Provider Bulletin

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In this issue:

2010 Immunization Benefit Information 1
Immunization Coding Quick Reference ..... …….11

Immunization Benefits

This bulletin provides a summary of the Colorado Medicaid immunization benefits and billing guidelines for adults and children. The Immunization Quick Coding Reference, page 11, contains information regarding valid ages and reimbursement rates for each covered Current Procedural Terminology (CPT) code.

The recommended childhood immunization schedule and recommended adult immunization schedule may be accessed on the Centers for Disease Control and Prevention Web site at www.cdc.gov.

Any qualified Colorado Medicaid enrolled provider, including but not limited to private practitioners, public health agencies, Rural Health Centers (RHC), hospital outpatient clinics, and Federally Qualified Health Centers (FQHC) may provide immunization services.

Providers must use CPT procedure codes to submit all immunization claims.

Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
303-534-0109
1-800-237-0757

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquires, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

Immunizations for adults ages 21 and older

Benefit information

Immunizations for adults ages 21 and older are a Colorado Medicaid benefit when medically necessary. Medical necessity may include the need to enter the work force, or to attend school. Immunizations for the sole purpose of international travel are not a benefit for Colorado Medicaid clients.

Billing information

Providers must submit claims for adult immunization services on the Colorado 1500 or 837 professional claim form. Colorado Medicaid will reimburse for both vaccine administration and the vaccine product itself. The administration codes 90465-90474 need to be billed as one line item and the vaccine product should be billed as a separate line item. In order for an immunization claim to be reimbursed both an administration code and the vaccine product must be billed. All vaccine administration codes will be reimbursed at $6.44. Reimbursement subject to change. Please refer to www.colorado.gov/hcpf > Providers > Provider Services for the current fee schedule.

If an immunization is the only service rendered, providers may not submit charges for an Evaluation/Management (E/M) service. If E/M services are rendered in addition to the immunization administration, by an appropriate provider, enter the diagnosis and appropriate procedure code on the claim.

Reimbursement rate

Adult immunizations are reimbursed at the lower of billed charges or the Medicaid fee schedule amount for each immunization.

Immunizations for children ages 20 and under

Benefits information

Immunizations for children age 20 and under are a Colorado Medicaid benefit when medically necessary. Medical necessity may include: when needed to enter the work force, or to attend school. Immunizations for the sole purpose of international travel are not a benefit for Colorado Medicaid clients.

Covered CPT codes are listed on page 11. Benefits are as follows:

- An administration fee of $6.44 can be billed in conjunction with each vaccine given. Vaccines available through the VFC are not reimbursed by Colorado Medicaid.

The Colorado Department of Public Health and Environment (CDPHE) furnishes some vaccines to medical providers at no cost through two programs, the federal VFC Program and the Colorado Immunization Program.

1. VFC Program

Children under age 19 are eligible to receive vaccines at no cost through the VFC Program if they are:

- On Medicaid,

- Uninsured,
- American Indian/Native Alaskan, or
- Underinsured (only eligible when provided by RHCs or FQHCs. Children are considered underinsured if their insurance does not provide immunizations as a regular benefit).

For questions or additional information regarding the VFC Program, please contact Rosemary Spence at CDPHE at 303-692-2798.

2. Colorado Immunization Program

The Colorado Immunization Program furnishes vaccines at no cost to providers for Colorado Medicaid clients who are 19 and 20 years of age. The vaccines are provided only for clients on Medicaid at the time of service. The free vaccine obtained through the Colorado Immunization Program may be used only for Colorado Medicaid clients ages 19 and 20.

CDPHE monitors vaccine usage by comparing the number of doses billed to Colorado Medicaid with the number of vaccine doses shipped to providers. Only doses billed to and paid for by Colorado Medicaid are recognized. It is important that providers use accurate procedure codes and bill vaccine doses to Colorado Medicaid as soon as possible after the vaccine is administered.

Vaccines available from the VFC and the Colorado Immunization Programs are shown on page 11.

Provider Participation in CDPHE Vaccine Programs

Participation in the VFC and Colorado Immunization Programs is strongly encouraged by Colorado Medicaid. Providers, including but not limited to private practitioners, managed care providers, public health agencies, RHCs, hospital outpatient clinics, and FQHCs, who wish to participate in the immunization programs must enroll with the CDPHE.

Information about the CDPHE immunization programs is available at:

Colorado Department of Public Health and Environment
Immunization Program
DCEED-IMM-A4
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
Phone 303-692-2798/303-692-2363

Providers are required to give clients the federally required "Important Information Statement" or, for vaccines covered by the national Vaccine Injury Compensation Program, the appropriate "Vaccine Information Statement". These statements may be downloaded from the Centers for Disease Control and Prevention (CDC) Web site at:

http://www.cdc.gov/nip/publications/VIS/default.htm.

Billing information

Immunizations can be given during an Early Periodic Screening Diagnosis and Treatment (EPSDT) periodic screening appointment, an EPSDT inter-periodic visit, or any other medical appointment.

- If immunizations are given during an EPSDT periodic screening appointment or during any other medical care appointment, referred to as an EPSDT inter-periodic visit, submit claims on the Colorado 1500 or 837 Professional (P) using the appropriate Evaluation and

Management CPT and diagnosis codes which may include "Need for Vaccination" codes, V03.0 through V06.9. Practitioners must maintain records that document the full nature and extent of the services rendered during this visit.

- If immunization is the only service provided to a Colorado Medicaid client age 20 and under, the service must be billed on the Colorado 1500 or 837P. Practitioners should use the appropriate Evaluation and Management CPT and diagnosis codes, which may include "Need for Vaccination" codes, V03.0 through V06.9.

Reimbursement rate

- If the vaccine is not available from the VFC and Colorado Immunization Programs, providers are reimbursed at the lower of billed charges or the Medicaid fee schedule amount for each immunization.
- If the vaccine is available through the VFC or Colorado Immunization Program, Colorado Medicaid pays providers an administration fee for immunizations. Because the vaccine is available at no cost through these programs, providers who choose to obtain vaccines from other suppliers may not request nor receive reimbursement from Colorado Medicaid for the vaccine. Vaccines available from the VFC and Colorado Immunization Programs are shown on page 11.

Provider Specific Billing Instructions

Managed Care Programs

Colorado Medicaid Health Maintenance Organization (HMO) or Prepaid Inpatient Health Plan (PIHP) enrolled clients must receive immunization services from the HMO or PIHP and providers may not bill Medicaid for vaccines provided to these clients. For clients enrolled in the Primary Care Physician Program (PCPP), the primary care physician (PCP) should provide the immunization services.

Outpatient, Emergency Room, or Inpatient Hospital

Immunization administration may be billed as part of an outpatient or emergency room visit when the visit is for medical reasons. Outpatient or emergency room visits cannot be billed for the sole purpose of immunization administration. Administration of an immunization at the time of an inpatient stay is included in the DRG.

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC)

FQHCs and RHCs may bill an encounter fee even if the only service provided is administering an immunization. If an immunization is administered in addition to a routine office visit, then an additional encounter fee should not be billed.

Nursing Facilities

Nursing facility residents may receive immunizations if ordered by their physician. The skilled nursing component for immunization administration is included in the facility's rate. The vaccine itself may be billed directly to Colorado Medicaid by a Colorado Medicaid enrolled pharmacy. The pharmacy must bill the appropriate National Drug Code (NDC) for the individual vaccine dose under the client's Colorado Medicaid ID.

Home Health

A client confined to the home and receiving home health services may receive an immunization if the administration is part of a normally scheduled home health visit. A home health visit for sole purpose of immunization administration is not a benefit.
The pharmacy bills the vaccine as an individual dose under the client's Colorado Medicaid ID. The home health agency may not bill for the vaccine.

Alternative Health Care Facilities (ACFs) / Group Homes

Residents of an ACF may receive immunizations from their own physician. They may also receive vaccines under home health as stated above in the home health guideline.

Colorado Medicaid does not pay for home health agencies, physicians, or other non-physician practitioners to go to nursing facilities, group homes, or residential treatment centers to administer immunizations (for example: flu vaccines) to groups of clients.

Medicare crossover claims

For Medicare crossover claims, Colorado Medicaid pays the Medicare deductible and coinsurance or Colorado Medicaid allowed benefit minus the Medicare payment, whichever amount is less. If Medicare's payment for immunization services is the same or greater than the Colorado Medicaid allowable benefit, no additional payment is made. If Medicare pays 100 percent of the Medicare allowable, Colorado Medicaid makes no additional payment.

Additional Information on Synagis Immune Globulin and Influenza Vaccines

Colorado Medicaid receives numerous questions regarding Synagis immune globulin and influenza vaccine. The following information addresses these questions and applies only to Synagis immune globulin and influenza vaccines. Please note that all benefit, billing, and reimbursement information prior to this section also applies to Synagis immune globulin and influenza vaccines.

Synagis Immune Globulin

Synagis (Palivizumab) is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high risk for RSV disease. Synagis is administered by intramuscular injections, at 15 mg per kg of body weight, once a month during expected periods of RSV frequency in the community.

When Synagis is administered in a Provider's Office or Outpatient Hospital:

Prior Authorization is NOT required if:

The client is under age 2 at the start of the current RSV season or at the time of the first injection for the current RSV season, who meets all of the following:

• Diagnosis of Chronic Lung Disease (CLD) AND having one for more of the following clinical needs during the previous 6 months:

- Supplemental oxygen;
- Regular use of inhaled or oral bronchodilators;
- Recent use of corticosteroid therapy; or
- Regular or intermittent use of diuretics to treat pulmonary disease.

A maximum of five monthly doses is recommended.

• Diagnosis of Interstitial Lung Disease and/or Neuromuscular disease which impacts pulmonary function

A maximum of five monthly doses is recommended.

• Any infant or child under the age of 2 who has a diagnosis of congenital heart disease and meets any of the following criteria:

- Receiving medication to control congestive heart failure (diuretics, antihypertensives);
- Suffer moderate to severe pulmonary hypertension; or
- Suffer Cyanotic Heart Disease.

A maximum of five monthly doses is recommended.

• Any infant up to 6 months of age, born 29 to less than 32 weeks gestation

A maximum of five monthly doses is recommended.

• Any infant up to 12 months of age, born at 28 weeks or less gestation

A maximum of five monthly doses is recommended.

• Any infant younger than 3 months of age at the start of the RSV season, born at 32 to less than 35 weeks gestation and meets one of the following risk factors:

- Currently attends day care;
- Has a sibling younger than 5 years of age;
- Congenital abnormalities of the airway; or
- A neuromuscular condition that compromises handling of respiratory secretions.

A maximum of three monthly doses is recommended for patients in this category, or until the child reaches 3 months of age.

• Infants up to 2 years of age with hemodynamically significant heart disease defined as having one or more of the following:

- Infants receiving medication to control congestive heart failure;
- Infants with moderate to severe pulmonary hypertension; or
- Infants with cyanotic heart disease.

A maximum of five monthly doses is recommended.

Prior authorization is required for:

Children ages 2 through 3 at the start of each RSV season but whose physician believes that they require Synagis® and writes a letter of medical necessity with a prior authorization request. Prior authorization request forms for in-office or outpatient hospital administration may be obtained at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696550
This is the only acceptable pre-authorization form. Claims should be submitted on the Colorado 1500 claim form at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696550
Synagis, with rare exception, is not a covered benefit for children over age 3.

Providers administering Synagis in the office must furnish the immune globulin and must use CPT code 90378 to bill Synagis on the Colorado 1500 paper claim form or as an 837 Professional (837P) transaction. Bill one unit per 50mg vial; limit 6 units per day. Providers may not ask clients to obtain Synagis from a pharmacy and bring it to the practitioner's office for

administration. Outpatient hospitals should bill using the appropriate revenue code and procedure code 90378.

Prior Authorization Requests (PARs) should be sent to:

PARs
P.O. Box 30
Denver, CO 80201-0030

For questions, providers may contact the fiscal agent's prior authorization line at 303-534-0279 or 1-800-237-7647.

When Administered at Home or in a Long-Term Care Facility:

Synagis® may be a pharmacy benefit if the medication is administered in the client's home or long-term care facility. This benefit must be pre-approved for all clients under the pharmacy benefit. PAR forms and claim forms for pharmacy may be obtained at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542395673
Prior authorization requests will not be accepted prior to the official start of the RSV season as determined each year by the CDC. The prior authorization request criteria for approval are the same as those listed above.

Pharmacy prior authorizations may be requested by calling or faxing the Pharmacy Prior Authorization Help desk at:

Phone: 1-800-365-4944
Fax: 1-888-772-9696

Seasonal Influenza Vaccine

Free seasonal influenza vaccine is available through the VFC Program and the Colorado Immunization Program for Colorado Medicaid enrolled children (age 20 and under) meeting any of the following criteria:

- Children aged 6 months through 23 months
- Children and adolescents aged 6 months through 18 years with chronic disorders of the pulmonary or cardiovascular systems, including asthma
- Children and adolescents aged 2 through 18 years who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by HIV)
- Children and adolescents aged 2 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye's Syndrome after influenza
- Children and adolescents aged 2 through 18 years who are residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Adolescent females under 19 years of age who will be pregnant during influenza season

- Children (6 months – 18 years) who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration
- Children and adolescents aged 2 years through 18 years who are household contacts or out-of-home caregivers of persons in the following high-risk groups:
    - Children less than 2 years old
    - Adults aged 50 years or older
    - Persons with chronic disorders of the pulmonary or cardiovascular systems, including asthma
    - Persons who have required regular medical follow-up or hospitalization during the preceding year for chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by HIV)
    - Children and adolescents ages 2 through 18 years who are receiving long-term aspirin therapy and may therefore be at risk for developing Reye syndrome after influenza
    - Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
    - Women who will be pregnant during influenza season
    - Persons who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration

<u>Who should get seasonal influenza immunization?</u>

Seasonal influenza immunization is strongly recommended for individuals who are 6 months of age or older and because of age or underlying medical conditions are at increased risk for complications of influenza. Health care workers and other contacts (including household contacts) of individuals in high-risk groups should also be vaccinated.

High-risk groups include:

- Children who meet the criteria for VFC seasonal influenza vaccine (see previous section)
- Persons 65 years of age and older
- Persons with chronic disorders of the pulmonary or cardiovascular systems, including asthma
- Persons who have required regular medical follow-up or hospitalization during the proceeding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)
- Residents of nursing homes and other chronic-care facilities that house persons at any age who have chronic medical conditions

Flu vaccine may also be administered to individuals who wish to reduce the chance of becoming infected with seasonal influenza.

Dosages

At-risk children should receive seasonal influenza vaccine in an age appropriate dosage (0.25 ml if age 6-35 months or 0.5 ml if age is greater or equal to 3 years). Two doses of vaccine are recommended for children less than 9 years of age if they have not been previously vaccinated for seasonal influenza. The two doses should be administered at least one month apart and, if possible, the second dose should be given before December. Note: Only one dose is necessary if a child has received one dose of seasonal influenza vaccine in any previous year.

Billing information

Seasonal influenza vaccine is a benefit for children and adults. Valid CPT codes are as follows:

CPT Code	Valid Ages	Reimbursement for children (under age 21)	Reimbursement for adults (age 21 and older)	Administration reimbursement
90655	6 – 35 months	$0	Not a benefit	$6.44
90656	3 years and above	$0	$18.57	$6.44
90657	6 – 35 months	$0	Not a benefit	$6.44
90658	3 years and above	$0	$14.62	$6.44
90660	2 – 20 years	$0	Not a benefit	$6.44

CPT codes 90465 – 90474 for vaccine administration are a benefit and can be billed in conjunction with the vaccine code. They are reimbursed at $6.44. Reimbursement subject to change. Please refer to www.colorado.gov/hcpf > Providers > Provider Services for the current fee schedule. Please note that CPT code 90660, Influenza virus vaccine, live, for intranasal use (brand name FluMist) is not a benefit for adults aged 21 or older. For more information on FluMist, please see the Centers for Disease Control Vaccine Information Statement at:

http://www.cdc.gov/nip/publications/VIS/vis-flulive.pdf

For clients 20 and under, seasonal influenza vaccine reimbursement is limited to an administration fee of $6.44. Reimbursement subject to change. Please refer to www.colorado.gov/hcpf > Providers > Provider Services for the current fee schedule. Because seasonal influenza vaccine is available at no cost through the Vaccines for Children (VFC) and Colorado Immunization Programs, providers who choose to obtain vaccine from other suppliers may not request nor receive reimbursement in addition to the administration payment.

H1N1 Influenza Vaccine

The vaccine to protect against H1N1 influenza will be made available at no cost to providers; therefore, Medicaid will pay for the administration of the vaccine but not for the vaccine itself. Providers interested in providing the H1N1 vaccine may obtain information by calling the Colorado Immunization Program at 303-692-2650 or visiting www.cdphe.state.co.us/epr/h1n1.html. All Medicaid clients are eligible to receive the vaccine.

For each administration of the H1N1 vaccine, report one unit of the new CPT code 90470 - "*H1N1 immunizadministration (intramuscular, intranasal), including counseling when performed*"

with the ICD-9-CM diagnosis code V04.8 - *need for prophylactic vaccination and inoculation against certain viral diseases, influenza*. Reimbursement for 90470 is $6.50 and is limited to a one-time administration fee. The revised CPT code 90663 "*influenza virus vaccine, pandemic formulation, H1N1*" should be used for billing the vaccine (for tracking purposes even though there is no reimbursement because the vaccine is available at no cost to providers. An evaluation and management (E/M) code should not be reported when the only purpose of the office visit is to administer the vaccine.

Preparation checklists, toolkits, and guidelines that will assist healthcare providers and service organizations in planning for a pandemic outbreak can be found at http://pandemicflu.gov/professional/hospital/.

Immunization Coding Quick Reference

Practitioners billing for immunizations to Colorado Medicaid enrolled children (age 20 and under) when vaccine is available at no-cost through the Vaccines for Children and Colorado Immunization Programs are paid an administration fee of $6.44 for each immunization using CPT codes 90465 – 90474.

Medically necessary vaccines that are not provided to practitioners at no cost by the VFC or Colorado Immunization Programs, are reimbursed at the lower of billed charges or Medicaid fee schedule for each immunization. Reimbursement subject to change. Please refer to www.colorado.gov/hcpf > Providers > Provider Services for the current fee schedule.

Codes listed as "manually priced" means that there was insufficient AWP information available to establish a reimbursement rate using the formula shown above. Manually priced codes are processed on a per-claim basis by fiscal agent staff to determine the appropriate reimbursement rate for the claim.

Key

Ig – immune globulin INJ – jet injection SQ – subcutaneous

IM – intramuscular IV – intravenous vacc – vaccine

Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC Program Benefit	Colorado Immunization Program Benefit
Immune Globulins					
90281	Human Ig, IM	All ages	Manually priced		
90283	Human Ig, IV	All ages	Manually priced		
90284	Human Ig, SQ	All ages	Manually priced		
90287	Botulinum antitoxin, equine	All ages	Manually priced		
90288	Botulism Ig, IV	All ages	Manually priced		
90291	CMV Ig, IV	All ages	Manually priced		
90296	Diphtheria antitoxin, equine	All ages	Manually priced		
90371	Hep B Ig, IM	All ages	$168.49		
90375	Rabies Ig, IM/SQ	All ages	$96.93		
90376	Rabies Ig, heat-treated, IM/SQ	All ages	$95.89		
90378	RSV Ig, IM, 50mg (Synagis)	0-2	$954.56		
90384	Rh Ig, full-dose, IM	All ages	$115.43		
90385	Rh Ig, mini-dose, IM	All ages	$52.54		
90386	Rh Ig, IV	All ages	Manually priced		
90389	Tetanus Ig, IM	All ages	Manually priced		
90393	Vaccinia Ig, IM	All ages	Manually priced		
90396	Varicella-zoster Ig, IM	All ages	Manually priced		
90399	Unlisted immune globulin	All ages	Manually priced		

Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC Program Benefit	Colorado Immunization Program Benefit
Vaccines, Toxoids					
90476	Adenovirus vacc, type 4, oral	All Ages	Manually priced		
90477	Adenovirus vacc, type 7, oral	All ages	Manually priced		
90632	Hep A vacc, adult, IM	19-20	$0		√
		21+	$79.03		
90633	Hep A vacc, ped/adol, 2 dose, IM	0-18	$0	√	
90636	Hep A & Hep B vacc adult, IM	18+	$105.88		
90645	Hib vacc HbOC, 4 dose, IM	0-4	$0	√	
90647	Hib vacc, PRP-OMP, 3 dose, IM	0-4	$0	√	
90648	Hib vacc, PRP-T, 4 dose, IM	0-4	$0	√	
90649	HPV vacc types 6,11,16,18 quadrivalent 3 dose, IM	9-20	$0	√	√
		21-26	$159.60		
90650	HPV vacc types 16, 18 bivalent 3 dose, IM	9-20	$0	√	√
		21-26	$159.60		
90655	Flu vacc, 6-35 mo, preserv free, IM	0-2	$0		
90656	Flu vacc, 3 yrs +, preserv free, IM	3-20	$0	√	√
		21+	$17.75		
90657	Flu vacc, 6-35 mo, IM	0-2	$0	√	
90658	Flu vacc, 3 yrs +, IM	3-20	$0	√	√
		21+	$13.98		
90660	Flu vacc, live, intranasal	2-20	$0	√	√
90663	Flu vacc H1N1	All ages	$0		
90669	Pneum conj vacc, polyval, < 5 yrs, IM	0-4	$0	√	
90675	Rabies vacc, IM	All ages	$192.69		
90680	Rotavirus vacc, pentavalent, oral	0-1	$0	√	
90681	Rotavirus vacc, attenuated, oral	0-1	$0	√	
90696	D Tap-IPV vacc, IM	4-6	$0	√	
90698	DTaP – Hib – IPV vacc, IM	0-4	$0	√	
90700	DTaP vacc, < 7 yrs, IM	0-6	$0	√	
90702	DT vacc, < 7 yrs, IM	0-6	$0	√	
90703	Tetanus vacc, IM	All ages	$52.76		
90704	Mumps vacc, SQ	All ages	$29.86		
90705	Measles vacc, SQ	All ages	$23.50		
90706	Rubella vacc, SQ	All ages	$25.96		
90707	MMR vacc, SQ	0-20	$0	√	√
		21+	$53.30		

Code	Description	Valid Ages	Maximum Allowable Reimbursement	VFC Program Benefit	Colorado Immunization Program Benefit
90708	Measles-rubella vacc, SQ	All ages	$28.51		
90710	MMRV vacc, SQ	1-12	$0	√	
90713	Poliovirus vacc, IPV, SQ, IM	0-20	$0	√	√
		21+	$63.66		
90714	Td vacc, 7 yrs +, preserv free, IM	7-20	$0	√	√
		21+	$51.42		
90715	Tdap vacc, 7 yrs +, IM	7-20	$0	√	√
		21+	$97.04		
90716	Varicella (chicken pox) vacc, SQ	0-20	$0	√	√
		21+	$102.24		
90718	Td vacc, 7 yrs +, IM	7-20	$0	√	√
		21+	$28.75		
90719	Diphtheria vacc, IM	All ages	$10.43		
90721	DTaP/Hib vacc, IM	0-6	$0	√	
90723	DTaP-Hep B-IPV vacc, IM	0-6	$0	√	
90732	Pneum polysacc vacc, 23 valent, adult or ill pat, SQ/IM	2+	$76.16		
90733	Meningococcal polysacc vacc, SQ	All ages	$118.28		
90734	Meningococcal conj vacc, serogrp A, C, Y, W-135, IM	11-18	$0	√	
		19-25	$109.66		
90735	Encephalitis vacc, SQ	All ages	$116.33		
90736	Zoster vacc, SQ	Code 90736 is not a benefit at this time			
90740	Hep B vacc, ill pat, 3 dose, IM	0-20	$0	√	√
90743	Hep B vacc, adol, 2 dose, IM	11-15	$0	√	
90744	Hep B vacc, ped/adol, 3 dose, IM	0-18	$0	√	
90746	Hep B vacc, adult, IM	18-20	$0		√
		21+	$72.64		
90747	Hep B vacc, ill pat, 4 dose, IM	0-20	$0	√	√
		21+	$72.64		
90748	Hep B/Hib vacc, IM	0-6	$0	√	
90749	Unlisted vaccine/toxoid	All ages	Manually priced		
S0195	Pneum conj, polyvalent, IM, 5-9 yrs with no previous dose	5-9	$0	√	