "Hepatitis B Immune Globulin (HBIG)." (1990 October): 447,
- "Haemophilus b Conjugate Vaccine." (1991 April): 459g,
- "Poliovirus Vaccine, Inactivated, IPV." (1991 April): 464b,
RECOMMENDED IMMUNIZATION SCHEDULE FOR CHILDREN AND ADULTS
ADM1001.025
POSTED DATE: 6/11/2003
EFFECTIVE DATE: 8/15/2003

460,
  o "Rubella Virus Vaccine, Live." (1993 August): 461,
  o "Mumps Virus Vaccine, Live." (1993 August): 462,
  o "Rubella and Mumps Virus Vaccine, Live." (1993 August): 463,
  o "Measles and Rubella Virus Vaccine, Live." (1993 August): 464,
  o "Poliovirus Vaccine, Live, Oral, Trivalent." (1993 August): 464,
    "Diphtheria Toxoid, Absorbed." (1994 November): 469e,
  o "DT; Td - Combined," (1994 November): 470,
  o "DTwP." (1994 November): 470c,
  o "DtaP." (1994 November): 470f,
  o "Varicella Vaccine - Keeping Up." (1994 December): 803,
  o "Antitoxins and Antivenins," (1995 April): 449,
  o "Diphtheria Antitoxin." (1995 April): 450,
  o "Varicella Virus Vaccine." (1995 May): 467I,
  o "DTwPHIB - Combined." (1996 March): 470i,
  o "Pneumococcal Vaccine, Polyvalent." (1996 May): 459e,
  o "Influenza Virus Vaccine." (1997 September): 465,
  o "Hepatitis B Vaccine." (1997 October): 467a,

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.