



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



ARNOLD SCHWARZENEGGER  
Governor

November 26, 2008

CHDP Provider Information Notice No.: 08-30

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

SUBJECT: ADDITION OF ROTAVIRUS VACCINE (ROTARIX™) CODE 81 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 Rotavirus vaccine (Rotarix™) has been added as a CHDP program benefit, effective September 15, 2008.

This Information Notice provides the new CHDP administration code 81 and billing and reimbursement information. An updated CHDP vaccine benefit and reimbursement table is enclosed.

In April 2008, United States Food and Drug Administration (FDA) licensed a live attenuated Rotavirus vaccine, Rotarix™ (GlaxoSmithKline) for use in infants. The Advisory Committee on Immunization Practices (ACIP) voted at their June 2008 meeting to recommend the inclusion of Rotarix™, a second Rotavirus vaccine, in the VFC program.

Rotavirus vaccine, Rotarix™, is an oral vaccine administered in a two-dose series between six weeks and 32 weeks with a minimal interval between doses of four weeks. Recommended administration is two months and four months with completion of the series by 24 weeks of age. The maximum age for the first dose for both rotavirus vaccines is 14 weeks six days.

ACIP recommends that the rotavirus vaccine series be completed with the same product whenever possible. Vaccination should not be deferred, however, if the product used for previous doses is not available or is unknown. If any dose in the series was Rotateq™ or the vaccine brand used for any previous dose in the series is unknown, a total of three doses of rotavirus vaccine should be administered.

**Rotavirus vaccine, Rotarix™ as a CHDP Program Benefit**

Effective September 15, 2008, CHDP will reimburse providers for the administration fee of Rotavirus vaccine, Rotarix™, to CHDP eligible infants; the vaccine will be provided at no charge by the VFC Program. The CHDP vaccine code is 81 and has the reimbursement rate of \$9.00 for the administration fee.

Rotavirus vaccine (Rotarix™)	81	VFC	6 weeks through 32 weeks	\$9.00
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Code 81 is payable for two doses. Rotavirus vaccine, Rotarix™, has been added 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 Rotavirus vaccine, Rotarix™**

Please use the following instructions for billing for Rotavirus vaccine, Rotarix™. Refer to the CHDP Provider Manual for additional information.

- Enter the CHDP Code number, 81, and Rotavirus 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).
- If you have administered Rotavirus vaccine, Rotarix™, on or after September 15, 2008, 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 October 1, 2008. The table includes the Rotavirus 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.

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

Enclosures

**CHDP Vaccine Codes and Rates  
October 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	
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 <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 (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 <sup>3</sup>	\$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 <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	

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 <sup>1</sup>	Comment Required
Influenza <sup>5</sup>	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 <sup>5</sup>	80	Purchased	6 months thru 35 months	\$18.71	
FluMist <sup>5</sup>	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 <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	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 <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	\$ 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 <sup>8</sup> (Rotateq <sup>TM</sup> )	75	VFC	6 weeks thru 32 weeks	\$9.00	
Rotavirus <sup>9</sup> (Rotarix <sup>TM</sup> )	81	VFC	6 weeks thru 32 weeks	\$9.00	

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 (Rotateq<sup>TM</sup>).
9. Oral vaccine, 2 doses (Rotarix<sup>TM</sup>), recommended dosing 2 months and 4 months with completion by 24 weeks.

### CHDP Vaccine Codes and Rates

Vaccine	Code	Vaccine Source	Age	Rate <sup>1</sup>	Comment Required
Rubella <sup>10</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	\$ 99.03	

- 1. Total reimbursement, includes administration fee.
- 10. For individuals with a contraindication to measles or mumps vaccine.