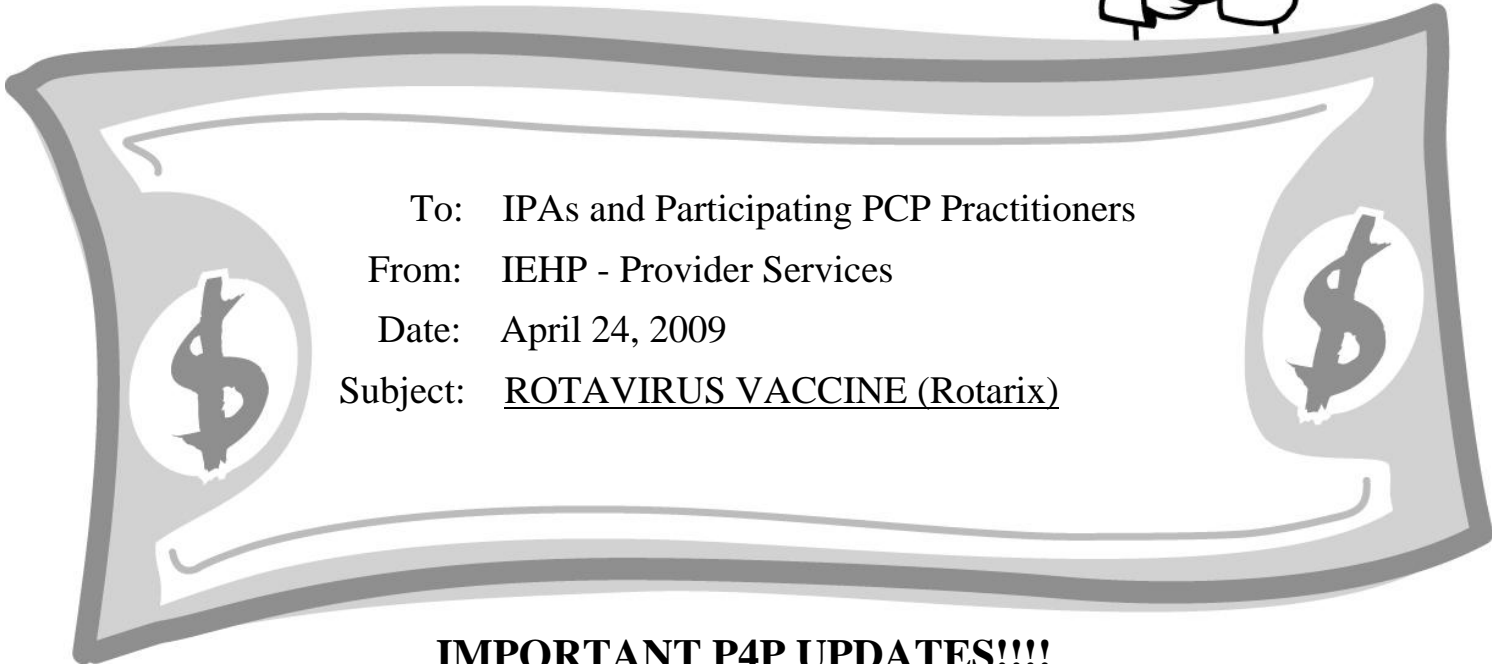




A Public Entity

**INLAND EMPIRE HEALTH PLAN**



To: IPAs and Participating PCP Practitioners  
 From: IEHP - Provider Services  
 Date: April 24, 2009  
 Subject: ROTAVIRUS VACCINE (Rotarix)

**IMPORTANT P4P UPDATES!!!!**

**\$** A new vaccine has been added to Inland Empire Health Plan’s (IEHP) list of Reimbursable PM160 Immunization Codes Schedule under the P4P program. Rotarix vaccine is payable effective for dates of service (DOS), **May 1, 2009**.

Vaccine:	<b>Rotavirus Vaccine (Rotarix)</b>
PM160 Code:	<b>81</b>
Number in Series:	<b>2</b>
Administration Fee:	<b>\$4.50</b>
Age Range:	<b>0-8 months</b>

**\$** 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 our Provider Relations Team at (909) 890-2054.



INLAND EMPIRE HEALTH PLAN

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
Hib <sup>3</sup>	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 <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>Rotavirus Vaccine – (ROTARIX) <sup>5</sup></b>	<b>81</b>	<b>0 thru 8 mos</b>	<b>2</b>	<b>\$4.50</b>
DTaP/Hib/IPV (PENTACEL) <sup>4</sup>	82	2 mos thru 4 yrs, 11mos	4	\$13.50
DTaP/IPV (KINRIX) <sup>4</sup>	83	4 years thru 6 years, 11 mos	1	\$9.00
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 - Flumist (Code 71) – Age range change from 5 years to 2 years effective 02/01/2008.

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

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.

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.