



State of California—Health and Human Services Agency  
Department of Health Care Services



ARNOLD SCHWARZENEGGER  
Governor

November 27, 2007

CHDP Provider Information Notice No.: 07-15

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)  
PROGRAM PROVIDERS AND MEDI-CAL MANAGED CARE  
PLANS

SUBJECT: ADDITION OF BOOSTER TETANUS, DIPHTHERIA, AND  
ACELLULAR PERTUSSIS (Tdap) VACCINE AS A CHDP BENEFIT  
FOR PURCHASE, REPORTING CODES, REIMBURSEMENT  
FOR VACCINE ADMINISTRATION, AND UPDATED CHDP  
VACCINE BENEFIT AND REIMBURSEMENT TABLE

The purpose of this Provider Information Notice (PIN) is to inform you that the booster tetanus, diphtheria, and acellular pertussis (Tdap) vaccine has been added as a CHDP program benefit for purchase for adolescents 19 years through 20 years 11 months.

For dates of service on or after December 1, 2007, CHDP will reimburse providers for the purchase of Tdap vaccine to CHDP eligible adolescents. The total reimbursement rate is \$45.79, using CHDP code 79.

Medi-Cal Code	Medi-Cal Description	CHDP Code	CHDP Description	Reimbursement
90715	Booster tetanus, diphtheria and acellular pertussis (Tdap) vaccine	79	Booster tetanus, diphtheria and acellular pertussis (Tdap) vaccine	\$45.79

Code 79 is payable for one dose. Tdap vaccine has been added to the Vaccine Codes and Rates Table found in the rates max CHDP section of the CHDP Provider Manual.

Billing Instructions for Tdap Vaccine for Purchase

Please use the following instructions for billing for Tdap vaccine. Refer to the CHDP Provider Manual for additional information.

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- Enter the CHDP Code number, 79, and Tdap on a blank line, under the immunization section of the PM 160 Confidential Screening/Billing Report.
- Enter a check mark in only one of the Immunization Outcome Columns (A or B) of the PM 160, as appropriate.
- Enter \$45.79 in the Fees Column for code 79 (Note: fees do not apply on the "Information Only" PM 160).
- If you have administered Tdap vaccine on or after December 1, 2007, and prior to this notice, you are entitled to reimbursement for the purchase of this vaccine.

#### CHDP Vaccine Benefits and Reimbursement Table

An updated CHDP Vaccine Benefit and Reimbursement Table is enclosed; it is dated December 1, 2007. The table includes the Tdap vaccine code and reimbursement rate.

Your continuing participation in the CHDP Program is greatly appreciated. If you have any questions about CHDP vaccine benefits or other CHDP issues, please contact your local CHDP program office.

**Original Signed by Marian Dalsey, M.D., M.P.H.**

Marian Dalsey, M.D., M.P.H., Chief  
Children's Medical Services Branch

Enclosure

**CHDP Vaccine Codes and Rates  
December 1, 2007**

Vaccine	Code	Vaccine Source	Age	Rate <sup>1</sup>	Comment Required
DTaP	45	Vaccines For Children (VFC)	2 months thru 6 years, 11 months	\$9.00	
DT Pediatric	59	Purchased	2 months thru 6 years, 11 months	\$10.93	
Td Adult (DECAVAC™)	58	VFC	7 years thru 18 years 11 months	\$9.00	
Td Adult	60	Purchased	7 years thru 20 years, 11 months	\$13.96	
Tdap	72	VFC	10 years thru 18 years 11 months	\$9.00	
	79	Purchased	19 years thru 20 years, 11 months	\$45.79	
Hepatitis A	65	VFC (Pediatric)	1 year thru 18 years, 11 months	\$9.00	
	66	Purchased (Adult)	19 years thru 20 years, 11 months	\$65.48	
HBIG <sup>2</sup>	41 + 57	Purchased	Birth thru 20 years, 11 months	\$168.12	Reason for administration
Hepatitis B/Hib Combination	56	VFC	2 months thru 4 years, 11 months	\$9.00	
Hepatitis B Lower Dose (Pediatric/ Adolescent)	40	VFC	Birth thru 18 years, 11 months	\$9.00	
Hepatitis B Higher Dose (Adult)	42	VFC	11 years thru 15 years, 11 months <sup>3</sup>	\$9.00	(Use this code for two dose adolescent schedule)
Hepatitis B	51	Purchased	19 years thru 20 years, 11 months	\$38.17	
Hib	38	VFC	2 months thru 18 years, 11 months	\$9.00	High risk factor, if older than 5 years
	63	Purchased	19 years thru 20 years, 11 months	\$16.82	High risk factor
Human Papillomavirus <sup>4</sup>	76	VFC	9 years thru 18 years, 11 months	\$9.00	
	77+ 78	Purchased	19 years thru 20 years 11 months	\$146.96	
Influenza	53	VFC	6 months thru 18 years, 11 months	\$9.00	High risk factor
	54	Purchased	6 months thru 20 years, 11 months	\$13.76	High risk factor
FluMist <sup>5</sup>	71	VFC	5 years thru 18 years, 11 months	\$9.00	

1. Total reimbursement, includes administration fee.
2. Only for infants with HBsAg (+) mothers and for children exposed to known/suspected HBsAg (+) blood/tissue fluids.
3. Adolescent two dose immunization schedule, currently approved for ages 11 years thru 15 years, 11 months.
4. Only for females.
5. For one dose annually, except for children 5 years through 8 years, 11 months who have never received an influenza immunization. These children should receive two doses, with an interval of 42 days.

### CHDP Vaccine Codes and Rates

Vaccine	Code	Vaccine Source	Age	Rate <sup>1</sup>	Comment Required
MMR	33	VFC	12 months thru 18 years, 11 months	\$ 9.00	
	48	Purchased	19 years thru 20 years, 11 months	\$ 38.27	
MMRV	74	VFC	12 months thru 18 years, 11 months	\$ 9.00	
Measles <sup>6</sup>	34	Purchased	12 months thru 20 years, 11 months <sup>7</sup>	\$ 21.29	Reason for administration
Meningococcal Conjugate Vaccine (MCV4)	69	VFC	11 years thru 18 years 11 months	\$9.00	
	70 + 73	Purchased	19 years thru 20 years 11 months	\$101.84	
Pediarix <sup>TM</sup>	68	VFC	2 months thru 6 years, 11 months	\$ 9.00	
Polio – Inactivated	39	VFC	2 months thru 18 years, 11 months	\$ 9.00	
	64	Purchased	19 years thru 20 years, 11 months	\$ 29.84	High risk factor
Pneumococcal Polysaccharide (23PS)	55	Purchased	2 years thru 20 years, 11 months	\$ 20.74	High risk factor
Pneumococcal, heptavalent (Prevnar)	67	VFC	1 month thru 4 years, 11 months	\$ 9.00	
Rotavirus <sup>8</sup>	75	VFC	6 weeks thru 32 weeks	\$9.00	
Rubella <sup>9</sup>	36	Purchased	12 months thru 20 years, 11 months	\$ 24.50	Reason for administration
Varicella	46	VFC	12 months thru 18 years, 11 months	\$ 9.00	
	52	Purchased	19 years thru 20 years, 11 months	\$ 48.94	

1. Total reimbursement, includes administration fee.
6. For individuals with a contraindication to rubella or mumps vaccine.
7. Measles vaccine (or, if not available, MMR) is recommended in children as young as 6 months, in outbreak situations or for international travel.
8. Oral vaccine.
9. For individuals with a contraindication to measles or mumps vaccine.