

Listing of 2016 NCIP/VFC Vaccines

The table below lists NCIP/VFC vaccines provided in North Carolina to VFC eligible children ages 18 years and younger.

Please note: For services delivered on or after Oct. 1, 2015, Providers will use ICD 10-CM Code **Z23** for routine instances of vaccine administration.

Code	CPT Description	NCIP/VFC Vaccine Specifics
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous (IV) use	
J1460	Injection, gamma globulin, for intramuscular (IM) use 1cc.	Limited distribution to health depts. (LHDs) only, and only during outbreaks.
J1560	Injection, gamma globulin, IM, over 10 cc	
90371	Hepatitis B immune globulin (HBIG), human, IM	
J1571	Injection, hepatitis B immune globulin (Hepagam B), IM, 0.5 ml	
J1573	Injection, hepatitis B immune globulin (Hepagam B), IV, 0.5 ml	
J1559	Injection, immune globulin, (Hizentra), 100 mg	
J1561	Injection, immune globulin, (Gamunex/Gamunex C/Ganmaked), nonlyophilized (e.g. liquid) 500 mg	
J1562	Injection, immune globulin, (Vivaglobin), 100 mg, SC	
J1566	Injection, immune globulin, IV, lyophilized (e.g., powder), 500 mg	
J1568	Injection, immune globulin, (Octagam), IV, non-lyophilized (e.g. liquid), 500 mg	
J1569	Injection, immune globulin, (Gammagard liquid), non-lyophilized (e.g., liquid), 500 mg	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), IV, non-lyophilized (e.g., liquid), 500 mg	
J2788	Injection, Rho D immune globulin, human,minidose, 50 mcg (250 i.u.)	
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)	

Code	CPT Description	NCIP/VFC Vaccine Specifics
J2791	Injection, Rho D immune globulin, (human) (Rhophylac) IM or IV, 100 IU	
J2792	Injection, Rho D immune globulin, IV, human, solvent detergent, 100 IU	
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg Brand name: <i>Atgam</i>	
90375	Rabies immune globulin, (RIg), human, for IM and/or subcutaneous use	
90389	Tetanus immune globulin (TIG), human, for IM use	
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live for percutaneous use	
90632	Hepatitis A vaccine, adult dosage, for IM use	19 years of age and above Limited distribution to LHDs only, and only during outbreaks.
90633	Hepatitis A vaccine, pediatric/adolescent dosage – 2 dose schedule, for IM use	12 months of age through 18 years of age
90636*	Hepatitis A and B combination (HepA-HepB), adult dosage, for IM use	18 years of age and above only in LHDs, FQHCs, and RHCs*
90647	Hemophilus influenza type b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for IM use	Brand name - PedvaxHIB Routine – 2 months to less than 5 years of age High risk - greater than 59 months through 18 years of age.
90648	Hemophilus influenza type b vaccine (Hib), PRP-T conjugate (4 dose schedule), for IM use	Brand name – ActHIB Routine – 2 months to less than 5 years of age; High risk – greater than 59 months through 18 years of age.
90649	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18,	Brand name – Gardasil

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	quadrivalent (4vHPV), 3 dose schedule, for IM use	Females and males 9 years through 18 years of age
90650	Human papillomavirus (HPV) vaccine, types 16, 18, bivalent (2vHPV) 3 dose schedule, for IM use	Brand name – Cervarix Females 9 through 18 years of age
90651	Human papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for IM use	Brand name – Gardasil 9 Females and males 9 through 18 years of age
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for IM use	6-35 months of age
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for IM use	3 through 18 years of age
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, for IM use	6-35 months of age
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, for IM use	3 through 18 years of age
90674	Influenza virus vaccine, quadrivalent (ccIIV4), egg-based and cell culture-based, for IM use	4 through 18 years of age ** available after 10/15/16
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for IM use	Brand name – Prevnar 13 Routine – 2 months through 59 months of age High risk – 60 months through 18 years of age with certain underlying medical conditions
90675	Rabies vaccine for IM use	
90680	Rotavirus vaccine, (RV5), pentavalent, 3 dose schedule, live, for oral use	Brand name – Rotateq 6 weeks through 7 months of age
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Brand name – Rotarix 6 weeks through 7 months of age

Code	<i>CPT Description</i>	NCIP/VFC Vaccine Specifics
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), for IM use	4 years through 6 years of age for the booster dose only of DTaP and polio vaccines
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for IM use	2 months through 4 years of age
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTap), for IM use	2 months through 6 years of age
90702	Diphtheria and tetanus toxoids adsorbed (DT), for IM use	2 months through 6 years of age
90707*	Measles, mumps, and rubella virus vaccine (MMR), live, for SC use	12 months through 18 years of age*
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for SC use	12 months through 12 years of age
90713	Poliovirus vaccine, inactivated (IPV), for SC or IM use	2 months through 17 years of age
90714*	Tetanus and diphtheria toxoids (Td), preservative free, for IM use	7 years through 18 years of age*
90715*	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for IM use	7 years through 18 years of age*
90716	Varicella virus vaccine, (VAR), live, for SC use	12 months through 18 years of age
90723	Diphtheria, tetanus toxoids, and acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine, (Dtap-HepB-IPV), for IM use	2 months through 6 years of age

Code	<i>CPT Description</i>	NCIP/VFC Vaccine Specifics
90732	Pneumococcal polysaccharide vaccine, 23-valent, (PPSV23) adult or immunosuppressed patient dosage, for SC or IM use	Only for high-risk children two years through 18 years of age
90734*	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (MenACWY), for IM use	Routine – 11 through 18 years of age High risk – Menveo – starts at 2 months of age Menactra – starts at 9 months of age
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for IM use	Brand name – Bexsero High risk children ages 10-18
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use	Brand name - Trumenba Children aged 16-18 years without high risk conditions may also be vaccinated based on the provider's clinical judgement for children who are at increased risk for disease.
90644	Meningococcal conjugate vaccine, serogroups C&Y and Haemophilus influenza type B vaccine (Hib-MenCY), 4 dose schedule, for IM use	Brand name - MenHibrix Children 2-18 months of age
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3-dose schedule), for IM use	
90744*	Hepatitis B vaccine pediatric/adolescent dosage (3 dose schedule), for IM use	Birth through 18 years of age*
90746*	Hepatitis B vaccine, adult dosage, for IM use, 3 dose schedule	20 years of age and older, only in LHDs*

Code	CPT Description	NCIP/VFC Vaccine Specifics
90747	Hepatitis B vaccine dialysis or immunosuppressed patient dosage, 4 dose schedule, for IM use	
90748	Hepatitis B and Hemophilus influenza type b vaccine (Hib-HepB), for intramuscular use	6 weeks through 15 months of age

Note: This list is subject to change. Updates regarding vaccines are published in the general Medicaid bulletins on DMA's website at <http://dma.ncdhhs.gov/providers/medicaid-bulletins>.

Providers should refer to the Immunization Branch website at:
<http://www.immunize.nc.gov>

for detailed information regarding vaccines. Certain vaccines are provided for those recipients 19 years of age and older through the NCIP. Questions about current coverage may also be addressed by calling the NCIP at 1-877-873-6247.

Each influenza season, ACIP issues recommendations for the administration of flu vaccine. Based on these recommendations, NCIP issues coverage criteria announcements at the beginning of the season. Additional guidance may be issued throughout the flu season if the availability of vaccine changes.