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MEMORANDUM

To: CHDP Providers
From: Ann Kern, Provider Services Network Manager
Date: 04/11/2014
Subject: Alliance Billing for Seasonal Influenza Vaccination

Children - 6 months through 18 years of age: Use Vaccine for Children (VFC) stock

Effective 8/1/2013-4/30/2014 for members linked to your practice, another PCP (no Referral needed), or administrative members:

Description	VFC	Age Range	Code	Modifier	Claim Form
Influenza Vaccine May also use code 53 for: Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe) (IIV4) May also use code 53 for: Influenza Virus Vaccine, preservative free (0.5 mL) (IIV3)	Covered by VFC	6 months to 18 years of age	53		PM-160
Influenza Virus Vaccine, live, for intranasal use May also use code 71 for: Influenza Virus Vaccine, Quadrivalent, Live, For Intranasal Use (0.2 mL single use nasal spray) (LAIV4)	Covered by VFC	2 years to 18 years of age	71		PM-160
Influenza Virus Vaccine, Trivalent, Split Virus, for intramuscular use (Preservative Free) (0.25 mL) (IIV3)	Covered by VFC	6 months to 35 months	90655	SL	CMS-1500 or UB-04
<p>Notes About VFC: Only children less than age 19 are eligible for the VFC program. Per Medi-Cal Guidelines: "Medi-Cal vaccine injection codes billed for recipients eligible to receive VFC program vaccines will be reimbursed only in documented cases of vaccine shortage, disease epidemic, vaccine delivery problems, or instances when the recipient does not meet the special circumstances required for VFC special-order vaccines. A provider's non-enrollment in the VFC program is not a justified exception." However, the Alliance will make an exception for non VFC providers. How to bill: Do not bill the CPT code with the SL modifier Document "non-VFC" in box 19 of the CMS 1500 claim form or box 80 of the UB-04 claim form Send the claim to CCAH Attention: Sharlene Gianopoulos</p>					
Influenza (Inactivated) Preservative-Free	Purchased	6 months to 35 months	80		PM-160
Influenza (Inactivated)	Purchased	36 months to 18 years of age	54		PM-160

For rates visit <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

For billing questions please contact your Provider Service Representative at (800) 700-3874 ext. 5504.