



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



EDMUND G. BROWN JR  
Governor

DATE: January 13, 2011

CHDP Program Letter No. 11-01

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 TDAP

Enclosed is CHDP Provider Information Notice (PIN) No. 11-01 informing CHDP Providers of a reimbursement rate increase for purchased Tdap vaccine, following rate increases by Medi-Cal for this vaccine. An updated CHDP vaccine benefit and reimbursement table dated December 15, 2010 is provided.

Please distribute this Provider Information Notice without any revisions to providers in your county and complete and return a "Report of Distribution" (DHS 4504). The DHS 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 Robert Dimand, MD**

Robert Dimand, MD  
Chief Medical Officer  
Children's Medical Services



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Date: January 13, 2011

CHDP Provider Information Notice No. 11-01

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

SUBJECT: VACCINE RATE INCREASE FOR PURCHASED TDAP

The purpose of this Provider Information Notice is to inform you of the increase to purchased vaccine reimbursement rate of tetanus diphtheria acellular pertussis vaccine (Tdap) effective September 1, 2010. This increase follows the rate increase by Medi-Cal for this vaccine.

The vaccine Tdap has CHDP code 79. Reimbursement for CHDP Code 79 increases from \$45.79 to \$48.45. Providers who have submitted CHDP claims for Tdap for dates of service on or after September 1, 2010 will need to submit a **balance due claim** for the difference of **\$2.66**.

A vaccine benefit and reimbursement table dated December 15, 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 Robert Dimand, MD**

Robert Dimand, MD  
Chief Medical Officer  
Children's Medical Services

Enclosure

**CHDP Vaccine Codes and Rates  
December 15, 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	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	
	<b>79</b>	<b>Purchased</b>	<b>19 years thru 20 years, 11 months</b>	<b>\$48.45</b>	
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	
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 <sup>4</sup>	Purchased	19 years thru 20 years 11 months	\$146.96	
Bivalent Human Papillomavirus (HPV2) <sup>4</sup>	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

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	\$121.49	
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 <sup>TM</sup> )	67	VFC	1 month thru 4 years, 11 months	\$ 9.00	
Pneumococcal, 13-valent (Prevnar 13 <sup>TM</sup> )	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 9 years who have never received an influenza immunization **or** their Influenza vaccine history is unknown **or** only received 1 dose their first year of vaccination **or** did not receive H1N1 2009 monovalent vaccine regardless of previous Influenza vaccine history. These children should receive 2 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.

**CHDP Vaccine Codes and Rates**

Vaccine	Code	Vaccine Source	Age	Rate <sup>1</sup>	Comment Required
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.