

PROVIDER MEMO

To: Santa Clara Family Health Plan Providers
From: Eric M. Tatum, Director, Provider Network Management
Date: August 15, 2018
Subject: Cal MediConnect Vaccination Billing

Dear Providers:

For Santa Clara Family Health Plan Cal MediConnect members, please use the following table to differentiate in-office billing for vaccinations covered by **Medicare Part B vs. Part D**.

Members may also be referred to all major chain pharmacies for vaccinations. Please note that Medicare Part B does not cover administration of Part D vaccines.

Part B: Electronic billing is required with the appropriate HCPCS/CPT code.

Part D: You may bill in-office administered Part D vaccines online using **TransactRx**. For more information, please visit TransactRx's website at www.transactRx.com or call 1-866-522-3386.

Vaccination	Vaccine Name	Part B	Part D
Hepatitis B [†] [†] Covered under Part B for medium to high risk patients	Engerix-B	Yes*	Yes*
	Recombivax HB	Yes*	Yes*
Influenza (Flu)	Afluria	Yes	
	Fluad	Yes	
	Fluarix	Yes	
	Flublok	Yes	
	Flucelvax	Yes	
	FluLaval	Yes	
	Fluvirin	Yes	
	Fluzone	Yes	
	Fluzone High-Dose	Yes	
	Fluzone Intradermal	Yes	
Pneumococcal	Pneumovax 23	Yes	
	Pprevnar13	Yes	

Vaccination	Vaccine Name	Part B	Part D
Diphtheria and Tetanus	Tenivac		Yes
	Tetanus, Diphtheria (generic)		Yes
Diphtheria, Tetanus, and Pertussis	Adacel		Yes
	Boostrix		Yes
	Daptacel		Yes
	Infanrix		Yes
Diphtheria, Tetanus, Pertussis, and Polio	Kinrix		Yes
	Quadracel		Yes
Diphtheria, Tetanus, Pertussis, Polio, and Hepatitis B	Pediarix		Yes
Diphtheria, Tetanus, Pertussis, Polio, and <i>Haemophilus influenzae</i> type b (Hib)	Pentacel		Yes
Hepatitis A	Havrix		Yes
	Vaqta		Yes
Hepatitis A and B	Twinrix		Yes
<i>Haemophilus influenzae</i> type b (Hib)	ActHIB		Yes
	Hiberix		Yes
	PedvaxHIB		Yes
<i>Haemophilus influenzae</i> type b (Hib) and Meningococcal	MenHibrix		Yes
Human Papillomavirus (HPV)	Gardasil 9		Yes
Japanese Encephalitis	Ixiaro		Yes
Measles, Mumps, and Rubella	M-M-R II		Yes
Measles, Mumps, Rubella, and Varicella	ProQuad		Yes
Meningococcal	Bexsero		Yes
	Menactra		Yes
	Menomune		Yes
	Menveo		Yes
	Trumenba		Yes
Polio	Ipol		Yes
Rabies	Imovax Rabies	Yes*	Yes*
	RabAvert	Yes*	Yes*
Rotavirus	Rotarix		Yes
	RotaTeq		Yes

Vaccination	Vaccine Name	Part B	Part D
Shingles	Zostavax		Yes
	Shingrix		Yes
Tuberculosis	BCG	Yes*	Yes*
Typhoid Fever	Typhim VI		Yes
Varicella	Varivax		Yes
Yellow Fever	YF-Vax		Yes

*Vaccine requires a prior authorization to determine proper payment under Medicare Part B or Medicare Part D.

If you have any questions, please email provideroperations@scfhp.com.

Thank you in advance for your cooperation!