

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: All Users of State Supplied Vaccines

FROM: Mick Bolduc-VFC Coordinator

DATE: May 5, 2008

SUBJECT: Update on May Hib Orders, Change in Varicella Minimum Order

The primary purpose of this communication is to update you on the status of your May Hib order, to inform you of a change in the minimum number of doses when ordering Varicella vaccine, and to provide you with an updated CPT Code listing for administration fees for vaccines administered to Medicaid patients.

ActHib

The Hib supply for May is sufficient to fill all provider requests at close to 100 %. Some provider orders were adjusted down based on their reported inventory and usage data. Shipments of Hib should be arriving to providers much earlier this month than in previous months. Please note that your Hib order may still arrive in a separate shipment. All providers should continue to follow the interim recommendations temporarily deferring the 12-15 month booster dose of Hib for healthy children.

Varicella

Last month providers were notified that the minimum order for Varicella vaccine changed from 10 doses to 20 doses. Merck has agreed to reverse that policy: from this point forward the **minimum order for all varicella is once again 10 doses.**

CPT Codes

Attached is a listing of the vaccine administration reimbursement CPT Codes from the Department of Social Services. These codes should be used when administering vaccines to Medicaid-eligible children.

As always if you have any questions, please feel free to contact me at (860) 509-7940.

CPT Codes for vaccine administration fee for vaccines provided under VFC program

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**MEDICAL PROCEDURES PHYSICIAN
PROC DESCRIPTION OF SERVICE FEE CODE**

90465 IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS) 12.52; WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY; FIRST INJECECTION

90466 IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS) 6.45; WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY; EACH ADDITIONAL

**90467 IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL ROUTES OF ADMINISTRATION) 7.93
WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY; FIRST ADMINISTRATION (SINGLE OR COMBINATION)**

**90468 IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL ROUTES OF ADMINISTRATION) 5.95
WHEN THE PHYSICIAN COUNSELS THE PATIENT/FAMILY; EACH ADDITIONAL ADMINISTRATION (SINGLE OR COMBINATION)**

**90471 IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS) 12.52;
ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)**

**90472 IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS) 6.45;
EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)**

90473 IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) 8.18

**90474 IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE 5.43
(SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)**

90476 ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE M.P.

90477 ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE M.P.

90581 ANTHRAX VACCINE, FOR SUBCUTANEOUS USE M.P.

90585 BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE 115.64

90586 BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE 114.16

90632 HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE 43.59

90633 HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE 24.27

90634 HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE 24.28

90636 HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE 66.31

90645 HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE 22.45

90646 HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-D CONJUGATE, FOR BOOSTER USE ONLY, INTRAMUSCULAR USE 17.82

90647 HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE 22.45

90648 HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE 21.78

90649 HUMAN PAPILOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE 99.06

90655 INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE 15.38

90656 INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 3 YEARS AND ABOVE, FOR INTRAMUSCULAR USE 16.57

90658 INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE 12.62

90660 INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE 21.18

90665 LYME DISEASE VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE 41.18

90669 PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, WHEN ADMINISTERED TO CHILDREN YOUNGER THAN 5 YEARS, FOR INTRAMUSCULAR USE 57.16

M.P. MANUALLY PRICED

M-MULTIPLY, D-DIVIDE, A-ADD, S-SUBTRACT