

Preventive Care Services: Vaccine Codes

This list applies to the following policies:

Last Updated: May 1, 2025

- UnitedHealthcare Commercial/Individual Exchange Medical Policy titled [Preventive Care Services](#)
- UnitedHealthcare Oxford Clinical Policy titled [Preventive Care Services](#)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply. Vaccine trade names are included for informational purposes only.

COVID-19 Vaccine Codes

Notes:

- **Trade Name(s)/Manufacturer column:** Brand names/trade names/manufacturer(s) are included, when available, as examples for convenience only. Coverage pursuant to this Medical Policy is based solely on the procedure codes.
- **Age Group column:** This column is provided for informational use only. For purposes of this document: Adult means age 18 years and up; Pediatric means age 0-18 years.
- **Benefit Limits: Age/Other column:** Benefit Limits in **bold text** are from FDA labeling and ACIP recommendations. Codes that indicate "For applicable age, refer to the code description" are limited to the age(s) listed in the code description.

COVID-19 Vaccine Codes					
Category	Code(s)	Description	Trade Name(s)/ Manufacturer(s)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Covid-19 Vaccines	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	Applies to all Covid-19 vaccines	Both	Benefit Limit: Ages 6 months and up. Refer to the Covid-19 vaccine product for applicable ages.
	91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	Novavax	Both	Benefit Limit: Ages 12 years and older
	91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP,	Pfizer	Pediatric	Benefit Limit: Ages 6 months through 4 years

COVID-19 Vaccine Codes

Category	Code(s)	Description	Trade Name(s)/ Manufacturer(s)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
		spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use			(ends on 5 th birthday)
	91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	Pfizer	Pediatric	Benefit Limit: Ages 5 years through 11 years (ends on 12 th birthday)
	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	Pfizer	Both	Benefit Limit: Ages 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	Moderna	Pediatric	Benefit Limit: Ages 6 months through 11 years (ends on 12 th birthday)
	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	Moderna	Both	Benefit Limit: Ages 12 years and older

Preventive Vaccines (Immunizations)

A vaccine (immunization) that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after the following conditions are satisfied: (1) FDA approval; (2) explicit ACIP recommendations for routine use published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC); and (3) listed on the applicable immunization schedule of ACIP. Implementation will typically occur within 60 days. In the case of a public health emergency (as defined by the Centers for Disease Control or state or local public health departments) UnitedHealthcare may choose to apply preventive benefits to a new vaccine if the vaccine has FDA approval, even if an ACIP recommendation has not been announced.

Notes:

- **Trade Name(s) column:** Brand names/trade names are included, when available, as examples for convenience only. Coverage pursuant to this Medical Policy is based solely on the procedure codes.
- **Age Group column:** This column is provided for informational use only. For purposes of this document: Adult means age 18 years and up; Pediatric means age 0-18 years.
- **Benefit Limits: Age/Other column:** Benefit Limits in **bold text** are from FDA labeling and ACIP recommendations. Codes that indicate "For applicable age, refer to the code description" are limited to the age(s) listed in the code description.

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Immunization Administration Preventive when included as part of a preventive immunization. For codes pertaining to COVID-19 vaccine and vaccine administration, refer to the list of COVID-19 Vaccine Codes .	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	N/A	Pediatric	For applicable age, refer to the code description.
	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)	N/A	Pediatric	For applicable age, refer to the code description.
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	N/A	Both	-
	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)	N/A	Both	-
	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	N/A	Both	-
	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)	N/A	Both	-
	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	N/A	Pediatric	Benefit Limit: Ages 0-19 months (ends at age 20 months)
	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	N/A	Pediatric	Benefit Limit: Ages 0-19 months (ends at age 20 months)

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	G0008	Administration of influenza virus vaccine	N/A	Both	-
	G0009	Administration of pneumococcal vaccine	N/A	Both	-
	G0010	Administration of hepatitis B vaccine	N/A	Both	-
	0771 (revenue code)	Vaccine administration	N/A	Both	-
Dengue	90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	Dengvaxia®	Pediatric	Benefit Limit: Ages 9-16 years (ends on 17 th birthday)
Meningococcal (MenB; MenB-4C; MenB-FHbp; Hib-MenCY; MPSV4; MCV4; MenACWY-CRM)	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	MenQuadfi®	Both	-
	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Bexsero®	Both	Benefit Limit: Ages 10 years and older
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Trumenba®	Both	Benefit Limit: Ages 10 years and older
	90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and MenB-EHbp, for intramuscular use	PENBRAYA®	Both	Benefit Limit: Ages 10 years to 25 years (ends on 26 th birthday) Note: Preventive benefits for PENBRAYA® are effective Oct. 26, 2023; however, CPT code 90623 is not effective until Jan. 1, 2024, and claims prior to Jan. 1, 2024, may be considered under an appropriate non-specific vaccine code.
	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae b vaccine (Hib-MenCY), 4 dose schedule,	MenHibrix®	Pediatric	For applicable age, refer to the code description.

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
		when administered to children 2-15 months of age, for intramuscular use			
	90733	Meningococcal polysaccharide vaccine , serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use	Menomune®	Both	-
	90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	Menveo®	Both	-
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	Havrix® VAQTA®	Adult	For applicable age, refer to the code description.
	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix® VAQTA®	Pediatric	For applicable age, refer to the code description.
	90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	Havrix®	Pediatric	For applicable age, refer to the code description.
	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	Twinrix®	Adult	For applicable age, refer to the code description.
Haemophilus influenza b (Hib)	90647	Haemophilus influenzae b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	PedvaxHIB®	Both	-
	90648	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	ActHIB® Hiberix®	Both	-
Human Papilloma Virus (HPV)	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use	Gardasil4®	Both	Benefit Limit: Ages 9-26 years (ends on 27 th birthday)
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use	N/A	Both	Benefit Limit: Ages 9-26 years (ends on 27 th birthday)
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Gardasil9®	Both	Benefit Limit: Ages 9-45 years (ends on 46 th birthday)

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Seasonal Influenza ('flu') Note: Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date.	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	Fluad®	Adult	Benefit Limit: Ages 18 years and older
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	Fluzone® No Preservative Pediatric	Pediatric	Benefit Limit: Ages 6-35 months
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Fluzone® No preservative Fluvirin® Fluarix® Flulaval®	Both	Benefit Limit: Ages 6 months and older
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	Afluria® Fluzone®	Pediatric	Benefit Limit: Ages 6-35 months
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Flulaval® Fluvirin® Fluzone®	Both	Benefit Limit: Ages 6 months and older
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Flumist®	Both	Benefit Limit: Ages 2-49 years (ends on 50 th birthday)
	90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax™	Both	Benefit Limit: Ages 6 months and older
	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	High Dose Fluzone®	Adult	Benefit Limit: Ages 18 years and older
	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	Flumist®	Both	Benefit Limit: Ages 2-49 years (ends on 50 th birthday)
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	N/A	Both	-
	90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	N/A	Both	-
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	N/A	Both	-

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	Flumist® (LAIV4)	Both	Benefit Limit: Ages 2-49 years (ends on 50 th birthday)
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok®	Both	Benefit Limit: Ages 9 years and older
	90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent	Both	Benefit Limit: Ages 6 months and older
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Flublok Quadrivalent®	Adult	Benefit Limit: Ages 18 years and older
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	Afluria® Quadrivalent Fluzone Quadrivalent®	Pediatric	Benefit Limit: Ages 6-35 months
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Afluria® Quadrivalent Fluarix® Quadrivalent FluLaval Quadrivalent® Fluzone Quadrivalent®	Both	Benefit Limit: Ages 6 months and older
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Afluria® Quadrivalent Fluzone Quadrivalent®	Pediatric	Benefit Limit: Ages 6-35 months
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Afluria® Quadrivalent FluLaval Quadrivalent® Fluzone Quadrivalent®	Both	Benefit Limit: Ages 6 months and older
	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use	-	Both	-

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	90694	Influenza virus vaccine, quadrivalent (allIV4), inactivated, adjuvanted, preservative free, 0.5 ml dosage, for intramuscular use	Fluad® Quadrivalent	Adult	Benefit Limit: Ages 65 years and older
	90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Flucelvax Quadrivalent® (non-preservative free)	Both	Benefit Limit: Ages 6 months and older
	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Agriflu®	Adult	Benefit Limit: Ages 18 years and older
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)	Afluria®	Both	For applicable age, refer to the code description.
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)	Flulaval®	Both	For applicable age, refer to the code description.
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)	Fluvirin®	Both	For applicable age, refer to the code description.
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Fluzone®	Both	For applicable age, refer to the code description.
	Q2039	Influenza virus vaccine, not otherwise specified	N/A	Both	-
Pneumococcal polysaccharide (PPSV23)	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	Pneumovax 23®	Both	For applicable age, refer to the code description.
Pneumococcal conjugate (PCV13, PCV15, PCV20)	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar13®	Both	-
	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	Vaxneuvance®	Both	Benefit Limit: Ages 6 weeks and older
	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Prevnar20®	Both	Benefit Limit: Ages 6 weeks and older
	90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	CAPVAXIVE™	Adult	Benefit Limit: Ages 19 years and older

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Rotavirus (RV1, RV5)	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	Rotateq®	Pediatric	Benefit Limit: Ages 0-8 months
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	Pediatric	Benefit Limit: Ages 0-8 months
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	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	Kinrix® Quadracel®	Pediatric	For applicable age, refer to the code description.
Diphtheria, tetanus toxoids, acellular pertussis, inactivated poliovirus vaccine, haemophilus influenza type B PRP-OMP conjugate, and hepatitis B (Dtap-IPV-Hib-HepB)	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	Vaxelis®	Pediatric	Benefit Limit: Ages 0-4 years (ends on 5 th birthday)
Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	Pediatric	Benefit Limit: Ages 0-4 years (ends on 5 th birthday)
Diphtheria, tetanus, acellular pertussis (DTap)	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	Daptacel® Infanrix®	Pediatric	For applicable age, refer to the code description.
Measles, Mumps, Rubella (MMR)	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	MMR II® Priorix®	Both	-
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	Pediatric	Benefit Limit: Ages 1-12 years (ends on 13 th birthday)
Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	Ipol®	Both	-
Tetanus and diphtheria (Td)	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Tenivac® Decavac® TDvax™	Both	For applicable age, refer to the code description.

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Adacel® Boostrix®	Both	For applicable age, refer to the code description.
Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax®	Both	-
Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Pediarix®	Both	Benefit Limit: Ages 0-6 years (ends on 7 th birthday)
Zoster / Shingles (HZV/ZVL, RZV)	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	Shingrix®	Adult	Benefit Limit: Ages 19 years and older
Hepatitis B	90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	HEPLISAV-B®	Adult	Benefit Limit: Ages 18 and older
	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	Both	-
	90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	Recombivax HB®	Pediatric (adolescent only)	For applicable age, refer to the code description.
	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	Pediatric	For applicable age, refer to the code description.
	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	Recombivax HB® Engerix-B®	Adult	For applicable age, refer to the code description.
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	Engerix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use	N/A	Both	-
	90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	PreHevbrio™	Adult	Benefit Limit: Ages 18 and older
Respiratory syncytial virus (RSV)	90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Beyfortus™	Pediatric	Benefit Limit: Ages 0-19 months (ends at age 20 months)

Preventive Vaccines (Immunizations)

These codes do not have a diagnosis code requirement for preventive benefits to apply.

Category	Code(s)	Description	Trade Name(s) (See Note above)	Age Group (Pediatric, Adult, or Both)	Benefit Limits: Age/Other (See Note above)
	90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	Beyfortus™	Pediatric	Benefit Limit: Ages 0-19 months (ends at age 20 months)
	90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	Abrysvo™	Both	-
	90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	Arexvy™	Adult	Benefit Limit: Ages 60 and older
	90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	mRESVIA®	Adult	Benefit Limit: Ages 60 and older
Mpox	90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	JYNNEOS®	Adult	Benefit Limit: Ages 18 years and older

Appendix History/Revision Information

Date	Summary of Changes
05/01/2025	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> Updated benefit limit for CPT code 90673; changed age limit from “ages 18 years and older” to “ages 9 years and older” (effective Mar. 27, 2025)
01/01/2025	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> Updated list of applicable CPT codes for Seasonal Influenza (‘flu’) to reflect annual edits: <ul style="list-style-type: none"> Removed 90630 and 90654 Revised description for 90661
09/17/2024	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> Updated benefit limits for: <ul style="list-style-type: none"> CPT code 90653; changed age limit from “ages 65 years and up” to “ages 18 years and older” (effective August 29, 2024) CPT code 90662; changed age limit from “ages 65 years and older” to “ages 18 years and older” (effective August 29, 2024)
07/29/2024	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> CPT code 90684 (CAPVAXIVE™) with the benefit/age limit of 19 years and older (effective Jun. 27, 2024) CPT code 90683 (mRESVIA®) with the benefit/age limit of 60 and older (effective Jun. 26, 2024) Updated list of trade names for CPT code 90657; “Afluria®” Updated benefit limits for: <ul style="list-style-type: none"> CPT codes 90656 and 90658; changed age limit from “ages 3 years and older” to “ages 6 months and older” (effective Jun. 27, 2024)

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ CPT code 90661; changed age limit from “ages 4 years and older” to “ages 6 months and older” (effective Jun. 27, 2024)
06/17/2024	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> ● Added CPT code 90670 (Prevnar13®)
03/26/2024	Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> ● Removed language pertaining to the COVID-19 public health emergency Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> ● Updated benefit limits for Pneumococcal Conjugate (PCV15, PCV20) for: <ul style="list-style-type: none"> ○ CPT code 90671; added age limit of 6 weeks and older (effective Jun. 27, 2023) ○ CPT code 90677; changed age limit from “ages 2 months and older” to “ages 6 weeks and older” (effective Jun. 27, 2023)
01/22/2024	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> ● Removed CPT codes 90670 and 90702 ● Updated list of trade names for CPT code 90734; removed “Menactra®”
11/09/2023	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> ● Added language for CPT code 90623 to clarify the preventive benefits for PENBRAYA® are effective Oct. 26, 2023; however, CPT code 90623 is not effective until Jan. 1, 2024, and claims prior to Jan. 1, 2024, may be considered under an appropriate non-specific vaccine code
11/06/2023	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> ● Added: <ul style="list-style-type: none"> ○ CPT code 90623 (PENBRAYA®) with the benefit/age limit of 10 years to 25 years (ends on 26th birthday) (effective Oct. 26, 2023) ○ CPT code 90611 (JYNNEOS®) with the benefit/age limit of 18 years and older (effective Oct. 26, 2023)
10/25/2023	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> ● Updated benefit limits for Immunization Administration (CPT codes 96380 and 96381) and Respiratory Syncytial Virus (RSV) (CPT codes 90380 and 90381); changed age limit from “0-24 months (ends on 2nd birthday)” to “0-19 months (ends at age 20 months)”
10/14/2023	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> ● Added CPT codes 96380 and 96381 (effective Oct. 6, 2023)
10/10/2023	Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> ● Added CPT code 91304 (Novavax) (effective Sep. 12, 2023) ● Removed CPT codes 0041A, 0042A, and 0044A (replaced by CPT code 90480 on Sep. 12, 2023)
10/06/2023	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> ● Updated benefit limits for: <ul style="list-style-type: none"> ○ CPT code 90677; replaced age limit of “19 years and older” with “2 months and older” (effective Jun. 27, 2023) ○ CPT code 90678; removed age limit of 60 [years] and older (effective Sep. 22, 2023)
10/01/2023	Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> ● Removed CPT codes 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, and 0174A; the Preventive Care Services benefit for these bivalent codes ended Sep. 11, 2023

Date	Summary of Changes
09/18/2023	Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> Updated list of applicable CPT codes for COVID-19 Vaccines; added 90480, 91318, 91319, 91320, 91321, and 91322 (the Preventive Care Services benefit for these codes is effective Sep. 12, 2023)
08/30/2023	Applicable Codes Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> Added list of applicable CPT codes for Respiratory Syncytial Virus (RSV): 90380, 90381, 90678, and 90679
08/01/2023	Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> Reformatted list of applicable CPT codes to reflect/include the <i>Trade Name(s)/Manufacturer(s)</i>, <i>Age Group (pediatric, adult, or both)</i>, and <i>Benefit Limits: Age/Other</i> for 0134A, 0141A, 0142A, 0144A, 0164A, 0041A, 0042A, 0044A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, and 0174A Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> Updated benefit limits for CPT codes 90620 and 90621; added language to clarify these vaccines apply to ages 10 years and older
06/06/2023	Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> Removed CPT codes 0031A and 0034A (benefits expired Jun. 1, 2023) Preventive Vaccines (Immunizations) <ul style="list-style-type: none"> Updated list of applicable trade names for CPT code 90714; added "TDvax™"
05/11/2023	Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> Added CPT codes 0121A, 0141A, 0142A, 0151A, 0171A, and 0172A (benefits effective Apr. 18, 2023) Updated description for CPT codes 0124A, 0134A, 0144A, 0154A, 0164A, and 0174A
04/25/2023	Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> Removed CPT codes 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0071A, 0072A, 0073A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0111A, 0112A, and 0113A (benefits expired Apr. 18, 2023)
04/01/2023	Template Update <ul style="list-style-type: none"> Reformatted list of applicable vaccine codes (COVID-19 and all others) Applicable Codes COVID-19 Vaccine Codes <ul style="list-style-type: none"> Added CPT codes 0044A and 0174A Removed CPT code 0074A