

### 310-M - IMMUNIZATIONS

EFFECTIVE DATES: 10/01/94, 10/01/18, 10/01/20, 06/01/21, 10/01/22, 01/25/23, 11/14/25

APPROVAL DATES: 10/01/01, 10/01/06, 10/01/07, 07/01/10, 01/01/14, 09/20/18, 09/10/20,  
05/11/21, 04/07/22, 12/01/22, 10/23/25

#### I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS; and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements for immunizations covered by AHCCCS.

#### II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

For purposes of this Policy, the following terms are defined as:

**CLINIC SERVICES  
BENEFIT**

Medical services provided in an ambulatory clinic including physician services, dental services, dialysis, laboratory, x-ray and imaging services, health assessment services, immunizations, medications and medical supplies, therapies, family planning services and EPSDT services.

**PREVENTIVE SERVICES  
BENEFIT**

Coverage is available for evidence-based medically necessary preventative services. Services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to (1) prevent disease, disability, and other health conditions, (2) prolong life; and (3) Promote physical and mental health efficacy...Services for adults are based, in part, on guidelines form the U.S. Preventive Services Task Force. In addition to the services specified under section 4106 of the Affordable Care Act, Arizona covers, without cost-sharing, services specified under PHS 2713 which is in alignment with the Alternative Benefit Plans.

**OUTPATIENT HOSPITAL  
SERVICES**

Outpatient hospital services are services ordinarily provided in hospitals, clinics, offices, and other health care facilities by licensed health care providers.

### III. POLICY

AHCCCS covers immunizations as appropriate for age, history, and health risk for adults and children. Covered Immunizations for children and adolescents are specified in AMPM Policy 430, Attachment G.

AHCCCS covers all vaccines established by the Centers for Disease Control and Prevention (CDC), and Advisory Committee on Immunization Practices (ACIP). In addition, vaccines recommended by the American Academy of Family Physicians (AAFP) and American College of Obstetricians Gynecologists (ACOG) vaccine schedules are covered when determined to be medically necessary as determined by the member's medical provider.

The determination of medical necessity is based on clinical appropriateness, scientific evidence, and standards of practice, including immunization schedules and published communication from professional medical academic associations AAFP and/or ACOG.

The Prior authorization shall not be required by AHCCCS FFS Programs or the Contractor for medically necessary covered immunizations when administered by an AHCCCS registered provider. AHCCCS covers vaccines for adults under the following:

1. Clinical Services Benefit.
2. Preventive Services Benefit.
3. Outpatient Hospital Services.

Covered immunizations for adults include, but are not limited to:

1. Coronavirus Disease 2019 (COVID-19).
2. Haemophilus influenzae type b (Hib).
3. Hepatitis A.
4. Hepatitis B.
5. Human papillomavirus (HPV).
6. Influenza.
7. Measles, mumps, and rubella (MMR).
8. Meningococcal (MenACWY and MenB).
9. Mpox.
10. Pertussis.

11. Pneumococcal.
12. Respiratory Syncytial Virus (RSV).
13. Tetanus, diphtheria, pertussis (Tdap or Td).
14. Varicella.
15. Zoster, for members 50 years of age and older.

Immunizations are not covered by AHCCCS for members for passport, visa clearance, or for travel outside of the United States.

Refer to AMPM Policy 310-V for pharmacy reimbursement for immunizations