

MEDICAL POLICY – 9.01.508

Rabies Vaccine, Home Setting

Ref. Policy: MP-146

Effective Date: Jul. 1, 2025

Last Revised: Jun. 9, 2025


Replaces: N/A

RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

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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 | Rabies vaccine in the home setting may be considered medically necessary for the following indications: <ul style="list-style-type: none">Individual presents to emergency room (ER) after a possible rabies exposure: |

| Vaccine | Medical Necessity |
|---------|--|
| | <ul style="list-style-type: none"> ○ Receives rabies immunoglobulin (if not previously vaccinated) and initial rabies vaccine, day 0 (first dose of the vaccine) ○ Receives Post-Exposure Rabies Treatment Record, Information Sheet, and clear post-discharge instructions ○ Follow-up with the Visiting Nurse Association (VNA) for repeat post-exposure vaccinations, post-exposure vaccine administration records kept by visiting nurse association • Unvaccinated¹⁻² <ul style="list-style-type: none"> ○ Post-exposure vaccine schedule: <ul style="list-style-type: none"> ▪ Days 0, 3, 7, and 14 (day 0 received at facility) • Previously vaccinated¹⁻³ (see definition of previously vaccinated below) <ul style="list-style-type: none"> ○ Post-exposure vaccine schedule: <ul style="list-style-type: none"> ▪ Days 0, 3 (day 0 received at facility) • Immunocompromised¹⁻³ <ul style="list-style-type: none"> ○ Post-exposure vaccine schedule: <ul style="list-style-type: none"> ▪ Days 0, 3, 7, 14, and 28 (day 0 received at facility) ▪ Repeat antibody titers 7-14 days after the final dose • Out of the Country ¹⁻³ <ul style="list-style-type: none"> ○ Post-exposure vaccine schedule is the same as above for each listed criteria ○ See risk for post-prophylaxis failure below if the type of vaccine differs from what was received initially to what is being received in the United States • Risk for Post-Prophylaxis Failure¹⁻³ <ul style="list-style-type: none"> ○ Delay or timing of doses ○ Deviation of a few days does not require reinitiating vaccine regimen ○ For significant deviations from the schedule, consider an antibody test 7-14 days after the final dose ○ Different vaccine formulations |

| Vaccine | Medical Necessity |
|---------|---|
| | <ul style="list-style-type: none"> Potentially occur in returning travelers and question about the type of vaccine that was received (many vaccines are available internationally and equivalent in immunogenicity and series can be completed on schedule) <ul style="list-style-type: none"> If the type of vaccine received is in question the series can be completed with intramuscularly administered rabies vaccine, then a follow-up titer to document appropriate response Consult with state or local public health authorities Rabies Immune Globulin (RIG) dose was inadequate or not administered RIG not administered at the wound site Vaccine administered to the gluteal area |

Coding

| Code | Description |
|---------------|--|
| CPT | |
| 90375 | Rabies immune globulin (Rlg), human, for intramuscular and/or subcutaneous use |
| 90376 | Rabies immune globulin, heat-treated (Rlg-HT), human, for intramuscular and/or subcutaneous use |
| 90377 | Rabies immune globulin, heat- and solvent/detergent-treated (Rlg-HT S/D), human, for intramuscular and/or subcutaneous use |
| 90675 | Rabies vaccine, for intramuscular use |
| 90676 | Rabies vaccine, for intradermal use |
| ICD-10 | |
| A82.9 | Rabies, unspecified |
| A82.1 | Urban rabies |
| A82.0 | Sylvatic rabies |

| Code | Description |
|------------------|--|
| 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

Previous Vaccinated¹⁻³

Previously vaccinated criteria, must meet one of the following:

- Prior completion of a 3-dose pre-exposure series
- Prior completion of greater than or equal to 4 doses post-exposure series
- Completion of greater than or equal to 2 doses of a pre-exposure prophylaxis series within 3 years prior to exposure
- Partial prior completion of a pre- or post-exposure series with a subsequent titer that shows greater than or equal to 0.5 IU/mL

NOTE: All prior vaccine doses must have been given after the advent of modern vaccines (purified chick embryo cell vaccine (PCECV), human diploid cell vaccine (HDCV), or purified Vero cell rabies vaccine (PVRV)) which became available early 1980s in the United States. All

immunosuppressed individuals at the time of their prior vaccinations must have had a titer check that showed greater than or equal to 0.5 IU/mL

- All individuals who do not meet at least one of the above criteria should be treated as if they have never been vaccinated

Rabies Vaccine Injection Site¹⁻³

- Adults (ages greater than or equal to 19 years)
- Deltoid muscle of the arm is the only acceptable IM site
- Children (ages 3-18 years)
- Deltoid muscle of the arm is preferred
- Anterolateral aspect of the thigh is acceptable alternative
- Children (ages 12 months – 2 years)
- Anterolateral aspect of the thigh is preferred
- Deltoid muscle of the arm is acceptable alternative if the deltoid muscle mass is adequate

NOTE: Rabies vaccine should never be administered in the gluteal area because this may result in lower antibody titers.

References

1. Brown CM, DeMaria Jr A, Hall K (Ed). Rabies Immune Globulin and Vaccine.; 2024. <https://www.uptodate.com/contents/rabies-immune-globulin-and-vaccine#H289177521>. Accessed May 16, 2025.
2. Rao AK, Briggs D, Moore SM, et al. Use of a Modified Preexposure Prophylaxis Vaccination Schedule to Prevent Human Rabies: Recommendations of the Advisory Committee on Immunization Practices - United States, 2022. Morbidity and Mortality Weekly Report. 2022;71(18):619-627. doi:10.15585/mmwr.mm7118a2.
3. Rupprecht CE, Briggs D, Brown CM, et al. Use of a reduced (4-dose) vaccine schedule for postexposure prophylaxis to prevent human rabies: recommendations of the advisory committee on immunization practices. Morbidity and Mortality Weekly Report. 2010;59(RR-2):1-9. <http://www.ncbi.nlm.nih.gov/pubmed/20300058>. Accessed May 16, 2025.

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. |
| 07/01/25 | Annual Review, approved June 9, 2025. Added in-text citations; updated Criteria; removed original "Background" section and added updated information; replaced original References with updated References. |

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 and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

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.

