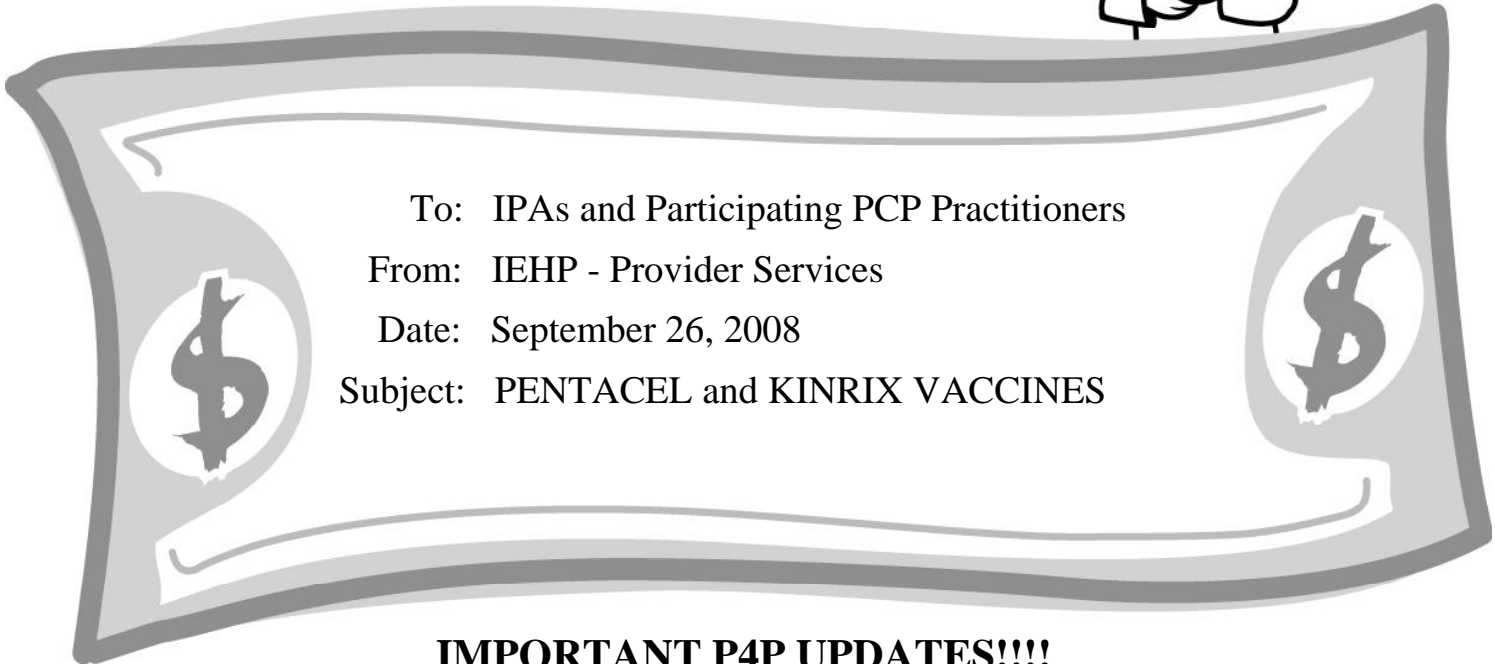




A Public Entity

**INLAND EMPIRE HEALTH PLAN**



To: IPAs and Participating PCP Practitioners  
 From: IEHP - Provider Services  
 Date: September 26, 2008  
 Subject: PENTACEL and KINRIX VACCINES

**IMPORTANT P4P UPDATES!!!!**

Two new vaccines have been added to Inland Empire Health Plan's (IEHP) list of PM160 Reimbursable Immunization Codes Schedule under the P4P program. These vaccines are payable effective for dates of service (DOS), October 1, 2008.

<b>Vaccine:</b>	DTaP/Hib/IPV (Pentacel)	DTaP/IPV (Kinrix)
<b>PM160 Code:</b>	82	83
<b>Number in Series:</b>	4	1
<b>Administration Fee:</b>	\$13.50	\$9.00
<b>Age Range:</b>	2 months through 4 years, 11 months	4 years through 6 years, 11 months

Submit your PM160 online only at [www.iehp.org](http://www.iehp.org)

An updated PM160 Reimbursable Immunization Codes Schedule is enclosed and is also available online for your convenience.

For questions, please call the Provider Relations Team at (909) 890-2054.



INLAND EMPIRE HEALTH PLAN

Pay For Performance  
Reimbursable PM160 Immunization Codes

Vaccine	PM160 Code	Age Range	Number in Series	Reimbursement Rate
MMR	33	1-6 <sup>th</sup> birthday 11 <sup>th</sup> -13 <sup>th</sup> birthday	1-2	\$4.50
Measles	34	0-6 <sup>th</sup> birthday 11 <sup>th</sup> -13 <sup>th</sup> birthday	1-2	\$4.50
Rubella	36	0-6 <sup>th</sup> birthday 11 <sup>th</sup> -13 <sup>th</sup> birthday	1-2	\$4.50
***Hib	38	0-6 <sup>th</sup> birthday	1-4	\$4.50
Polio-Inactivated	39	0-6 <sup>th</sup> birthday 11 <sup>th</sup> -13 <sup>th</sup> birthday	1-4	\$4.50
Hepatitis B (5 mcg dose)	40	0-6 <sup>th</sup> birthday 11 <sup>th</sup> -13 <sup>th</sup> birthday	1-3	\$4.50
Hepatitis B (10 mcg dose)	42	11 <sup>th</sup> -13 <sup>th</sup> birthday	1-2	\$4.50
DTaP	45	0-6 <sup>th</sup> birthday	1-5	\$4.50
Varicella	46	1-13 <sup>th</sup> birthday	2	\$4.50
Influenza	53	6 months thru 18 years	1-2	\$4.50
Pneumococcal Polysaccharide (23PS)	55	2 years thru 18 years	1-2	\$4.50
Hep B/Hib Combination	56	0-6 <sup>th</sup> birthday 11 <sup>th</sup> -13 <sup>th</sup> birthday	HepB/1-3 Hib/1-4	\$9.00
Td Adult - DECAVAC	58	7 years thru 18 years	2	\$4.50
DT Pediatric	59	0-6 <sup>th</sup> birthday	1-5	\$13.50
Td Adult	60	7 years thru 18 years	2	\$9.00
Hep A	65	1 year thru 18 years	1-2	\$4.50
DTaP/HepB/IPV - PEDIARIX	68	0-6 <sup>th</sup> birthday	1-3	\$13.50
Pneumococcal Heptavalent - PREVNAR	67	Under 6 years	4	\$4.50
*MCV4 (Meningococcal Conjugate)- MENACTRA	69	2 years thru 18 years	1	\$4.50
**Influenza Virus Vaccine Live, Intranasal - FLUMIST	71	2 years thru 18 years	2	\$4.50
Tdap (Tetanus Diptheria Acellular Pertussis) - BOOSTRIX/ADACEL	72	7 years thru 18 years	2	\$4.50
MMR/Varicella - PROQUAD	74	12 months thru 18 years	2	\$9.00
Rotavirus Vaccine (RV) - ROTATEQ	75	0 thru 8 mos	3	\$4.50
DTaP/Hib/IPV (PENTACEL)****	82	2 mos thru 4 yrs, 11mos	4	\$13.50
DTaP/IPV (KINRIX)****	83	4 years thru 6 years, 11 mos	1	\$9.00
TB Mantoux	TB	Under 19 years	1-3	\$7.50

\*MCV4 – Menactra (Code 69) – Age range change from 11 years to 2 years effective 03/01/2008

\*\*INFLUENZA Vaccine - Flumist (Code 71) – Age range change from 5 years to 2 years effective 02/01/2008.

\*\*\*Hib - only 2 shots required due to shortage effective 06/01/2008.

\*\*\*\*DTaP/Hib/IPV (Pentacel) & DTaP/IPV (Kinrix) reimbursement effective for DOS 10/01/08.

Effective 07/01/2008-Reduction of reimbursement for vaccine administration from \$7 to \$4.50; Multiple antigen shots will be paid at \$9.00 for 2 antigen shots and \$13.50 for 3 antigen shots. TB Test reduced from \$10 to \$7.50.

NOTE: Although the Mantoux TB test is not an immunization, it is paid out of the immunization fund and will be reimbursed at \$7.50 each test up to 3 times/year.