

Heartbeatfax

TO: IEHP PARTICIPATING PHYSICIANS

FROM: IEHP - PROVIDER SERVICES

DATE: January 3, 2006

SUBJECT: INFLUENZA VACCINE REIMBURSEMENT

IMPORTANT UPDATED REIMBURSEMENT INFORMATION

- ◆ IEHP will reimburse practitioners the cost of the serum for IEHP Healthy Families and Healthy Kids Members. Please submit your claims on a CMS 1500 form to IEHP Claims Dept., P.O. Box 10129, San Bernardino, CA 92423.
- ◆ Please use the CPT guidelines below for your submissions:

CPT	NDC	Drug Name & Dose	Reimbursement Rate	Vaccine
90657	49281-0373-25	Fluzone 0.25mL	\$13.76	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use
90658	49281-0374-11	Fluzone 0.5mL	\$13.76	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use

- ◆ For questions, please call the Provider Services line at (909) 890-2054.