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



ARNOLD SCHWARZENEGGER
Governor

September 2, 2010

CHDP Provider Information Notice No.: 10-12

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

SUBJECT: INFLUENZA VACCINE UPDATE FOR 2010-2011

The Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) has published its 2010-2011 Influenza recommendations at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>, which includes the following recommendation pertinent to CHDP providers:

Children six months through eight years, 11 months should receive two doses of 2010-2011 seasonal Influenza vaccine if:

- Their vaccination status is unknown or they have never received seasonal influenza vaccine before, **OR**
- They received seasonal vaccine for the first time in 2009-10 but received only one dose in their first year of vaccination, **OR**
- **They did not receive at least one dose of an Influenza A (H1N1) 2009 monovalent vaccine regardless of previous influenza vaccine history.**

The minimal interval between doses continues to be four weeks.

On August 17, 2010, the CDC announced the implementation of the Central Vaccine Recovery Program. The main purpose of this program is to recover expired 2009 H1N1 influenza vaccine from those providers who signed a Provider Agreement to administer 2009 H1N1 vaccine. For the purpose of the project, all of the 2009 H1N1 monovalent vaccine manufactured in 2009 and distributed in the United States will expire by September 15, 2010, regardless of the date on the label.

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Since the 2010-2011 Influenza vaccine includes H1N1, CHDP code 84 (H1N1 vaccine) will be end-dated effective September 15, 2010, which means it will no longer be reimbursable by the program. An updated CHDP Vaccines Codes and Rates Table dated September 1, 2010 is enclosed.

Your continuing participation in the CHDP Program is greatly appreciated. If you have any questions about this Provider Information Notice or other CHDP issues, please contact your local CHDP Program office.

Original signed by Kathy Chance, M.D. for Louis R. Rico

Louis R. Rico, Chief
Systems of Care Division

**CHDP Vaccine Codes and Rates
September 1, 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	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 PF (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 (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	
Bivalent Human Papillomavirus (HPV2) ⁴	85	VFC	9 years thru 18 years, 11 months	\$9.00	
	86+87	Purchased	19 years thru 20 years 11 months	\$150.38	

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
September 1, 2010

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	\$121.49	
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 TM)	67	VFC	1 month thru 4 years, 11 months	\$9.00	
Pneumococcal, 13-valent (Prevnar 13 TM)	88	VFC	6 weeks thru 18 years, 11 months	\$9.00	High risk factor if older than 4 years, 11 months

1. Total reimbursement, includes administration fee.
5. For one dose per flu season, except for children less than nine years who have never received an influenza immunization **or** their Influenza vaccine history is unknown **or** only received one dose their first year of vaccination **or** did not receive H1N1 2009 monovalent vaccine regardless of previous Influenza vaccine history. 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 six months, in outbreak situations or for international travel.

**CHDP Vaccine Codes and Rates
September 1, 2010**

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
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, three doses (Rotateq™).
9. Oral vaccine, two doses (Rotarix™), recommended dosing two months and four months with completion by 24 weeks.
10. For individuals with a contraindication to measles or mumps vaccine.