



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 | \$9.00 |
| Hib | 38 | 0 - 6 th birthday | 4 | \$9.00 |
| Polio-Inactivated | 39 | 0 - 6 th birthday 11 th - 13 th birthday | 4 | \$9.00 |
| Hepatitis B (5 mcg dose) | 40 | 0 - 6 th birthday 11 th - 13 th birthday | 4 | \$9.00 |
| Hepatitis B (10 mcg dose) | 42 | 11 th - 13 th birthday | 2 | \$9.00 |
| DTaP | 45 | 0 - 6 th birthday | 5 | \$9.00 |
| Varicella | 46 | 1 - 13 th birthday | 2 | \$9.00 |
| Influenza ² | 53 | 6 months - < 19th birthday | 2 | \$9.00 |
| Pneumococcal Polysaccharide (23PS) | 55 | 2 - < 19th birthday | 2 | \$9.00 |
| 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 | \$9.00 |
| DT Pediatric | 59 | 0 - 6 th birthday | 5 | \$9.00 |
| Td Adult | 60 | 7 - < 19th birthday | 2 | \$9.00 |
| Hep A | 65 | 1 - < 19th birthday | 2 | \$9.00 |
| Pneumococcal Heptavalent (PCV7) - (PREVNAR7) | 67 | 0 - 6th birthday | 4 | \$9.00 |
| DTaP/HepB/IPV (PEDIARIX) | 68 | 0 - 6 th birthday | 3 | \$9.00 |
| MCV4 (Meningococcal Conjugate Vaccine)- MENACTRA & MENVEO | 69 | 2 - <19 th birthday | 2 | \$9.00 |
| Influenza Virus Vaccine Live, Intranasal – (FLUMIST) ¹ | 71 | 2 - <19 th birthday | 2 | \$9.00 |
| Tdap (Tetanus Diptheria Acellular Pertussis) – (BOOSTRIX/ADACEL) | 72 | 7 - < 19th birthday | 2 | \$9.00 |
| MMR/Varicella – (PROQUAD) | 74 | 1 - < 19th birthday | 2 | \$9.00 |
| Rotavirus Vaccine (RV) – (ROTATEQ) | 75 | 0 - < 9 months | 3 | \$9.00 |
| Human Papillomavirus (Gardasil/Cervarix) | 76 | 9 - < 19 th birthday | 3 | \$9.00 |
| Influenza Preservative Free ¹ | 80 | 6 months - < 4th Birthday | 2 | \$9.00 |
| Rotavirus Vaccine – (ROTARIX) | 81 | 0 - < 9 months | 2 | \$9.00 |
| DTaP/Hib/IPV (PENTACEL) | 82 | 6 weeks - < 5th birthday | 4 | \$9.00 |
| DTaP/IPV (KINRIX) | 83 | 4 - < 7 th birthday | 1 | \$9.00 |
| Pneumococcal Conjugate Vaccine (PCV13) – (PREVNAR 13) | 88 | 0 - 18th birthday | 4 | \$9.00 |
| 9-Valent Human Papillomavirus (HPV9) ³ | 93 | 9 - <15 th birthday 15 - < 19 th birthday | 2 3 | \$9.00 |
| Meningococcal B Recombinant Protein and Outer Membrane Vesicle Vaccine (Bexsero) ³ | M1 | 10 - < 19 th birthday | 2 | \$9.00 |
| Meningococcal B Recombinant Lipoprotein Vaccine (Trumenba) ³ | M4 | 10 - < 19 th birthday | 3 | \$9.00 |
| TB Mantoux | TB | <19th birthday | 2 | \$9.00 |

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

² PM160 Code 53 (Influenza) is available twice per calendar year

³ Vaccine is payable effective for retroactive dates of service (DOS) October 1, 2015.

NOTE 1: Although the Mantoux TB test is not an immunization, it is paid out of the immunization fund and will be reimbursed at \$9.00 each test up to 2 times/year with a minimum of 30 days in between each TB test.