

Billing Vaccine Codes

Currently, the Georgia Department of Community Health (DCH) and the Georgia Registry of Immunizations Transactions and Services (GRITS) partner to provide the most complete immunization information for our members receiving vaccine services while enrolled in Georgia Medicaid and PeachCare for Kids™.

There have been several billing actions that cause discrepancies between vaccine information documented in the DCH (Medicaid) system versus information reported to GRITS: i.e. PCV code documented in GRITS while PPV code billed to Medicaid; CMO billed for vaccine given to Fee-for-Service (‘straight’) Medicaid member; “super bill” missing a commonly given vaccine code. All of these errors cause the GA Certificate of Immunization form 3231 or other GRITS records to be inaccurate.

To avoid errors and the appearance of children receiving conflicting vaccines and an unknown immunity status, please keep the following in mind when billing vaccine codes:

- Check member eligibility with the Georgia Health Partnership for Medicaid and PeachCare for Kids™ members
- Bill the correct vendor (i.e., Care Management Organization (CMO) members should not be billed under Fee-for-Service (FFS))
- Ensure that “super bills” and other forms used to document and bill Medicaid and PeachCare for Kids™ match the current procedural terminology (CPT) codes and descriptions/names listed on the attached table
- Ensure that administrative personnel do not substitute CPT codes for a similar vaccine

For more information:

For CMO providers and their members, please contact the respective CMO to receive guidance on accessing their policy manual for Georgia Medicaid and PeachCare for Kids™.

For FFS, contact, Lorrie Stewart, RN, CPNP at (404) 657-7882 / 1-800-377-3557 or lstewart@dch.ga.gov

Please see the attached chart for a listing of appropriate vaccine codes.

HIPAA Proc Code	Children's Vaccines in GA Medicaid Spring 2009 Note: This vaccines table is for services to GA Medicaid children 18 years or younger. Health Check Vaccine billed, provider chart documentation, and Grits input should all match by CPT code and Names. Call your Medicaid representative for questions.	Manufacturer Name(s)	Diagnosis
90633	(Hep A) Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose, IM	HAVRIX® VAQTA®	V053
90647	(Hib) Haemophilus influenza B vaccine PRP-OMP conjugate, 3 dose, IM	PedvaxHIB	V0381
90648	(Hib), Haemophilus influenza B vaccine PRP-T conjugate, 4 dose, IM	(ActHib)	V0381
90649	(HPV) Human Papilloma Virus vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, IM. (Girls 9 years and older))	GARDASIL	V04.89
90669	(PCV) (Prevnar) Pneumococcal conjugate vaccine, children under 5 years, IM	Prevnar	V0382
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, oral	ROTATEQ	V04.89
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, oral	Rotarix	
90698	(DTaP-Hib-IPV) Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza Type B, and poliovirus vaccine, inactivated IM.	Pentacel	V06.8
90700	(DTaP) Diphtheria, tetanus toxoids, and acellular pertussis vaccine, younger than seven years, IM	DAPTACEL® Tripedia® INFANRIX	V061
90702	(DT) Diphtheria and Tetanus Toxoids Adsorbed*	Diphtheria Tetanus Toxoids Adsorbed *	V065
90707	(MMR) Measles, mumps, and rubella virus vaccine , live, SQ	M-M-R II	V064
90710	(MMRV) Measles, mumps, rubella. and varicella vaccine live, SQ.	Proquad	V06.8
90713	(IPV) Poliovirus vaccine, inactivated, SQ or IM.	IPOL	V040
90714	(Td) Tetanus and diphtheria toxoids adsorbed, preservative free, 7years or older, IM	DECAVAC	V065
90715	(Tdap)Tetanus, diphtheria toxoids and acellular pertussis vaccine, when administered to 7 years or older, IM	ADACEL™ BOOSTRIX	V06.1
90716	Varicella virus vaccine, live, SQ	Varivax	V054
90718	(Td) Tetanus and diphtheria toxoids adsorbed, children 7 years or older, IM	Tetanus and Diphtheria Toxoids Adsorbed	V065
90723	(DTaP-Hep B-IPV) Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, IM	PEDIARIX	V068
90732	(PPV) Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient, ages 2 years or older, SQ or IM	PNEUMOVAX	V0382
90734	Meningococcal conjugate vaccine, (tetraivalent), IM (2 yrs and older)	Menactra	V03.89
90744	(HepB) Hepatitis B, pediatric/adolescent dosage, 3 dose, IM	RECOMBIVAX HB Engerix-B	V053
90748	(Hep B-Hib) Hepatitis B and Hib IM	COMVAX	V068