COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MEDICAL ASSISTANCE PROGRAMS
Addition to the Medical Assistance Program Fee Schedule:
Procedure Codes for the Administration of Vaccines,
effective for dates of service on and after August 30, 2010

Procedure Code	National Code Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier(s)	Informational Modifier(s)	MA Fee	Prior Authorization Required	Limits
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (**Twinrix®**)	01	010, 183	22			$10	No	Once per day
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (**Twinrix®**)	08	082	49			$10	No	Once per day
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (**Twinrix®**)	09	All	11, 12			$10	No	Once per day
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (**Twinrix®**)	31	All	11, 12			$10	No	Once per day
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (**Twinrix®**)	33	335	11, 12			$10	No	Once per day

Procedure Code	National Code Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier(s)	Informational Modifier(s)	MA Fee	Prior Authorization Required	Limits
90650	Human Papillomavirus virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use (**Cervarix®**)	01	010, 183	22			$10	No	Once per day
90650	Human Papillomavirus virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use (**Cervarix®**)	08	082	49			$10	No	Once per day
90650	Human Papillomavirus virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use (**Cervarix®**)	09	All	11, 12			$10	No	Once per day
90650	Human Papillomavirus virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use (**Cervarix®**)	31	All	11, 12			$10	No	Once per day
90650	Human Papillomavirus virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use (**Cervarix®**)	33	335	11, 12			$10	No	Once per day
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (**Prevnar 13®**)	01	010, 183	22			$10	No	Once per day
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (**Prevnar 13®**)	08	082	49			$10	No	Once per day
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (**Prevnar 13®**)	09	All	11, 12			$10	No	Once per day

Procedure Code	National Code Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier(s)	Informational Modifier(s)	MA Fee	Prior Authorization Required	Limits
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (**Prevnar 13®**)	31	All	11, 12			$10	No	Once per day
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (**Prevnar 13®**)	33	335	11, 12			$10	No	Once per day
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (**Menveo®**)	01	010, 183	22		UA	$10	No	Once per day
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (**Menveo®**)	08	082	49		UA	$10	No	Once per day
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (**Menveo®**)	09	All	11, 12		UA	$10	No	Once per day
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (**Menveo®**)	31	All	11, 12		UA	$10	No	Once per day
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (**Menveo®**)	33	335	11, 12		UA	$10	No	Once per day

Procedure Code	National Code Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier(s)	Informational Modifier(s)	MA Fee	Prior Authorization Required	Limits
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use (**Recombivax HB®**)	01	010, 183	22			$10	No	Once per day
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use (**Recombivax HB®**)	08	082	49			$10	No	Once per day
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use (**Recombivax HB®**)	09	All	11, 12			$10	No	Once per day
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use (**Recombivax HB®**)	31	All	11, 12			$10	No	Once per day
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use (**Recombivax HB®**)	33	335	11, 12			$10	No	Once per day