
Vaccines For Children (VFC) Program

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The Vaccines For Children (VFC) Program supplies vaccines at no cost to providers who serve eligible children from birth through 18 years of age. Established in 1993 by the United States Federal Government, the VFC program is administered nationally by the Centers for Disease Control and Prevention (CDC) and the National Center for Immunization and Respiratory Diseases. The CDC buys vaccines at a discount and distributes them to state, local and territorial public health departments, which in turn, distribute the vaccines at no charge to VFC-enrolled physicians and public health clinics for administration to VFC-eligible infants, children and adolescents.

Vaccines that are available through the VFC Program are recommended by the CDC Advisory Committee on Immunization Practices (ACIP) to help protect children and adolescents against 16 infectious diseases:

- Diphtheria
- *Haemophilus influenzae* type b
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Influenza
- Measles
- Meningococcal
- Mumps
- Pertussis (whooping cough)
- Pneumococcal
- Poliomyelitis
- Rotavirus
- Rubella
- Tetanus
- Varicella

Any person younger than 19 years of age who is eligible for Medi-Cal is also eligible for the VFC Program. VFC-provided vaccines must be used for beneficiaries under 19 years of age. Medi-Cal providers and/or Child Health and Disability Prevention (CHDP) Program providers who administer vaccines to persons younger than 19 years of age must enroll separately in the VFC Program as a California VFC provider. The California Department of Public Health (CDPH) Immunization Branch administers the California VFC Program. To learn more about the California VFC program and how to become a VFC-enrolled provider, please contact the California VFC Program at the following address:

California Department of Public Health Immunization Branch
850 Marina Bay Parkway
Richmond, CA 94804

<<Phone:>> (510) 620-3737 or

<<Phone:>> (877) 243-8832

<<Email:>> MyVFCvaccines@cdph.ca.gov

Because the VFC program provides vaccine/toxoid product(s) at no cost to a VFC provider, Medi-Cal will only reimburse a VFC provider for the cost of administering a VFC dose and not for the dose itself. According to national CPT[®] code guidelines, immunization services are usually reported by using both the vaccine/toxoid code(s) and the vaccine immunization administration code(s). To report a VFC immunization service to Medi-Cal, providers should list each administered vaccine/toxoid product code with a modifier code of "SL," which identifies the dose as a "state-supplied vaccine". A separate VFC administration fee will be reimbursed for each vaccine/toxoid product code that is listed with a "SL" modifier on the claim.

Medi-Cal does not reimburse for the cost of a vaccine product that is available through the VFC program but purchased from a non-VFC source and administered to a VFC-eligible person except when justified. A provider's non-enrollment in the VFC program is not a justified exception. Valid exceptions include documented cases of a VFC vaccine supply shortage due to a disease epidemic, vaccine manufacturing or delivery problems, or instances when the beneficiary does not meet special circumstances required by the VFC program for the vaccine billed. Providers must indicate a justified exception requiring the administration of a non-VFC dose in the *Remarks field (Box 80)/Additional Claim Information (Box 19)* of the claim.

Providers should not report immunization services with an Evaluation and Management (E&M) service code (e.g. office, outpatient, or preventive medicine visit, etc.) unless the provider has also completed a significant and separately identifiable E&M service at the same time. The separate E&M service must be thoroughly documented in the beneficiary's medical record, and the claim is subject to audit and recoupment of reimbursement.

«The administration fee for vaccines supplied free by the VFC program are reimbursable when administered according to the guidelines outlined by ACIP in VFC resolutions or in accordance with State school attendance laws for recipients younger than 19 years of age. Providers must bill these claims with SL modifier.»

CPT Codes Used To Bill VFC

The following CPT codes are used to bill the administration fee for vaccines supplied free by the VFC program. All claims for VFC vaccines require modifier SL (used for VFC program recipients younger than 19 years of age).

Table for CPT Codes Used to Bill VFC

Bill this CPT code when administering	This VFC vaccine
90619	«Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use (MenQuadfi)»
90620	Meningococcal vaccine serogroup B (Bexsero)
90621	Meningococcal vaccine serogroup B (Trumenba)
90632	«Hepatitis A vaccine (HepA), adult dosage, intramuscular, non-VFC, purchased vaccine (Vaqta®, Havrix®- for adults)»
90633	Hepatitis A vaccine/pediatric/adolescent (Vaqta®, Havrix®)

Table for CPT Codes Used to Bill VFC (continued)

Bill this CPT code when administering	This VFC vaccine
90647	Haemophilus influenzae b (Hib) vaccine (PedvaxHIB [®])
90648	Haemophilus influenzae b (Hib) vaccine (ActHIB [®])
90651	«Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent, for intramuscular use (Gardasil-9 [®])»
«90654»	«Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use (Fluzone [®] intradermal)»
90655, 90656	Influenza vaccine (preservative-free Fluzone)
90657	Influenza vaccine (Fluzone)
90658	Influenza vaccine (Fluvirin [®])
90660	Influenza virus vaccine, live, for intranasal use (FluMist [®])
90670	«Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Prevnar 13)»
90672	«Influenza virus vaccine, quadrivalent, live, (LAIV4), for intranasal use (FluMist [®] Quadrivalent)»
90680	Rotavirus vaccine, oral (RotaTeq [®]) (3 dose schedule)

Table for CPT Codes Used to Bill VFC (continued)

Bill this CPT code when administering	This VFC vaccine
90681	Rotavirus vaccine, oral (2 dose schedule) (Rotarix [®])
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (Flublok Quad)
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.25 ml dosage (Afluria Quad, Fluzone Quad)
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage (Afluria Quad, Fluarix Quad, Flulaval Quad, Fluzone Quad)
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use (Afluria, Flulaval, Fluzone Quad)
90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage (Afluria Quad, Flulaval Quad, Fluzone Quad)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTap-IPV) (Kinrix [®] , Quadracel [®])
<<90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use (Vaxelis [™])>>
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) for intramuscular use (Pentacel)
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use (Flucelvax [®])

Table for CPT Codes Used to Bill VFC (continued)

Bill this CPT code when administering	This VFC vaccine
90700	DTaP Vaccine (Tripedia [®] , Daptacel [®] , Infarix [®])
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use (DT Pediatric TDVAX, Tenivac)
90707	MMR Vaccine (MMR II [®])
90710	MMRV Vaccine (ProQuad [®])
90713	Inactivated Polio Vaccine (IPOL [®])
90714	Diphtheria and Tetanus Toxoids adsorbed, preservative free (7 years of age and older) (Decavac [®])
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), (7 years of age and older) (Boostrix [®] , Adacel [®])
90716	Varicella Vaccine (Varivax [®])
90723	DTaP-HepB-IPV Vaccine (Pediarix [®])
90732	Pneumococcal polysaccharide vaccine, 23-valent PPSV23, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Pneumovax [®] 23)
90734*	Meningitis Vaccine (Menactra [®] or Menveo [®])
90740	Hepatitis B vaccine HepB, dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use (Recombivax HB [®])
90743	Hepatitis B Vaccine (Recombivax HB [®])
90744	Hepatitis B Vaccine (Engerix B [®])

Table for CPT Codes Used to Bill VFC (continued)

Bill this CPT code when administering	This VFC vaccine
90756	Influenza virus vaccine, quadrivalent, subunit, antibiotic free, 0.5 ml dosage (Flucelvax Quad)

DTaP Hepatitis B IPV (Pediatrix)

The DTaP Hepatitis B IPV vaccine is covered by Medi-Cal through the VFC program. It is a combination of Diphtheria, Tetanus, Acellular Pertussis, Hepatitis B and Inactivated Polio vaccines. The administration of this vaccine is billed with CPT code 90723 and modifier SL and is reimbursable for recipients of ages 6 years and under only. Any claims for recipients older than 6 years of age will be denied.

DTaP Hib IPV Vaccine (Pentacel)

The administration fee for the DTaP Hib IPV pediatric combination vaccine is billed with CPT code 90698 (diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated [DTaP-Hib-IPV] for intramuscular use) and modifier SL, for use in individuals 6 months through 4 years of age (prior to 5th birthday).

The DTaP Hib IPV vaccine is indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis and invasive disease due to haemophilus influenza Type B. It is contraindicated in children with histories of severe allergic reaction (for example, anaphylaxis) to a previous dose of the DTaP Hib IPV vaccine or its ingredients, or any other tetanus toxoid, diphtheria toxoid, pertussis-containing vaccine, inactivated poliovirus vaccine and hemophilic influenza Type B vaccine.

«DTaP IPV Hib HepB Vaccine (Vaxelis)

The administration fee for the DTaP IPV Hib HepB pediatric combination vaccine is billed with CPT code 90697 (diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine [DTaP-IPV-Hib-HepB], for intramuscular use) and modifier SL, for use in individuals 6 months through 4 years of age (prior to 5th birthday).

The combined DTaP-IPV-Hib-HepB vaccine is indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis, invasive disease due to haemophilus influenza Type B and Hepatitis B. It may be used when any component of the combination is indicated, and if other components are not contraindicated. Approved for the primary series only (Doses 1-3). For adequate immune response, the last dose of hepatitis B vaccine should be given >24 weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4-week intervals for prevention of pertussis.»

DTP and DTaP Vaccines

The administration fee for the VFC DTaP vaccine is billed with CPT code 90700 and modifier SL. This code is reimbursable only for vaccines administered to children younger than 7 years of age.

Hepatitis A Vaccine

The administration fee for the VFC hepatitis A vaccine is billed with CPT codes 90633 and modifier SL. This code is reimbursable for recipients 1 through 18 years of age. DHCS recommends that providers begin hepatitis A immunizations with the 2-dose vaccine at 12 months of age with a second dose 6 to 18 months later. For hepatitis A immunization guidelines and documentation requirements, refer to the *Immunization* section in this manual.

Hepatitis B Vaccine

The administration fee for the VFC hepatitis B vaccine is billed with the following CPT codes with modifier SL:

«90740, 90743 and 90744»

Providers billing these codes for recipients through 18 years of age must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim why the recipient does not meet VFC criteria.

Human Papillomavirus (HPV) Nonavalent Vaccine (Gardasil®9)

The administration fee for CPT code 90651 (Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent [9vHPV], 2 or 3 dose schedule, for intramuscular use) is reimbursable when billed with modifier SL for males and non-pregnant females 9 through 18 years of age. For ages 19 and older, it is reimbursable without an SL modifier.

Influenza Vaccine

«The administration fee for the VFC influenza vaccines is reimbursed when billed with CPT codes 90630, 90654 thru 90658, 90682, 90685, 90686, 90687, 90688 and 90756.»

Recipient Eligibility

To qualify for the VFC influenza vaccine, a recipient must be 6 months through 18 years of age. Providers must bill with modifier SL and the appropriate CPT code.

Influenza Virus Vaccine, Live, for Intranasal Use (FluMist®)

The administration fee is billed with CPT code 90660 (influenza virus vaccine, trivalent, live, for intranasal use) or CPT code 90672 (influenza virus vaccine, quadrivalent, live, for intranasal use) and modifier SL. Influenza virus vaccines are reimbursable for recipients 2 through 49 years of age.

«Measles, Mumps and Rubella Vaccine, Live»

«The administration fee for the VFC Measles, Mumps and Rubella (MMR) vaccine is billed with CPT code 90707 and modifier SL for all children 12 months through 18 years of age.»

«CPT code 90707 may also be billed for infants younger than 12 months who are traveling overseas, in an outbreak, or are otherwise recommended for the extra dose. Providers are to use modifiers SK and SL for this group when billing for VFC claims. In addition, providers must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19), or on an attachment to the claim, the reason why the patient is considered high risk.»

«Medi-Cal allows reimbursement for the MMR vaccine with CPT code if the recipient does not meet VFC requirements and sufficient medical justification is entered in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim or on an attachment.»

Measles, Mumps, Rubella and Varicella Vaccine

The administration fee for the VFC Measles, Mumps, Rubella and Varicella (MMRV) vaccine is billed with CPT code 90710 and modifier SL for children 12 months to 13 years of age who need a first or second dose of MMR and varicella vaccine.

Meningitis Vaccines

Policy for various meningitis vaccines is as follows.

Menactra or Menveo

The administration fee for Menactra or Menveo meningitis vaccine is billed with CPT code 90734 (meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent [MCV4 or MenACWY], for intramuscular use).

Claims Submitted to VFC:

The Menactra or Menveo primary series and booster doses are a VFC benefit for the following age classifications.

- Recipients 9 months to 10 years of age who are considered at high-risk for exposure to meningitis. High-risk groups include:
 - Children who have complement deficiencies (e.g., C5-C9, properdin, factor H, or factor D)
 - Children with HIV infection
 - Travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic
 - Children who are who are part of an outbreak of a vaccine-preventable serogroup

Use modifiers SK and SL for this group when billing for VFC claims.

- Children aged 2 through 10 years who have anatomic or functional asplenia. Use modifiers SK and SL for this group when billing for VFC claim.
- All children aged 11 through 18 years. Use modifier SL for this group when billing for VFC claims.
- For adults 55 years of age or younger, high-risk groups are considered:
 - College freshmen living in dormitories
 - Microbiologists who are exposed routinely to isolates of *Neisseria meningitidis*
 - Military recruits. Persons who travel to or reside in countries where meningococcal disease is hyperendemic or epidemic
 - Persons who have persistent complement component deficiencies
 - Persons with anatomic or functional asplenia
 - Persons with HIV infection

In addition to entering SK and SL modifiers on the claim for recipients 9 months to 10 years of age who are high-risk, providers must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19), or on an attachment to the claim, the reason why the patient is considered high risk. For example: “Recipient is asplenic.”

Claims Submitted to Medi-Cal:

The Menactra or Menveo primary series and recommended booster doses are a benefit of the Medi-Cal program for all recipients 9 months to 55 years of age who are at high risk for meningococcal disease as defined by Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (ACIP). Providers may visit www.cdc.gov as an added resource for meningococcal vaccine updates.

Medi-Cal claims billing for the Menactra or Menveo for recipients older than 19 years of age must be submitted with modifier SK. In addition, providers must document in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19), or on an attachment to the claim, the reason why the patient is considered high risk. For example: “Recipient is young adult living in a college dormitory.”

Infants at Increased Risk for Meningococcal Disease

Advisory Committee on Immunization Practices (ACIP) recommends that infants at increased risk for meningococcal disease should be vaccinated with a four-dose series of Hib-MenCY at ages of 2 through 18 months of age. Additionally, Hib-MenCY can be used in infants aged six weeks through 18 months who are in communities with serogroups C and Y meningococcal disease outbreaks, but Hib-MenCY is not adequate for infants traveling to the Hajj or the “meningitis belt” of sub-Saharan Africa (a quadrivalent meningococcal vaccine that contains serogroups A and W135 is required for those infants and may be given starting at age 9 months).

If an infant at increased risk for meningococcal disease is behind on his or her Hib vaccine doses, Hib-MenCY may be used following the same catch-up schedule used for Hib vaccine. However, if the first dose of Hib-MenCY is given at or after 12 months of life, two doses should be given at least eight weeks apart to ensure protection against serogroups C and Y meningococcal disease. For infants at increased risk for meningococcal disease who have received or are going to receive a different Hib vaccine product, ACIP recommends a two-dose series of MenACWY-D if they are aged 9 through 23 months or either of the two quadrivalent meningococcal vaccine products after age 23 months.

Infants at increased risk include those with one or more of the following risk factors:

- Anatomic or functional asplenia including sickle cell disease
- Complement component deficiencies such as C3, C5-9, properdin, factor H, and factor D deficiencies
- In a defined risk group for a community or institutional outbreak
- HIV, if another indication for vaccination exists
- Needing protection prior to traveling or moving to an area where meningococcal disease is epidemic or highly endemic

Revaccination three years after the primary series is considered medically necessary for children who remain at increased risk.

Meningococcal Vaccines Serogroup B (MenB)

CPT codes 90620 (meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2 dose schedule, for intramuscular use) and 90621 (meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use) are reimbursable for recipients 10-18 years of age at increased risk for meningococcal disease attributable to serogroup B, including:

- «Children who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5 – C9, properdin, factor H or factor D) or taking eculizumab (soliris) or ravulizumab (ultomiris).»
- Children who have anatomic or functional asplenia, including sickle cell disease
- Children identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B

Table of Meningococcal Vaccines Codes, Schedules and Modifiers

CPT Code	Vaccine	Dosing Schedule	Modifier
90620	bexsero	0 and 1 thru 6 month schedule	SK, SL
90621	trumenba	three doses	SK, SL

Teens and Young Adults Not at Increased Risk

Teens and young adults 16 through 23 years of age may also be vaccinated with a serogroup B meningococcal (MenB) vaccine, preferably at 16 through 18 years of age to provide short-term protection against most strains of serogroup B meningococcal disease.

MenB vaccines should be administered as a three dose series of MenB-FHbp or a two dose series of MenB-4C. The same vaccine product must be used for all doses. MenB vaccines are not interchangeable.

MenB-FHbp or MenB-4C may be administered concomitantly with other vaccines indicated for this age group. Different anatomic injection sites are advised.

Pneumococcal Vaccine

The administration fee for the VFC pneumococcal B vaccine is billed with CPT code 90732 for recipients 2 through 18 years of age who meet one of the following conditions:

- Have a chronic illness associated with increased risk of pneumococcal disease or its complications, including chronic heart, lung or liver disease, diabetes mellitus, cerebrospinal fluid leakage, anatomic or functional asplenia (including, sickle cell disease), nephrotic syndrome and conditions associated with immunosuppression
- Have a human immunodeficiency virus (HIV) infection (asymptomatic or symptomatic)
- Live in an environment or social setting with increased risk of pneumococcal infection, including Native American populations and residents of Long Term Care facilities

CPT code 90670 (pneumococcal conjugate vaccine, 13-valent, for intramuscular use) requires modifier SL if a VFC vaccine is used. CPT code 90732 may be billed with modifier SL and/or modifier SK.

CPT code 90670 is reimbursable for VFC children 6 weeks through 18 years of age. VFC providers must bill for the administration fee with modifier SL for recipients of ages 0 through 4 years and both modifiers SL and SK for ages 5 through 18 years.

Prevnar 13 (PCV13) is administered as a four-dose series at the ages of 2, 4, 6 and 12-15 months of age. A single supplemental dose of PCV13 is recommended for children through 59 months old who have completed the four-dose immunization series with Prevnar.

Providers billing Medi-Cal pneumococcal injection code 90732 for recipients who qualify to receive the free VFC pneumococcal vaccine must justify in the *Remarks* field (Box 80)/*Additional Claim Information* field (Box 19) of the claim why they did not use the VFC vaccine.

Rotavirus Vaccine

The administration fee for the Rotavirus vaccine is billed with either CPT code 90680 or 90681, and modifier SL. For code 90680, the vaccination series consists of three ready-to-use liquid doses of rotavirus vaccine administered orally to infants. The first dose should be administered at 6 to 12 weeks of age; followed by doses given at four to 10 week intervals. For code 90681, the vaccination series consists of two oral doses, beginning at 6 weeks of age and then again administered after an interval of at least 4 weeks and prior to 24 weeks of age.

«TD Vaccines»

The administration fee for the VFC TD vaccine is billed with CPT code 90702 and modifier SL. This code is reimbursable only for vaccines administered to children younger than 7 years of age.

Tdap Vaccine

The administration fee for the Tdap vaccine is billed with CPT code 90715 (tetanus, diphtheria toxoids and acellular pertussis vaccine [Tdap], for use in individuals 7 years or older, for intramuscular use).

Pertussis is one of the three diseases this vaccine protects against. Because immunity from childhood immunization for pertussis wanes 5 to 10 years after the last childhood dose (typically given at kindergarten entry), it is recommended that individuals 11 years of age through 18 years of age receive a single dose of Tdap, instead of tetanus and diphtheria toxoids (Td) vaccines, as a booster immunization. However, if an individual was not fully immunized with DTaP or immunization status is unknown, Tdap may be given starting at 7 years of age.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Must be billed with modifiers SK (member of high risk population) and SL for children 2 to 10 years of age; however, use only the SL modifier for recipients 11 to 18 years of age. Refer to the <i>Immunizations</i> section in this manual for more information.