



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



ARNOLD SCHWARZENEGGER
Governor

September 19, 2008

CHDP Provider Information Notice No.: 08-26

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

SUBJECT: ADDITION OF QUADRIVALENT COMBINATION VACCINE (KINRIX™)
CODE 83 AS A CHDP BENEFIT AND UPDATED CHDP VACCINE
BENEFIT AND REIMBURSEMENT TABLE

The purpose of this Provider Information Notice (PIN) is to inform you that the quadrivalent combination vaccine: diphtheria and tetanus toxoids, acellular pertussis, and inactivated poliovirus (DTaP-IPV) vaccine (Kinrix™) has been added as a CHDP program benefit, effective September 15, 2008.

Note: DTaP-IPV vaccine will not be available through VFC until possibly mid to late October. You will receive a VFC provider letter and order form from the California Department of Public Health, immunization Branch, when there is a supply of VFC vaccine in California.

This Information Notice provides the new CHDP administration code 83 and billing and reimbursement information. An updated CHDP vaccine benefit and reimbursement table is enclosed that includes the addition of this new vaccine.

In June 2008, United States Food and Drug Administration (FDA) licensed a new combination vaccine, Kinrix™ (GlaxoSmithKline) for use in children. The Advisory Committee on Immunization Practices (ACIP) voted at their June 2008 meeting to recommend the inclusion of this new combination DTaP-IPV vaccine in the VFC program.

DTaP-IPV vaccine is recommended for routine immunization as one dose administered intramuscularly at four years through 6 years, 11 months. It is only FDA approved for the 5th dose of the DTaP series and as the 4th dose of the IPV series and any other dosing should be considered a vaccine administration error. If DTaP-IPV is inadvertently administered as an earlier dose in the series, the dose may be counted as

valid and does not need to be repeated if the minimum age and minimum interval since the prior dose are met.

ACIP recommends that whenever feasible the same manufacturer's DTaP vaccine should be used for all the doses of the series. Vaccination should not be deferred, however, if the specific DTaP brand previously administered is unavailable or unknown.

DTaP-IPV vaccine as a CHDP Program Benefit

After September 15, 2008, and when VFC vaccine is available, CHDP will reimburse providers for the administration fee of DTaP-IPV vaccine to CHDP eligible children; the vaccine will be provided at no charge by the VFC Program. The CHDP vaccine code is 83 and has the reimbursement rate of \$9.00 for the administration fee.

DTaP-IPV vaccine	83	VFC	4 years through 6 years, 11 months	\$9.00
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Code 83 is payable for one dose. DTaP-IPV vaccine has been added (mid October 2008) to the Vaccine Codes and Rates Table found in the rates max CHDP section of the CHDP Provider Manual.

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 DTaP-IPV vaccine

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

- Enter the CHDP Code number, 83, and DTaP-IPV vaccine 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).

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CHDP Vaccine Benefits and Reimbursement Table

An updated CHDP Vaccine Benefit and Reimbursement Table is enclosed; it is dated September 15, 2008. The table includes the DTaP-IPV 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

Enclosures

**CHDP Vaccine Codes and Rates
September 15, 2008**

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
DTaP	45	Vaccines For Children (VFC)	2 months thru 6 years, 11 months	\$9.00	
DTaP-Hib-IPV	82	Vaccines For Children (VFC)	2 months thru 4 years, 11 months	\$9.00	
DTaP-IPV	83	Vaccines For Children (VFC)	4 years 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	\$70.28	
HBIG ²	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 (Ped./Adol.)	40	VFC	Birth thru 18 years, 11 months	\$9.00	
Hepatitis B Higher Dose (Adult)	42	VFC	11 years thru 15 years, 11 months ³	\$9.00	(Use this code for two dose adolescent schedule)
Hepatitis B	51	Purchased	19 years thru 20 years, 11 months	\$67.98	
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	\$25.00	High risk factor
Human Papillomavirus ⁴	76	VFC	9 years thru 18 years, 11 months	\$9.00	
	77+ 78	Purchased	19 years thru 20 years 11 months	\$146.96	

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.

CHDP Vaccine Codes and Rates

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
Influenza ⁵	53	VFC	6 months thru 18 years, 11 months	\$9.00	
	54	Purchased	36 months thru 20 years, 11 months	\$13.76	
Influenza Preservative Free ⁵	80	Purchased	6 months thru 35 months	\$18.71	
FluMist ⁵	71	VFC	2 years thru 18 years, 11 months	\$9.00	
MMR	33	VFC	12 months thru 18 years, 11 months	\$ 9.00	
	48	Purchased	19 years thru 20 years, 11 months	\$ 59.19	
MMRV	74	VFC	12 months thru 18 years, 11 months	\$ 9.00	
Measles ⁶	34	Purchased	12 months thru 20 years, 11 months ⁷	\$ 21.29	Reason for administration
Meningococcal Conjugate Vaccine (MCV4)	69	VFC	2 years thru 18 years 11 months	\$9.00	High risk factor if younger than 11 yrs
	70 + 73	Purchased	19 years thru 20 years 11 months	\$101.84	
Pediarix TM	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	\$ 59.59	
Pneumococcal Polysaccharide (23PS)	55	Purchased	2 years thru 20 years, 11 months	\$ 56.69	High risk factor
Pneumococcal, heptavalent (Prevnar)	67	VFC	1 month thru 4 years, 11 months	\$ 9.00	
Rotavirus ⁸ (Rotateq TM)	75	VFC	6 weeks thru 32 weeks	\$9.00	
Rubella ⁹	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	\$ 99.03	

1. Total reimbursement, includes administration fee.
5. For one dose annually, except for children less than 9 years 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 28 days.
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, 3 doses (RotateqTM).
9. For individuals with a contraindication to measles or mumps vaccine.