

St. Vincent IPA 2018 Immunizations and Injections Reimbursement Schedule Effective 08/01/2018

Primary Care Physicians are compensated on a fee-for-service basis for the following immunizations that are approved by AAP/AAFP.

Claims for immunizations will be paid at the rates indicated below.

Procedures to follow:

- 1) Bill Fee For Service to St. Vincent IPA, P.O. Box 5089 Oceanside, CA 92052
- 2) Use the listed CPT codes only. **Prior Authorization required for any other code not listed.**

CPT Code	IMMUNIZATION/INJECTION	REIMB SV	CPT CODE	IMMUNIZATION/INJECTION	REIMB SV
86580	Skin test; tuberculosis, intradermal	\$10.00	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use (Fluvirin)	\$25.00
90632	Hepatitis A vaccine, adult dosage, for intramuscular use (Harvix, Vaqyta)	\$75.00	G0008	Administration of influenza virus vaccine	\$25.00
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use (Harvix, Vaqta)	\$32.03	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (FLUZONE high-dose)	\$45.00
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use (Harvix)	\$30.00	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13). For intramuscular use (Prevnar13)	\$195.00
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use (Pedvax HIB)	\$50.00	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit preservative and antibiotic free, 0.5 mL dosage, for intramuscular use. (Flucelvax)	\$24.05
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use (ActHIB, Hiberix)	\$45.00	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use (RotaTeg)	\$92.00
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (4vHPV quadrivalent), 3 dose schedule, for intramuscular use (GARDASIL)	\$146.95	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use (Rotarix)	\$92.00
90651	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58 (9vHPV quadrivalent), 2 or 3 dose schedule, for intramuscular use	\$204.86	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use (Fluzone Quadrivalent)	\$23.00
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	\$41.80	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use (FluLaval [multidose vial])	\$25.00
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use (Afluria, Fluvax, Fluvirin, Fluzone influenza virus vaccine, no preservative)	\$25.00	90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4-6 years of age, for IM use	\$51.66
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25mL dosage for intramuscular use (Afluria, Fluvax, Fluvirin, Fluzone [5ml vial 0.25 ml dose])	\$25.00	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Pentacel)	\$89.99

UPDATED: 10.22.2018

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90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use (Daptacel, Infanrix)	\$30.00	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	\$200.00
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use (Diphtheria and Tetanus Toxoids Adsorbed USP [For Pediatric Use])	\$20.00	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use (Recombivax dialysis)	\$70.00
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (M-M-R II)	\$75.00	90743	Hepatitis B vaccine (HepB), adolescent 2 dose schedule, for intramuscular use (Energix-B, Recombivax HB)	\$35.00
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (ProQuad)	\$202.40	90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage 3 dose schedule, for intramuscular use (Energix-B, Recombivax HB)	\$35.00
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use (IPOL)	\$30.00	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use (Energix-B, Recombivax HB)-AUTH REQUIRED	\$70.00
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (DECAVAC/TENIVAC, Tetanus-diphtheria adult)	\$25.00	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage 4 dose schedule, for intramuscular use (Energix-B, RECOMBIVAX dialysis)-AUTH REQUIRED	\$70.00
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (Adacel, Boostrix)	\$48.00	90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use (COMVAX)	\$45.00
90716	Varicella virus vaccine (VAR), live, for subcutaneous use (Varivax)	\$122.02	90750	Shingrix. Adult dose 0.5 mL	\$169.99
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use (PEDIARIX)	\$50.00	90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	\$25.00
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Pneumovax23)	\$95.00	J0696	Injection, ceftriaxone sodium, per 250 mg-AUTH REQUIRED	\$15.00
90733	Meningococcal polysaccharide vaccine serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use (Menomune-A/C/Y/W-135)	\$100.00	J0696	Injection, ceftriaxone sodium, per 500 mg-AUTH REQUIRED	\$30.00
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MPSV4 or MenACWY) for intramuscular use (Menactra, Menveo)	\$125.00	J0696	Injection, ceftriaxone sodium, per 750 mg-AUTH REQUIRED	\$45.00

All vaccinations must follow the guidelines of the AAP and AFP. This Fee Schedule pertains only to those immunizations and injections that the IPA is responsible for reimbursing. For certain HMOs, some immunizations will be reimbursed directly by the Health Plan and will be paid at the Health Plan rate. All other medically necessary immunizations and injections not listed above are included under the PCP capitation. ***Please Note – the Zoster Shingles Vaccination requires prior authorization.**

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