



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



ARNOLD SCHWARZENEGGER  
*Governor*

January 10, 2008

CHDP Provider Information Notice No.: 08-01

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

SUBJECT: EXPANSION OF CHDP VACCINE BENEFIT FOR LIVE ATTENUATED  
INFLUENZA VACCINE (FLUMIST™), CHDP CODE 71

The purpose of this Provider Information Notice (PIN) is to inform you that the lower age limit for Live Attenuated Influenza Vaccine (FluMist™), CHDP code 71, has been changed from five years to two years effective October 24, 2007. An updated CHDP vaccine benefit and reimbursement table is enclosed.

On September 19, 2007, FluMist™ was Food and Drug Administration (FDA) approved for children beginning at two years of age. Subsequently there was an Advisory Committee on Immunization Practices (ACIP)/Vaccines for Children (VFC) Resolution on October 24, 2007 stating that all healthy children beginning at two years of age were eligible for Live Attenuated Influenza Vaccine.

Code 71 is a VFC vaccine, payable for healthy children ages two years through eighteen years, eleven months, for administration fee of \$9.00. Code 71 is payable for one dose of vaccine except for children two years through eight years eleven months who have never received an influenza vaccine or who only received one dose their first year of vaccination. These children should receive two doses at a recommended interval of six weeks.

**Reminder:**

All CHDP program providers actively involved with immunized children must participate in the VFC Program, which provides vaccines at no cost to the provider for eligible children up to eighteen years eleven months. The CHDP Program reimburses only the immunization administration fee for VFC covered vaccines.

### **Billing Instructions for FluMist**

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

- Enter the CHDP Code number, 71, and FluMist 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 the administration fee in the Fees Column (Note: fees do not apply on the "Information Only" PM 160).
- No comment is required.
- If you have administered FluMist vaccine on or after October 24, 2007, and prior to this notice, you are entitled to reimbursement for the administration of this vaccine. Please submit a PM 160 for the \$9.00 administration fee if you have not been previously reimbursed for the vaccine by any source.

### **CHDP Vaccine Benefits and Reimbursement Table**

An updated CHDP Vaccine Benefit and Reimbursement Table is enclosed; it is dated January 1, 2008. The table includes the FluMist 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  
January 1, 2008**

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	2 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 2 years through 8 years, 11 months who have never received an influenza immunization or only received one dose the first year of vaccination. These children should receive two doses, with a recommended 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.