



Automated Medical Payments

# Medicaid Bulletin Colorado Title XIX

Fiscal Agent



600 Seventeenth Street  
Suite 600 North  
Denver, CO 80202

## Medicaid Provider Services

303-534-0146  
1-800-237-0757

## Mailing Addresses

Claims & PARs  
P.O. Box 30  
Denver, CO 80201-0030

## Correspondence, Inquiries & Adjustments

P.O. Box 90  
Denver, CO 80201-0090

## Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100  
Denver, CO 80201-1100

## Medicaid Fiscal Agent Information on the Internet

[coloradomedicaid.acs-inc.com](http://coloradomedicaid.acs-inc.com)

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Practitioners,  
Hospitals & Clinics

April 2002

Reference: B0200128

This bulletin replaces Medicaid Bulletin B9802314.  
*Bulletin B9802314 should be discarded.*

## Immunizations benefit update

### Contents

Immunizations for adults .....	1
Immunizations for children.....	1
Vaccine programs for children .....	2
Administration, Recordkeeping and Tracking (ART).....	3
Immunization reimbursement policies.....	3
Procedure coding for practitioners and public health agencies .....	3
Influenza vaccine - Special billing information .....	3
Hepatitis A & B vaccines - Special billing information .....	4
Quick Reference for Private Practitioners - Vaccines for Children and Infant Immunization Program .....	6
Quick Reference for Public Health Agencies - Vaccines for Children and Infant Immunization Program .....	7
Immunization Coding Quick Reference.....	8
Recommended Childhood Immunization Schedule .....	A-1

**T**his bulletin provides a comprehensive summary of Colorado Medicaid immunization benefits. Please retain this bulletin in your Medicaid Provider Manual for reference.

### Immunizations for adults

Immunizations for adults (age 21 and older) are a Medicaid benefit when medically necessary or when needed to enter the work force or to attend school.

- Practitioners submit claims for adult immunization services on the Colorado 1500 claim format. If immunization is the only service rendered, providers may also submit charges for a minimal Evaluation/Management (E/M) service (CPT code 99211). If additional E/M services are rendered, the reason for care (diagnosis) and appropriate level of service (procedure code) must be recorded on the claim.
- Facilities, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), submit claims for immunization services on the institutional or UB-92 claim format as part of the encounter fee.

### Immunizations for children

Immunization benefits for children are provided through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit for children, newborn through age twenty.

- Immunizations are one component of the EPSDT medical screening examination. Claims are submitted on the EPSDT claim form. Immunizations may be billed with an initial or subsequent, complete or partial, periodic or interperiodic EPSDT medical screening service. Immunizations may not be billed with an E/M service on the EPSDT claim form.

*Continued on next page ...*

Continued from previous page ...

- If immunization is the only service provided to a Medicaid client aged 20 and under, the service must be billed on the EPSDT claim form with the EPSDT partial screening code.  
Reimbursement for health and risk counseling is included in the EPSDT screening examination.
- Immunization charges may be submitted on the Colorado 1500 claim form **only** when immunization is provided at the time of a "sick care" visit. The medical professional is responsible for identifying the appropriate level of E/M coding and must maintain records to document the full nature and extent of the services rendered.
- Some vaccines are furnished at no cost to providers through the federal Vaccines For Children (VFC) program and the Colorado Infant Immunization program administered by the Colorado Department of Public Health and Environment (CDPHE).

### Service providers

Any qualified Medicaid enrolled provider including but not limited to private practitioners, public health agencies, RHCs, hospital outpatient clinics, and FQHCs may provide immunization services.

### Managed care programs

Medicaid Health Maintenance Organization (HMO) or Prepaid Health Plan (PHP) enrolled clients must obtain immunization services from the HMO or PHP.

For clients enrolled in the Primary Care Physician Program (PCPP), immunization services that are not provided by the primary care physician require PCP referral.

#### **Reminder...**

**CPT preventative medicine services and routine, annual physical examinations are not regular benefits of the Medicaid program for adults (age 21 and older).**

## Colorado Department of Public Health and Environment (CDPHE) Vaccine programs for children

The CDPHE furnishes some vaccines to medical providers at no cost through two programs, the federal VFC program and the Colorado Infant Immunization program.

### Vaccines for Children (VFC) program

Children who are age eighteen and under are eligible to receive vaccines at no cost through the VFC program if they are:

- Medicaid-enrolled, or
- Uninsured, or
- American Indian/Native Alaskan, or
- Underinsured (only eligible when provided by RHCs or FQHCs. Children are considered underinsured if their insurance does not provide immunizations as a regular benefit).

Vaccines available from the VFC and Infant Immunization programs are shown on pages 6 and 7.

### Colorado Infant Immunization program

The Colorado Infant Immunization program furnishes vaccines at no cost to the provider for Medicaid clients who are 19 and 20 years of age. The vaccines are provided only for Medicaid-enrolled clients. *The free vaccine obtained through the Infant Immunization program is to be used only for Medicaid clients ages 19 and 20.*

Vaccine usage is monitored by comparing the number of doses billed to Medicaid with the number of vaccine doses shipped to providers.

Only doses billed to and paid for by the Medicaid program are recognized. It is important that providers use accurate procedure codes to bill Medicaid for vaccine doses as soon as possible after the vaccine is administered.

### Immunization program participation

Participation in the VFC and Infant Immunization programs is voluntary. Providers, including but not limited to private practitioners, managed care providers, public health agencies, RHCs, hospital outpatient clinics, and FQHCs, who wish to participate in the immunization programs must enroll with the CDPHE.

Information about the CDPHE immunization programs is available from:

Colorado Department of Public Health and Environment  
Immunization Program  
PSD-MM-A4  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
Phone 303-692-2798/303-692-2363

Providers are required to give patients the federally-required "Important Information Statement" or, for vaccines covered by the national Vaccine Injury Compensation program, the appropriate "Vaccine Information Statement". CDPHE furnishes a supply of the required forms for every vaccine dose supplied.

## Administration, Recordkeeping and Tracking (ART)

Medicaid pays providers an Administration, Recordkeeping and Tracking (ART) fee for immunizations that are available through the VFC or Infant Immunization programs. Because vaccine is available at no cost through these programs, providers who elect to obtain vaccine from other suppliers may not request nor receive reimbursement above the ART payment level.

### Public health clinics

Public health clinics are eligible to receive vaccines at no cost from the CDPHE, for administration to eligible children from birth through age 20. The clinic may bill and be reimbursed \$2.00 for the ART fee for each immunization. Claims must be submitted using locally assigned X-codes to identify the immunization.

### Private practitioners - ART fees

Practitioners billing for immunizations to Medicaid-enrolled children (newborn through age 20) where vaccine is available at no-cost from the CDPHE are paid an ART fee of \$6.50 for each immunization.

### Facility-based clinics

Facility-based clinics bill on the UB-92 or AMP institutional claim format. Facilities billing for immunizations given to Medicaid-enrolled children using a vaccine that is available through the CDPHE receive an encounter rate and may not claim reimbursement for vaccine costs or the ART fee.

---

## Immunization reimbursement policies - Vaccines not available at no cost

### Immunization reimbursement

Medically necessary vaccines that are not provided to practitioners at no cost by the VFC or Infant Immunization program, as well as immunizations provided to adults, are reimbursed using the following formula:

Average Wholesale Price (AWP) + 10 percent + \$2.00 for administration.

### Medicare crossover claims

For Medicare crossover claims, Medicaid pays the Medicare deductible and coinsurance **or**, the Medicaid allowed benefit minus the Medicare payment, **whichever amount is less**. If Medicare's payment for immunization services is the same or greater than the Medicaid allowable benefit, no additional payment is available. If Medicare pays 100% of the Medicare allowable, no additional Medicaid payment is available.

---

## Procedure coding for practitioners and public health agencies

Practitioners submit all claims for immunizations using CPT procedure codes. Providers are urged to carefully verify the accuracy of claims submitted for DTaP, DT and Td immunizations. Auditing for the Infant Immunization program by the CDPHE has shown a significant incidence of billing errors. Accurate coding is important.

Public health agencies must submit all claims for immunizations provided at no cost through the VFC program and the Colorado Infant Immunization Program using locally assigned X-codes (see page 7). Claims for children's age-appropriate vaccines not covered by the VFC and Infant Immunization programs and for adult immunization services by public health agencies must be submitted using CPT procedure codes.

---

## Influenza vaccine - Special billing information

Free influenza vaccine is available through the VFC program and the Colorado Infant Immunization program for Medicaid-enrolled children (newborn through age 20) who are at high risk for influenza complications.

### Vaccine indications

Influenza immunization is strongly recommended for individuals who are six months of age or older and because of age or underlying medical conditions are at increased risk for complications of influenza. Health care workers and other contacts (including household contacts) of individuals in high-risk groups should also be vaccinated.

High-risk groups include:

- Persons 65 years of age and older
- Residents of nursing and chronic care facilities that house people of any age with chronic medical conditions
- Adults and children with chronic pulmonary or cardiovascular disorders including asthma
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases including diabetes mellitus, renal dysfunction, hemoglobinopathies or immunosuppression including immunosuppression caused by medications.

*Note:* CPT codes, descriptions & 2 digit modifiers are copyright American Medical Association. All rights reserved

- Children and teenagers (6 months - 18 years of age) who receive long-term aspirin therapy and, therefore, might be at risk for developing Reye syndrome after influenza.

Flu vaccine may also be administered to individuals who wish to reduce the chance of becoming infected with influenza.

#### Dosages

At risk children should receive vaccine in a dosage appropriate for their age (0.25 ml if age 6-35 months or 0.5 ml if age  $\geq$  3 years). Two doses of vaccine are recommended for children less than 9 years of age if they have not been previously vaccinated with influenza vaccine. The two doses should be administered at least one month apart and, if possible, the second dose should be given before December.

#### Billing instructions - Children

Flu vaccine is available through the CDPHE for VFC or Infant Immunization program.

Influenza immunizations (procedure codes 90657, 90658, 90659) for Medicaid-enrolled children (newborn through age 20) may be reimbursed for the ART fee only. Vaccine is provided at no cost.

Public health clinics should submit claims for influenza immunization to Medicaid-enrolled children (newborn through age 20) using procedure codes X0657, X0658, & X0659, and may be reimbursed for the ART fee only.

#### Billing instructions - Adults

Claims for influenza vaccine provided to adults (age 21 and over) should be billed using procedure code 90658 or 90659 and charges should reflect the provider's usual and customary charge. Reimbursement will be in accordance with policies outlined on page 3 of this bulletin.

### Hepatitis A & B vaccines - Special billing information

The Colorado Medicaid program periodically reviews literature from the Center for Disease Control (CDC) and the American Academy of Pediatrics to modify billing procedures. In 1992, Medicaid published instructions for the use of Hepatitis B Vaccine (HBV) for prophylaxis and for therapeutic immunization.

#### Adult benefits

Prophylactic and therapeutic Hepatitis A and B immunizations are benefits for adults (age 21 and older) when medically necessary or needed to enter the workforce or to enter school.

#### Children benefits

Prophylactic and therapeutic Hepatitis A and B immunizations are benefits for Medicaid-enrolled children (newborn through age 20). Hepatitis A and B vaccines are available under certain conditions from the VFC program and the Colorado Infant Immunization program.

#### Procedure coding

HAV and HBV immunizations must be identified by age-specific procedure codes. Providers will note that the age ranges identified below do not match CPT definitions. Please use the age ranges in this bulletin for Medicaid billing purposes.

**Unless otherwise indicated, 1 unit = 1 immunization.**

#### Procedure codes for private practitioners

<u>Code</u>	<u>Description</u>
90632	Hepatitis A vaccine, adult dosage, for intramuscular use (Age 19 and older)
90633	Hepatitis A vaccine, pediatric/adolescent dosage - 2 dose schedule, for intramuscular use (newborn through age 18)
90636	Hepatitis A & Hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (Age 18 and older)
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use, ages 11 - 15 (manufactured by Merck)
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use (newborn through age 18)
90746	Hepatitis B vaccine, adult dosage, for intramuscular use (Age 18 and older)
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, (4 dose schedule), for intramuscular use
90748	Hepatitis B and Hemophilus influenza b vaccine (Hep B - Hib), for intramuscular use

---

**Procedure codes for public health agencies**

<u>Code</u>	<u>Description</u>		
X0632	Hepatitis A vaccine, adult dosage, for intramuscular use (Age 19 and older)	X0744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use (newborn through age 18)
X0633	Hepatitis A vaccine, pediatric/adolescent dosage – 2 dose schedule, for intramuscular use (newborn through age 18)	X0746	Hepatitis B vaccine, adult dosage, for intramuscular use (Age 18 and older)
90636	Hepatitis A & Hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (Age 18 and older)	X0747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, (3 dose schedule), for intramuscular use	X0748	Hepatitis B and Hemophilus influenza b vaccine (Hep B - Hib), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use, ages 11 – 15 (manufactured by Merck)		

---

**Dosages**

Providers should follow the recommended dosage and HAV and HBV volume, according to the manufacturer, for the age of the individual receiving the immunization and the identified HBsAG status.

**Adults and Children**

For immunizations, regardless of client age, 1 unit of service represents 1 immunization (unrelated to dosage). Please note: Bill 1 unit of service per immunization and the provider's usual and customary charge.

**Reimbursement**

Reimbursement for immunizations to adults is at the Medicaid injectable drug fee schedule rate. The fee schedule amount includes average wholesale cost. Providers should bill their usual and customary charge.

For immunizations to Medicaid-enrolled children (newborn through age 20) providers receive the ART fee due to the availability of vaccines at no cost through the CDPHE vaccine programs. Current ART reimbursement is \$6.50 per immunization for private practitioners and \$2.00 per immunization for public health agencies.

**Quick Reference for Private Practitioners  
Vaccines for Children Program and Infant Immunization Program**

Vaccines available through the Vaccines for Children Program For children ages 0 through 18 years	Vaccines available through the Infant Immunization Program For individuals age 19 and 20
<p>90633 Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule, for intramuscular use</p> <p>90645 Hemophilus influenza b vaccine (Hib), HbOC conjugate, 4 dose schedule, for intramuscular use</p> <p>90647 Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use</p> <p>90648 Hemophilus influenza b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use</p> <p>90657 Influenza virus vaccine, split virus, 6 thru 35 months dosage, for intramuscular or jet injection use</p> <p>90658 Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use</p> <p>90669 Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use</p> <p>90700 Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), for intramuscular use (0 thru age 6)*</p> <p>90702 Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use</p> <p>90707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use</p> <p>90713 Poliovirus vaccine, inactivated, (IPV), for subcutaneous use</p> <p>90716 Varicella virus (chicken pox) vaccine, live, for subcutaneous use</p> <p>90718 Tetanus and diphtheria toxoids (Td) adsorbed, for use in individuals seven years or older, for intramuscular or jet injection use</p> <p>90732 Pnuemococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use</p> <p>90744 Hepatitis B vaccine, pediatric/adolescent dosage, 3 dose schedule, for intramuscular use</p> <p>90746 Hepatitis B vaccine, adult dosage, for intramuscular use</p> <p>90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use</p> <p>90748 Hepatitis B and Hemophilus influenza B vaccine (HepB-Hib), for intramuscular use (2 months thru age 4 years)*</p>	<p>90632 Hepatitis A vaccine, adult dosage, for intramuscular use</p> <p>90659 Influenza virus vaccine, whole virus, for intramuscular or jet injection use</p> <p>90707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use</p> <p>90713 Poliovirus vaccine, inactivated (IPV), for subcutaneous use</p> <p>90716 Varicella virus (chicken pox) vaccine, live, for subcutaneous use</p> <p>90718 Tetanus and diphtheria toxoids (Td) adsorbed, for use in individuals seven years or older, for intramuscular or jet injection use</p> <p>90732 Pnuemococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use</p> <p>90746 Hepatitis B vaccine, adult dosage, for intramuscular use</p> <p>90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use</p>
Administration, recordkeeping & tracking fee \$ 6.50	Administration, recordkeeping & tracking fee \$ 6.50

\* Age ranges do not match CPT definitions. Please use the age ranges defined in this document for Medicaid billing purposes.

Note: CPT codes, descriptions & 2 digit modifiers are copyright American Medical Association. All rights reserved

**Quick Reference for Public Health Agencies  
Vaccines for Children Program and Infant Immunization Program**

Vaccines available through the Vaccines for Children Program For children ages 0 through 18 years	Vaccines available through the Infant Immunization Program For individuals age 19 and 20
<p>X0633 Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule, for intramuscular use</p> <p>X0645 Hemophilus influenza b vaccine (Hib), HbOC conjugate, 4 dose schedule, for intramuscular use</p> <p>X0647 Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use</p> <p>X0648 Hemophilus influenza b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use</p> <p>X0657 Influenza virus vaccine, split virus, 6 thru 35 months dosage, for intramuscular or jet injection use</p> <p>X0658 Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use</p> <p>X0669 Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use</p> <p>X0700 Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), for intramuscular use (0 thru age 6)*</p> <p>X0702 Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use</p> <p>X0707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use</p> <p>X0713 Poliovirus vaccine, inactivated, (IPV), for subcutaneous use</p> <p>X0716 Varicella virus (chicken pox) vaccine, live, for subcutaneous use</p> <p>X0718 Tetanus and diphtheria toxoids (Td) adsorbed, for use in individuals seven years or older, for intramuscular or jet injection use</p> <p>X0732 Pnuemococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use</p> <p>X0744 Hepatitis B vaccine, pediatric/adolescent dosage, 3 dose schedule, for intramuscular use</p> <p>X0746 Hepatitis B vaccine, adult dosage, for intramuscular use</p> <p>X0747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use</p> <p>X0748 Hepatitis B and Hemophilus influenza B vaccine (HepB-Hib), for intramuscular use (2 months thru age 4 years)*</p>	<p>X0632 Hepatitis A vaccine, adult dosage, for intramuscular use</p> <p>X0659 Influenza virus vaccine, whole virus, for intramuscular or jet injection use</p> <p>X0707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use</p> <p>X0713 Poliovirus vaccine, inactivated (IPV), for subcutaneous use</p> <p>X0716 Varicella virus (chicken pox) vaccine, live, for subcutaneous use</p> <p>X0718 Tetanus and diphtheria toxoids (Td) adsorbed, for use in individuals seven years or older, for intramuscular or jet injection use</p> <p>X0732 Pnuemococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use</p> <p>X0746 Hepatitis B vaccine, adult dosage, for intramuscular use</p> <p>X0747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use</p>
Administration, recordkeeping & tracking fee \$ 2.00	Administration, recordkeeping & tracking fee \$ 2.00

\* Age ranges do not match CPT definitions. Please use the age ranges defined in this document for Medicaid billing purposes.

Note: CPT codes, descriptions & 2 digit modifiers are copyright American Medical Association. All rights reserved

### Immunization Coding Quick Reference

(See pages 6 & 7 for Vaccines for Children Program and Infant Immunization Program codes)

90281 Immune globulin (Ig), human, for intramuscular use	90675 Rabies vaccine, for intramuscular use
90283 Immune globulin (IgIV), human, for intravenous use	90690 Typhoid vaccine, live, oral (Ty21a)
90287 Botulinum antitoxin, equine, any route	90691 Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90288 Botulism immune globulin, human, for intravenous use	90700 Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), for intramuscular use (0 thru age 6)*
90291 Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	90702 Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use
90296 Diphtheria antitoxin, equine, any route	90703 Tetanus toxoid adsorbed, for intramuscular or jet injection use
90371 Hepatitis B immune globulin (HBIG), human, for intramuscular use	90704 Mumps virus vaccine, live, for subcutaneous or jet injection use
90375 Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use	90705 Measles virus vaccine, live, for subcutaneous or jet injection use
90376 Rabies immune globulin, heat treated (RIg-HT), human, for intramuscular and/or subcutaneous use	90706 Rubella virus vaccine, live, for subcutaneous or jet injection use
90378 Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50mg each	90707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use
90379 Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use	90708 Measles and rubella virus vaccine, live, for subcutaneous or jet injection use
90384 Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use	90709 Rubella and mumps virus vaccine, live, for subcutaneous use
90385 Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use	90713 Poliovirus vaccine, inactivated (IPV), for subcutaneous use
90386 Rho(D) immune globulin (RhlgIV), human, for intravenous use	90716 Varicella virus (chicken pox) vaccine, live, for subcutaneous use
90389 Tetanus immune globulin (TIg), human, for intramuscular use – <b>Use code J1670</b>	90717 Yellow fever vaccine, live, for subcutaneous use
90393 Vaccinia immune globulin, human, for intramuscular use	90718 Tetanus and diphtheria toxoids (Td) adsorbed, for use in individuals seven years or older, for intramuscular or jet injection use
90396 Varicella-zoster immune globulin, human, for intramuscular use	90719 Diphtheria toxoid, for intramuscular use
90399 Unlisted immune globulin	90720 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use (newborn thru age 6)*
90476 Adenovirus vaccine, type 4, live, for oral use	90721 Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90477 Adenovirus vaccine, type 7, live, for oral use	90732 Pneumococcal polysaccharide vaccine, 23 valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use
90586 Bicillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	90733 Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous or jet injection use
90632 Hepatitis A vaccine, adult dosage, for intramuscular use	90735 Japanese encephalitis virus vaccine, for subcutaneous use
90633 Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule, for intramuscular use	90740 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
90636 Hepatitis A vaccine and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	90743 Hepatitis B vaccine, adolescent, 2 dose schedule, for intramuscular use
90645 Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule) for intramuscular use	90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90646 Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	90746 Hepatitis B vaccine, adult dosage, for intramuscular use
90647 Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage(4 dose schedule) for intramuscular use
90648 Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	90748 Hepatitis B and Hemophilus influenza B vaccine (HepB-Hib), for intramuscular use
90657 Influenza virus vaccine, split virus (6-35 months dosage), for intramuscular or jet injection use	90749 Unlisted vaccine/toxoid
90658 Influenza virus vaccine, split virus (3 years and above dosage), for intramuscular or jet injection use	J1670 Tetanus immune globulin (TIg), human, for intramuscular use – <b>Use instead of code 90389</b>
90659 Influenza virus vaccine, whole virus, for intramuscular or jet injection use	
90660 Influenza virus vaccine, live, for intranasal use	
90665 Lyme disease vaccine, adult dosage, for intramuscular use	
90669 Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use	

\* Age ranges do not match CPT definitions. Please use the age ranges defined in this document for Medicaid billing purposes.

Note: CPT codes, descriptions & 2 digit modifiers are copyright American Medical Association. All rights reserved



# Summary of ACIP/AAP/AAFP Pediatric Immunization Recommendations

Colorado Department of Public Health and Environment/Colorado Clinical Guidelines Collaborative

## Children Beginning Immunization In Infancy (please see notes on back)

Vaccines<sup>1</sup> are listed under routinely recommended ages. [Bars] indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. (Ovals) indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

V  
A  
C  
C  
I  
N  
E

Vaccine ▼	Age ►	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	24 Months	4–6 Years	11–12 Years	13–18 Years
Hepatitis B <sup>2</sup>		Hep B #1								Hep B series			
Diphtheria, Tetanus, Pertussis <sup>3</sup>			Hep B #2			Hep B #3					DTaP	Td	
<i>H. influenzae</i> type b <sup>4</sup>				DTaP	DTaP	DTaP	see note 3	DTaP <sup>3</sup>					
Polio <sup>5</sup>				Hib	Hib	Hib	Hib				IPV <sup>5</sup>		
Measles, Mumps, Rubella <sup>6</sup>				IPV	IPV	IPV <sup>5</sup>					MMR <sup>6</sup>	MMR <sup>6</sup>	
Varicella <sup>7</sup>							MMR						
Pneumococcal <sup>8</sup>				PCV	PCV	PCV	Var				Var <sup>7</sup>		
Hepatitis A <sup>9</sup>		Vaccines below this line are for selected populations						PCV	PCV		PCV	PPV	
Influenza <sup>10</sup>						Influenza (yearly)				Hep A <sup>9</sup>			

### Accelerated Schedule For Infants And Children Under 7 Years Old Who Start The Series Late

Visit	Vaccine doses
1st visit (at least 4 months of age)	Hep B #1, DTaP #1, Hib <sup>a</sup> , IPV #1, PCV <sup>b</sup> , MMR & Var (as soon as child is 12 months), Hep A (as soon as child is 2 years)
4–8 weeks after 1st visit	Hep B #2, DTaP #2, Hib <sup>a</sup> , IPV #2, PCV <sup>b</sup>
4–8 weeks after 2nd visit	DTaP #3, Hib <sup>a</sup> , IPV #3, PCV <sup>b</sup>
6 months after 1st visit	Hep B #3, Hep A #2
6 months after 3rd visit	DTaP #4, Hib <sup>a</sup>
Age 4–6 years (before school entry)	DTaP #5 <sup>c</sup> , IPV #4 <sup>c</sup> , MMR #2 (at least 4 weeks after MMR #1)
Age 11–16 years	Td

a. Immunologically normal children age 5 years and older do not need Hib vaccine. **If infant starts series at age 7–11 months**, give 2 doses 2 months apart and booster dose at 12–15 months. **If infant starts at age 12–14 months**, give 1st dose. Give 2nd (and last) dose at least 2 months later. **If child starts at age 15 months to 4 years**, give just one dose.

b. Immunologically normal children age 5 years and older do not need PCV vaccine. **If infant starts series at age 2–6 months**, give 3 doses, 2 months apart and booster dose at 12–15 months. **If infant starts series at 7–11 months**, give 2 doses, 2 months apart and booster dose at 12–15 months. **If infant starts at 12–23 months**, give 2 doses, 2 months apart. **If healthy child starts series at age 24–59 months**, give just one dose. (See *MMWR* Oct. 6, 2000/49(RR-9);1–35).

c. The USPHS and the AAP consider DTaP #5 and Polio #4 necessary unless the DTaP #4 and Polio #3 were given after the 4th birthday.

### Children Beginning Immunization At Age 7 Years Or Older

Visit	Vaccine doses
1st visit	Hep B #1, Td #1, IPV #1, MMR #1, Var #1, Hep A #1
4–8 weeks after 1st visit	Hep B #2, Td #2, IPV #2, MMR #2, Var #2 (if ≥ 13 years)
6 months after 1st visit	Hep B #3, Hep A #2, IPV #3
6 months after 2nd visit	Td #3
10 years after 3rd Td	Td

### Minimum Intervals Between Vaccine Doses

Vaccine	Dose 1–2	Dose 2–3	Dose 3–4	Vaccine	Dose 1–2	Dose 2–3	Dose 3–4
Hep B	4 Weeks	8 Weeks*		IPV	4 Weeks	4 Weeks	4 Weeks
DTaP (DT)	4 Weeks	4 Weeks	6 Months	PCV	4 Weeks***	4 Weeks	8 Weeks***
Hib				***For children vaccinated at age <1 year, minimum interval is 4 weeks. Booster dose should be administered ≥8 weeks after primary series is completed. Minimum interval for children receiving doses at age ≥1 year is 8 weeks.			
HbOC	4 Weeks	4 Weeks	**	MMR	4 Weeks		
PRP-T	4 Weeks	4 Weeks	**	Varicella	4 Weeks		
PRP-OMP	4 Weeks	**		Hep A	6 Months		

\*This final dose is recommended at least 4 months after the first dose and no earlier than 6 months of age.

\*\*Hib booster dose should be administered no earlier than 12 months of age and at least 2 months after the previous dose of Hib vaccine.

The above table shows the **minimum** intervals acceptable between doses of vaccine. All vaccines should be administered as close to the recommended schedule as possible in order to maximize the protection from vaccine. **It is not necessary to restart the series of any vaccine due to extended intervals between doses.**

## NOTES

Some of the following notes have sentences which are in bold italics indicating they have been added by the Colorado Department of Public Health and Environment, Immunization Program. These additions have been added as a result of their importance to Colorado and are consistent with recommendations by the Advisory Committee on Immunization Practices.

<sup>1</sup>This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of 1/1/02 for children through 18 years of age. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

<sup>2</sup>**Infants born to HBsAg-negative mothers** should receive the 1st dose of hepatitis B (Hep B) vaccine by age 2 months. The 2nd dose should be at least one month after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants.

***Hepatitis B is readily available in thimerosal-free formulations and it is recommended that the birth dose policy be reinstated in all birthing hospitals.***

**Infants born to HBsAg-positive mothers** should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose is recommended at 1–2 months of age and the 3rd dose at 6 months of age.

**Infants born to mothers whose HBsAg status is unknown or others at high risk (e.g. Alaskan Native and Asian-Pacific Islander children and children born to first-generation immigrants from HBV-endemic areas)** should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).

**All children and adolescents** who have not been immunized against hepatitis B may begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.

<sup>3</sup>**The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15–18 months.** Td (tetanus and diphtheria toxoids) is recommended at 11–12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP or DT. Subsequent routine Td boosters are recommended every 10 years.

<sup>4</sup>Three *Haemophilus influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at 2 and 4 months

of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4 or 6 months of age, unless FDA-approved for these ages.

<sup>5</sup>An all-IPV schedule is recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2 months, 4 months, 6–18 months, and 4–6 years. (See *MMWR* May 19, 2000/49(RR-5);1–22).

<sup>6</sup>The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4–6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11–12 year old visit.

<sup>7</sup>Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, i.e. those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons 13 years of age or older should receive 2 doses, given at least 4 weeks apart.

<sup>8</sup>The heptavalent conjugate pneumococcal vaccine (PCV) is recommended for all children 2–23 months of age. It also is recommended for certain children 24–59 months of age. (See *MMWR* Oct. 6, 2000/49(RR-9);1–35). Pneumococcal polysaccharide vaccine (PPV) is also recommended in addition to PCV for certain high-risk groups.

<sup>9</sup>Hepatitis A (Hep A) is shaded to indicate its recommended use in selected states and/or regions, and for certain high risk groups; consult your local public health authority. ***Colorado is considered a state with intermediate risk for the disease. Vaccination should be considered for all children ≥2 years of age.*** (See *MMWR* Oct. 01, 1999/48(RR12);1–37).

<sup>10</sup>Influenza vaccine is recommended annually for children age ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes; see *MMWR* 2001;50(RR-4);1–44), and can be administered to all others wishing to obtain immunity. Children aged ≤12 years should receive vaccine in a dosage appropriate for their age (0.25 mL if age 6–35 months or 0.5 mL if aged ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

## Immunization Program Resources



Colorado Department  
of Public Health  
and Environment

**General Immunization Questions:** (303) 692-2798

**Inquiries regarding vaccine orders and supplies:**  
(303) 692-2650 or  
(303) 692-2363

**VFC Questions:** (303) 692-2798 or (303) 692-2363

**Hepatitis B Project:** (303) 692-2673

**Disease Reports:** 1-800-866-2759

**Family Healthline (Parent Information):**  
(303) 692-2229 (Denver metro area) or 1-800-688-7777

## The Colorado Clinical Guidelines Collaborative

### Background

The Colorado Clinical Guidelines Collaborative was formed in 1996 to address the challenges for the use and implementation of clinical guidelines across health care systems in Colorado. Current membership represents 50 health care organizations.

### Mission

*A Colorado coalition of Healthplans, Physicians, Hospitals, and other Providers working together to improve health care through the development, implementation, and evaluation of evidence-based clinical guidelines.*