

**CHILD HEALTH PARTNERS**  
1515 LAKE LANSING ROAD SUITE C-2 LANSING, MI 48912  
(517) 482-9582 FAX (517) 482-4304

**NEW CHANGES AFFECTING IMMUNIZATION COVERAGE:**

1. It is your responsibility to determine your insurance coverage and supply our office with documentation. Use the schedule below with the procedure codes to call your insurance.
2. Please notify the nurse at your appointment before the immunizations are given what your insurance covers. Once the vaccines are drawn up you will be responsible for the cost.
3. Children with no insurance continue to be eligible for tax payer funded vaccines through the Vaccines For Children Program. You will be responsible for the \$23.00 per dose administration fee.
4. If you have a limited dollar amount for well child visits and immunizations, and you have exceeded your insurance limit, you will qualify for the vaccines for children program. You will still be **responsible** for a \$23.00 per dose administration fee. Please notify the nurse at your appointment and before the immunizations are given.
5. If you have insurance that covers **any** of the cost of the vaccine, you are **not** eligible for the VFC program. You will be responsible for the amount the insurance does not cover.
6. If you have an office co-pay or deductible on immunizations you will be **responsible** for the full cost of the immunization.
7. **Children with Medicaid must bring their card with you to each visit.** Clients with straight Medicaid, or PHP Medicaid continue to be eligible for tax payer funded vaccines through the VFC program and the administration fee will be covered by Medicaid.

**Immunization Schedule:** Use the codes below when you call your insurance to verify your coverage

2 months-	90700-PEDIARIX (DTaP, IPV, Hep B), 90647-PedVaxHib, 90669-PREVNAR (Pneumococcal), 90681- Rotarix-(Rotavirus)
4 months -	90700-PEDIARIX (DTaP, IPV, Hep B), 90647-PedVaxHib, 90669-PREVNAR (Pneumococcal), 90681- Rotarix-(Rotavirus)
6 months -	90700-PEDIARIX (DTaP, IPV, Hep B), 90069-PREVNAR (Pneumococcal)
12 months -	90707-MMR, 90716-VARICELLA, 90069-PREVNAR (Pneumococcal) 90647- HIB, 9063- HEP A #1
15 months -	90721-Infanrix (DtAP)
18 months -	90633- Hep A #2
4-6 years -	90696- Kinrix (DtAP-IPV), 90710- PROQUAD (MMR, VZV)
11 year and up –	90715- Tdap (Td, Pertussis), 90734-MCV4 (Meningococcal)
9-20 years-	90649 HPV – Gardasil (3 doses) HPV 2 <sup>nd</sup> dose 2 months after first dose; 3 <sup>rd</sup> dose 6 months after 1 <sup>st</sup> dose.

**PLEASE CALL YOUR INSURANCE COMPANY TODAY REGARDING IMMUNIZATION COVERAGE.**

REVISED 1-13-16