



INLAND EMPIRE HEALTH PLAN

P4P Reimbursable PM160 Immunization Codes

Vaccine	PM160 Code	Age Range	# Vaccinations	Reimbursement Rate
MMR	33	1 - 6 th birthday 11 th - 13 th birthday	2	\$4.50
Hib ²	38	0 - 6 th birthday	4	\$4.50
Polio-Inactivated	39	0 - 6 th birthday 11 th - 13 th birthday	4	\$4.50
Hepatitis B (5 mcg dose) ⁷	40	0 - 6 th birthday 11 th - 13 th birthday	4	\$4.50
Hepatitis B (10 mcg dose)	42	11 th - 13 th birthday	2	\$4.50
DTaP	45	0 - 6 th birthday	5	\$4.50
Varicella	46	1 - 13 th birthday	2	\$4.50
Influenza	53	6 months - < 19th birthday	2	\$4.50
Pneumococcal Polysaccharide (23PS)	55	2 - < 19th birthday	2	\$4.50
Hep B/Hib Combination	56	0 - 6 th birthday 11 th - 13 th birthday	Hep B = 3 Hib = 4	\$9.00
Td Adult – (DECAVAC)	58	7 - < 19th birthday	2	\$4.50
DT Pediatric	59	0 - 6 th birthday	5	\$13.50
Td Adult	60	7 - < 19th birthday	2	\$9.00
Hep A	65	1 - < 19th birthday	2	\$4.50
Pneumococcal Heptavalent (PREVNAR)	67	0 - 6th birthday	4	\$4.50
DTaP/HepB/IPV (PEDIARIX)	68	0 - 6 th birthday	3	\$13.50
MCV4 (Meningococcal Conjugate Vaccine)- MENACTRA & MENVEO ^{5,7}	69	2 - < 19 th birthday	2	\$4.50
Influenza Virus Vaccine Live, Intranasal – (FLUMIST) ¹	71	2 - < 19 th birthday	2	\$4.50
Tdap (Tetanus Diptheria Acellular Pertussis) – (BOOSTRIX/ADACEL)	72	7 - < 19th birthday	2	\$4.50
MMR/Varicella – (PROQUAD)	74	1 - < 19th birthday	2	\$9.00
Rotavirus Vaccine (RV) – (ROTATEQ)	75	0 - < 9 months	3	\$4.50
Human Papillomavirus (Gardasil/Cervarix) ^{2,3}	76	9 - < 19 th birthday	3	\$4.50
Influenza Preservative Free ^{1,2}	80	6 months - < 4th Birthday	2	\$4.50
Rotavirus Vaccine – (ROTARIX)	81	0 - < 9 months	2	\$4.50
DTaP/Hib/IPV (PENTACEL) ⁶	82	6 weeks - < 5th birthday	4	\$13.50
DTaP/IPV (KINRIX)	83	4 - < 7 th birthday	1	\$9.00
Pneumococcal Conjugate Vaccine (PCV13) – (PREVNAR 13) ⁴	88	0 - 6th birthday	4	\$4.50
TB Mantoux	TB	< 19th birthday	2	\$7.50

¹ INFLUENZA Vaccine – Children < 9 years should receive 2 doses, with a recommended interval of 21-28 days.

² Hib – reinstatement of 3 and/or 4 Hib shots; Gardasil for Female.

³ Gardasil for Male effective 02/01/10.

⁴ Prevnar 13 reimbursement effective 4/1/10.

⁵ Menveo reimbursement effective 7/1/10.

⁶ Pentacel age range change from 2 months to 6 weeks effective 8/1/10.

⁷ Meningococcal Vaccine (MCV4) – (Menactra/Menveo) – 2nd dose added effective 12/1/10.

⁷ Hep B (Code 40) - 4th dose added effective 12/1/10.

NOTE 1: 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**.

NOTE 2: Effective **01/01/2011** IEHP will no longer reimburse for the following vaccinations: Measles, PM160 Code: 34 and Rubella, PM160 Code: 36.