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Director

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



ARNOLD SCHWARZENEGGER
Governor

February 18, 2010

CHDP Provider Information Notice No.: 10-02

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

SUBJECT: EXPANSION OF CHDP VACCINE BENEFIT FOR QUADRIVALENT
HUMAN PAPILLOMAVIRUS VACCINE (HPV4), CHDP CODE 76

The purpose of this Provider Information Notice (PIN) is to inform you that the gender criteria for quadrivalent human papillomavirus vaccine (HPV4), CHDP code 76, has been changed from “females only” to routine use in females and “permissive use” in males. An updated CHDP vaccine benefit and reimbursement table is enclosed.

On October 16, 2009, the FDA expanded its approval to include use of the vaccine to prevent genital warts in boys and men ages 9-26 years. On October 21, an Advisory Committee on Immunization Practices (ACIP)/Vaccines for Children (VFC) Resolution was passed expanding the indication for HPV4 to include “permissive use” in males.

Quadrivalent human papillomavirus vaccine protects against human papillomavirus types 16, 18, 6 and 11. Types 6 and 11 cause approximately 70 percent of genital warts in males and females. Use of the vaccine in males has not been shown to reduce the rate of cancer in males or females, but vaccine use does reduce the risk of male genital warts. Unlike other vaccines approved for use in the VFC program, HPV4 may be offered proactively to males and should be provided when requested if available, but *routine* use of HPV4 in males is *not recommended*.¹

An updated CHDP Vaccine Benefit and Reimbursement Table is enclosed; it is dated February 17, 2010. There is no comment required.

¹<http://www.cdc.gov/vaccines/ed/ciinc/downloads/Nov-09/NICRDnetconf2009find.pdf>

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If you have administered HPV4 to a male child between 9 and 19 years 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.

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 Jill Abramson, M.D., M.P.H. for Luis R. Rico

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

Enclosure

Vaccine Codes and Rates

The following *CHDP Vaccine Benefit and Reimbursement Table* includes codes and maximum reimbursement rates for vaccines that are benefits of the CHDP program.

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
FluMist ⁴	71	VFC	2 years thru 18 years, 11 months	\$ 9.00	
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

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. For one dose annually, except for children 2 years through 8 years, 11 months who have never received an influenza immunization. These children should receive two doses, with an interval of 28 days.

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
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 (HPV4)	76	VFC	9 years thru 18 years, 11 months	\$ 9.00	
	77+78 ⁸	Purchased	19 years thru 20 years, 11 months	\$ 146.96	
Influenza (Inactivated)	53	VFC	6 months thru 18 years, 11 months	\$ 9.00	
	54	Purchased	36 months thru 20 years, 11 months	\$ 13.76	
Influenza (Inactivated) Preservative-Free	80	Purchased	6 months thru 35 months	\$ 18.71	
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 ^{4a}	34	Purchased	12 months thru 20 years, 11 months ⁵	\$ 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 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	

1. Total reimbursement, includes administration fee.
- 4a. For individuals with a contraindication to rubella or mumps vaccine.
5. Measles vaccine (or if not available, MMR vaccine) is recommended in children as young as 6 months in outbreak situations, or for international travel.
8. For females only.

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 ⁹ (Rotateq™)	75	VFC	6 weeks thru 32 weeks	\$9.00	
Rotavirus ¹⁰ (Rotarix™)	81	VFC	6 weeks thru 32 weeks	\$9.00	
Rubella ¹¹	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.

9. Oral vaccine, 3 doses (Rotateq™).

10. Oral vaccine, 2 doses (Rotarix™), recommended dosing 2 months and 4 months with completion by 24 weeks.

11. For individuals with a contraindication to measles or mumps vaccine.