



INLAND EMPIRE HEALTH PLAN

P4P Reimbursable PM160 Immunization Codes

Vaccine	PM160 Code	Age Range	# Vaccinations	Reimbursement Rate
MMR	33	1 - 6 <sup>th</sup> birthday 11 <sup>th</sup> - 13 <sup>th</sup> birthday	2	\$4.50
Measles	34	0 - 6 <sup>th</sup> birthday 11 <sup>th</sup> - 13 <sup>th</sup> birthday	2	\$4.50
Rubella	36	0 - 6 <sup>th</sup> birthday 11 <sup>th</sup> - 13 <sup>th</sup> birthday	2	\$4.50
Hib <sup>2</sup>	38	0 - 6 <sup>th</sup> birthday	4	\$4.50
Polio-Inactivated	39	0 - 6 <sup>th</sup> birthday 11 <sup>th</sup> - 13 <sup>th</sup> birthday	4	\$4.50
Hepatitis B (5 mcg dose)	40	0 - 6 <sup>th</sup> birthday 11 <sup>th</sup> - 13 <sup>th</sup> birthday	3	\$4.50
Hepatitis B (10 mcg dose)	42	11 <sup>th</sup> - 13 <sup>th</sup> birthday	2	\$4.50
DTaP	45	0 - 6 <sup>th</sup> birthday	5	\$4.50
Varicella	46	1 - 13 <sup>th</sup> 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 <sup>th</sup> birthday 11 <sup>th</sup> - 13 <sup>th</sup> birthday	Hep B = 3 Hib = 4	\$9.00
Td Adult – (DECAVAC)	58	7 - < 19th birthday	2	\$4.50
DT Pediatric	59	0 - 6 <sup>th</sup> 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 <sup>th</sup> birthday	3	\$13.50
MCV4 (Meningococcal Conjugate Vaccine)- MENACTRA & MENVEO <sup>5</sup>	69	2 - <19 <sup>th</sup> birthday	1	\$4.50
Influenza Virus Vaccine Live, Intranasal – (FLUMIST) <sup>1</sup>	71	2 - <19 <sup>th</sup> 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) <sup>2,3</sup>	76	9 - < 19 <sup>th</sup> birthday	3	\$4.50
Influenza Preservative Free <sup>1,2</sup>	80	6 months - < 4th Birthday	2	\$4.50
Rotavirus Vaccine – (ROTARIX)	81	0 - < 9 months	2	\$4.50
DTaP/Hib/IPV (PENTACEL) <sup>6</sup>	82	6 weeks - < 5th birthday	4	\$13.50
DTaP/IPV (KINRIX)	83	4 - < 7 <sup>th</sup> birthday	1	\$9.00
Pneumococcal Conjugate Vaccine (PCV13) – (PREVNAR 13) <sup>4</sup>	88	0 - 6th birthday	4	\$4.50
TB Mantoux	TB	<19th birthday	2	\$7.50

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

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

<sup>3</sup> Gardasil for Male effective 02/01/10.

<sup>4</sup> Prevnar 13 reimbursement effective 4/1/10.

<sup>5</sup> Menveo reimbursement effective 7/1/10.

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

**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.