

# IMMUNIZATION TIP SHEET

Rev 03/16

Dear Parent(s),

Immunization schedules begin at birth and continue through adulthood. Due to the high cost of vaccines, we highly recommend you contact your insurance company to have your benefits explained to you. This will help you decide if you wish to obtain the immunizations here in our office or if it would be beneficial for you to obtain them through your local health department or Outreach Clinic.

We recommend you call your plan's Customer Service telephone number and ask the following questions to help you decide. This number can be found on your insurance card.

1. What is the **effective date** of coverage for my child? \_\_\_\_\_
2. Do I have a **copay or an encounter** fee? \_\_\_\_\_
3. Do I need to provide **Coordination of Benefits (COB)** information? \_\_\_\_\_
4. Are *well care/preventative* visits covered if **performed less than one year apart**, if my child is over one year of age? \_\_\_\_\_
5. Does my child have *well care/preventative* coverage, including coverage for immunizations? \_\_\_\_\_

*If yes,*

- Do I need to meet my child's **deductible** before immunizations are covered? \_\_\_\_\_
- Do I have a **yearly dollar maximum** amount for *well care/preventative* coverage and immunizations? \_\_\_\_\_
- Is there an **age limit** for *well care/preventative* and immunization coverage? \_\_\_\_\_

If you choose to utilize your local health department for immunizations, you will need to call your county health department or Outreach Clinic to schedule an appointment and inquire about their fees. Please bring us your child's immunization record at each *well care/preventative* visit for us to update our records.

## IMMUNIZATION SCHEDULE

Below is our recommended childhood vaccine schedule along with the corresponding universally known CPT procedure code for you to verify coverage with your insurance plan. **Please be aware appropriate administration fees are billed per vaccine, ranging \*\$30.00 for the initial vaccine and \*\$16.00 per additional vaccine.** *\*subject to change*

<i>Age:</i>	<i>CPT code:</i>						
<b>2 mo</b>	<b>ActHib</b>	<b>Pediarix</b>		<b>Pprevnar 13</b>		<b>RotaTeq</b>	
	90648	90723		90670		90680	
<b>4 mo</b>	<b>ActHib</b>	<b>Pediarix</b>		<b>Pprevnar 13</b>		<b>RotaTeq</b>	
	90648	90723		90670		90680	
<b>6 mo</b>	<b>ActHib</b>	<b>Pediarix</b>		<b>Pprevnar 13</b>		<b>RotaTeq</b>	
	90648	90723		90670		90680	
<b>12 mo</b>	<b>ActHib</b>	<b>DTAP</b>	<b>IPV</b>	<b>Hep A (Vaqta)</b>	<b>Pprevnar 13</b>	<b>MMR</b>	<b>Varivax</b>
	90648	90700	90713	90633	90670	90707	90716
	<small>Physician will review with you which of these vaccines are required for your child at this age</small>						
<b>18 mo</b>	<b>Hep A (Vaqta)</b> <i>(including any above vaccines due prior to one year of age if not given yet)</i>						
	90633						
<b>4-5 years</b>	<b>Kinrix</b>	<b>MMR or Proquad</b>		<b>Varivax #2</b>			
	90696	90707	90710	90716			
<b>11+ yrs</b>	<b>Adacel</b>	<b>Gardasil 9/HPV*</b>		<b>Menactra</b>	<b>Varivax #2</b>		
	90715	90651		90734	90716 <i>(if not given earlier)</i>		
<b>16+ yrs</b>	<b>Gardasil 9/HPV*</b>			<b>Menactra</b>	<b>Men-B (Bexsero) #1</b>		
	90651			90734	90620		
<b>Pre-college</b>	<b>Adacel</b>						
	90715						

**\*Gardasil 9/HPV** - Recommended for male and female patients

**Influenza Vaccine Schedule recommended as follows during September through March:**

**Pres Free Quadrivalent:** 6-35 months – 90685

**Pres Free Trivalent:** 3yrs and over – 90686

or **FluMist Quadrivalent:** 2yrs and over, *IF child meets medical criteria* - 90672