

VFC Vaccine Update 3/13/2019

Vaccine Administration/Vaccines for Children (VFC) Program

In order to provide Healthy Kids/EPSTD preventive services, SBHC’s must register with the Vaccines For Children (VFC) Program and must provide the recommended childhood vaccines when performing EPSTD preventive screens. EPSTD providers must administer services specified in the Maryland Healthy Kids Preventive Health Schedule, available at <https://mmcp.health.maryland.gov/epsdt/Pages/Home.aspx>.

The VFC Contact Center is available to answer questions regarding enrollment, ordering vaccines, and vaccine administration. Visit the VCF Contact Center website for list of phone numbers for providers do contact the center based on their location. Contact the center by email at MDH.IZinfo@maryland.gov.

SBHCs may bill for administering childhood vaccines received free from the VFC Program by using the appropriate CPT code for the vaccine/toxoid or immune globulin in conjunction with the modifier – SE (State and/or Federally-funded programs/services). Providers will not be reimbursed for vaccine administration unless the modifier –SE is added to the end of the appropriate CPT vaccine code.

VFC immunization administration codes are as follows:

| VACCINE | CPT-MOD |
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| Hepatitis B Immune Globulin (HBIg) | 90371-SE |
| Meningitis B (Bexsero) | 90620-SE |
| Influenza, quadrivalent (IIV4), split virus, preserve free, IM | 90630-SE |
| Hepatitis A, pediatric/adolescent (2 dose) | 90633-SE |
| Hemophilus influenza b, HbOC conjugate (Hib) | 90645-SE |
| Hemophilus influenza b, PRP-OMP conjugate (Hib) | 90647-SE |
| Hemophilus influenza b, PRP-T conjugate (Hib) | 90648-SE |
| Human Papilloma, quadrivalent (3 dose) (HPV) | 90649-SE |
| Human Papilloma virus (HPV) vac. types 6, 11, 16, 18, 31, 33, 45, 52, 58 nonavalent, (3 dose) for ID use | 90651-SE |
| Influenza virus, split virus, preservative free, 6-35 mos. | 90655-SE |
| Influenza virus, split, preservative free, > 2 yrs | 90656-SE |
| Influenza virus, split virus, 6-35 months | 90657-SE |
| Influenza virus, split virus, 3-18 yrs | 90658-SE |
| Influenza virus, live, intranasal | 90660-SE |
| Pneumococcal conjugate, 7 valent, < 5 yrs | 90669-SE |
| Pneumococcal conjugate, 13 valent | 90670-SE |
| Rotavirus, pentavalent, live, oral, (3 dose) | 90680-SE |
| Rotavirus, monovalent, live, 6-32 weeks | 90681-SE |

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| Diphtheria, tetanus toxoids, acell pertussis & polio virus, inactivated, 5th dose, 4-6 yrs (DTaP-IPV) | 90696-SE |
| Diphtheria, tetanus toxoids, acell pertussis, haemophilus influenza type b, poliovirus, 2-59 mos. (DTaP-Hib-IPV) | 90698-SE |
| Diphtheria, tetanus toxoids & acell pertussis, <7 yrs (DTaP) | 90700-SE |
| Diphtheria and tetanus toxoids, < 7 yrs (DT) | 90702-SE |
| Measles, mumps and rubella virus, live (MMR) | 90707-SE |
| Measles, mumps, rubella and varicella (MMRV) | 90710-SE |
| Poliovirus, inactivated (IPV) | 90713-SE |
| Tetanus and diphtheria toxoids, 7-18 yrs (Td) | 90714-SE |
| Tetanus diphtheria toxoids/acell Pertussis (Tdap) 7-18 yrs | 90715-SE |
| Varicella virus live | 90716-SE |
| Tetanus toxoid & diphtheria (Td) 7-18 yrs | 90718-SE |
| Diphtheria, tetanus toxoids, acell pertussis & Hemophilus influenza b (DTaP-Hib) | 90721-SE |
| Diphtheria, tetanus toxoids, acell pertussis & Hepatitis B & poliovirus (DTaP-HepB-IPV) | 90723-SE |
| Pneumococcal polysaccharide, 23-valent, 2-18 yrs | 90732-SE |
| Meningococcal conjugate, tetravalent | 90734-SE |
| Hepatitis B, adolescent (2 dose) | 90743-SE |
| Hepatitis B, pediatric/adolescent (3 dose) | 90744-SE |
| Hepatitis B and Hemophilus influenza b (HepB-Hib) | 90748-SE |

For participants 19 or 20 yrs of age (past the VFC age group), Medicaid will reimburse providers for the **acquisition cost of vaccines** purchased by the provider. **MCOs are also required to cover such vaccines.** Use the CPT codes with no modifier for the applicable immunizations administered to the Medicaid participant. A separate administration fee is not paid for provider stock used for MA participant/student.