


MEDICAL POLICY – 9.01.508

Rabies Vaccine, Home Setting

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|------------------------------|---------------------------|
| Ref. Policy: MP-146 | |
| Effective Date: July 1, 2024 | RELATED MEDICAL POLICIES: |
| Last Revised: June 24, 2024 | None |
| Replaces: N/A | |

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Introduction

Rabies is a virus that infects wildlife. It is spread when an infected animal scratches or bites another animal or person. The rabies virus can cause disease in the brain that results in death. Rabies can be prevented with a vaccine. This policy describes when the rabies vaccine may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

| Vaccine | Medical Necessity |
|---|--|
| Rabies vaccine in the home setting | <p>Rabies vaccine in the home setting may be considered medically necessary for the following indications:</p> <ul style="list-style-type: none"> • Patient presented to emergency room (ER) after a possible rabies exposure: |

| Vaccine | Medical Necessity |
|---------|---|
| | <ul style="list-style-type: none"> ○ Patient receives rabies immunoglobulin (if not previously vaccinated) and rabies vaccine ○ Patient receives Post-Exposure Rabies Treatment Record and Information Sheet ● Patient received clear post-discharge instructions ● Patient is discharged from ER, with instructions to follow-up with the Visiting Nurse Association (VNA) for repeat vaccinations at day 3, 7, and 14 (and day 28 for immunocompromised patients): <ul style="list-style-type: none"> ○ VNA follows-up with patient at days 3, 7, and 14 (and 28) for repeat IMOVAX doses. A record of these doses is kept. ○ The IMOVAX injection site is given in an alternating fashion, from side-to-side, on the opposite side of the last dose ○ If a patient has been previously vaccinated for rabies, only the day 3 dose is needed ○ If a patient is immunosuppressed by any disease, medication, or therapy (broadly defined), an additional dose should be given on day 28 plus be tested for rabies virus neutralizing antibody between days 35-42 after exposure |

Coding

| Code | Description |
|---------------|--|
| CPT | |
| 90375 | Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use |
| 90376 | Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use |
| 90377 | Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use |
| 90675 | Rabies vaccine, for intramuscular use |
| 90676 | Rabies vaccine, for intradermal use |
| ICD-10 | |



| Code | Description |
|------------------|--|
| A82.9 | Rabies, unspecified |
| A82.1 | Urban rabies |
| A82.0 | Sylvatic rabies |
| Z20.3 | Contact with and (suspected) exposure to rabies |
| Z23 | Encounter for immunization |
| Place of Service | |
| 12 | Location, other than a hospital or other facility, where the patient receives care in a private residence. |

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Related Information

Limitations

This policy addresses administration of the rabies vaccine in the home setting only.

Evidence Review

Background

The Center for Disease Control (CDC) categorizes rabies as a serious disease caused by a virus. Humans get rabies when they are bitten by infected animals. The CDC reports that human rabies is rare in the United States. There have been only 55 cases diagnosed since 1990.

However, the CDC estimates between 16,000 and 39,000 people are vaccinated each year as a precaution after animal bites. The rabies vaccine is given to people at high risk of rabies to protect them if they are exposed. It can also prevent the disease if it is given to a person after they have been exposed.



References

1. Centers for Disease Control and Prevention. Rabies. Page Last Reviewed: May 4, 2022. https://www.cdc.gov/rabies/hcp/clinical-overview?CDC_AAref_Val=https://www.cdc.gov/rabies/medical_care/index.html. Accessed May 21, 2024.
2. Centers for Disease Control and Prevention. Rabies Vaccine. Page Last Reviewed: September 24, 2014. https://www.cdc.gov/rabies/hcp/prevention-recommendations/post-exposure-prophylaxis.html?CDC_AAref_Val=https://www.cdc.gov/rabies/medical_care/index.html. Accessed May 21, 2024.
3. Centers for Disease Control and Prevention. Rabies VIS. Page last Reviewed: June 2, 2022. <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/rabies.html>. Accessed May 21, 2024.
4. U.S. Food & Drug Administration (FDA). Rabies Vaccine, IMOVAX Rabies. <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM133484.pdf>. Accessed May 21, 2024.
5. World Health Organization. International travel and health. Rabies. <https://www.who.int/teams/control-of-neglected-tropical-diseases/rabies/vaccinations-and-immunization>. Accessed May 21, 2024.

History

| Date | Comments |
|----------|---|
| 09/16/19 | New policy, approved August 13, 2019, effective January 1, 2020. Rabies vaccine in the home setting may be considered medically necessary when criteria are met. |
| 10/01/20 | Annual Review, approved September 17, 2020. No changes to policy statement, references updated. |
| 08/01/21 | Annual Review, approved July 9, 2021. No changes to policy statement, references updated. Added CPT code 90377. |
| 10/01/22 | Annual Review, approved September 12, 2022. Minor editorial refinements, no changes to policy statement. References updated. |
| 11/01/23 | Annual Review, approved October 23, 2023. No changes to policy statement, references updated. Updated policy title from "Rabies Vaccine, Home" to "Rabies Vaccine, Home Setting." Removed ICD-9 section as these codes are no longer valid. |
| 07/01/24 | Annual Review, approved June 24, 2024. No changes to policy statement, references updated. |

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review



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Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

