



A Public Entity

**INLAND EMPIRE HEALTH PLAN**



To: P4P Participating Providers  
 From: IEHP - Provider Services  
 Date: November 5, 2009  
 Subject: **H1N1 Vaccine PM160 Code Change**

On September 28, IEHP sent out an update regarding the P4P Program. This update included information regarding the H1N1 Vaccine Reimbursement. IEHP provided a temporary code (H1) to use to speed up the payment process. Since then, CHDP has released the new CHDP administration code 84 for the H1N1 vaccine.

IEHP will reimburse previously submitted PM160's with the H1 code, but effective immediately, Providers will need to submit with code 84 in order to receive payment. Attached is also the updated P4P Reimbursable PM160 Immunization Codes Schedule. This schedule may also be found on the Provider Website at [www.iehp.org](http://www.iehp.org).

**Children (PM160)**

Vaccine:	H1N1
PM160 Code:	<b>84</b>
Number in Series:	2 shots = 0 through 9 years <b>(Note: children &lt; 9 years should receive 2 doses, with a recommended interval of 21-28 days)</b> 1 shot = 10 years through 18 years
Administration Fee:	\$9.00
Submit PM160 to:	Online only

If you have any questions, please feel free to call our Provider Relations Team at (909) 890-2054.



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P4P 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
<b>Hib<sup>3</sup></b>	<b>38</b>	<b>0-6<sup>th</sup> birthday</b>	<b>1-4</b>	<b>\$4.50</b>
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 <sup>2</sup>	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 <sup>1</sup>	69	2 years thru 18 years	1	\$4.50
Influenza Virus Vaccine Live, Intranasal – (FLUMIST) <sup>2</sup>	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
<b>Human Papillomavirus (Gardasil/Cervarix)<sup>6,7</sup></b>	<b>76</b>	<b>9 yrs thru 18 yrs, 11 mos</b>	<b>3</b>	<b>\$4.50</b>
<b>Influenza Preservative Free<sup>2,6</sup></b>	<b>80</b>	<b>6 months thru 3 years</b>	<b>2</b>	<b>\$4.50</b>
Rotavirus Vaccine – (ROTARIX) <sup>5</sup>	81	0 thru 8 mos	2	\$4.50
DTaP/Hib/IPV (PENTACEL) <sup>4</sup>	82	2 mos thru 4 yrs, 11 mos	4	\$13.50
DTaP/IPV (KINRIX) <sup>4</sup>	83	4 years thru 6 years, 11 mos	1	\$9.00
<b>Influenza A (H1N1) Virus Vaccine<sup>2,6</sup></b>	<b>84</b>	<b>0 through 9 years</b> <b>10 years through 18 years</b>	<b>2</b> <b>1</b>	<b>\$9.00</b>
TB Mantoux	TB	Under 19 years	1-2	\$7.50

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

2. INFLUENZA Vaccine – Children < 9 years should receive 2 doses, with a recommended interval of 21-28 days.

3. Hib – reinstatement of 3 and/or 4 Hib shots effective 10/01/09.

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

5. ROTARIX - Reimbursement effective for DOS 05/01/2009

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.

6. Reimbursement effective 10/01/09; Changed from temporary PM160 code H1 to 84

7. Added Cervarix to PM160 code 76.

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 2 times/year with a minimum of 30 days in between each TB test retro effective to 01/01/2009.