



DAVID MAXWELL-JOLLY  
*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

July 29, 2010

CHDP Program Letter No.: 10-11

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)  
PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S  
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE  
STAFF

SUBJECT: VACCINE RATE INCREASE FOR PURCHASED MENINGOCOCCAL  
CONJUGATE VACCINE (MCV4)

Enclosed is CHDP Provider Information Notice No.: 10-11 informing CHDP Providers of increases to purchased MCV4 vaccine reimbursement rate, following rate increases by Medi-Cal for this vaccine effective April 1, 2010. An updated CHDP vaccine benefit and reimbursement table dated June 25, 2010 is provided.

Please distribute this Provider Information Notice without any revisions to providers in your county and complete and retain a "Report of Distribution" (DHCS 4504). The DHCS 4504 can be found at <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4504.pdf>.

If you have any questions, please contact your Regional Consultant staff.

**Original signed by Louis R. Rico**

Louis R. Rico, Chief  
Systems of Care Division

Enclosure



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CHDP Provider Information Notice No.: 10-11

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

SUBJECT: VACCINE RATE INCREASE FOR PURCHASED MENINGOCOCCAL  
CONJUGATE VACCINE (MCV4)

The purpose of this Provider Information Notice is to inform you of increase to purchased vaccine reimbursement rate of MCV4 effective April 1, 2010. This increase follows the rate increase by Medi-Cal for this vaccine.

The vaccine MCV4 has CHDP codes 70 and 73. Reimbursement for CHDP Code 70 remains \$99.99. Reimbursement for CHDP Code 73 increases from \$1.85 to \$21.50. Providers who have submitted CHDP claims for MCV4 for dates of service on or after April 1, 2010 will need to submit a balance due claim for the difference of \$19.65.

A Vaccine Benefit and Reimbursement Table dated June 25, 2010 is enclosed.

Your continuing participation in the CHDP Program is greatly appreciated. If you have any questions, please contact your local CHDP program.

**Original signed by Louis R. Rico**

Louis R. Rico, Chief  
Systems of Care Division

Enclosure

**CHDP Vaccine Codes and Rates  
June 25, 2010**

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	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 <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 (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 <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	

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 <sup>1</sup>	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 <sup>4</sup>	Purchased	19 years thru 20 years, 11 months	\$ 146.96	
Bivalent Human Papillomavirus (HPV2)	85 <sup>4</sup>	VFC	9 years thru 18 years, 11 months	\$ 9.00	
	86+87 <sup>4</sup>	Purchased	19 years thru 20 years, 11 months	\$ 150.38	
Influenza <sup>5</sup> (Inactivated)	53	VFC	6 months thru 18 years, 11 months	\$ 9.00	
	54	Purchased	36 months thru 20 years, 11 months	\$ 13.76	
Influenza <sup>5</sup> (Inactivated) Preservative-Free FluMist <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	
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 <sup>6</sup>	34	Purchased	12 months thru 20 years, 11 months <sup>7</sup>	\$ 21.29	Reason for administration
<b>Meningococcal Conjugate Vaccine (MCV4)</b>	69	VFC	2 years thru 18 years, 11 months	\$ 9.00	High risk factor if younger than 11 years
	<b>70+73</b>	<b>Purchased</b>	<b>19 years thru 20 years, 11 months</b>	<b>\$ 121.49</b>	
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 <sup>1</sup>	Comment Required
Pneumococcal Polysaccharide (23PS)	55	Purchased	2 years thru 20 years, 11 months	\$ 56.69	High risk factor
Pneumococcal Heptavalent (Pevnar™)	67	VFC	1 month thru 4 years, 11 months	\$ 9.00	
Pneumococcal 13 - valent (Pevnar 13™)	88	VFC	6 weeks thru 18 years, 11 months	\$ 9.00	High risk factor if older than 4 years 11 months
Rotavirus <sup>8</sup> (Rotateq™)	75	VFC	6 weeks thru 32 weeks	\$ 9.00	
Rotavirus <sup>9</sup> (Rotarix™)	81	VFC	6 weeks thru 32 weeks	\$ 9.00	
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.
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.