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## Vaccines For Children (VFC) Program

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The Vaccines For Children (VFC) Program supplies vaccines at no cost to providers who serve eligible children from birth through 18 years of age. Established in 1993 by the United States Federal Government, the VFC program is administered nationally by the Centers for Disease Control and Prevention (CDC) and the National Center for Immunization and Respiratory Diseases. The CDC buys vaccines at a discount and distributes them to state, local and territorial public health departments, which in turn, distribute the vaccines at no charge to VFC-enrolled physicians and public health clinics for administration to VFC-eligible infants, children and adolescents.

Vaccines that are available through the VFC Program are recommended by the CDC Advisory Committee on Immunization Practices (ACIP) to help protect children and adolescents against 16 infectious diseases:

- COVID-19
- Dengue
- Diphtheria, Tetanus and Pertussis
- *Haemophilus influenza* type b
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Influenza
- Measles
- Meningococcal
- Mumps
- Pertussis (whooping cough)
- Pneumococcal
- Poliomyelitis
- Rotavirus
- «Respiratory syncytial Virus (RSV)»
- Rubella
- Tetanus
- Varicella

Any person younger than 19 years of age who is eligible for Medi-Cal is also eligible for the VFC Program. VFC-provided vaccines must be used for beneficiaries under 19 years of age. Medi-Cal providers and/or Child Health and Disability Prevention (CHDP) Program providers who administer vaccines to persons younger than 19 years of age must enroll separately in the VFC Program as a California VFC provider. The California Department of Public Health (CDPH) Immunization Branch administers the California VFC Program. To learn more about the California VFC program and how to become a VFC-enrolled provider, please contact the California VFC Program at the following address:

California Department of Public Health Immunization Branch  
850 Marina Bay Parkway  
Richmond, CA 94804

«Phone:» (510) 620-3737 or

«Phone:» (877) 243-8832

«Email:» MyVFCvaccines@cdph.ca.gov

Because the VFC program provides vaccine/toxoid product(s) at no cost to a VFC provider, Medi-Cal will only reimburse a VFC provider for the cost of administering a VFC dose and not for the dose itself. According to national CPT® code guidelines, immunization services are usually reported by using both the vaccine/toxoid code(s) and the vaccine immunization administration code(s). To report a VFC immunization service to Medi-Cal, providers should list each administered vaccine/toxoid product code with a modifier code of “SL,” which identifies the dose as a “state-supplied vaccine”. A separate VFC administration fee will be reimbursed for each vaccine/toxoid product code that is listed with a “SL” modifier on the claim.

Medi-Cal does not reimburse for the cost of a vaccine product that is available through the VFC program but purchased from a non-VFC source and administered to a VFC-eligible person except when justified. A provider’s non-enrollment in the VFC program is not a justified exception. Valid exceptions include documented cases of a VFC vaccine supply shortage due to a disease epidemic, vaccine manufacturing or delivery problems, or instances when the beneficiary does not meet special circumstances required by the VFC program for the vaccine billed. Providers must indicate a justified exception requiring the administration of a non-VFC dose in the *Remarks field (Box 80)/Additional Claim Information (Box 19)* of the claim.

Providers should not report immunization services with an Evaluation and Management (E&M) service code (for example, office, outpatient, or preventive medicine visit, etc.) unless the provider has also completed a significant and separately identifiable E&M service at the same time. The separate E&M service must be thoroughly documented in the beneficiary's medical record, and the claim is subject to audit and recoupment of reimbursement.

The administration fee for vaccines supplied free by the VFC program are reimbursable when administered according to the guidelines outlined by ACIP in VFC resolutions or in accordance with State school attendance laws for recipients younger than 19 years of age. Providers must bill these claims with SL modifier.

## **CPT Codes Used to Bill VFC**

The following CPT codes are used to bill the administration fee for vaccines supplied free by the VFC program. All claims for VFC vaccines require modifier SL (used for VFC program recipients younger than 19 years of age).

**Table for CPT Codes Used to Bill VFC**

<b>Bill this CPT code when administering</b>	<b>This VFC vaccine</b>
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage for intramuscular use (Beyfortus™)
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage for intramuscular use (Beyfortus™)
90587	Dengue vaccine, quadrivalent, live three dose schedule, for subcutaneous use (Dengvaxia)
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use (MenQuadfi)
90620	Meningococcal vaccine serogroup B (Bexsero)
90621	Meningococcal vaccine serogroup B (Trumenba)
«90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use (Penbraya™)»
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use (Fluzone Quad Intradermal)

**Table for CPT Codes Used to Bill VFC (continued)**

<b>Bill this CPT code when administering</b>	<b>This VFC vaccine</b>
90632	Hepatitis A vaccine (HepA), adult dosage, intramuscular, non-VFC, purchased vaccine (Vaqta®, Havrix®- for adults)
90633	Hepatitis A vaccine/pediatric/adolescent (Vaqta®, Havrix®)
90647	Haemophilus influenzae b (Hib) vaccine (PevaxHIB®)
90648	Haemophilus influenzae b (Hib) vaccine (ActHIB®, Hiberex)
90651	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent, for intramuscular use (Gardasil-9®)
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), intramuscular use (Prevnar 13™)
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use (Vaxneuvance)
90672	Influenza virus vaccine, quadrivalent, live, (LAIV4), for intranasal use (FluMist® Quadrivalent)
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use (Flucelvax®)
«90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use (Prevnar 20®)»
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use (Abrysvo™)
90680	Rotavirus vaccine, oral (RotaTeq®) (three dose schedule)

**Table for CPT Codes Used to Bill VFC (continued)**

<b>Bill this CPT code when administering</b>	<b>This VFC vaccine</b>
90681	Rotavirus vaccine, oral (2 dose schedule) (Rotarix®)
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (Flublok Quad)
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.25 ml dosage (Afluria Quad, Fluzone Quad)
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage (Afluria Quad, Fluarix Quad, Flulaval Quad, Fluzone Quad)
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use (Afluria, Flulaval, Fluzone Quad)
90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage (Afluria Quad, Flulaval Quad, Fluzone Quad)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTap-IPV) (Kinrix®, Quadracel®)
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use (Vaxelis™)
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) for intramuscular use (Pentacel)

**Table for CPT Codes Used to Bill VFC (continued)**

<b>Bill this CPT code when administering</b>	<b>This VFC vaccine</b>
90700	DTaP Vaccine (Tripedia <sup>®</sup> , Daptacel <sup>®</sup> , Infarix <sup>®</sup> )
90702	«Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use (DT Pediatric)»
90707	MMR Vaccine (MMR II <sup>®</sup> )
90710	MMRV Vaccine (ProQuad <sup>®</sup> )
90713	Inactivated Polio Vaccine (IPOL <sup>®</sup> )
90714	Diphtheria and Tetanus Toxoids adsorbed, preservative free (seven years of age and older) «(Tenivac <sup>®</sup> , TDVAX <sup>™</sup> )»
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), (7 years of age and older) (Boostrix <sup>®</sup> , Adacel <sup>®</sup> )
90716	Varicella Vaccine (Varivax <sup>®</sup> )
90723	DTaP-HepB-IPV Vaccine (Pediarix <sup>®</sup> )
90732	Pneumococcal polysaccharide vaccine, 23-valent PPSV23, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Pneumovax <sup>®</sup> 23)
90734*	«Meningitis Conjugate Vaccine [MenACWY-CRM] (Menveo <sup>®</sup> )»
90740	Hepatitis B vaccine HepB, dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use (Recombivax HB <sup>®</sup> )
90743	Hepatitis B Vaccine (Recombivax HB <sup>®</sup> )
90744	Hepatitis B Vaccine (Engerix B <sup>®</sup> , «Recombivax HB)»

**Table for CPT Codes Used to Bill VFC (continued)**

<b>Bill this CPT code when administering</b>	<b>This VFC vaccine</b>
90756	Influenza virus vaccine, quadrivalent, subunit, antibiotic free, 0.5 ml dosage (Flucelvax Quad)
«91304	Severe acute respiratory syndrome coronavirus 2 [SARSCoV-2] [coronavirus disease COVID-19] vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use»
«91318	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use»
«91319	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use»
«91320	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use»
«91321	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 25 mcg/0.25 ml dosage, for intramuscular use»
«91322	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 50 mcg/0.5 ml dosage, for intramuscular use»

## **«COVID-19 Vaccines**

COVID-19 vaccines are covered by Medi-Cal through the VFC program for all children aged 6 months through 18 years.

Recommended Vaccination Schedule and Intervals: COVID-19 vaccines that are either authorized under Emergency Use Authorization (EUA) or approved under a Biologics License Application (BLA) are to be administered according to the most recent age- and vaccine-appropriate schedule included in CDC's Interim Clinical Considerations for COVID-19 vaccines ([Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)).

Recommended Dosage: Dosage information is available online at: [COVID-19 Vaccines | FDA](#)

For reimbursement of the administration fee, providers must submit both the COVID-19 vaccine and administration CPT code (90480). Each vaccine code must be listed with a modifier "SL," which identifies the dose as a "state-supplied vaccine". The total reimbursement will be at the Medicare rate for administration only.››

## **Dengue Tetravalent Vaccine, Live (Dengvaxia)**

Dengue Tetravalent Vaccine, Live is covered by Medi-Cal through the VFC program. The administration of this vaccine is billed with CPT code 90587 and modifiers SL and SK and is reimbursable for children aged 9 thru 16 years of age with laboratory confirmation of previous dengue infection and living in endemic areas (for example: Puerto Rico, American Samoa, and the US Virgin Islands). Three doses are administered 6 months apart at 0, 6, and 12 months.

### **Additional documentation requirements:**

Providers must document in the Remarks field (Box 80)/Additional Claim Information field (Box 19), or on an attachment to the claim, that the patient meets the following criteria:

- Patient has a laboratory confirmation of previous dengue infection and is living in an endemic area (i.e., Puerto Rico, American Samoa, and the US Virgin Islands)
  - Requests are not approvable for use in patients who are:
    - ❖ Not previously infected by any dengue virus serotype or for whom this information is unknown
    - ❖ Living in dengue non-endemic areas who travel to dengue-endemic areas

## **DTaP Hepatitis B IPV (Pediatrix)**

The DTaP Hepatitis B IPV vaccine is covered by Medi-Cal through the VFC program. It is a combination of Diphtheria, Tetanus, Acellular Pertussis, Hepatitis B and Inactivated Polio vaccines. The administration of this vaccine is billed with CPT code 90723 and modifier SL and is reimbursable for recipients 6 weeks through 6 years of age (prior to 7<sup>th</sup> birthday). Any claims for recipients 7 years or older will be denied.



## **DTaP Hib IPV Vaccine (Pentacel)**

The administration fee for the DTaP Hib IBV pediatric combination vaccine is billed with CPT code 90698 (diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated [DTaP-Hib-IPV] for intramuscular use) and modifier SL, for use in individuals 6 weeks through 4 years of age (prior to 5th birthday).

The DTaP Hib IPV vaccine is indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis and invasive disease due to haemophilus influenza Type B. It is contraindicated in children with histories of severe allergic reaction (for example, anaphylaxis) to a previous dose of the DTaP Hib IBV vaccine or its ingredients, or any other tetanus toxoid, diphtheria toxoid, pertussis-containing vaccine, inactivated poliovirus vaccine and hemophilic influenza Type B vaccine.

## **DTaP IPV Hib HepB Vaccine (Vaxelis)**

The administration fee for the DTaP IPV Hib HepB pediatric combination vaccine is billed with CPT code 90697 (diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine [DTaP-IPV-Hib-HepB], for intramuscular use) and modifier SL, for use in individuals 6 weeks through 4 years of age (prior to 5th birthday).

The combined DTaP-IPV-Hib-HepB vaccine is indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis, invasive disease due to haemophilus influenza Type B and Hepatitis B. It may be used when any component of the combination is indicated, and if other components are not contraindicated. Approved for the primary series only (Doses 1-3). For adequate immune response, the last dose of hepatitis B vaccine should be given >24 weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4-week intervals for prevention of pertussis.

## **DTaP Vaccines (Tripedia®, Daptacel®, Infarix®)**

The administration fee for the VFC DTaP vaccine (unspecified formulation) is billed with CPT code 90700 and modifier SL. This code is reimbursable only for vaccines administered to children younger than 7 years of age.

## **Hepatitis A Vaccine (Vaqta®, Havrix®)**

The administration fee for the VFC hepatitis A vaccine is billed with CPT codes 90633 and modifier SL. This code is reimbursable for recipients 1 through 18 years of age. DHCS recommends that providers begin hepatitis A immunizations with the 2-dose vaccine at 12 months of age with a second dose 6 to 18 months later. For hepatitis A immunization guidelines, refer to ACIP recommendations. For documentation requirements, refer to the *Immunization* section.

## **Hepatitis B Vaccine (Recombivax HB®, Engerix B®)**

The administration fee for the VFC hepatitis B vaccine is billed with the following CPT codes with modifier SL: 90740, 90743 and 90744.

Hepatitis B immunization is recommended by ACIP for all children and adolescents through 18 years of age. Providers billing these codes for recipients through 18 years of age.

## **Human Papillomavirus (HPV) Nonavalent Vaccine (Gardasil®9)**

The administration fee for CPT code 90651 (Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent [9vHPV], 2 or 3 dose schedule, for intramuscular use) is reimbursable when billed with modifier SL for males and non-pregnant females 9 through 18 years of age. For ages 19 and older, it is reimbursable without an SL modifier.

## **Influenza Vaccines (Flucelvax Quad, Afluria Quad, Flublok Quad, Fluarix Quad, Flulaval Quad, Fluzone Quad)**

The administration fee for the VFC influenza vaccines is reimbursed when billed with CPT codes 90630, 90674, 90682, 90685, 90686, 90687, 90688 and 90756.

To qualify for the VFC influenza vaccine, a recipient must be 6 months through 18 years of age. Providers must bill with modifier SL and the appropriate CPT code.

## **Influenza Virus Vaccine, Live, for Intranasal Use (FluMist®)**

The administration fee is billed with CPT code 90672 (influenza virus vaccine, quadrivalent, live, for intranasal use) and modifier SL. Influenza virus vaccines are reimbursable for recipients 2 through 49 years of age.

## **Measles, Mumps and Rubella Vaccine, Live (MMR II®)**

The administration fee for the VFC Measles, Mumps and Rubella (MMR) vaccine is billed with CPT code 90707 and modifier SL for all children 12 months through 18 years of age.

CPT code 90707 may also be billed for infants younger than 12 months who are traveling overseas, in an outbreak, or are otherwise recommended for the extra dose. Providers are to use modifiers SK and SL for this group when billing for VFC claims. In addition, providers must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19), or on an attachment to the claim, the reason why the patient is considered high risk.

Medi-Cal allows reimbursement for the MMR vaccine with CPT code if the recipient does not meet VFC requirements and sufficient medical justification is entered in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim or on an attachment.

## **Measles, Mumps, Rubella and Varicella Vaccine (ProQuad®)**

The administration fee for the VFC Measles, Mumps, Rubella and Varicella (MMRV) vaccine is billed with CPT code 90710 and modifier SL for children 12 months through 12 years of age (before the 13<sup>th</sup> birthday) who need a first or second dose of MMR and varicella vaccine.

## **Meningitis Vaccines**

Policy for various meningitis vaccines is as follows.

### **Meningococcal Conjugate Vaccines (MenACWY) (Menveo or MenQuadfi)**

The administration fee for Menveo (MenACWY-CRM) meningitis vaccine is billed with CPT code 90734 while MenQuadfi (MenACWY-TT) is billed with CPT code 90619. Use in patients less than 11 years of age is only recommended in those at increased risk. Routine use is not recommended by ACIP.

Menveo is approved for ages two months to 55 years and MenQuadfi for two years and older.

#### **Claims Submitted to VFC:**

«Eligible Groups:»

- Children aged two months through 10 years who are at increased risk for meningococcal disease attributable to serogroups A, C, W, and Y, including:
  - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
  - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris])
  - Children who have anatomic or functional asplenia, including sickle cell disease
  - Children infected with human immunodeficiency virus (HIV)
  - Children traveling to or residing in countries in which meningococcal disease is hyperendemic or epidemic, particularly if contact with local population will be prolonged
  - Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroups A, C, W, or Y

Use modifiers SK and SL for this group when billing for VFC claims.

«Use modifier SL for all children aged 11 through 18 years for VFC claims.»

In addition to entering SK and SL modifiers on the claim for recipients two months to 10 years of age who are high-risk, providers must document in the *Remarks* field (Box 80) *Additional Claim Information* field (Box 19), or on an attachment to the claim, the reason why the patient is considered high risk. For example: “recipient is asplenic.”

### Infants at Increased Risk for Meningococcal Disease

For specific recommendations for infants at increased risk for meningococcal disease, including types of meningococcal vaccines to administer, and dosing schedules, refer to ACIP recommendations.

Revaccination after the primary series is considered medically necessary for children who remain at increased risk. For those at increased risk who had a primary series before age seven, administer the booster dose three years after primary series. For patients who received their most recent dose at age seven years or older, administer the booster dose five years later. Administer boosters every five years thereafter throughout life as long as the person remains at increased risk for meningococcal disease.

### Other High-Risk Groups

For adults 55 years of age or younger, the following are considered high-risk groups:

- College freshmen living in dormitories
- Microbiologists who are exposed routinely to isolates of *Neisseria meningitidis*
- Military recruits
- Persons who travel to or reside in countries where meningococcal disease is hyperendemic or epidemic
- At risk during a community outbreak
- Persons who have persistent complement component deficiencies (including complement deficiencies or complement inhibitor use [e.g, eculizumab Soliris, ravulizumab Utomiris])
- Persons with anatomic or functional asplenia
- Persons with HIV infection

### Claims Submitted to Medi-Cal:

«The Menveo or MenQuadfi primary series and recommended booster doses are a benefit of the Medi-Cal program for all recipients two months to 55 years of age who are at high risk for meningococcal disease as defined by CDC (Centers for Disease Control) and Prevention and the Advisory Committee on Immunization Practices (ACIP).» Providers may visit [www.cdc.gov](http://www.cdc.gov) as an added resource for meningococcal vaccine updates including recommended dosages and dosing schedules.

«Medi-Cal claims billing for the Menveo or MenQuadfi for recipients older than 19 years of age must be submitted with modifier SK». In addition, providers must document in the Remarks field (Box 80)/Additional Claim Information field (Box 19), or on an attachment to the claim, the reason why the patient is considered high risk. For example: “Recipient is young adult living in a college dormitory.”

### **«Meningococcal Vaccines Serogroup B (MenB) (Bexsero and Trumenba)»**

CPT codes 90620 (meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2 dose schedule, for intramuscular use) and 90621 (meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use) are reimbursable for recipients at increased risk for meningococcal disease attributable to serogroup B, including:

- Children aged 10 through 18 years at increased risk for serogroup B meningococcal disease, including:
  - Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
  - Children taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris]).
  - Children who have anatomic or functional asplenia, including sickle cell disease
  - Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B
- Children aged 16 through 18 years who are not at increased risk for serogroup B meningococcal disease may also be vaccinated

### **Teens and Young Adults Not at Increased Risk**

Teens and young adults 16 through 23 years of age may also be vaccinated with a serogroup B meningococcal (MenB) vaccine, preferably at 16 through 18 years of age to provide short-term protection against most strains of serogroup B meningococcal disease.

## **«Combined Pentavalent Serogroup A, C, W, Y and B Meningococcal (MenACWY-MenB) Vaccine**

### **Meningococcal Groups A, B, C, W and Y Vaccine (PENBRAYA™)**

The administration fee for Penbraya (MenABCWY) meningitis vaccine is billed with CPT code 90623. The initial dose may be given in lieu of MenACWY and MenB when both vaccines are indicated in the same visit (for example, age 16 years) and shared clinical decision-making favors administration of MenB. For the second dose, the MenB series should be completed with monovalent MenB-FHbp.

Penbraya is approved for 10 years through 25 years of age.

#### **Claims submitted to VFC:**

##### **Eligible Groups:**

- Children who are indicated to receive MenACYW and MenB vaccines, including:
  - Children aged 10 through 18 years who are at increased risk for meningococcal disease attributable to serogroups A, C, W, Y and B, including:
    - ❖ Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D)
    - ❖ Children taking a complement inhibitor (for example, eculizumab [Soliris], ravulizumab [Ultomiris])
    - ❖ Children who have anatomic or functional asplenia, including sickle cell disease
  - Children aged 16 through 18 years for whom both MenACWY and MenB are indicated to be given at the same time and shared clinical decision-making favors administration of MenB vaccine.

Refer to ACIP recommendations for additional details, vaccination schedules, doses and dosing intervals.

Use modifiers SK and SL for this group when billing for VFC claims.>>

## **<<Pneumococcal Vaccine (Prevnar 13™, Prevnar 20®, Vaxneuvance), Pneumococcal Vaccine, Polyvalent (Pneumovax® 23)**

### **Pneumococcal Conjugate Vaccine (PCV) to Prevent Pneumococcal Disease**

CPT code 90670 (pneumococcal conjugate vaccine, 13-valent, for intramuscular use), CPT code 90671 (pneumococcal conjugate vaccine, 15 valent (PCV15) for intramuscular use) and CPT code 90677 (pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use) require modifier SL if a VFC vaccine is used. CPT code 90732 may be billed with modifier SL and/or modifier SK.>>

CPT code 90670 and 90671 are reimbursable as VFC benefits for eligible groups. For children six weeks through 18 years of age, providers must bill for the administration fee with modifier SL for recipients of ages 0 through 4 years and both modifiers SL and SK for ages six through 18 years.

#### **Eligible groups:**

- <<All children at least six weeks through 59 months of age and children five through 18 years of age with certain underlying medical conditions that increase the risk of pneumococcal disease as listed below:
  - Chronic medical conditions such as chronic heart disease, chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions), chronic liver disease, chronic lung disease (including moderate persistent or severe persistent asthma), diabetes mellitus, cerebrospinal fluid leak and cochlear implant.
  - Immunocompromising medical conditions such as sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia or splenic dysfunction, HIV infection, maintenance dialysis or nephrotic syndrome, diseases associated with immunosuppressive chemotherapy or radiation therapy including malignant neoplasms, leukemias, lymphomas and Hodgkin lymphoma, solid organ transplantation, and congenital or acquired immunodeficiency.>>

Refer to ACIP recommendations for additional details, vaccination schedules, doses and dosing intervals.

## «23-valent Pneumococcal Polysaccharide Vaccine (PPSV23) to Prevent Pneumococcal Disease»

Providers billing Medi-Cal pneumococcal injection code 90732 for recipients who qualify to receive the free VFC pneumococcal vaccine must justify in the *Remarks* field (Box 80) *Additional Claim Information* field (Box 19) of the claim why they did not use the VFC vaccine.

«The administration fee for the VFC pneumococcal B vaccine is billed with CPT code 90732 and modifier SL.

### Eligible groups:

- Children aged two through 18 years with any risk condition as defined above.»

Refer to ACIP recommendations for vaccination schedules, doses and dosing intervals.

## Respiratory Syncytial Virus (RSV)

### **RSV Maternal vaccine (Abrysvo™)**

Eligible groups are pregnant individuals less than 19 years of age. The administration fee for the RSV maternal vaccine is billed with CPT code 90678 and modifier SL. The codes are reimbursable for pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by RSV in infants from birth through six months of age.

Refer to ACIP recommendations for vaccination schedules, doses and dosing intervals.

### Additional Documentation Requirements:

Providers must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19), or on an attachment to the claim the gestational age in pregnant individuals.



## **RSV Monoclonal Antibody (nirsevimab) Beyfortus**

### Eligible Groups

- Infants aged less than eight months born during or entering their first RSV season.
- Children aged eight-19 months who are at increased risk of severe RSV disease and entering their second RSV season.
- Children at increased risk of severe RSV disease: These include:
  - Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the six-month period before the start of the second RSV season
  - Children with severe immunocompromise
  - Children with cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or weight-for-length
  - American Indian and Alaska Native children

The administration fee for the RSV monoclonal antibody is billed with either CPT code 90380 or 90381, and modifier SL.

A TAR is required for reimbursement. See the *Immunizations* section of the provider manual for additional information.

Refer to ACIP recommendations for vaccination schedules, doses and dosing intervals.

## **Rotavirus Vaccine (RotaTeg® and Rotarix®)**

The administration fee for the Rotavirus vaccine is billed with either CPT code 90680 or 90681, and modifier SL. The codes are reimbursable for infants aged six weeks to eight months.

Refer to ACIP recommendations for vaccination schedules, doses and dosing intervals.

## **TD Vaccines ([DT Pediatric] and [Tenivac, TDVax])**

The administration fee for the VFC TD vaccine is billed with CPT code 90702 and modifier SL. The code is reimbursable only for vaccines administered to children younger than seven years. The administration fee for TD vaccine billed with CPT code 90714 and modifier SL is reimbursable for vaccines administered to children seven years and older.

## **Tdap Vaccine (Boostrix®, Adacel®)**

The administration fee for the Tdap vaccine is billed with CPT code 90715 (tetanus, diphtheria toxoids and acellular pertussis vaccine [Tdap], for use in individuals 7 years or older, for intramuscular use).

Pertussis is one of the three diseases this vaccine protects against. Because immunity from childhood immunization for pertussis wanes five to 10 years after the last childhood dose (typically given at kindergarten entry), it is recommended that individuals 11 years of age through 18 years of age receive a single dose of Tdap, instead of tetanus and diphtheria toxoids (Td) vaccines, as a booster immunization. However, if an individual was not fully immunized with DTaP or immunization status is unknown, Tdap may be given starting at seven years of age.

Adolescents who are pregnant should receive Tdap, irrespective of past history of Tdap receipt. Tdap should be administered from 27 through 36 weeks of gestation, preferably during the earlier part of this time period, although it may be administered at any time during pregnancy.

## **Resources**

[VFC-ACIP Vaccine Resolutions](#)

[Package Inserts for Vaccines](#) on FDA website

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Must be billed with modifiers SK (member of high risk population) and SL for children 2 to 10 years of age; however, use only the SL modifier for recipients 11 to 18 years of age. Refer to the <i>Immunizations</i> section in this manual for more information.