



INLAND EMPIRE HEALTH PLAN

February 27, 2008

TO: All IEHP P4P Participating Providers

RE: IEHP VACCINE REIMBURSEMENT RATE CHANGE

Dear Participating Practitioner:

Inland Empire Health Plan (IEHP) is dedicated to provide current information to its providers in an effort to foster productive communication.

As part of IEHP's continuing efforts to promulgate relevant reimbursement process adopted based on market standards, IEHP has made changes to 12 Immunization Vaccines reimbursement rates **effective March 1, 2008**. The new reimbursement rates are highlighted on the attached schedule. The revised IEHP Vaccine Reimbursement Schedule is also available online at www.iehp.org.

If you have any questions or concerns, please contact the Provider Relations Team at (909) 890-2054.

Sincerely,

Susie White
Provider Relations Manager

cc: Bradley Gilbert M.D., Executive Officer, IEHP
Eric Haden, Chief Network Officer, IEHP
William Henning M.D., Chief Medical Officer, IEHP
Chris Chan M.D., Pharmaceutical Services Director, IEHP
Jane Maass, Operations Sr. Director, IEHP
Esther Iverson, Provider Relations Supervisor, IEHP
PSRs

**IEHP
VACCINE REIMBURSEMENT SCHEDULE**

Immunization Vaccines	CPT Code	Max Dose Allowed	Reimbursement Rate*
Hepatitis A Vaccine	90633	2	\$34.50**
Hemophilus Influenza B Vaccine (Hib)	90645	4	\$24.10*
Human Papillomavirus (HPV) Gardasil <i>effective 7/1/06</i>	90649	3	\$128.20**
Influenza Vaccine	90657-90658	2	\$13.76
Pneumococcal Conjugate (Pevnar)	90669	4	\$77.47
Rotavirus Vaccine (Rotateq) <i>effective 7/1/06</i>	90680	3	\$73.78**
Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	90700	5	\$25.82
DT Toxoids, Pediatric	90702	5	\$24.70**
Measles Vaccine	90705	2	\$21.29
MMR Vaccine	90707	2	\$49.00**
Hepatitis B Vaccine, Adolescent	90743	2	\$32.40**
Hepatitis B Vaccine, Pediatric/Adolescent	90744	3	\$32.40**
Hepatitis B and Hemophilus Influenza B (HepB-Hib)	90748	3	\$52.28
Rubella Vaccine	90706	2	\$24.50
MMR/Varicella (Proquad)	90710	2	\$131.50**
Inactivated Polio Vaccine (IPV)	90713	4	\$28.94
Td Toxoids, Adult <i>Note: 90718 invalid code effective 7/1/05</i>	90714	1	\$20.00**
Tetanus Diphtheria and Acellular Pertussis (Tdap) - Boostrix	90715	2	\$39.30
Varicella Vaccine	90716	2	\$82.20**
Pediarix Vaccine (DTap/HepB/IPV)	90723	3	\$151.22
Pneumococcal Vaccine	90732	2	\$30.50**
Meningococcal Vaccine (MCV4) – Menactra	90734	1	\$99.60**

Reimbursement Process:

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

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

** Reimbursement rate based on AWP-15%
**Rate Change effective 03/01/08*

Revision Date: February 2008