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Governor Dave Freudenthal

December 12, 2007

Dear Provider:

This letter is to update you on changes for RHC and FQHC providers regarding billing line items. This letter is for informational purposes only. More detailed information regarding changes to your billing processes will be provided before the changes go into effect. At this time, **DO NOT** change your current billing practices.

The attached bulletin was sent out to physicians and nurse practitioners regarding EPSDT. Historically procedure codes and revenue codes have not been reported correctly and therefore have not been reflected in National data. Within this bulletin there is description of correct procedure and CPT codes to be billed specifically for EPSDT. In addition there are revenue codes and modifiers listed which are pertinent to the proper reporting and billing in the future.

An upcoming system change will require line item details to be reported. **The line item detail will not increase your payment as you will still be paid upon encounter fee, however, failure to do so could result in the denial of your claims.** Once again this is to improve accuracy in reporting to CMS.

Highlights within the bulletin include:

- Use of appropriate diagnosis codes for EPSDT
- Modifiers
- Topical Fluoride Treatment

In addition to the above changes, there are other services which you may already provide in your clinics and would also need documented. These include smoking cessation and disease management.

Should you have questions regarding billing please contact ACS at 1.800.251.1268 any questions or concerns in regard to policy you may contact me at 307.777.5081.

Sincerely,

Renee Propps
Facilities Manager
Office of Health Care Financing





EqualityCare News

December 2007

Health Check

Institutional
Bulletin
07-002

Health Check - EPSDT - Well Child Check Three Names - One program

Health Check is a statewide program that provides children with comprehensive health screenings, diagnostic services, and treatment of any health problem detected.

The initial/interval history should be obtained from a parent or other responsible adult who is familiar with the child's health history. This must include, but is not limited to:

- Family history
- Details of birth, prenatal, neonatal periods
- Nutritional status
- Growth and development
- Childhood illness
- Hospitalizations
- Immunization history

If a health history has been obtained previously, then update at each visit.

***NEW**

NEW

NEW

NEW*

Topical Fluoride Varnish

Physicians can apply a topical fluoride varnish for patients who are at a moderate to high risk for dental caries. This application should be done in conjunction with EPSDT well child visits. Physician offices may bill the CDT code D1206. Fluoride varnish application can be done up to three times a year on children ages 6 months (or when the first teeth erupt) through age 3 years. The American Academy of Pediatric Dentistry recommends the establishment of dental home no later than 12 months of age.

To be in alignment with the 2007 CPT Guidelines the following changes will be implemented December 1st 2007 :

If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing preventative medicine E & M service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem oriented E & M service, then the appropriate office/outpatient code 99201-99215 should also be reported. **Modifier 25** must be added to the office/outpatient code to indicate that a significant, separate identifiable E & M service was provided by the same physician on the same day as the preventative service. The appropriate preventative medicine service is additionally reported.



All abnormalities detected during the Health Check exam should be referred to the appropriate specialist, including but not limited to a vision, dental and /or hearing specialist as necessary. The appropriate way to indicate that you have referred the child is to add **Modifier 32** to the preventative service code.

If any insignificant or trivial problem/abnormality is encountered while performing the preventative medicine E & M services, and does not require additional work, the office/outpatient code should not be reported.

It is of utmost importance that the appropriate CPT, modifier and diagnosis codes are reported. For your convenience the codes, modifiers, and diagnosis codes for EPSDT – Health Check are attached.

At a minimum, these screens must include, but are not limited to:

- Comprehensive health and developmental history
- Comprehensive **un clothed** physical examination
- Dental screening
- Appropriate vision testing
- Appropriate hearing testing
- Appropriate laboratory test – **(Please note that Blood Lead Level testing is now required at 12 and 24 months for all children.)**
- Appropriate immunizations (Please find the most current periodicity schedule attached. Updates to this schedule can be found at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>)

Please visit; <http://wyequalitycare.acs-inc.com> for additional information including other bulletins and newsletters.

Diagnosis Codes to be used when billing for EPSDT—Well Child Checks

Diagnosis Code	Description
V20	Health Supervision of infant or child
V20.0	Health Supervision of foundling
V20.1	Other Healthy infant or child receiving care
V20.2	Routine infant or child Health Check

Topical Fluoride Treatment

Procedure Code	Modifier	Description
D1206	32	Topical fluoride varnish

Preventative Medicine Services

Procedure Code	Modifier	Description
99381	32	Initial comprehensive preventative Medicine age 0 – through 11 months.
99382	32	Early childhood age 1-4 years
99383	32	Late childhood age 5 – 11 years
99384	32	Adolescent age 12 – 17
99385	32	Age 18 – 20

Modifier

32	Mandated Services – Referral
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Evaluation and Management Services – New Patient

Procedure Code	Modifier	Description
99201	25	Office or other outpatient visit for the E & M of a new patient – requires three key components; <ul style="list-style-type: none"> • A problem focused history • A problem focused exam • Straight forward medical decision making
99202	25	Office or other outpatient visit for the E & M of a new patient – requires three key components; <ul style="list-style-type: none"> • An expanded problem focused history • An expanded problem focused exam • Straightforward medical decision making
99203	25	Office or other outpatient visit for the E & M of a new patient – requires three key components; <ul style="list-style-type: none"> • A detailed history • A detailed exam • Medical decision making of low complexity
99204	25	Office or other outpatient visit for the E & M of a new patient – requires three key components; <ul style="list-style-type: none"> • A comprehensive history • A comprehensive exam • Medical decision making of moderate complexity
99205	25	Office or other outpatient visit for the E & M of a new patient – requires three key components; <ul style="list-style-type: none"> • A comprehensive history • A comprehensive exam • Medical decision making of high complexity

Evaluation and Management Services—Established Patient

Procedure Code	Modifier	Description
99211	25	Office or other outpatient visit for the E & M of an established patient that may not require the presence of a physician. Usually the presenting problems are minimal. Typically 5 minutes are spent performing or supervising these services
99212	25	Office or other outpatient visit for the E & M of an established patient which requires at least of these three components; <ul style="list-style-type: none"> • A problem focused history • A problem focused exam • Straight forward medical decision making
99213	25	Office or other outpatient visit for the E & M of an established patient which requires at least of these three components; <ul style="list-style-type: none"> • An expanded problem focused history • An expanded problem focused exam • Straightforward medical decision making
99214	25	Office or other outpatient visit for the E & M of an established patient which requires at least of these three components; <ul style="list-style-type: none"> • A detailed history • A detailed exam • Medical decision making of low complexity
99215	25	Office or other outpatient visit for the E & M of an established patient which requires at least of these three components; <ul style="list-style-type: none"> • A comprehensive history • A comprehensive exam • Medical decision making of high complexity

Modifier

25	Significant, separately identifiable E & M service by the same physician on the same day of the procedure or other service.
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Please refer to the CPT 2007 for additional information regarding preventative services

Child/Adolescent



Total Health Record/Pay for Participation Program Provider Guidelines for Assessment and Education of Child and Adolescent EqualityCare Clients



This is not a billing form. You must still submit a claim form to be reimbursed for services.

	I. Assessment Recommendations	Population	Frequency	Code Key
General Physical and Mental Health	Comprehensive (unclothed) physical: Measurements (weight, height, head circumference) immunizations, nutritional assessment, developmental/behavioral assessment and anticipatory guidance	M/F	<u>Infancy</u> : 1-4 weeks, 2 months, 4 months, 6 months, 9 months <u>Early Childhood</u> : 1 year, 15 months, 18 months, 2 years, 3 years, and 4 years <u>Middle Childhood</u> : 5 years, 6 years, 8 years, and 10 years <u>Adolescence</u> : Ages 11-20 each year	Health Management Assessment Code S0315 - initial, S0316 for follow-up D1206
	Blood pressure	M/F	At <u>3 years</u> ; each visit thereafter	
	Oral screening exam: Topical fluoride treatment if appropriate	M/F	At <u>6 months</u> ; routinely thereafter At <u>3 years</u> : Recommend dental visit At <u>6-10 years</u> : Discuss sealants for molars At <u>6 - 20 years</u> : Teeth malocclusion	
	Assess for health risk related to child abuse and neglect	M/F	Every visit	
	Depression screening using PHQ-2*	M/F	At <u>11 years</u> ; each visit thereafter	
	Discuss and/or counseling: Alcohol, drugs, tobacco and inhalants	M/F	Between <u>6-10 years</u> ; each visit thereafter	
	Hearing screen	M/F	<u>Neonates</u> : Tone testing prior to discharge At <u>4-10, 12, and 18 years</u> : Tone testing	
	Vision screen: Both objective (observation, cover test, Hirshberg light reflex) and subjective (by history)	M/F	At birth through <u>3 years</u> , at <u>10 years</u> and at <u>16 years</u> : Standardized vision testing At <u>3 years</u> : First full eye health and visual exam by eye care practitioner and yearly thereafter	
	Obesity screening: Using percentile grid for BMI (height and weight) and linear growth chart	M/F	At <u>2 years</u> ; annually thereafter	
	Scoliosis screen	M/F	At <u>10 years</u> ; annually thereafter	

*PHQ-2: Q1.) During the past month, have you been bothered by feeling down, depressed, or hopeless? Q2.) During the past month, have you had little interest or pleasure in doing things? If either answer positive, use PHQ-9.

Guidelines based on Wyoming Department of Health, Office of Healthcare Financing, Health Check Forms based on Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents; American Academy of Pediatrics. These guidelines are reflective of evidence-based care; please use when appropriate.

	Assessment Recommendations Con't.	Population	Frequency	Code Key
Labs	Immunizations	M/F	Per ACIP schedule	Health Management Assessment Code S0315 - initial, S0316 for follow-up
	Newborn genetic screening (results and follow-up if appropriate)	M/F	At <u>birth</u> , <u>1-4 weeks</u>	
	Hematocrit (or Hemoglobin)	M/F	At <u>9 - 12 months</u> and <u>14 years</u> : Routinely <u>15 months - 20 years</u> : High-risk	
	Blood lead levels	M/F	At <u>12 and 24 months</u>	
	Tuberculosis	M/F	At <u>1 year</u> : PPD if high-risk High-risk thereafter	
	Cholesterol	M/F	Between <u>2-20 years</u> : High-risk only (family history, obesity)	
	Pap smear	F	<u>3 years</u> after coitarchy or at <u>21 years</u>	
	Pelvic exam and STDs screening: Chlamydia, gonorrhea, trichomoniasis, syphilis, genital herpes, HIV/AIDS	F	Routinely for all sexually active patients	

II. Education Recommendations

Anticipatory guidance: Injury/accident (car seat, seat belt, helmet use) and violence prevention, sleep positioning counseling (0-6 months), nutritional counseling (diet, exercise, eating disorders)	M/F	Birth to age 20	Health Management Assessment Code S0315 - initial, S0316 for follow-up
Dental education: Discuss fluoride, educate on care	M/F	At <u>6 months</u> ; each visit thereafter	
Sexual health education, referral for family planning services if appropriate	M/F	At <u>3-4 years</u> : Initial discussion with parents, each visit Preconception counseling, when appropriate As soon as sexually active refer to FPS	
Rx: Educate parent on medication use, s/s of side effects if applicable	M/F	Each visit	
Educate and refer to Healthy Together! Health Management Program by calling 888-545-1710 or fax referral form to 1-888-242-1928	M/F	Initial visit; then reinforce thereafter	

Brief Explanation of Codes

S0315	Disease Management Program; initial assessment and initiation of the	S0316	Disease Management Program; follow-up/assessment
G0375	Smoking and tobacco cessation counseling visit; intermediate, <u>greater than 3 minutes up to 10 minutes</u> which may include prescribing tobacco cessation medication, referral to Wyoming QuitLine or QuitNet and a Healthy Together! nurse.		
G0376	Smoking and tobacco use cessation counseling visit; intensive, <u>greater than 10 minutes</u> , which may include components listed.		
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.		

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2007

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB		see footnote 1	HepB				HepB Series		
Rotavirus ²				Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP		DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib		Hib		
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PCV PPV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰											MPSV4	

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and

other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mother's negative HBsAg laboratory report documented in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of ≥3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHibit[®] (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children aged ≥12 months.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer PCV at ages 24–59 months in certain high-risk groups. Administer PPV to children aged ≥2 years in certain high-risk groups. See *MMWR* 2000;49(No. RR-9):1–35.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- All children aged 6–59 months and close contacts of all children aged 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55(No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered before age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If second dose was administered ≥28 days following the first dose, the second dose does not need to be repeated.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for all children aged 1 year (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Meningococcal polysaccharide vaccine (MPSV4). (Minimum age: 2 years)

- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21.

Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2007

Vaccine ▼	Age ▶	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis ¹	see footnote 1		Tdap		Tdap	
Human Papillomavirus ²	see footnote 2		HPV (3 doses)		HPV Series	
Meningococcal ³	MPSV4		MCV4		MCV4³ MCV4	
Pneumococcal ⁴			PPV			
Influenza ⁵			Influenza (Yearly)			
Hepatitis A ⁶			HepA Series			
Hepatitis B ⁷			HepB Series			
Inactivated Poliovirus ⁸			IPV Series			
Measles, Mumps, Rubella ⁹			MMR Series			
Varicella ¹⁰			Varicella Series			



Range of recommended ages



Catch-up immunization



Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components

of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

(Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
- Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DaP vaccination series.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. Meningococcal vaccine. (Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
- Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21. Use MPSV4 for children aged 2–10 years and MCV4 or MPSV4 for older children.

4. Pneumococcal polysaccharide vaccine (PPV). (Minimum age: 2 years)

- Administer for certain high-risk groups. See *MMWR* 1997;46(No. RR-8):1–24, and *MMWR* 2000;49(No. RR-9):1–35.

5. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- Influenza vaccine is recommended annually for persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55 (No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

6. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- The 2 doses in the series should be administered at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55 (No. RR-7):1–23.

7. Hepatitis B vaccine (HepB). (Minimum age: birth)

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

8. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥4 years.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- If not previously vaccinated, administer 2 doses of MMR during any visit, with ≥4 weeks between the doses.

10. Varicella vaccine. (Minimum age: 12 months)

- Administer 2 doses of varicella vaccine to persons without evidence of immunity.
- Administer 2 doses of varicella vaccine to persons aged <13 years at least 3 months apart. Do not repeat the second dose, if administered ≥28 days after the first dose.
- Administer 2 doses of varicella vaccine to persons aged ≥13 years at least 4 weeks apart.

Catch-up Immunization Schedule

UNITED STATES • 2007

for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age ≥15 months	4 weeks ⁴ if current age <12 months 8 weeks (as final dose) ⁴ if current age ≥12 months and second dose administered at age <15 months No further doses needed if previous dose administered at age ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at age <12 months and current age <24 months 8 weeks (as final dose) if first dose administered at age ≥12 months or current age 24–59 months No further doses needed for healthy children if first dose administered at age ≥24 months	4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose administered at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	8 weeks if first dose administered at age <12 months 6 months if first dose administered at age ≥12 months	6 months if first dose administered at age <12 months	
Human Papillomavirus ¹¹	9 yrs	4 weeks	12 weeks		
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	4 weeks if first dose administered at age ≥13 years 3 months if first dose administered at age <13 years			

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB[®] is licensed for children aged 11–15 years.

2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fifth dose is not necessary if the fourth dose was administered at age ≥4 years.
- DTaP is not indicated for persons aged ≥7 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- Vaccine is not generally recommended for children aged ≥5 years.
- If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.

5. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)

- Vaccine is not generally recommended for children aged ≥5 years.

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age ≥4 years.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with ≥4 weeks between the doses.

8. Varicella vaccine. (Minimum age: 12 months)

- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons aged <13 years if administered ≥28 days after the first dose.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum ages: 7 years for Td, 10 years for BOOSTRIX[®], and 11 years for ADACEL[™])

- Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at age <12 months. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).

11. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov> or by telephone via the 24-hour national toll-free information line 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/nip/default.htm> or telephone, 800-CDC-INFO (800-232-4636).



Important Changes! Please read!



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