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May 26, 2010

CHDP Provider Information Notice No.: 10-01

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

Subject: ADDITION OF BIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV2)
CODE 85 AS A CHDP BENEFIT AND UPDATED CHDP BENEFIT AND
REIMBURSEMENT TABLE

The purpose of this Provider Information Notice is to inform you that the bivalent human papillomavirus vaccine (HPV2) has been added as a CHDP benefit, for females nine years through 18 years, 11 months, effective October 21, 2009.

This Information Notice provides the new CHDP administration code 85, and billing and reimbursement information.

On October 16, 2009, the Food and Drug Administration (FDA) approved bivalent HPV vaccine (Cervarix™) for the prevention of cervical pre-cancers and cervical cancer associated with oncogenic human papillomavirus types 16 and 18 for use in girls and young women (aged 10 through 25 years). The Advisory Committee on Immunization Practices (ACIP) voted at their October 21, 2009 meeting to recommend the inclusion of this vaccine in the Vaccines for Children (VFC) program.

Routine vaccination of females aged 11 – 12 years with the bivalent HPV vaccine or the quadrivalent HPV vaccine is recommended. The vaccination series can be started at nine years. HPV vaccination also is recommended for females aged 13 through 25 years who have not been previously vaccinated or who have not completed the full vaccination series. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact.

Recommendations for administration:

- The vaccination is given as a three dose series with the second dose administered one to two months after the first dose and the third dose six months after the first dose.

- The recommended minimum interval between the first and second doses is four weeks, and the minimum interval between the second and third doses is 12 weeks. The minimum interval between the first and third dose is 24 weeks.
- The series can be started as early as age nine years.
- If the HPV vaccine schedule is interrupted, the vaccine series does not need to be restarted.
- HPV vaccines are not live vaccines and can be administered either simultaneously or at any time before or after an inactivated or live vaccine.
- ACIP recommends that whenever possible, the same HPV product should be used for the entire series, but interchangeability of products is allowed.
- Additional information on HPV2 can be found at the CDPH Immunization Branch website:
http://www.eziz.org/PDF/VFCletters/20100505_CervarixVaccineAvailable.pdf

Bivalent HPV vaccine as a CHDP Program Benefit

CHDP will reimburse providers for the administration fee of bivalent HPV vaccine to CHDP eligible children and adolescents; the vaccine will be provided at no charge by the VFC program. The CHDP vaccine code is 85 and has the reimbursement rate of \$9.00 for the administration fee.

Bivalent HPV vaccine	Code 85	VFC	9 years through 18 years eleven months	\$9.00
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Code 85 is payable for three doses. Bivalent HPV vaccine has been added to the Vaccine Codes and Rates Table which is available in the rates max CHDP section of the CHDP Provider Manual.

Reminder: All CHDP program providers actively involved with vaccination of 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.

Billing Instructions for bivalent HPV vaccine

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

- Enter the CHDP Code number 85, and Bivalent HPV 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 bivalent HPV vaccine, on or after October 21, 2009, 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 Benefit and Reimbursement Table

An updated CHDP Vaccine Benefit and Reimbursement Table is enclosed. The table includes the Bivalent HPV vaccine code 85 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 Harvey Fry for Luis R. Rico

Luis R. Rico, Acting Chief
Children’s Medical Services Branch

Enclosure

CHDP Vaccine Codes and Rates
May 18, 2010

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	VFC	2 months thru 4 years, 11 months	\$ 9.00	
DTaP-IPV	83	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	60	Purchased	7 years thru 20 years, 11 months	\$ 13.96	
Td Adult PF	58	VFC	7 years thru 18 years, 11 months	\$ 9.00	
Tdap	72	VFC	10 years thru 18 years, 11 months	\$ 9.00	
	79	Purchased	19 years thru 20 years, 11 months	\$ 45.79	Use this code for one dose
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 (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 ³	\$ 9.00	Use this code for two dose adolescent schedule
Hepatitis B	51	Purchased	19 years thru 20 years, 11 months	\$ 67.98	

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.

**CHDP Vaccine Codes and Rates
(continued)**

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
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 (HPV)	76	VFC	9 years thru 18 years, 11 months	\$ 9.00	
	77+78 ⁴	Purchased	19 years thru 20 years, 11 months	\$ 146.96	
<u>Bivalent Human Papillomavirus (HPV2)</u>	<u>85⁴</u>	<u>VFC</u>	<u>9 years thru 18 years, 11 months</u>	<u>\$ 9.00</u>	
	86+87 ⁴	Purchased	19 years thru 20 years, 11 months	\$ 150.38	
Influenza ⁵ (Inactivated)	53	VFC	6 months thru 18 years, 11 months	\$ 9.00	
	54	Purchased	36 months thru 20 years, 11 months	\$ 13.76	
Influenza ⁵ (Inactivated) Preservative-Free FluMist ⁵	80	Purchased	6 months thru 35 months	\$ 18.71	
	71	VFC	2 years thru 18 years, 11 months	\$ 9.00	
Influenza A (H1N1)	84	Non-VFC	6 months thru 20 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 years
	70+73	Non-VFC Purchased	19 years thru 20 years, 11 months	\$ 101.84	
Pediarix™	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	

1. Total reimbursement, includes administration fee.
4. For females only
5. For one dose annually, except for children 2 years thru 8 years, 11 months who have never received an influenza immunization. These children should receive two doses, with an interval of 28 days.
6. For individuals with a contraindication to rubella or mumps vaccine.
7. Measles vaccine (or if not available, MMR vaccine) is recommended in children as young as 6 months in outbreak situations, or for international travel.

**CHDP Vaccine Codes and Rates
(continued)**

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
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™)	75	VFC	6 weeks thru 32 weeks	\$ 9.00	
Rotavirus ⁹ (Rotarix™)	81	VFC	6 weeks thru 32 weeks	\$ 9.00	
Rubella ¹⁰	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.
8. Oral vaccine, 3 doses (Rotateq™).
9. Oral vaccine, 2 doses (Rotarix™), recommended dosing 2 months and 4 months with completion by 24 weeks.
10. For individuals with a contraindication to measles or mumps vaccine.