



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



ARNOLD SCHWARZENEGGER
Governor

August 20, 2008

CHDP Provider Information Notice No.: 08-21

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

SUBJECT: VACCINE RATE INCREASES FOR THREE PURCHASED VACCINES

The purpose of this Provider Information Notice (PIN) is to inform you of increases to three purchased vaccine reimbursement rates effective September 1, 2008. These increases follow rate increases by Medi-Cal for these vaccines.

The vaccines, their codes and their new rates are:

- Measles, Mumps, Rubella (MMR) Vaccine, CHDP Code 48, new rate \$59.19;
- Varicella Vaccine, CHDP Code 52, new rate \$99.03; and
- Inactivated Polio Vaccine (IPV), CHDP Code 64, new rate \$59.59

The comment requirement of “High Risk Factor” has also been removed from purchased IPV.

Vaccine Benefit and Reimbursement Table dated September 1, 2008 is enclosed.

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 Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Chief
Children’s Medical Services Branch

Enclosure

**CHDP Vaccine Codes and Rates
September 1, 2008**

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
DTaP	45	Vaccines For Children (VFC)	2 months thru 6 years, 11 months	\$9.00	
DT Pediatric	59	Purchased	2 months thru 6 years, 11 months	\$10.93	
Td Adult (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 ⁴	76	VFC	9 years thru 18 years, 11 months	\$9.00	
	77+ 78	Purchased	19 years thru 20 years 11 months	\$146.96	
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	

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.
5. For one dose annually, except for children less than 9 years who have never received an influenza immunization or only received one dose the first year of vaccination. These children should receive two doses, with a recommended interval of at least 28 days.

CHDP Vaccine Codes and Rates

Vaccine	Code	Vaccine Source	Age	Rate ¹	Comment Required
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	\$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	
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	75	VFC	6 weeks thru 32 weeks	\$9.00	
Rubella ⁹	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.
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.
8. Oral vaccine.
9. For individuals with a contraindication to measles or mumps vaccine.