

EPSDT

Early and Periodic Screening, Diagnosis and Treatment

Provider Orientation Packet

Passport
HEALTH
PLANSM

University Health Care, Inc.
with The Partnership Council
Administered by AmeriHealth Mercy



EPSDT Provider Orientation Packet

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Frequently Asked Questions

Q: What is Early and Periodic Screening, Diagnosis and Treatment (EPSDT)?

- A:**
- EPSDT is a Federally mandated program for Medicaid-eligible children ages birth to 21 years, which began in 1967.
 - EPSDT uses a Periodicity Schedule based on the American Academy of Pediatrics and State guidelines.

Q: Whom do I contact with billing or other questions/concerns about the EPSDT program?

- A:** Please contact your Provider Relations representative or the Provider Relations department at (502) 585-7943.

Q: What are the timely filing requirements for EPSDT?

- A:** Providers must file within 180 days from the original date of service. This is consistent with the Plan's policy for all claims.

Q: Am I allowed to file sick and EPSDT visits for the same date of service?

- A:** Yes, providers may file sick and EPSDT visits for the same date of service. Please follow standard coding guidelines for reporting the sick visit in addition to the EPSDT service.

Q: How can I verify if a member is eligible for EPSDT?

- A:** To verify eligibility for four (4) or fewer members, call the EPSDT department at (502) 585-8210 and leave a message. You will receive a response within one hour during regular business hours.

To confirm eligibility for five (5) or more members, please complete the Fax Transmittal Sheet (available on page 8) and fax to the EPSDT Department at (502) 585-8457 at least 24 hours in advance. You will receive a faxed response within 24 hours.

Q: I am having trouble determining the interval screenings for EPSDT. Is there a tool available to help with this?

- A:** Yes, please see page 7 for instructions on how to access and use ikaProHEDIS+.

Q: How do I request outreach for non-compliant EPSDT members?

- A:** Passport Health Plan asks the provider office to attempt outreach to a member three times (i.e. phone calls, letters, and/or postcards) prior to contacting the Plan for outreach.

If these efforts have failed, please contact your EPSDT Outreach representative at (502) 585-7066 to schedule member outreach. The requesting provider will receive notification regarding the outcome of the home visit within 90 days of the outreach request.

EPSDT Department Responsibilities

Passport Health Plan is committed to working with our provider partners to improve the health and quality of life of our youngest members by using a comprehensive, integrated approach to care. Plan EPSDT staff are notified by our system when outreach is necessary and when members are non-compliant on EPSDT services.

Here are some of the ways we may assist you with continuity and coordination of care for our members:

- Provide member and parent/guardian outreach and education, including telephone calls and targeted postcard mailings.
- Remove barriers to care by assisting with transportation, scheduling appointments, and referrals to social services and specialists.
- Confirm EPSDT eligibility for providers.
- Refer members for a home visit, at the PCP's request.

Important Telephone Numbers

Health Management

Manager	(502) 585-8216
Supervisor	(502) 585-7907

EPSDT Outreach

Outreach Representative	(502) 585-7909
Outreach Representative	(502) 585-7066
Outreach Representative	(502) 585-7067
EPSDT Eligibility Line	(502) 585-8210

Other Passport Health Plan Departments

Provider Claims Service Unit (PCSU)	(800) 578-0775
Provider Relations Department	(502) 585-7943
Passport Health Plan Member Services	(800) 578-0603

Local Assistance

Vaccines for Children Program	(502) 564-4478
Transportation Assistance	
• Jefferson, Oldham, Shelby, Spencer, Bullitt, Trimble & Henry Counties	(888) 848-0989
• Breckinridge, Carroll, Grayson, Hardin, Larue, Marion, Meade & Nelson Counties	(800) 245-2826
• Washington County	(800) 456-6588

EPSDT Components

Medical History

- Physical exam
- Height and weight
- Weight to height ratio
- Hearing screen
- Vision screen
- Dental screen

Growth and Development

- Social
- Personal
- Language
- Motor skills

Labs

- Urinalysis
- Lead
- Hematocrit
- Hemoglobin
- Tuberculosis

Anticipatory Guidance

- Seat belt use
- Tobacco use
- Alcohol/drug abuse
- Sexual activity
- Mental health

Immunizations

EPSDT Periodicity Schedule

2009

AGE	INFANCY												EARLY CHILDHOOD							MIDDLE CHILDHOOD							ADOLESCENCE						
	Newborn	3-5 d	1mo	2mo	4mo	6mo	9mo	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y						
1. HISTORY																																	
a. Initial/Interval	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
2. MEASUREMENTS																																	
a. Length/Height and Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
b. Head Circumference	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
c. Weight for Length	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
d. Body Mass Index (BMI)/Percentile from Growth Chart	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
e. Blood Pressure	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
3. SENSORY SCREENING																																	
a. Vision	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
b. Hearing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
4. DEVELOPMENTAL /BEHAVIORAL ASSESSMENT																																	
a. Developmental Screening							X																										
b. Autism Screening																																	
c. Developmental Surveillance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
d. Psychosocial/Behavioral	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
e. Alcohol and Drug Use	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
5. PHYSICAL EXAMINATION	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
6. PROCEDURES-GENERAL																																	
a. Newborn Metabolic/ Hemoglobin Screen	X																																
b. Hematocrit or Hemoglobin							X																										
c. Urinalysis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
d. Immunization	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
7. PROCEDURES-PATIENTS AT RISK																																	
a. Lead Screening							X																										
b. Tuberculin Test							X																										
c. Dyslipidemia Screening																																	
d. Sexually Transmitted Infection (STI) Screening																																	
f. Cervical Dysplasia Screening																																	
8. ANTICIPATORY GUIDANCE																																	
a. Injury Prevention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
b. Violence Prevention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
c. Tobacco Use/Second Hand Smoke	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
d. Sleep Positioning Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
e. Physical Activity Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
f. Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
g. Mental Health Assessment																																	
9. DENTAL REFERRAL																																	

Each child and family is unique; therefore, these **Recommendations for Preventative Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

KEY:	
X	to be performed
★	risk assessment to be performed, with appropriate action to follow, if positive
↔	the range during which service may be provided, with the "X" indicating the preferred age

Services “Due” via ikaProHEDIS+

All providers are encouraged to review medical history and use the online ikaProHEDIS+ program on www.passporthealth-plan.com/provider/secure to determine appropriate delivery of EPSDT services. This online application uses claims data to provide real-time preventive and chronic care screening information, including EPSDT screens due.

If you have any questions, please contact your Provider Relations representative or the Provider Relations department at (502) 585-7943.

The information on this page is not a guarantee of payment. To verify eligibility, please call the EPSDT department at (502) 585-8210.

Passport Health Plan
 305 West Broadway, 3rd Floor
 Louisville, KY 40202
 Phone: 502-585-8210 Fax: 502-585-8457



Fax Transmittal *Disclaimer: Confirmation of eligibility is not a guarantee of payment.*

To:	EPSDT Department	From:	
Fax:	502-585-8457	Page(s):	
Phone:	502-585-8210	Date:	
Re:	EPSDT Eligibility Confirmation	CC:	

To confirm EPSDT eligibility on five (5) or more members, please fax your request to the EPSDT Department at (502) 585-8457, at least 24 hours in advance. Otherwise, please leave a message on the EPSDT Department Voice Mail at (502) 585-8210.

	Passport Health Plan member I.D. #	Name	D.O.B.	D.O.S.	Shaded Area for Passport Health Plan use <u>only</u> . Eligibility Information: Yes/No/Screen/Eligible Days/Outreach Rep.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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EPSDT Reporting/Billing

Billing for EPSDT Services

Passport Health Plan (PHP) historically required Primary Care Providers (PCPs) to submit an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Form to be reimbursed for these services. Effective October 1, 2010, the EPSDT Screening Form is no longer required for the submission of EPSDT services.

All EPSDT services must now be submitted as part of the standard electronic (837) or paper (CMS-1500) claims submission process.

Steps for Billing EPSDT Services

To submit EPSDT services via claims you must:

- 1. Continue to bill using the same codes** for comprehensive history and physical exam you use today. These codes must correspond with the member's age.
 - 99381-99385 – New Patient Series
 - 99391-99395 – Established Patient Series
- 2. Add an "EP" modifier to the physical exam code** only when all components of the appropriate EPSDT screening interval have been completed and documented in the member's medical record. Do not add the EP modifier to other service being billed (i.e. immunizations). As a reminder, do not bill lab or testing components individually if they were conducted as part of an EPSDT screening interval.
- 3. Acknowledge the following health evaluation services have been completed*** by submitting the appropriate CPT Category II codes, according to the member's age, as outlined below. CPT II codes must include a nominal charge (i.e. \$.01 or \$1.00 not blank or zero) in order to adjudicate correctly.

Member Age:	CPT II Code:	Description:
Two (2) Years and Above	3008F	To confirm the BMI has been performed and documented in the member's medical record.
Nine (9) Years and Above	2014F	To confirm the member's mental status has been assessed and documented in the member's medical record.

*Please note this requirement does not apply to EPSDT services rendered prior to October 1, 2010.

NOTE: Failure to submit these codes as required above will result in denial of the EPSDT payment.

Other EPSDT Components

All other components of the EPSDT program remain unaffected by this claims processing change, including eligibility status and the EPSDT Periodicity Schedule. PHP will continue to reimburse EPSDT screenings fee-for-service at the current rate.

EPSDT Services Requiring Resubmission

The EPSDT Screening Form will no longer be accepted by the Plan for resubmission, regardless of the date of service. All EPSDT services requiring resubmission must be submitted to the Plan via the billing process described above.

Other Codes for Capturing Health Status Information

The Plan encourages all providers to submit additional CPT Category II codes to describe and report other important health status information. Examples include:

- 1035F – Current Smokeless Tobacco User
- 1039F – Intermittent Asthma
- 1000F – Tobacco Use Assessed (CAD, CAP, COPD, PV, DM)
- 4004F – Patient Screened for Tobacco Use and Received Tobacco Cessation Counseling (if identified as a tobacco user)

The Plan accepts all valid CPT Category II codes. These codes are for informational purposes only and do not qualify for reimbursement. However, these codes must be submitted with a nominal charge (i.e. \$.01 or \$1.00 not blank or zero) in order to adjudicate correctly. Codes will display as denied on the remittance advice with a description stating “non-covered services.”

EPSDT Resources

All providers are encouraged to review medical history and use the online ikaProHEDIS+ program on www.passporthealthplan.com/provider/secure/ to determine appropriate delivery of EPSDT services. This online application uses claims data to provide real-time preventive and chronic care screening information, including EPSDT screens due.

EPSDT Expanded Services

EPSDT Expanded Services are those services required to treat conditions detected during an encounter with a health care professional and eligible for payment under the Federal Medicaid program but not currently recognized under the State plan. All Passport Health Plan members under the age of 21 are also eligible for EPSDT Expanded Services when such services are determined to be medically necessary. There is no limitation on the length of approval for these services so long as the conditions for medical necessity continue to be met and the member remains eligible for Passport Health Plan benefits.

Prior Authorization Process for EPSDT Expanded Services

Providers must forward all requests for EPSDT Expanded Services to the Passport Health Plan Utilization Management department for medical necessity review.

Providers must also attach a letter of medical necessity outlining the rationale for the request and the benefit that requested service(s) will yield for the member. Although Utilization Management will accept letters of medical necessity from either a member's PCP, a participating specialist or ancillary provider, the PCP will be asked to approve the treatment plan if he/she was not involved in the initial request to ensure continuity of care.

Procedure for obtaining PCP approval:

1. If a request for EPSDT Expanded Services and letter of medical necessity are received without prior approval from the PCP, Utilization Management will attempt to contact the PCP to obtain his/her approval.
2. If the PCP is contacted but does not approve the request, he/she will be asked to contact the requesting provider to discuss the case and offer alternatives.
3. If the PCP disapproves but the specialist and the Passport Health Plan Medical Director agree the service is necessary, the Medical Director may approve it. The Chief Medical Officer may also be involved in determining the appropriateness of the proposed treatment plan.

EPSDT Expanded Services Approval Process

1. When the Chief Medical Officer or his/her designee approves a request, the prescriber will be asked to identify a provider for the service if this was not already done. The provider should contact the Passport Health Plan Utilization Management department for a case reference number by calling 1-800-578-0636 or by mailing to:
Passport Health Plan
305 W. Broadway, 3rd Floor
Louisville, KY 40202
Attn: Utilization Management
2. The provider of services will be responsible for conducting concurrent reviews with the Passport Health Plan Utilization Management department in order to obtain authorization to extend the approval of services. The provider of services is also responsible to verify the member's eligibility prior to each date of service.

EPSDT Expanded Services Denial Process

Prior to denying any request, the Chief Medical Officer or his/her designee will make a good faith effort to contact the prescriber to discuss the case.

If the request is denied in full or part, the Plan will send a letter detailing the rationale for the decision and appeal options to the prescriber, member, and the provider of service or advocate working on behalf of the member (if identified).

EPSDT Screenings

EPSDT Screenings include these areas of health the PCP must check for members ages birth to 21 years:

- Medical history and physical exams
- Vision
- Hearing
- Nutrition
- Mental health, substance abuse and other age appropriate counseling
- Dental
- Lab tests including blood lead level
- Immunizations
- Growth and development check: (social, personal, language, and motor skills)

Members should have an EPSDT Screening at the following ages:

Infancy	Early Childhood	Middle Childhood	Adolescence
Birth to 1 month	15 months	5 years	11 years
2 months	18 months	6 years	12 years
4 months	2 years	8 years	13 years
6 months	3 years	10 years	14 years
9 months	4 years		15 years
12 months			16 years
			17 years
			18 years
			19 years
			20 years

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 • 2010

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.

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 first dose administered at younger than age 12 months and second dose administered at younger than 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	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
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 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	6 months	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

- 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.
- 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 0 days or older.
 - The maximum age for the final dose in the series is 8 months 0 days.
 - If Rotarix was administered for the first and second doses, a third dose is not indicated.
- 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.
- 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 who have not previously received Hib vaccine 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 the second dose at least 4 weeks later and a final dose at age 12 through 15 months.
- 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, including a cochlear implant, at least 8 weeks after the last dose of PCV. See *MMWR* 1997;46(No. RR-8).
- Inactivated poliovirus vaccine (IPV).**
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- Measles, mumps, and rubella vaccine (MMR).**
 - Administer the second dose routinely 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.
- Varicella vaccine.**
 - Administer the second dose routinely 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.
- Hepatitis A vaccine (HepA).**
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- 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.
- 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 1 to 2 and 6 months after the first dose). 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 administered at least 24 weeks after the first dose.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/vaccines> or telephone, 800-CDC-INFO (800-232-4636).

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

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					
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	^{see footnote 3}	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV				PPSV
Inactivated Poliovirus ⁶				IPV	IPV			IPV				IPV
Influenza ⁷							Influenza (Yearly)					
Measles, Mumps, Rubella ⁸							MMR		^{see footnote 8}			MMR
Varicella ⁹							Varicella		^{see footnote 9}			Varicella
Hepatitis A ¹⁰							HepA (2 doses)					HepA Series
Meningococcal ¹¹												MCV

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <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) 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. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. 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 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

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 0 days or older.
- The maximum age for the final dose in the series is 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.
- Tri-HiBit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

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 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

7. Influenza vaccine (seasonal). (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 children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- 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.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

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

- Administer the second dose routinely 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.

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

- Administer the second dose routinely 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.

10. 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 older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

The Recommended Immunization Schedules for Persons Aged 0 through 18 Years are approved by the Advisory Committee on Immunization Practices (<http://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

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2010

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			Tdap	Tdap
Human Papillomavirus ²		<i>see footnote 2</i>	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		Hep B Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		

Range of recommended ages for all children except certain high-risk groups
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <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) 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)
 - Two HPV vaccines are licensed: a quadrivalent vaccine (HPV4) for the prevention of cervical, vaginal and vulvar cancers (in females) and genital warts (in females and males), and a bivalent vaccine (HPV2) for the prevention of cervical cancers in females.
 - HPV vaccines are most effective for both males and females when given before exposure to HPV through sexual contact.
 - HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.
 - HPV4 is recommended for the prevention of cervical, vaginal and vulvar precancers and cancers and genital warts in females.
 - Administer the first dose to females at age 11 or 12 years.
 - Administer the second dose 1 to 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.
 - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of acquiring genital warts.
- 3. Meningococcal conjugate vaccine (MCV4).**
 - 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.
 - Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, or certain other conditions placing them at high risk.
 - Administer to children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose. See *MMWR* 2009;58:1042–3.

- 4. Influenza vaccine (seasonal).**
 - Administer annually to children aged 6 months through 18 years.
 - For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), 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.
 - For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine. See *MMWR* 2009;58(No. RR-10).
- 5. Pneumococcal polysaccharide vaccine (PPSV).**
 - Administer to children with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition. See *MMWR* 1997;46(No. RR-8).
- 6. Hepatitis A vaccine (HepA).**
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- 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).**
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
 - 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 only 1 dose has been administered.
 - 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.

