

VACCINES

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Related Policy

- [Preventive Care Services](#)

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	No
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	All

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Oxford covers certain services under the Preventive Care Services benefit. Effective for plan years on or after September 23, 2010, the federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered plans to cover certain preventive services identified by PPACA. For non-grandfathered plans, and for grandfathered plans wishing to offer such coverage, Oxford will cover preventive services as mandated by Federal Patient Protection and

Affordable Care Act (PPACA), with no cost sharing when provided by a network provider for those vaccines with a definitive approval from Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA) Guidelines including the American Academy of Pediatrics Bright Futures periodicity guidelines.

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, 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 policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

The standard Oxford Certificate of Coverage covers preventive health services, including immunizations, administered in a physician office. Some immunizations are excluded (e.g., immunizations that are required for travel, employment, education, insurance, marriage, adoption, military service, or other administrative reasons).

Immunizations that are not classified as a "coverage exclusion" by the member specific benefit plan document are considered covered after **all** of the following conditions are satisfied:

- US Food and Drug Administration (FDA) approval; **and**
- Advisory Committee on Immunization Practices (ACIP) definitive (e.g., should, shall, is) recommendation rather than a permissive ("may") recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC).

Implementation of covered vaccines will typically occur within 60 days after publication in the MMWR.

Please see the [Preventive Care Services](#) policy for further information.

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

See FDA approved product package inserts regarding precautions associated with each vaccine.

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealth Pharmaceutical Solutions Clinical Pharmacy Program that was researched, developed and approved by the UnitedHealthcare National Pharmacy & Therapeutics Committee. [2018D0031L]

Vaccines and Immunizations resource page. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/vaccines/default.htm>. Accessed March 9, 2017.

ACIP Recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html>. Accessed February 23, 2018

U.S. Food and Drug Administration (FDA), Complete List of Vaccines Licensed for Immunization and Distribution in the US: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>. Accessed February 23, 2018.

Kroger AT, Duchin J, Vázquez M. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf]. Accessed February 23, 2018.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
05/01/2018	<ul style="list-style-type: none"> • Updated coverage rationale; replaced reference to “ACIP definitive (‘shall’) recommendation” with “ACIP definitive (e.g., should, shall, is) recommendation” • Updated supporting information to reflect the most current references • Archived previous policy version VACCINES 005.50 TO