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SUBJECT

Pentacel® (DTaP-IPV/Hib), Kinrix® (DTaP-IPV) and
Rotarix® (Rotavirus) Vaccines



Michael Nardone, Deputy Secretary
Office of Medical Assistance Programs

PURPOSE

The purpose of this bulletin is to inform providers that three new vaccines are now being supplied by the Pennsylvania Vaccines for Children (VFC) Program. Effective August 1, 2008, Pentacel®, Kinrix® and Rotarix® were added to the list of vaccines approved by the VFC Program.

SCOPE:

This bulletin applies to all Medical Assistance (MA) enrolled providers who administer immunizations to MA recipients. Providers rendering services to MA recipients under the MA managed care delivery system should address any coding or rate-related questions to the appropriate managed care organization (MCO).

BACKGROUND/DISCUSSION:

Pentacel®

Pentacel®, produced by Sanofi Pasteur, was approved by the Food and Drug Administration (FDA) on June 20, 2008. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) has, subsequently, recommended the use of Pentacel® to protect infants and young children against diphtheria, tetanus, acellular pertussis, poliovirus, and *Haemophilus influenzae* type b. This vaccine is a combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP), inactivated poliovirus (IPV) and *Haemophilus influenzae* type b conjugate (Hib) vaccine designed for use in children 6 weeks of age through 4 years of age (prior to the fifth birthday). Pentacel® is indicated for use as a four-dose series in infants and children at 2 months, 4 months, 6 months and 15 through 18 months of age.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/omap

Kinrix®

Kinrix®, produced by GlaxoSmithKline, was approved by the FDA on June 24, 2008. The ACIP has recommended Kinrix® to protect infants and children from diphtheria, tetanus, acellular pertussis and poliovirus. Kinrix® is a combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP) and inactivated poliovirus (IPV) vaccine. Kinrix® is indicated as the fifth dose in the DTaP vaccine series and the fourth dose in the IPV series in children 4 years of age through 6 years of age (prior to the seventh birthday) whose previous DTaP vaccine doses have been with Infanrix® and/or Pediarix® for the first three doses and Infanrix® for the fourth dose. This vaccine should not be administered to children younger than 4 years of age or older than 7 years of age.

Rotarix®

Rotarix® is an oral live-attenuated human rotavirus vaccine. Rotarix®, produced by GlaxoSmithKline, was approved by the FDA on April 3, 2008. The ACIP has recommended the Rotarix® vaccine for the prevention of rotavirus gastroenteritis in infants and children 2 months of age through 7 months of age. Rotarix® is indicated as a two-dose series to be administered orally to infants at 2 and 4 months of age. The first dose of Rotarix® should be administered from 6 weeks of age through 14 weeks 6 days (the maximum age for the first dose is 14 weeks 6 days). All doses of Rotarix® should be administered by the eighth month birthday. Rotavirus vaccines should not be administered to infants who have a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of rotavirus vaccine or vaccine component. The Rotarix® oral applicator contains latex rubber and infants with a severe allergy to latex should not receive Rotarix®.

PROCEDURE:

Beginning August 1, 2008, Pentacel®, Kinrix® and Rotarix® can be ordered through the VFC Program for VFC-eligible children. The MA Program will continue to cover the Pentacel®, Kinrix® and Rotarix® vaccines for individuals under 19 years of age consistent with the indicated use of these vaccines as approved by the FDA and current ACIP recommendations until February 28, 2009, to allow providers sufficient time to receive their vaccine from the VFC Program.

Effective March 1, 2009, the MA Program will only make payment to VFC-enrolled providers for the administration of these vaccines for MA-eligible children consistent with the indicated use of Pentacel®, Kinrix® and Rotarix® as approved by the FDA and current ACIP recommendations.

Providers may bill the Department of Public Welfare (Department) for the administration of the three vaccines using the following CPT codes:

CPT Code	Informational Modifier	Description	MA Fee
90698		Diphtheria, tetanus toxoids, acellular pertussis vaccine, <i>Haemophilus influenza</i> type b, and poliovirus vaccine, inactivated, for intramuscular use (Pentacel®)	\$10.00
90749	UC *	Unlisted vaccine/toxoid (Kinrix®)	\$10.00
90749	UD *	Unlisted vaccine/toxoid (Rotarix®)	\$10.00

* Please note: The effective date of modifier UC (representing Kinrix®) and modifier UD (representing Rotarix®) is August 1, 2008.

Providers must use CPT code 90749 with informational modifier UC to indicate the administration of Kinrix® and CPT code 90749 with information modifier UD to indicate the administration of Rotarix®. The Department will issue an updated MA Bulletin in the future to announce new CPT codes and corresponding billing instructions for Kinrix® and Rotarix® when the 2008 Healthcare Common Procedure Coding System (HCPCS) procedure codes are added to the MA Program Fee Schedule.

The MA fee for the administration of each of the vaccines is \$10.00 per administration. Providers participating in an MA MCO network must abide by payment arrangements as stated in their individual MCO contract.

Providers may obtain complete ACIP recommendations from the CDC website at:

Pentacel® – <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a5.htm>

Kinrix® – <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm>

Rotarix® -- <http://www.cdc.gov/vaccines/recs/provisional/downloads/roto-7-1-08-508.pdf>