

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.007.MH
Last Review Date: 05/09/2019
Effective Date: 07/01/2019

MP.007.MH – Meningococcal Vaccine

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Meningococcal Vaccine** medically necessary for the following indications:

FDA approved meningococcal vaccines are covered for any of the following indications:

1. Routine vaccination with age appropriate vaccine for all children at a pre-adolescent visit and at adolescence, if not vaccinated before.
2. Also recommended for others at increased risk:
 - College freshman or upper classmen if not vaccinated in the past
 - Members with a damaged spleen or whose spleen has been removed
 - Any member who has persistent complement component deficiency (an immune System Disorder)
 - Members who might have been exposed to meningitis during an outbreak
3. Vaccine selection will be based on Center for Disease Control and Prevention (CDC) recommendations.

Limitations

Vaccine for travel or employment reasons is not covered

Background

According to the Centers for Disease Control and Prevention (CDC), about 1,000-1,200 people get meningococcal disease each year in the United States. Meningococcal infections can be treated with antibiotics, but there are still approximately 10-15% of individuals who die from the infection. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

The CDC states that anyone can get meningococcal disease, but it is most common in infants less than one year of age and people age 16-21 years. Children with certain medical conditions, such as lack of a spleen, and college freshman living in dorms have an increased risk of getting meningococcal disease. Bacterial meningitis is the leading form of meningitis in children 2-18 years old in the United States.

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Preventing the disease in people at the highest risk is therefore important. The FDA has approved several meningococcal vaccines since the 1970's with immunity reportedly lasting 5-15 years.

Codes:

CPT Codes	
Code	Description
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C&C and Hemophilus influenza B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use.
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use.
90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135 (tetravalent), for intramuscular use.

References

1. Committee on Infectious Diseases. Immunizations of Adolescents: Recommendations of the Advisory Committee on Immunization Practices, The American Academy of Pediatrics, The American Academy of Family Physicians, and the American Medical Association. Pediatrics. 1997 Mar; 99(3):479-488. <http://pediatrics.aappublications.org/content/99/3/479.full.pdf+html>
2. FDA Approves Menactra™ for Meningococcal Disease, Sanofi Pasteur. Dated: 1/17/2005. Forward Looking Statement (press release) in: Medicalnewstoday.com <http://www.medicalnewstoday.com/articles/18954.php>
3. Iannelli V. Menactra Vaccine For Meningococcal Disease. Immunization basics. About.com HealthPediatrics. Updated: March 05, 2019. http://pediatrics.about.com/od/immunizations/a/05_menactra.htm
4. Patton ME, Stephens D, Moore K, MacNeil JR. Updated Recommendations for Use of MenB-FHbp Serogroup B Meningococcal Vaccine — Advisory Committee on Immunization Practices, 2016. MMWR Morb Mortal Wkly Rep 2017;66:509–513. DOI: <http://dx.doi.org/10.15585/mmwr.mm6619a6>
5. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Vaccine information statement (Interim): Meningococcal vaccines, What

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you need to know. Issued August 24, 2018.

<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

6. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Prevention and control of meningococcal disease. Recommendations of the Advisory Committee on Immunization Practices (ACIP). Morbidity and Mortality Weekly Report. March 22, 2013; 62(2): 1-28.
<http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf>
7. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention: Recommended adult immunization schedule United States 2019.
<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>
8. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Prevention and control of meningococcal disease. Recommendations of the Advisory Committee on Immunization Practices (AFIP). MMWR. 2007 May; 54 – No. RR-7. <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf>
9. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Immunization Schedules. Page last updated: 2019.
<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>
10. U.S. National Library of Medicine. Medline Plus: Meningococcal vaccines. Page last updated: November 15, 2018.
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607020.html>

Disclaimer:

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