



Pediatric Vaccine Tools



Brand Name	CPT Code	CVX Code	CPT Description	Age Restriction	CAAH Frequency	Modifiers*	Total Vaccines needed**	Rules
Childhood Immunizations Status (CIS)								
DTaP								
Pentacel	90698	120	(DTaP-IPV/Hib) Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, for intramuscular use	1-59 months	1 per day	SL	4	<p>CDC Administration: 2,4,6 and 15 months</p> <p>CDC Catch up: Minimum spacing between dosing is 4 weeks.</p> <p>CBI/HEDIS: 4 vaccines before 2nd birthday or Anaphylaxis/Encephalitis due to DTaP</p> <p>For children catching up on DTaP, if they are over the age of 7, they will need to receive the TDaP vaccine instead.</p>
Daptacel Infanrix	90700	20 106	(DTaP) Diphtheria, tetanus toxoids, and acellular pertussis vaccine when administered to individuals younger than 7 years , for intramuscular use	1-83 months	1 per day	SL		
PEDIARIX	90723	110	(DTaP-HepB-IPV) Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine, for intramuscular use	1-83 months	1 per day	SL		
Vaxelis	90697	146	(DTaP-IPV-Hib-HepB) Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine for intramuscular use	1-59 months	3 per 999 months	SL		
IPV								
Pentacel	90698	120	(DTaP-IPV/Hib) Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, for intramuscular use	1-59 months	1 per day	SL		<p>CDC Administration: 2,4,6-18 months and 4-6 years old</p> <p>CDC Catch up: Minimum spacing is 4 weeks if under the age of 4 or</p>

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IPOL	90713	10	(IPV) Poliovirus vaccine, inactivated for subcutaneous or intramuscular use	None	1 per day	SL	3	6 months if over 4 years of age
PEDIARIX	90723	110	(DTaP-HepB-IPV) Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine, for intramuscular use	1-83 months	1 per day	SL		CBI/HEDIS: 3 vaccines before 2 nd birthday or Anaphylaxis due to IPV
Vaxelis	90697	146	(DTaP-IPV-Hib-HepB) Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine, for intramuscular use	1-59 months	3 per 999 months	SL		
MMR								
M-M-R II	90707	03	(MMR) Measles, mumps and rubella virus vaccine live, for subcutaneous use	1 year +	1 per day	SL	1	CDC Administration: 12-15 months and 4-6 years old
ProQuad	90710	94	(MMRV) Measles, mumps, rubella, and varicella vaccine live, for subcutaneous use	1-13 years	1 per day	SL SK		CDC Catch up: Minimum spacing is 4 weeks CBI/HEDIS: 1 vaccine on or between 1 st and 2 nd birthday or Anaphylaxis due to MMR, or history of MMR illness
HIB								
MenHibrix	90644	148	(Hib-MenCY) Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	1-18 months	4 services within 999 months		3	CDC Administration: 4- dose series: 2,4,6 and 12-15 months 3-dose series: 2,4 and 12-15 months
PedvaxHIB	90647	49	(Hib) Haemophilus influenzae type b vaccine PRP-OMP conjugate, 3 dose schedule, for intramuscular use	42 days +	1 per day	SL		CDC Catch up: See CDC catch up schedule
ActHIB Hiberix	90648	48	(Hib) Haemophilus influenzae type b vaccine PRP-T conjugate, 4 dose schedule, for intramuscular use	1-9999 months	1 per day	SL		CBI/HEDIS: 3 vaccines before the 2 nd birthday or Anaphylaxis due to HiB

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Pentacel	90698	120	(DTaP-IPV/Hib) Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, for intramuscular use	1-59 months	1 per day	SL		
COMVAX	90748	51	(Hib-HepB) Hepatitis B and Haemophilus influenzae type b vaccine for intramuscular use	0-4 years	1 per day			
Vaxelis	90697	146	(DTaP-IPV-Hib-HepB) Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine for intramuscular use	1-59 months	3 per 999 months	SL		
Hepatitis B								
PEDIARIX	90723	110	(DTaP-HepB-IPV) Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine, for intramuscular use	1-83 months	1 per day	SL	3	<p>CDC Administration: Birth, 1-2 months, 6-18 months</p> <p>CDC Catch up: Minimum spacing for dose 1-2 is 4 weeks and dose 2-3 is 8 weeks and at least 16 weeks after the first dose</p> <p>CBI/HEDIS: 3 vaccines before the 2nd birthday or Anaphylaxis due to Hep B or history of Hep B illness, <i>*one of the 3 vaccines may be the newborn vaccine administered in the hospital</i></p>
Recombivax HB	90740	44	(HepB) Hepatitis B vaccine dialysis or immunosuppressed patient dosage, 3 dose schedule , for intramuscular use	None	1 per day	SL		
Energix-B Recombivax HB	90744	08	(HepB) Hepatitis B vaccine pediatric/adolescent dosage, 3 dose schedule , for intramuscular use	None	1 per day	SL		
Energix-B	90747	43	(HepB) Hepatitis B vaccine dialysis or immunosuppressed patient dosage, 4 dose schedule , for intramuscular use	None	1 per day			
COMVAX	90748	51	(Hib-HepB) Hepatitis B and Haemophilus influenzae type b vaccine for intramuscular use	0-4 years	1 per day			
Vaxelis	90697	146	(DTaP-IPV-Hib-HepB) Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine,	1-59 months	3 per 999 months	SL		

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			Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine for intramuscular use					
Varicella								
ProQuad	90710	94	(MMRV) Measles, mumps, rubella, and varicella vaccine live, for subcutaneous use	0-13 years	1 per day	SL	1	CDC Administration: 12-15 months, 4-6 years of age CDC Catch up: Minimum spacing is 3 months CBI/HEDIS: 1 vaccine on or between 1 st and 2 nd birthday or Anaphylaxis due to Varicella or history of varicella illness
Varivax	90716	21	(VAR) Varicella virus vaccine live, for subcutaneous use	1-999 years	1 per day	SL		
Pneumococcal								
Pprevnar 13	90670	133	(PCV13) Pneumococcal conjugate vaccine, 13 valent for intramuscular use	1-9999 months	5 services allowed in 999 month	SL	4	CDC Administration: 2,4,6, 12-15 months CDC Catch up: See CDC catch up schedule CBI/HEDIS: 4 vaccines before the 2 nd birthday or Anaphylaxis due to Pneumococcal
Vaxneuvance	90671	215	(PCV15) Pneumococcal conjugate vaccine, 15 valent for intramuscular use	1-9999 months	None	SL		
Pprevnar20	90677	216	(PCV20) Pneumococcal conjugate vaccine, 20 valent for intramuscular use	42- 99999 days	4 service in 999 month	SL		
Hepatitis A								
Havrix VAQTA	90633	83	(HepA) Hepatitis A vaccine pediatric/adolescent dosage- 2 dose schedule , for intramuscular use	1-18 years	1 per day	SL	1	CDC Administration: 2 dose 6-9 months and 12-23 months CDC Catch up: Minimum spacing is 6 months

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								CBI/HEDIS: 1 vaccine before the 2 nd birthday or Anaphylaxis or history of illness for Hep A
Rota Virus								
Rotarix	90681	119	(RV1) Rotavirus vaccine, human, attenuated 2 dose schedule , live, for oral use	1-8 months	2 services in 5 months	SL	2	CDC Administration: 2 dose 2,4 months 3-dose 2,4,6 months
RotaTeq	90680	116	(RV5) Rotavirus vaccine, pentavalent 3 dose schedule , live, for oral use	1-8 months	1 per day	SL	3	CDC Catch up: Minimum spacing is 4 weeks <i>*Do not start series after 15 weeks and final dose must be administered before 8 months</i> CBI/HEDIS: At least 2 or 3 dose before 2 nd birthday or Anaphylaxis due to the rotavirus vaccine
Flu								
Afluria Fluzone	90685	161	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	6-35 months	1 per day	SL		CDC Administration: Annual vaccination
Afluria Fluzone FluLaval Fluarix	90686	150	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	6 months +	1 per day	SL		First dose between ages 6 months and 8 years needs 2 vaccines
Afluria Fluzone	90687	158	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	6-35 months	1 per day	SL		CBI/HEDIS: 2 vaccines between 6 months of age and second birthday or anaphylaxis due to the influenza

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Afluria Fluzone	90688	158	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	6 months +	1 per day	SL	2	23-24 vaccine recommendations include using quadrivalent flu vaccines. Trivalent vaccines listed are for historical reporting purposes. <i>Flu vaccines listed here are specific to the CBI and HEDIS measures. Visit our website for a full list of the current Flu vaccines!</i>
FluMist	90672	149	Influenza virus vaccine, quadrivalent , live (LAIV4), for intranasal use	2-49 years	1 per day	SL		
Flucelvax	90756	186	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	4 years +	1 per day	SL		
Flucelvax	90674	171	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	4 years +	1 per day	SL		
<i>Historical</i>	90660	111	Influenza virus vaccine, trivalent , live (LAIV3), for intranasal use	2-49 years	1 per day	SL		
<i>Historical</i>	90655	140	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	6-35 months	1 per day	SL		
<i>Historical</i>	90657	141	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	6-35 months	1 per day	SL		
<i>Historical</i>	90673	155	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	18+	1 per day	SL		
Immunizations for Adolescents (IMA)								
HPV								
Gardasil9	90651	165	(9vHPV) Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent 2 or 3 dose schedule , for intramuscular use	9-45 years	1 per day	SL		CDC Administration: 11-12 years, see CDC schedule for more information CBI/HEDIS:

Brand Name	CPT Code	CVX Code	CPT Description	Age Restriction	CCAH Frequency	Modifiers*	Total Vaccines needed**	Rules
<i>Historical</i>	90649	62	(4vHPV) Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule , for intramuscular use	108-323 months	3 allowed in 999 months		2 or 3	At least two HPV vaccine with dates of service at least 146 days apart on or between the member's 9th and 13th birthdays OR At least three HPV vaccines with different service dates on or between the member's 9th and 13 th or Anaphylaxis due to the HPV Gardasil9 is the only vaccine for HPV currently, the other vaccines listed are for historical purposes.
<i>Historical</i>	90650	118	(2vHPV) Human Papillomavirus vaccine, types 16, 18, bivalent, 3 dose schedule , for intramuscular use	10-25 years	3 allowed in 999 months			
TDaP								
Adacel Boostrix	90715	115	(Tdap) Tetanus, diphtheria toxoids and acellular pertussis vaccine when administered to individuals 7 years or older , for intramuscular use	7-999 years	1 per day	SL	1	CDC Administration: 11-12 years CDC Catch up: Minimum spacing is 4 weeks CBI/HEDIS: 1 vaccine between 10 th and 13 th birthday or anaphylaxis/ encephalitis due to tetanus
Meningococcal								
Menactra Menveo	90734	136, 114	(MenACWY-D), (MenACWY-CRM) Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier or CRM197 carrier for intramuscular use	None	2 services per 999 months	SL	1	CDC Administration: 11-12 and 16 years CDC Catch up: Minimum spacing is 8 weeks CBI/HEDIS: 1 vaccine between 11 th and 13 th birthday or anaphylaxis due to meningococcal
MenQuadfi	90619	203	(MenACWY-TT) Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier for intramuscular use	2-999 years	2 services per 999 months	SL SK		
Menomune-A/C/Y/W-135	90733	32	(MenACWY-TT) Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier for intramuscular use	None	2 services per 999 months	SL		

* Modifier SL, state supplied vaccines, must be appended to all Vaccines For Children (VFC) vaccines. Modifier SK, member of a high-risk population, is only added when applicable. For additional billing rules please refer to the Medi-Cal manual, linked below

**Total vaccines needed for CBI/HEDIS

Resources:

[Bright futures periodicity table](#)

[CDC flu guidelines](#)

[CDC immunization schedules](#)

[CDC Catch up schedules](#)

CAAH tip sheets and articles:

[Adolescent Immunizations Tip Sheet 2023](#)

[Childhood Immunizations Tip Sheet 2023](#)

[CAAH HEDIS Resources](#)

[CAAH 23-24 flu flier](#)

Medi-Cal Manuals:

[Immunizations](#)

[Modifiers](#)

[VFC Program](#)