

Immunizations/Vaccinations

Policy Number: BIP085.J
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[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> Preventive Care Services
Related Medical Management Guideline
<ul style="list-style-type: none"> Preventive Care Services

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Basic Health Care Services, Register 2003, No. 38; 9-19-2003 Title 28 The Department of Managed Health Care § 1300.67

<https://govt.westlaw.com/calregs/Document/IC8C4B7D0D44911DEB97CF67CD0B99467?contextData=%28sc.Default%29&transitionType=Default>

- (f) Preventive health services (including services for the detection of asymptomatic diseases), which shall include, under a physician's supervision.
- (5) Immunizations for children in accordance with the recommendations of the American Academy of Pediatrics and immunizations for adults as recommended by the U.S. Public Health Service.

Child Health Services, including Immunizations. California Health & Safety Code §1367.3, (for ages 17 and 18

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1367.3&lawCode=HSC

1367.3.

- a. Every health care service plan that covers hospital, medical, or surgical expenses on a group basis shall offer benefits for the comprehensive preventive care of children. This section shall apply to children 17 and 18 years of age, except as provided in subparagraph (D) of paragraph (2) of subdivision (b). Every plan shall communicate the availability of these benefits to all group contract holders and to all prospective group contract holders with whom they are negotiating. This section shall apply to a plan that, by rule or order of the director, has been exempted from subdivision (i) of Section 1367, insofar as that section and the rules thereunder relate to the provision of the preventive health care services described herein.
- b. For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following:
 - 1) Be consistent with both of the following:
 - (A) The most recent Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics.
 - (B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American

Academy of Family Physicians, unless the State Department of Public Health determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section.

- 2) Provide for the following:
 - (A) Periodic health evaluations.
 - (B) Immunizations.
 - (C) Laboratory services in connection with periodic health evaluations.
 - (D) Screening for blood lead levels in children of any age at risk for lead poisoning, as determined by a physician and surgeon affiliated with the plan, if the screening is prescribed by a health care provider affiliated with the plan.

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

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1367.35&lawCode=HSC

1367.35

- a. On and after January 1, 1993, every health care service plan that covers hospital, medical, or surgical expenses on a group basis shall provide benefits for the comprehensive preventive care of children 16 years of age or younger under terms and conditions agreed upon between the group subscriber and the plan. Every plan shall communicate the availability of these benefits to all group contract holders and to all prospective group contract holders with whom they are negotiating. This section shall apply to each plan that, by rule or order of the director, has been exempted from subdivision (i) of Section 1367, insofar as that section and the rules thereunder relate to the provision of the preventive health care services described in this section.
- b. For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following:
 - 1) Be consistent with both of the following:
 - (A) The Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics in September of 1987.
 - (B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians, unless the State Department of Health Services determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section.
 - 2) Provide for all of the following:
 - (A) Periodic health evaluations.
 - (B) Immunizations.
 - (C) Laboratory services in connection with periodic health evaluations.

State Market Plan Enhancements

Some employer group plans have coverage for TB screening test required for employment due to exposure risk of employment or for educational purposes.

Refer to the member's EOC/SOB or contact the Customer Service Department to determine coverage eligibility.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Unless otherwise mandated, immunizations and vaccinations are covered in accordance with UnitedHealthcare's current Medical Management Guideline titled [Preventive Care Services](#)

- Age- and gender-appropriate Preventive Medicine visits (Wellness Visits); all routine Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC when provided by a contracted physician or medical group.

- Vaccinations or Immunizations that are directly related to the treatment of an injury, a condition, or direct exposure to a disease, or are otherwise determined to be medically necessary. Refer to the Medical Management Guideline titled [Preventive Care Services](#).

Not Covered

- Vaccines and Immunizations solely for the purpose of international travel unless the immunizations are also recommended in UnitedHealthcare’s current Benefit Interpretation Guideline titled [Preventive Care Services](#). Refer to the *State Market Plan Enhancements* section for state-specific Market Plan Enhancements.
- Vaccines required for employment due to exposure risk of employment or for educational purposes unless Vaccines are also recommended in United HealthCare’s current Preventive Care Services or covered under the *State Market Plan Enhancements* section.
- Vaccines and Immunizations required for insurance, marriage, adoption, immigration, camp, volunteer work, licensure, certification or registration, sports or recreational activities are not covered, except as otherwise recommended in UnitedHealthcare’s current Preventive Care Services. Refer to the *State Market Plan Enhancements* section for state-specific Market Plan Enhancements.
- Naturopathy: Immunizations, Vaccinations, injectable, intravenous infusions (does not include venipuncture for the purpose of obtaining blood samples for laboratory studies).
- Vaccinations not meeting the criteria listed above in the *Covered Benefits* section.

Definitions

Immunization: The process by which a person or animal becomes protected against a disease. This term is often used interchangeably with vaccination or inoculation.

Vaccination: Injection of a killed or weakened infectious organism in order to prevent the disease.

Policy History/Revision Information

Date	Summary of Changes
10/01/2021	<ul style="list-style-type: none"> • Routine review; no change to benefit coverage guidelines • Archived previous policy version BIP085.I

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.