

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Hepatitis A Vaccine Coverage Policy	<b>POLICY ID:</b> FL.UM.67
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 10/30/2019	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA) product, including those who are Comprehensive members (MMA and Long Term Care with Sunshine Health)
<b>REVIEWED/REVISED DATE:</b> 10/2019, 10/2020, 2/21, 2/22, 2/23, 02/2024	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> Please refer to system of record – Archer	

## POLICY STATEMENT:

It is the policy of Sunshine Health to cover Hepatitis A Vaccine as an Agency for Health Care Administration (AHCA) approved expanded benefit for members with chronic liver disease and would be at increased risk if infected with Hepatitis A.

## PURPOSE:

To establish clinical criteria on which to review requests for Hepatitis A Vaccine as an expanded benefit for Sunshine Health's MMA product including those who are Comprehensive members (MMA and Long Term Care with Sunshine Health) for adult members (21 years of age and older). The goal is to provide Hepatitis A Vaccine when medically necessary, as an expanded benefit and to define criteria and limitations established for the use of the Hepatitis A Vaccine.

## SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA) product, including those who are Comprehensive members (MMA and Long Term Care with Sunshine Health).

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

**DEFINITIONS:** Hepatitis A Vaccine (Havrix, Vaqta) is used to prevent hepatitis A, a type of liver disease that is caused by the hepatitis A virus (HAV). The vaccine works by stimulating the body to produce antibodies, which are proteins that will fight and kill the virus and prevent hepatitis A infection. Estimates for long-term protection for fully vaccinated people (i.e., full two-dose series) suggest that protection from hepatitis A virus infection could last for at least 25 years in adults and at least 14–20 years in children.

## POLICY:

It is the policy of Sunshine Health to cover Hepatitis A Vaccine as an Agency for Health Care Administration (AHCA) approved expanded benefit for members with chronic liver disease and would be at increased risk if infected with Hepatitis A. Although not at increased risk for hepatitis A virus (HAV) infection, persons with chronic liver disease are at increased risk for fulminant hepatitis A. Sunshine Health provides coverage of Hepatitis A Vaccine for adults when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy. This policy will be in place and coverage provided for the duration of the public health emergency as declared by the Surgeon General for the State of Florida.

## PROCEDURE:

### Review Process

To assist in determining the medical necessity of the Hepatitis A Vaccination as an expanded benefit, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Use of Clinical Criteria FL.UM.02
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05

### Specific Clinical Information/Criteria

It is the policy of Sunshine Health, that outpatient Hepatitis A vaccination is considered medically necessary to prevent infection caused by the hepatitis A virus and avoid medical complications and/or hospitalizations related to acute hepatitis

A infections. Most people who get hepatitis A only get a mild form of the disease. However, in some cases, hepatitis A can lead to serious liver problems and even death.

Sunshine Health will provide Hepatitis A Vaccinations service as an expanded benefit to members diagnosed with chronic liver disease, fibrotic liver disease, cirrhosis, end stage liver disease and any form of viral hepatitis who are at increased risk for severe adverse consequences of Hepatitis A. Vaccine authorization shall be for a 2-dose series Hep A (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]). Authorizations will be for 12 months.

Hepatitis A Vaccination is considered medically necessary when all of the following criteria are met:

1. Fibrotic liver disease as demonstrated by:

- on Ultrasound,
- computed tomography (CT),
- magnetic resonance imaging (MRI)
- or liver biopsy

2. Cirrhosis of the liver as demonstrated by:

- Ultrasound,
- computed tomography (CT),
- magnetic resonance imaging (MRI) or magnetic resonance cholangiopancreatography (MRCP)
- or liver biopsy

3. Any viral hepatitis infection (A, B, C, D, E) as demonstrated by blood tests

- **Viral antibodies** testing: Antibodies are proteins produced by white blood cells that attack invaders such as bacteria and viruses. Antibodies against the hepatitis A, B, and C viruses usually can be detected in the blood within weeks of infection, and the antibodies remain detectable in the blood for decades thereafter. Blood tests for the antibodies can be helpful in diagnosing both acute and chronic viral hepatitis

### Information Required for Review

Medical documentation to support medical necessity should be submitted with any request for Adult Hepatitis A vaccination coverage, as noted above in the “**Specific Clinical Information/Criteria**” section.

### Redetermination

Prior to the expiration of the initial authorization period, the requesting practitioner must submit to Sunshine Health’s utilization management department information on the member’s status in order for a review for a subsequent approval extension. The following documentation must accompany the request for initial and continued authorization:

1. Reason for not completing the 2 dose series of injections within the prior 12-month authorization.
  - Contraindications for vaccine administration
  - Adverse event (s) following initial vaccine

### Limitations / Exclusions

The following limitations or exclusions apply:

- The member has completed the Hepatitis Vaccine as a child
- The member has antibodies to Hepatitis A
- The member is not at high risk and does not meet the medically necessary criteria outlined above.
- Member is under 21 years old (Hep A vaccine would be covered under Florida Shots program)
- Coverage up to the benefit limit for a 2 dose series

### REFERENCES: REFERENCES

FL.UM.05 Timeliness of UM Decisions and Notifications policy and procedure

FL.UM.02 Use of Clinical Criteria

FL.UM.02.01 Medical Necessity Review and Continuity of Care

Agency for Healthcare Administration, Standard Contract FP060

1. Centers for Disease Control and Prevention. Prevention of Hepatitis A Through Active or Passive Immunization. Recommendations of the Advisory committee on Immunization Practices (ACIP). MMWR. May 19, 2006. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>

2. Centers for Disease Control and Prevention. Vaccines.gov Your Best Shot at Health.  
[https://www.vaccines.gov/diseases/hepatitis\\_a](https://www.vaccines.gov/diseases/hepatitis_a)
3. Centers for Disease Control and Prevention CDC 24/7 Saving Lives, Protecting People. Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2019.  
[https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fschedules%2Feasy-to-read%2Fadult.html#note-hepa](https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fschedules%2Feasy-to-read%2Fadult.html#note-hepa)

**ATTACHMENTS:** N/A

**ROLES & RESPONSIBILITIES:** Utilization Management

**REGULATORY REPORTING REQUIREMENTS:** State review and approval required for any substantial changes and upon request

#### REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy developed to meet the amendment to the expanded benefits MMA contract in response to the State of Florida Surgeon General's declaration of a public health emergency.	10/30/2019
Annual Review	Changed policy name to "Hepatitis A Vaccine Coverage Policy" to provider clarification and added effective and approved dates in header	10/2020
Annual Review	No changes needed	2/2021
Annual Review	No changes needed	2/2022
Annual Review	No changes needed	2/2023
Annual Review	Updated Policy ID Added Policy ID and Name to "Footer" Made minor grammatical changes	02/2024

#### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.