

Medical Coverage Policies

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Rabies Vaccination

EFFECTIVE DATE	03/16/2006	LAST UPDATED	11/19/2010
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Description:

Rabies is a viral infection transmitted in the saliva of infected mammals. The virus enters the central nervous system of the host, causing an encephalomyelitis that is almost always fatal. After the marked decrease of rabies cases among domestic animals in the United States in the 1940s and 1950s, indigenously acquired rabies among humans decreased substantially. Between 1980 and 1997, 95,247 cases were reported each year among dogs, and on average only two human cases were reported each year in which rabies was attributable to variants of the virus associated with indigenously dogs. Thus, the likelihood of human exposure to a rabid domestic animal in the United States has decreased greatly.

Pre-exposure vaccination is offered to persons in high-risk groups, such as veterinarians, animal handlers, and certain laboratory workers. Pre-exposure vaccination also should be considered for people whose activities bring them into frequent contact with rabies virus or potentially rabid bats, raccoons, skunks, cats, dogs, or other species at risk for having rabies. In addition, international travelers might be candidates for pre-exposure vaccination if they are likely to come in contact with animals in areas where dog rabies is prevalent and immediate access to appropriate medical care, including biologics, might be limited.

Post-exposure prophylaxis should be evaluated by a physician for each possible exposure to rabies and, if necessary, consult with the local or state public health officials regarding the need for rabies prophylaxis. Rabies is transmitted only when the virus is introduced into bite wounds or open cuts in skin, or on to mucous membranes. If no exposure has occurred (i.e., no bite or nonbite exposure), post-exposure prophylaxis is not necessary.

Post-exposure prophylaxis treatment utilizes the following:

- *Globulin*: Provide rapid passive immunity that persists for a short time (half-life of about 21 days).
 - Types may include:
 - Rabies immune globulin (RIG) Anti-rabies serum, equine (ARS) preferred over RIG
 - RIG; half the dose IM, the other half in the wound (bite), on the day of the exposure; and
- *Vaccines*: Induce an active immune response that requires about 7 to 10 days to develop, but persists for as long as a year or more.
 - Types may include:
 - Human diploid cell rabies vaccine (HDCV)
 - Rabies vaccine, adsorbed (RVA)

Post-exposure injections are usually administered in the following manner:

- When the patient has not been previously immunized:
 - HDCV, IM, on the day of exposure and days 3, 7, 14, and 28.
- When the patient has been previously immunized:
 - HDCV on the day of the exposure and day 3.

The likelihood of rabies infection varies with the nature and extent of exposure. In the United States, the type of exposures should be considered before specific anti-rabies, post-exposure prophylaxis is initiated. The types of exposure are as follows:

Bite exposure: Any penetration of the skin by teeth constitutes a bite exposure. All bites, regardless of location, represent a potential risk of rabies transmission. Bites by some animals, such as bats, can inflict minor injury and thus be undetected.

Nonbite exposure: Nonbite exposures from terrestrial animals rarely cause rabies. However, occasional reports of transmission by nonbite exposure suggest that such exposures constitute sufficient reason to consider post-exposure prophylaxis. The nonbite exposures of highest risk appear to be among persons exposed to large amounts of aerosolized rabies virus and surgical recipients of corneas transplanted from patients who died of rabies.

The contamination of open wounds, abrasions, mucous membranes, or theoretically, scratches, with saliva or other potentially infectious material (such as neural tissue) from a rabid animal also constitutes a nonbite exposure. Other contact by itself, such as petting a rabid animal and contact with blood, urine, or feces (e.g., guano) of a rabid animal, does not constitute an exposure and is not an indication for prophylaxis. Because the rabies virus is inactivated by desiccation and ultraviolet irradiation, in general, if the material containing the virus is dry, the virus can be considered noninfectious.

Medical Criteria:

Not applicable, this is a reimbursement policy.

Policy:

Rabies vaccines are covered for pre-exposure to the rabies virus. Rabies vaccines and globulins are covered for post-exposure to the rabies virus.

Coverage:

Benefits may vary between groups and contracts. Please refer to the appropriate benefit booklet, subscriber agreement, or RIte Care contract for the applicable "Vaccinations/Immunizations" coverage.

Coding and Reimbursement Information:

The Rhode Island Department of Health (DOH) no longer provides the vaccines or immunoglobulins for pre and post-exposure to rabies and will only provide the case management portion. Therefore, the vaccine and immunoglobulin will be supplied by local hospitals as it is not typically available in a physician's office. The hospital administering the injections should bill Blue Cross and Blue Shield of Rhode Island (BCBSRI) directly for the drug.

It is recommended that follow-up visits/injection be made in another ambulatory care setting (e.g. a physician's office or a travel clinic) and not a hospital Emergency Room. If a follow-up visit for injections is conducted in an Emergency Room setting, it would not be appropriate for a provider to file an E&M service code for the administration (injection) of the drug. An E&M service code should only be filed when a separate E/M service is required, i.e. the patient requires attention for other reasons than the injection for the drug.

Non-State Supplied Biologicals for Non-Rhode Island Residents:

In the event that a member's state does not provide the vaccine, the vaccine code should be billed utilizing the "22" modifier with the appropriate administration code(s).

The RI Dept of Health no longer supplies this vaccine.

Non-Covered: Rabies vaccinations, as a requirement for school or employment or related to an employment exposure, (e.g., employees of veterinary hospitals, animal control officers) are considered a contract exclusion.

Covered Vaccine Administration Codes:

90465, 90466, 90467, 90468, 90471, 90472

Covered Immune Globulin Administration Code:

90772

Covered Immune Globulin Product Codes:

90375 90376

Covered Vaccine Product Codes:

90675, 90676

Also Known As:

Imovax
Imogam
RabAvert

Related Topics:

Pediatric and Adult Immunizations

Published:

Professionally Speaking, August 1995

Policy Update, July 2006

Provider Update, November 2008

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