

## CLINICAL POLICY



### Adult Pneumonia and Shingles Vaccine (Expanded Benefit)

## Clinical Policy: Adult Pneumonia and Shingles Vaccine (Expanded Benefit)

Reference Number: FL.CP.MP.14

Effective Date: 10/25

Review/Revised Date: 10/31/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

This policy describes the medical necessity requirements for pneumonia (pneumococcal) vaccines and shingles (zoster) vaccines as an expanded benefit for Sunshine Health's Managed Medical Assistance (MMA), Serious Mental Illness (SMI) and HIV/AIDS members aged 21 through 65 years of age, in accordance with the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

### Policy/Criteria

- I. It is the policy of Sunshine Health that pneumonia (pneumococcal) vaccines and shingles (zoster) vaccines are **medically necessary** when criteria are met according to the Advisory Committee on Immunization Practice (ACIP) guidelines for Pneumonia (Pneumococcal) vaccines and Shingles (Zoster) vaccines accessed via the link below:

<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule-bw.pdf>

- II. It is the policy of Sunshine Health to follow the recommendations and contraindications established by the Advisory Committee on Immunization Practices (ACIP), unless either of the following indications is met:
  - A. In making a medical judgment in accordance with accepted medical practices, such compliance is deemed medically inappropriate; or
  - B. The particular requirement is not in accordance with Florida law, including law relating to religious exemptions.

### Background

The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR). The ACIP develops recommendations on how to use vaccines to control disease in the United States. The recommendations include the age(s) when the vaccines should be given, the number of doses needed, the amount of time between doses, and precautions and contraindications.

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted

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CPT <sup>®</sup> Codes	Description

HCPCS Codes	Description

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		01/15
Annual review; no criteria changes.		01/16
Annual review; updated reference.		01/17
Annual review; updated web links and ACIP guidelines		03/18
Annual review; no changes		05/19
Annual review; updated references, access links, approvers		06/20
Annual review; no changes		07/21
Policy update; added SMI product; added clarifications.		11/21
Annual review; no changes		12/22
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.35.00 to FL.CP.MP.14.	06/23	
Annual review. Added HIV/AIDS product in the Description. Updated link in Criteria I. References reviewed and updated.	10/25	

### References

1. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention (CDC). Recommended adult immunization schedule for ages 19 years or older, United States, 2025. <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule-bw.pdf>. Approved October 24, 2024. Accessed August 20, 2025.
2. Kroger A, Bahta L, Long S, Sanchez P. General best practice for immunization. Best practice guidance of the Advisory Committee on Immunization Practices (ACIP). [https://www.cdc.gov/vaccines/hcp/imz-best-practices/?CDC\\_AAref\\_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](https://www.cdc.gov/vaccines/hcp/imz-best-practices/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html). Updated July 25, 2024. Accessed August 20, 2025.
3. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention (CDC). Clinical considerations for Shingrix use in immunocompromised adults aged  $\geq 19$

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years. <https://www.cdc.gov/shingles/vaccination/immunocompromised-adults.html>. Updated July 9, 2024. Accessed August 20, 2025.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited.

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Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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