



Clinical Guideline Childhood Preventive Care (Birth to under age 21)

	Clinical Indicator	Infancy					Early Childhood										Adolescence										
		Birth-1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
EXAMS	Physical ^a	Every visit ^b					Every visit										Every visit										
	Developmental, psychosocial, behavioral ^c	Every visit					Every visit										Every visit										
	Autism screening																										
	Dental exam and risk assessment ^d	Assess every visit through observation					Assess every visit through observation.					Referral to dental home by age 3 & every 6 months after. No referral needed.					Every 6 months. No referral needed for dental care.										
	Hearing	Test in 1 st mo.	Observe at every visit				Assess every visit through observation.					Every year starting at age 3					Every year										
	Vision	Observe at every visit					Assess every visit through observation.					Every year starting at age 3					Every year										
	Pelvic exam, PAP, Breast exam																Every year when sexually active or after age 18. No referral required for OB/GYN.										
	Safety/Healthy Habits counseling	Every visit					Every visit										Every visit										
	Alcohol/Drug risk assessment																Every visit starting at age 11. Earlier if indicated.										
	Tobacco, Depression screening/counseling																Every visit starting at age 11. Earlier if indicated.										
	Chlamydia																Every year – all sexually active members.										
	Sexually Transmitted Disease test/counseling																Every year – all sexually active members.										
	Prenatal																Seek prenatal care as soon as pregnancy suspected. No referral needed for OB or midwife care.										

^a Inclusion of BMI strongly recommended ages 2 – 21 and age-appropriate nutrition counseling.

^b Newborn metabolic and hemoglobinopathy screenings required component of periodic screen for newborns.

^c Developmental surveillance required at all screenings except when replaced by required developmental screenings at 11, 18 and 30 months.

^d Dental risk assessments or referral to dental home required as component of periodic screen at 12, 18, 24 and 30 months.

DIAGNOSTICS	Clinical Indicator	Infancy					Early Childhood										Adolescence														
		Birth-1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
	Blood Lead Level				*	X	If not done		X	If not done										*											
	Anemia test	*					X	*										For females, once after onset of menses & at physician's discretion													
	TB screening	*					*										*														
	Sickle Cell	*					*										*														
	Cholesterol screening								*		*		*		*		*		*											X	If not done

IMMUNIZATIONS	Clinical Indicator	Infancy					Early Childhood										Adolescence										
		Birth-1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Gateway Health Plan® follows Recommended Childhood Immunization Schedule approved by ACIP, AAP & AAFP. Please see attachment.																											

Scientific Evidence Sources:

- American Academy of Pediatrics, Recommended Childhood and Adolescent Immunization Schedule, January 2, 2009.
- American Academy of Pediatrics, Recommendations for Preventive Pediatric Health Care, March, 2000, December, 2007.
- American Academy of Pediatrics, Prevention of Pediatric Overweight & Obesity, August, 2003.
- CDC, National Immunization Program, January 3, 2005 and January 3, 2006, January 2, 2009.
- Guide to Clinical Preventive Services; An Assessment of the Effectiveness of 169 Interventions; Report of the U.S. Preventive Services Task Force, Williams and Wilkins, 1999, 2008.
- Department of Public Welfare Early & Periodic Screening, Diagnosis & Treatment Program Requirements (Federally Mandated Program), 2009.

*If needed and at the discretion of the physician based on patient's history and/or presentation of signs and symptoms.

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB		<i>see footnote 1</i>	HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<i>see footnote 3</i>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus				IPV	IPV			IPV				IPV
Influenza ⁶								Influenza (Yearly)				
Measles, Mumps, Rubella ⁷								MMR		<i>see footnote 7</i>		MMR
Varicella ⁸								Varicella		<i>see footnote 8</i>		Varicella
Hepatitis A ⁹								HepA (2 doses)			HepA Series	
Meningococcal ¹⁰											MCV	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix[®] is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or Comvax[®] [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHiBit[®] (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55[No. RR-7].

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])

- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MMWR* 2005;54[No. RR-7].
- Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis ¹		see footnote 1	Tdap	Tdap
Human Papillomavirus ²		see footnote 2	HPV (3 doses)	HPV Series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴		Influenza (Yearly)		
Pneumococcal ⁵		PPSV		
Hepatitis A ⁶		HepA Series		
Hepatitis B ⁷		HepB Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL®)

- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap should receive a dose.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.

2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose to females at age 11 or 12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Administer the series to females at age 13 through 18 years if not previously vaccinated.

3. Meningococcal conjugate vaccine (MCV).

- Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
- Administer to previously unvaccinated college freshmen living in a dormitory.
- MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See *MMWR* 2005;54(No. RR-7).
- Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.

4. Influenza vaccine.

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

5. Pneumococcal polysaccharide vaccine (PPSV).

- Administer to children with certain underlying medical conditions (see *MMWR* 1997;46[No. RR-8]), including a cochlear implant. A single revaccination should be administered to children with functional or anatomic asplenia or other immunocompromising condition after 5 years.

6. Hepatitis A vaccine (HepA).

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB® is licensed for children aged 11 through 15 years.

8. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.

10. Varicella vaccine.

- For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if they have received only 1 dose.
- For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2009

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ²		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as final dose) ⁴ if current age is 12 months or older and second dose administered at younger than age 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 yrs	Routine dosing intervals are recommended ¹¹			
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months if the person is younger than age 13 years 4 weeks if the person is aged 13 years or older			

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB[®] is licensed for children aged 11 through 15 years.

2. Rotavirus vaccine (RV).

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix[®] was administered for the first and second doses, a third dose is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHib[®] or Comvax[®]), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer 2 doses separated by 4 weeks and a final dose at age 12 through 15 months.

5. Pneumococcal vaccine.

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant, at least 8 weeks after the last dose of PCV.

6. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

7. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

8. Varicella vaccine.

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

9. Hepatitis A vaccine (HepA).

- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).

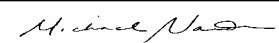
10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Doses of DTaP are counted as part of the Td/Tdap series
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

11. Human papillomavirus vaccine (HPV).

- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 2 and 6 months after the first dose). However, the minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be given at least 24 weeks after the first dose.

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE February 20, 2009	EFFECTIVE DATE January 1, 2009	NUMBER *See Below
SUBJECT 2009 Recommended Childhood and Adolescent Immunization Schedules	 Michael Nardone, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to issue the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention's (CDC) Recommended Childhood and Adolescent Immunization Schedules, United States, 2009, for Medical Assistance (MA) recipients under 19 years of age served by providers enrolled in the MA Program. This bulletin supersedes MA Bulletins, 01-08-04, 08-08-04, 09-08-05, 31-08-07 and 33-08-03, issued March 21, 2008.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who administer immunizations, including providers participating in the MA fee-for-service or managed care delivery systems.

BACKGROUND/DISCUSSION:

As stated in 55 Pa.Code § 1241.42(2), the Department of Public Welfare (Department) is authorized to issue immunization guidelines based on recommendations of recognized medical organizations involved in children's health care. To assure that MA eligible children are receiving immunizations that conform to nationally recognized standards, the Department is updating its immunization guidelines to conform to the attached Recommended Immunization Schedule for Persons Aged 0 through 6 Years, the Recommended Immunization Schedule for Persons Aged 7 through 18 Years and the Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years Who Start Late or Who are More Than 1 Month Behind. The recommended immunization schedules for persons aged 0 through 18 years and the catch-up immunization schedule, United States, 2009, have been approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians.

*01-09-04 , 08-09-04 , 09-09-04 , 31-09-05 , 33-09-02

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/omap

PROCEDURE:

Providers enrolled in the MA Program should use the attached immunization schedules. These immunization schedules are current with the changes in vaccine formulations and recommendations for the use of licensed vaccines. The changes to the 2008 Immunization Schedule as stated in the Morbidity and Mortality Weekly Report (MMWR) Volume 57, Number 51 and 52 as published January 2, 2009 and MMWR Erratum as published January 9, 2009, are highlighted as follows:

- Recommendations for rotavirus vaccines include changes for the maximum age for the first dose (14 weeks 6 days) and the maximum age for the final dose of the series (8 months 0 days). The rotavirus footnote indicates that if RV1 (Rotarix[®]) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Routine annual influenza vaccination is recommended for all children aged 6 months through 18 years.
- Children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous season but only received 1 dose should receive 2 doses of influenza vaccine at least 4 weeks apart. Healthy non-pregnant persons aged 2 through 49 years may receive either live attenuated influenza vaccine or inactivated influenza vaccine.
- The minimum interval between tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) for persons aged 10 years through 18 years is addressed. An interval less than 5 years may be used if pertussis immunity is needed.
- Information about the use of *Haemophilus influenzae* type b (Hib) conjugate vaccine among persons aged 5 years and older at increased risk for invasive Hib disease has been added. Use of Hib vaccine for these persons is not contraindicated.
- Catch-up vaccination with human papillomavirus (HPV) vaccine is clarified. Routine dosing intervals should be used for series catch-up (i.e., the second and third doses should be administered 2 and 6 months after the first dose). The third dose should be given at least 24 weeks after the first dose.
- Abbreviations for rotavirus, pneumococcal polysaccharide and meningococcal polysaccharide vaccines have been changed.

Providers should carefully review the 2009 schedules for detailed information on the appropriate dosages and ages for the administration of vaccines, and replace their current immunization schedule with the attached immunization schedules.

The National Childhood Vaccine Injury Act requires that health-care providers provide parents or patients with copies of Vaccine Information Statements before administering each

dose of the vaccines listed in the schedule. Additional information is available from state health departments and from the CDC at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.

ATTACHMENTS:

- Recommended Immunization Schedule for Persons Aged 0 Through 6 Years, United States, 2009.
- Recommended Immunization Schedule for Persons Aged 7 Through 18 Years, United States, 2009.
- Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind, United States, 2009.

ISSUE DATE

February 9, 2009

EFFECTIVE DATE

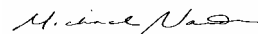
March 1, 2009

NUMBER

01-09-01 , 08-09-01 , 09-09-01,
31-09-02, 33-09-01

SUBJECT

Pentacel® (DTaP-IPV/Hib), Kinrix® (DTaP-IPV) and
Rotarix® (Rotavirus) Vaccines



Michael Nardone, Deputy Secretary
Office of Medical Assistance Programs

PURPOSE

The purpose of this bulletin is to inform providers that three new vaccines are now being supplied by the Pennsylvania Vaccines for Children (VFC) Program. Effective August 1, 2008, Pentacel®, Kinrix® and Rotarix® were added to the list of vaccines approved by the VFC Program.

SCOPE:

This bulletin applies to all Medical Assistance (MA) enrolled providers who administer immunizations to MA recipients. Providers rendering services to MA recipients under the MA managed care delivery system should address any coding or rate-related questions to the appropriate managed care organization (MCO).

BACKGROUND/DISCUSSION:

Pentacel®

Pentacel®, produced by Sanofi Pasteur, was approved by the Food and Drug Administration (FDA) on June 20, 2008. The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) has, subsequently, recommended the use of Pentacel® to protect infants and young children against diphtheria, tetanus, acellular pertussis, poliovirus, and *Haemophilus influenzae* type b. This vaccine is a combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP), inactivated poliovirus (IPV) and *Haemophilus influenzae* type b conjugate (Hib) vaccine designed for use in children 6 weeks of age through 4 years of age (prior to the fifth birthday). Pentacel® is indicated for use as a four-dose series in infants and children at 2 months, 4 months, 6 months and 15 through 18 months of age.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/omap

Kinrix®

Kinrix®, produced by GlaxoSmithKline, was approved by the FDA on June 24, 2008. The ACIP has recommended Kinrix® to protect infants and children from diphtheria, tetanus, acellular pertussis and poliovirus. Kinrix® is a combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP) and inactivated poliovirus (IPV) vaccine. Kinrix® is indicated as the fifth dose in the DTaP vaccine series and the fourth dose in the IPV series in children 4 years of age through 6 years of age (prior to the seventh birthday) whose previous DTaP vaccine doses have been with Infanrix® and/or Pediarix® for the first three doses and Infanrix® for the fourth dose. This vaccine should not be administered to children younger than 4 years of age or older than 7 years of age.

Rotarix®

Rotarix® is an oral live-attenuated human rotavirus vaccine. Rotarix®, produced by GlaxoSmithKline, was approved by the FDA on April 3, 2008. The ACIP has recommended the Rotarix® vaccine for the prevention of rotavirus gastroenteritis in infants and children 2 months of age through 7 months of age. Rotarix® is indicated as a two-dose series to be administered orally to infants at 2 and 4 months of age. The first dose of Rotarix® should be administered from 6 weeks of age through 14 weeks 6 days (the maximum age for the first dose is 14 weeks 6 days). All doses of Rotarix® should be administered by the eighth month birthday. Rotavirus vaccines should not be administered to infants who have a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of rotavirus vaccine or vaccine component. The Rotarix® oral applicator contains latex rubber and infants with a severe allergy to latex should not receive Rotarix®.

PROCEDURE:

Beginning August 1, 2008, Pentacel®, Kinrix® and Rotarix® can be ordered through the VFC Program for VFC-eligible children. The MA Program will continue to cover the Pentacel®, Kinrix® and Rotarix® vaccines for individuals under 19 years of age consistent with the indicated use of these vaccines as approved by the FDA and current ACIP recommendations until February 28, 2009, to allow providers sufficient time to receive their vaccine from the VFC Program.

Effective March 1, 2009, the MA Program will only make payment to VFC-enrolled providers for the administration of these vaccines for MA-eligible children consistent with the indicated use of Pentacel®, Kinrix® and Rotarix® as approved by the FDA and current ACIP recommendations.

Providers may bill the Department of Public Welfare (Department) for the administration of the three vaccines using the following CPT codes:

CPT Code	Informational Modifier	Description	MA Fee
90698		Diphtheria, tetanus toxoids, acellular pertussis vaccine, <i>Haemophilus influenza</i> type b, and poliovirus vaccine, inactivated, for intramuscular use (Pentacel®)	\$10.00
90749	UC *	Unlisted vaccine/toxoid (Kinrix®)	\$10.00
90749	UD *	Unlisted vaccine/toxoid (Rotarix®)	\$10.00

* Please note: The effective date of modifier UC (representing Kinrix®) and modifier UD (representing Rotarix®) is August 1, 2008.

Providers must use CPT code 90749 with informational modifier UC to indicate the administration of Kinrix® and CPT code 90749 with information modifier UD to indicate the administration of Rotarix®. The Department will issue an updated MA Bulletin in the future to announce new CPT codes and corresponding billing instructions for Kinrix® and Rotarix® when the 2008 Healthcare Common Procedure Coding System (HCPCS) procedure codes are added to the MA Program Fee Schedule.

The MA fee for the administration of each of the vaccines is \$10.00 per administration. Providers participating in an MA MCO network must abide by payment arrangements as stated in their individual MCO contract.

Providers may obtain complete ACIP recommendations from the CDC website at:

Pentacel® – <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a5.htm>

Kinrix® – <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm>

Rotarix® -- <http://www.cdc.gov/vaccines/recs/provisional/downloads/roto-7-1-08-508.pdf>

ISSUE DATE

April 24, 2009

EFFECTIVE DATE


May 1, 2009

NUMBER

27-09-02

SUBJECT

Implementation of the Pediatric Dental
Periodicity Schedule


Michael Nardone, Deputy Secretary
Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to notify dentists that the Department of Public Welfare (Department) will implement a pediatric dental periodicity schedule "Recommendations for Preventive Pediatric Oral Health Care", effective May 1, 2009.

SCOPE:

This bulletin applies to all dental providers enrolled in the Medical Assistance (MA) Program rendering services to MA recipients under 21 years of age, in the Fee-for-Service delivery system, including ACCESS Plus, and the managed care delivery system.

BACKGROUND:

Recently, national attention has been focused on preventive oral health which includes a referral to a dental home. The Centers for Medicare and Medicaid Services (CMS) published a *Guide to Children's Dental Care in Medicaid* to assist state Medicaid agencies, dental and other health care providers to manage and organize preventive oral health care for children. CMS also collaborated with state Medicaid agencies, the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD), to develop updated pediatric dental initiatives and to address concerns about children's access to dental services. The AAPD recommends that the establishment of a child's dental home begin no later than 12 months of age and that the dental home provide for referrals to dental specialists when appropriate.

The Department supports the AAPD's recommendations related to the pediatric dental home approach and believes the implementation of a pediatric dental periodicity schedule will support MA-eligible children in accessing timely dental preventive care services. Therefore, the Department developed a pediatric dental periodicity schedule (attached) "Recommendations for Preventive Pediatric Oral Health Care", based upon the recommendations of the AAPD, but separate and unique from the Department's Early and Periodic Screening, Diagnosis and

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Treatment (EPSDT) Periodicity Schedule.

DISCUSSION:

The Department's pediatric dental periodicity schedule "Recommendations for Preventive Pediatric Oral Health Care", provides preventive dental care and screening recommendations for children, infancy through 20 years of age, for the following:

- Clinical Oral Evaluation
 - Includes Anticipatory Guidance, i.e., information/counseling given to children and families to promote oral health
- Prophylaxis/Topical Fluoride Treatment
- Radiographic Assessment
- Assessment for Pit and Fissure Sealants
- Treatment of Dental Disease/Caries Risk Assessment

PROCEDURE:

Effective with dates of service on and after May 1, 2009, dental providers should use the attached pediatric dental periodicity schedule "Recommendations for Preventive Pediatric Oral Health Care", which details appropriate age screening components relating to pediatric dental services, as guidelines for providing preventive pediatric oral health care.

ATTACHMENT: Recommendations for Preventive Pediatric Oral Health Care

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE
 Commonwealth of Pennsylvania, Department of Public Welfare, Office of Medical Assistance Programs
 (Adapted from the American Academy of Pediatric Dentistry)
 EFFECTIVE MAY 1, 2009

Periodicity Recommendations					
Age	Infancy 6-12 Months	Late infancy 12-24 Months	Preschool 2-6 Years	School Aged 6-12 Years	Adolescence 12-20 Years
Clinical Oral Examination: ** First examination at the eruption of the first tooth and no later than 12 months and every six months there after.	X	X	X	X	X
Prophylaxis/ Topical Fluoride Treatment Especially for children at high risk for caries and periodontal disease.	X	X	X	X	X
Radiographic Assessment As per Food and Drug Administration/American Dental Association Guidelines on Prescribing Dental Radiographs.	X	X	X	X	X
Assessment for Pit and Fissure Sealants			X First permanent molars as soon as possible after eruption	X Premolars, first and second permanent molars as soon as possible after eruption	X Second permanent molars and premolars as soon as possible after eruption
Treatment of Dental Disease/ Caries Risk Assessment	X	X	X	X	X

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE
Commonwealth of Pennsylvania, Department of Public Welfare, Office of Medical Assistance Programs
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****Anticipatory Guidance**

Appropriate discussion and counseling should be an integral part of each visit for care. Topics for counseling when appropriate should cover Oral Hygiene counseling (1), Injury, Prevention Counseling (2), Dietary counseling (3), Counseling for non-nutritive habits (4), Fluoride Supplementation (5,6), Assessment of oral growth and development (7), Counseling for speech/language development, Assessment and treatment of developing malocclusion, Counseling for intraoral/perioral piercing, Substance abuse counseling, Assessment and/or removal of third molars and Referral for regular periodic dental care/transition to adult dental care.

1. Initially, responsibility of parent; as child develops jointly with parents, and then by age 12 responsibility of the child only.
2. Initially play objects, pacifiers, car seats; then when learning to walk: sports, routine playing and intraoral/perioral piercing.
3. At every appointment discuss role of refined carbohydrates; frequency of snacking.
4. At first discuss need for additional sucking; digits vs. pacifiers; then the need to wean from habit before eruption of a permanent incisor.
5. As per American Academy of Pediatrics/American Dental Association guidelines and the water source.
6. Up to at least 16 years.
7. By clinical examination.