

IEHP
VACCINE REIMBURSEMENT SCHEDULE (Effective December 1, 2011)
FOR IEHP MEMBERS NOT ENROLLED IN THE MEDI-CAL PROGRAM

Immunization Vaccines	CPT Code	Max Dose Allowed	Reimbursement Rate ¹
Hepatitis A Vaccine	90633	2	\$31.10
Haemophilus B Conjugate Vaccine (Hiberix)	90648	1	\$24.70
Haemophilus B Conjugate Vaccine (Acthib) ⁵		4	
Human Papillomavirus (HPV) Gardasil	90649	3	\$136.28
Human Papillomavirus (HPV) Cervarix	90650		\$134.40
Influenza Vaccine ⁶	90655	2	\$13.80
	90656		\$12.97
	90657		\$13.80
	90658		\$11.60
Influenza Virus Vaccine Live, Intranasal - (Flumist)	90660	1	\$20.69
Influenza Vaccine – (Fluzone High Dose)	90662	1	\$27.83
Pneumococcal Conjugate - (Prevnar)	90669	4	\$88.07
Pneumococcal Conjugate Vaccine - (Prevnar 13) ⁷	90670	4	\$126.21
Rotavirus Vaccine - (Rotateq) ⁷	90680	3	\$75.17
Rotavirus Vaccine - (Rotarix)	90681	2	\$106.84
DTaP/IPV- (Kinrix)	90696	1	\$47.25
Diphtheria, Tetanus, aPertussis, Poliovirus & Hib -(Pentacel)	90698	4	\$77.40
Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	90700	5	\$23.25
DT Toxoids, Pediatric	90702	5	\$31.30
MMR Vaccine ⁷	90707	2	\$52.31
MMR/Varicella - (Proquad) ⁷	90710	2	\$142.98
Inactivated Polio Vaccine (IPV)	90713	4	\$25.90
Td Toxoids, Adult - Preservative Free	90714	3	\$19.83
Td Toxoids – Not preservative Free	90718		\$16.79
Tetanus Diphtheria and Acellular Pertussis (Tdap) – (Boostrix /Adacel)	90715	2	\$38.40
Varicella Vaccine ⁷	90716	2	\$95.13
DTaP/HepB/IPV Vaccine - (Pediarix)	90723	3	\$70.32
Pneumococcal Vaccine ⁸	90732	2	\$65.03
Meningococcal Vaccine (MCV4) - (Menactra/Menveo) ^{2,3}	90734	2	\$111.00
Hepatitis B Vaccine, Adolescent	90743	2	\$32.48
Hepatitis B Vaccine, Pediatric/Adolescent ⁴	90744	4	\$21.65
Hepatitis B and Haemophilus Influenzae B (HepB-Hib)	90748	3	\$44.16

Reimbursement Process:

- Physicians must submit a CMS1500 claim form to IEHP.
- Complete the CMS 1500 by including the appropriate CPT codes, quantity dispensed and billed amount.
- Above schedule is payable for services provided to IEHP Members **not enrolled in the Medi-Cal Program.**
- Please submit these claims to:

IEHP Claims Department
P O Box 10129
San Bernardino, CA 92423

^{1.} Reimbursement rate changed from “AWP-15%” to “WAC+5%”

^{2.} MCV4-Menveo reimbursement effective 07/01/10

^{3.} MCV4-Menveo 2nd dose added effective 12/01/10

^{4.} Hep B (Pediatric/Adolescent) - 4th dose added effective 12/01/10

^{5.} ActHib (90648) replaces the 4 dose Hib Vaccine (90745)

^{6.} New Reimbursement rates effective 10/01/11

^{7.} New Reimbursement rates effective 11/01/11

^{8.} New Reimbursement rates effective 12/01/11

Note: Effective **01/01/2011** IEHP will no longer reimburse for the following vaccinations: Measles, CPT Code: 90705 and Rubella, CPT Code: 90706.