

Immunizations

Benefit Coverage

Services and supplies for routine immunizations as recommended by the most recent Advisory Committee on Immunization Practices (ACIP) immunization schedule. Patients can also access the immunization clinics of the Local Health Department without prior authorization.

Benefit Exclusion

Immunizations for the purpose of travel or employment are not a covered benefit.

Examples of Covered Benefits

1. Childhood immunizations based on the most recent ACIP Recommended Childhood Immunization Schedule.
2. Tetanus, Diphtheria (TD) - Usually given at 12 to 15 years of age, and as needed due to injury. Boosters are recommended every 10 years.
3. Influenza vaccine (flu shot) given in accordance with the most recent Centers for Disease Control and Prevention (CDC) recommendations as published in the most recent Morbidity and Mortality Weekly Report (MMWR).
4. Pneumococcal vaccination one time for patients age 65 or older or at high risk for pneumococcal disease (e.g., post-splenectomy).
5. Human Papillomavirus (HPV) for females 11-18 years of age (3 doses).
6. Tdap booster for 7th grade school entry.

Examples of Non-Covered Benefits

1. Travel immunizations.
2. Vaccines required for employment or educational purposes.
3. Influenza vaccine when not given according to CDC.

Impotence

Benefit Coverage

Surgical implantation of penile prosthesis for impotence is covered when medically necessary and when prior authorization is obtained per the contracted IPA.

Coverage of implants generally requires prior authorization and is subject to the Durable Medical Equipment (DME) benefit coverage.

Benefit Exclusion

Psychotherapeutic services required for the treatment of impotence are considered to be specialty mental health services and are not covered through the Medi-Cal Managed Care Program. The patient should be referred to a Short-Doyle Medi-Cal (SD/MC) or Medi-Cal Fee-For-Service (FFS) provider for treatment. (See: Behavioral Health)

Examples of Covered Benefits

1. Authorized, medically necessary surgical treatment (implants).

Examples of Non-Covered Benefits

1. Non-authorized surgical implants.
2. Psychotherapeutic treatment relating to the cause of the impotence.
3. Pharmacotherapy for the treatment of impotence such as Sildenafil, Tadalafil, and Vardenafil are not a covered benefit (H.R. No. 3971, 109th Cong., 1st Sess. § 4, (2005)).

Infertility Services

Benefit Coverage

Infertility services are not a covered benefit.

Benefit Exclusion:

Infertility services, which are procedures consistent with established medical practices in the treatment of infertility, including, but not limited to, diagnosis, diagnostic tests, medication and surgery are not a covered benefit.

Examples of Non-Covered Benefits

1. Artificial Insemination.
2. In-vitro fertilization.
3. Oral medication (e.g., Clomid, Danazol).
4. Injectable medications (e.g., Pergonal).
5. Gamete intra-fallopian transfer (G.I.F.T.).
6. Hysterosalpingogram as part of an infertility work up

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Insulin and Syringes

Benefit Coverage

Insulin is covered for the treatment of diabetes. Needles and syringes necessary for insulin or other self-administered injectable medications are also covered.

Examples of Covered Benefits

1. Insulin is covered for the treatment of insulin-dependent Diabetes.
2. Syringes and needles are covered in conjunction with the need for insulin or other self-administered medications.