



INLAND EMPIRE HEALTH PLAN

MEMORANDUM

TO: IEHP Providers
FROM: Provider Services
DATE: March 12, 2008
SUBJECT: HPV - Gardasil

Gardasil is a recommended and covered immunization benefit for eligible IEHP female Members. While Gardasil is **not** part of the P4P Program, it should be administered to eligible Members between the ages of 9-26.

Medi-Cal Members	HF/HK Members
Members ages 9-18:	
<ul style="list-style-type: none"> ▪ VFC supplies Gardasil serum ▪ P4P does not pay administration fee (Do not submit a PM160) 	<ul style="list-style-type: none"> ▪ VFC does not supply Gardasil serum ▪ P4P does not pay administration fee (Do not submit a PM160) ▪ IEHP reimburses for Gardasil serum ▪ Submit a CMS 1500 form Use CPT Code: 90649 Max Dose Allowed: 3 Reimbursement Rate: \$128.20 per dose Mail CMS 1500 to: IEHP Claims Dept PO Box 10129 San Bernardino, CA 92423
Members ages 19-26:	
<ul style="list-style-type: none"> ▪ VFC does not supply Gardasil serum ▪ P4P does not pay administration fee (Do not submit a PM160) ▪ IEHP reimburses for Gardasil serum ▪ Submit a CMS 1500 form Use CPT Code: 90649 Max Dose Allowed: 3 Reimbursement Rate: \$128.20 per dose Mail CMS 1500 to: IEHP Claims Dept PO Box 10129 San Bernardino, CA 92423 	<ul style="list-style-type: none"> ▪ VFC does not supply Gardasil serum ▪ P4P does not pay administration fee (Do not submit a PM160) ▪ IEHP reimburses for Gardasil serum ▪ Submit a CMS 1500 form Use CPT Code: 90649 Max Dose Allowed: 3 Reimbursement Rate: \$128.20 per dose Mail CMS 1500 to: IEHP Claims Dept PO Box 10129 San Bernardino, CA 92423