

MEDICAL POLICY

Medical Policy Title	Immunizations
Policy Number	2.01.42
Current Effective Date	December 18, 2025
Next Review Date	December 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to [Product Disclaimer](#))

POLICY STATEMENT(S)

Childhood and adult immunizations are considered **medically appropriate** when administered according to the schedule of adult or child and adolescent immunizations and official recommendations of the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC).

RELATED POLICIES

Not Applicable

POLICY GUIDELINE(S)

- I. Vaccines related to or required only as a condition of work, travel, or school are ineligible for coverage, unless specifically covered under the member's subscriber contract or otherwise required by law.
- II. ACIP recommendations are effective as of the date on which the CDC Director has given approval.
- III. Coverage criteria are adjusted when national guidelines are revised to address new vaccines or changes in vaccine indications, or when the CDC makes recommendations for changes in administration schedules related to national vaccine shortages.

DESCRIPTION

Immunization is the process of stimulating the body's immune system to protect against a specific infection. Minute amounts of the specific bacteria or virus, in whole or part, are specially treated so that, when given to the patient, they will stimulate the body's immune system without actually causing disease. Some immunizations require "boosters," or repeat doses of the same vaccine, to keep up the body's protection against a specific bacteria or virus.

Recommended pediatric and adult immunizations are addressed as part of the Health Plan's Preventive Health Guidelines.

SUPPORTIVE LITERATURE

Not Applicable

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PROFESSIONAL GUIDELINE(S)

Please see Regulatory Status section below for a listing of Professional Societies who have approved the Immunization Recommendation Schedules.

REGULATORY STATUS

ACIP's "Recommended Child and Adolescent Immunization Schedule – For Ages 18 years and Younger," and the "Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind," have been approved by the CDC, as well as by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Nurse-Midwives. The schedules can be referenced at: [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger: 2025 U.S.](#) [updated 2025 Oct 7; accessed 2025 Nov 12].

The following immunizations are included in the recommendations for children and adolescents aged 18 years or younger, based on medical indications:

COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	Influenza (IIV3, ccIIV3 or LAIV3)	Pneumococcal polysaccharide (PPSV23)
Dengue (DEN4CYD)	Measles, Mumps, Rubella (MMR)	Poliovirus Inactivated (IPV)
Diphtheria-Tetanus- acellular Pertussis (DTaP)	Meningococcal serogroups A, C, W, Y (MenACWY-CRM, MenACWY-TT)	Respiratory syncytial virus (RSV-mAb)
Haemophilus influenzae type b (Hib PRP-T or Hib PRP-OMP)	Meningococcal serogroup B (MenB-4C or MenB-FHbp)	Rotavirus (RV1 or RV5)
Hepatitis A (Hep A)	Meningococcal serogroup A, B, C, W, Y (MenACWY-TT/MenB-FHbp)	Tetanus-diphtheria and acellular pertussis (Tdap)
Hepatitis B (Hep B)	Mpox	Tetanus-diphtheria (Td)
Human Papillomavirus (HPV)	Pneumococcal conjugate (PCV 15, PCV20)	Varicella (VAR)

The following combination vaccines are used instead of separate injections, when appropriate:

DTaP, hepatitis B, and inactivated poliovirus (DTaP-HepB-IPV)	DTaP and inactivated poliovirus (DTaP-IPV)	Measles, mumps, rubella, and varicella (MMRV)
DTaP, inactivated poliovirus, and Haemophilus influenzae type b (DTaP-IPV/Hib)	DTaP, inactivated poliovirus, Haemophilus influenzae type b and hepatitis B (DTaP-IPV-Hib-HepB)	

ACIP's "Recommended Adult Immunization Schedule for Ages 19 Years and Older" guidelines include immunization schedules and information for both persons at "usual risk" and "at risk." These

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guidelines are based primarily on recommendations from the Report of the U.S. Preventive Services Task Force and the Department of Health and the CDC's "Recommended Adult Immunization Schedule for Ages 19 Years and Older," which can be referenced at: [Recommended Adult Immunization Schedule for ages 19 years or older: 2025 U.S.](#) [updated 2025 Oct 7; accessed 2025 Nov 12].

The following immunizations for adults aged 19 years or older are included in the recommendations:

COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	Human Papillomavirus (HPV)	Meningococcal serogroup A, B, C, W, Y (MenACWY-TT/ MenB-F-Hbp)	Respiratory syncytial virus (RSV)
Haemophilus influenzae type b (Hib)	Influenza (Seasonal) (IIV3, aIIV3, ccIIV3, HD-IIV3, LAIV3 or RIV3)	Mpox	Tetanus-diphtheria (Td)
Hepatitis A (Hep A)	Measles, Mumps, Rubella (MMR)	Pneumococcal conjugate (PCV15, PCV20, PCV21)	Tetanus-diphtheria and acellular pertussis (Tdap)
Hepatitis A and hepatitis B (HepA-HepB)	Meningococcal serogroups A, C, W, Y (MenACWY-CRM, MenACWY-TT)	Pneumococcal polysaccharide (PPSV23)	Varicella (VAR)
Hepatitis B (Hep B)	Meningococcal serogroup B (MenB-4C, MenB-F-Hbp)	Poliovirus (IPV)	Zoster Recombinant (RZV)

The New York Insurance Law requires that every health insurance policy providing medical, major medical, or similar comprehensive-type coverage provide benefits for necessary immunizations, as recommended by the ACIP to the CDC.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

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Please refer to the Policy Statement and Policy Guidelines for Vaccine Coverage Criteria CPT Codes

Code	Description
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use (Neonates and infants up to 24 months old)
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use (Neonates and infants up to 24 months old)
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use (effective 08/28/25)
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90581	Anthrax vaccine, for subcutaneous or intramuscular use
90584 (E/I)	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
90593	Chikungunya virus vaccine, recombinant, for intramuscular use
90611	Smallpox and monkeypox vaccine, attenuated vaccine virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use

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Code	Description
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y tetanus toxoid carrier, and Men B-FHbp, for intramuscular use
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonvalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use

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Code	Description
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90661	Influenza virus vaccine (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use
90666 (E/I)	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use
90667 (E/I)	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use
90668 (E/I)	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use (adults 60 years and older, plus pregnant patients at 32-36 weeks gestation)
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use

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Code	Description
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716	Varicella virus vaccine (VAR), live, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use

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Code	Description
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
90758	Zaire ebolavirus vaccine, live, for intramuscular use
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional (Code also RSV monoclonal antibody, seasonal dose ([90380, 90381])
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection (Code also RSV monoclonal antibody, seasonal dose ([90380, 90381])

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Code	Description
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose (Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322)
90481	Immunization administration by intramuscular injection, severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered (List separately in addition to code for primary procedure) (effective 01/01/26)
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes (effective 01/01/26)
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes (effective 01/01/26)
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes (effective 01/01/26)
91304	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5mL dosage, for intramuscular use (Novavax) (Report 91304 with administration code 90480)
91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use (Report 91318 with administration code 90480) (Pfizer 6 months- 4 years)
91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use (Report 91319 with administration code 90480) (Pfizer 5 years – 11 years)
91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use (Report 91320 with administration code 90480) (Pfizer 12 years and older)
91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use (Report 91321 with administration code 90480) (Moderna 6 months – 11 years)

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Code	Description
91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use (Report 91321 with administration code 90480) (Moderna 12 years and older)

HCPCS Codes

Code	Description
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis B vaccine
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUZONE)
Q2039	Influenza virus vaccine, not otherwise specified

ICD10 Codes

Code	Description
Z23	Encounter for immunization

REFERENCES

Please Note (Nov 12th, 2025): For all Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control and Prevention (CDC) [Internet] Vaccine-Specific Recommendations listed below, there is a posting on the website pages advising that there has not been a content update due to the Government shutdown of late September 2025.

Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC). [Internet]. Vaccine-Specific Recommendations; Jan 7, 2025. [accessed 2025 Nov 12].

Available from: <https://www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html>

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Centers for Disease Control and Prevention (CDC). [Internet] Advisory Committee for Immunization Practices (ACIP) Vaccine Recommendations & Guidelines: Covid-19. [updated 2024 Dec 18; accessed 2025 Nov 12] Available from: <https://www.cdc.gov/acip-recs/hcp/vaccine-specific/covid-19.html>

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SEARCH TERMS

Advisory Committee on Immunization Practices (ACIP), booster, Centers for Disease Control and Prevention (CDC), immunizations, inoculations, shots, vaccines

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Based upon our review, Immunizations are not addressed in a National or Local Medicare coverage determination or policy. However, Immunizations are addressed in the Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 50.4.4.2. Revision 13108. Last updated April 2025. Please refer to the following website for Medicare Members: [Medicare Benefit Policy Manual](#) [accessed 2025 Nov 12]

Medicare Part D Vaccines: Medicare Learning Network (MLN) 908764

Last updated July 2025: [MLN908764 – Medicare Part D Vaccines](#) [accessed 2025 Nov 12]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

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POLICY HISTORY/REVISION	
Committee Approval Dates	
10/20/05, 09/21/06, 07/19/07, 08/21/08, 07/16/09, 07/15/10, 07/21/11, 07/19/12, 07/18/13, 07/17/14, 07/16/15, 07/21/16, 07/20/17, 05/17/18, 05/16/19, 05/21/20, 09/17/20, 12/17/20, 03/18/21, 05/20/21, 12/16/21, 05/19/22, 12/22/22, 05/18/23, 01/18/24, 01/23/25, 12/18/25	
Date	Summary of Changes
02/12/26	<ul style="list-style-type: none">Code Edit: Removal of CPT Codes 90637 and 90638.
01/07/26	<ul style="list-style-type: none">Code Edit: Added CPT Codes 90593, 90624, 90637 and 90638.
12/18/25	<ul style="list-style-type: none">Annual Policy Review. Policy Guideline II updated: ACIP recommendations are effective as of the date on which the CDC Director has given approval. New CPT Code updates include 90481-90484 with an effective date of 01/01/2026.
10/10/25	<ul style="list-style-type: none">Policy Edit within the Regulatory Status section to update the web links for the CDC Recommended Vaccine Schedules for Child and Adolescents through Age 18 as well as Adults Ages 19 and Older. Also, code 90382 has been added to the policy.
01/23/25	<ul style="list-style-type: none">Annual Policy Review; policy intent unchanged; code updates include addition of CPT 90636 and deletion of termed CPT codes 90630 and 90654.
01/01/25	<ul style="list-style-type: none">Summary of changes tracking implemented.
09/16/04	<ul style="list-style-type: none">Original effective date