



## VFC ADMINISTRATION CODES

Vaccines provided through the VFC Program include:

- |                                    |   |
|------------------------------------|---|
| <b>DT</b>                          | <b>Administration Procedure Code 90702SL</b> <ul style="list-style-type: none"><li>• Provided to VFC-eligible children if pertussis vaccine is contraindicated and the child is younger than seven years of age.</li></ul>  |
| <b>DTaP</b>                        | <b>Administration Procedure Code 90700SL</b> <ul style="list-style-type: none"><li>• Recommended for all doses in the DTP series.</li></ul>   |
| <b>DTaP/Hep B/IPV</b>              | <b>Administration Procedure Code 90723SL</b> <ul style="list-style-type: none"><li>• Licensed for the 3-dose primary series.</li></ul>  |
| <b>DTaP/Hib/IPV (Pentacel)</b>     | <b>Administration Procedure Code 90698SL</b> <ul style="list-style-type: none"><li>• Provided to all VFC- eligible children 6 weeks through 4 years of age.</li></ul>   |
| <b>DTaP/IPV (Kinrix)</b>           | <b>Administration Procedure Code 90696SL</b> <ul style="list-style-type: none"><li>• Booster dose provided to all VFC-eligible children 4 through 6 years of age.</li></ul>   |
| <b>e-IPV</b>                       | <b>Administration Procedure Code 90713SL</b> <ul style="list-style-type: none"><li>• Provided to all VFC-eligible children 6 weeks through 18 years of age.</li></ul>   |
| <b>Hep A</b>                       | <b>Administration Procedure Code 90633SL</b> <ul style="list-style-type: none"><li>• Provided to VFC-eligible children who are at least 2 years of age through 18 years of age.</li></ul>   |
| <b>Hep A/Hep B</b>                 | <b>Administration Procedure Code 90636SL</b> <ul style="list-style-type: none"><li>• Provided to VFC-eligible children who are 18 years of age ONLY.</li></ul>  |
| <b>Hep B</b>                       | <b>Administration Procedure Code 90744SL</b> <ul style="list-style-type: none"><li>• Provided to all VFC-eligible children 0 through 18 years of age.</li></ul>   |
| <b>Hep B/Hib</b>                   | <b>Administration Procedure Code 90748SL</b> <ul style="list-style-type: none"><li>• The recommended schedule is 2 months, 4 months, and 12-15 months of age.</li></ul>   |
| <b>Hib</b>                         | <b>Administration Procedure Codes 90647SL or 90648SL</b> <ul style="list-style-type: none"><li>• Provided to all VFC-eligible children 6 weeks of age to 59 months of age.</li></ul>  |
| <b>Human Papilloma Virus (HPV)</b> | <b>Administration Procedure Code 90649SL</b> <ul style="list-style-type: none"><li>• Provided to all VFC- eligible children and adolescents age 9 years through 18 years.</li></ul>   |
| <b>Influenza</b>                   | <b>Administration Procedure Code 90655SL</b> <ul style="list-style-type: none"><li>• Provided for all VFC-eligible children 6 months through 23 months.</li></ul> <b>Administration Procedure Code 90656SL</b> <ul style="list-style-type: none"><li>• Provided for all VFC-eligible children 3 years through 18 years.</li></ul> |

Appendix - VFC Administration Codes

	<p><b>Administration Procedure Code 90658SL</b></p> <ul style="list-style-type: none"> <li>• Provided for all VFC-eligible children 3 years through 18 years.</li> </ul>
	<p><b>Administration Procedure Code 90660SL</b></p> <ul style="list-style-type: none"> <li>• Provided for all VFC-eligible children 2 years through 18 years.</li> </ul>
<b>Measles, Mumps, Rubella and Varicella (MMRV)</b>	<p><b>Administration Procedure Code 90710SL</b></p> <ul style="list-style-type: none"> <li>• Provided for children and adolescents age 1 year through 12 years.</li> </ul>
<b>Meningococcal</b>	<p><b>Administration Procedure Code 90734SL</b></p> <ul style="list-style-type: none"> <li>• Provided for children and adolescents age 2 years through 18 years.</li> </ul>
<b>MMR</b>	<p><b>Administration Procedure Code 90707SL</b></p> <ul style="list-style-type: none"> <li>• Provided to all VFC-eligible children 12 months through 18 years of age. Series includes 2 doses; 2nd dose provided at least 24 days after the first dose.</li> </ul>
<b>Pneumococcal 23-valent (Polysaccharide)</b>	<p><b>Administration Procedure Code 90732SL</b></p> <ul style="list-style-type: none"> <li>• Provided only to VFC-eligible children 2 years through 18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (as specified above), who are Alaskan Native or American Indian, or who have received a bone marrow transplant.</li> </ul>
<b>Pneumococcal 7-valent (Conjugate)</b>	<p><b>Administration Procedure Code 90669SL</b></p> <ul style="list-style-type: none"> <li>• All infants and children at least 6 weeks of age through 59 months old. Groups identified by ACIP as being at highest risk include infants, toddlers through 24 months old, children with sickle cell disease or anatomical asplenia, chronic illnesses, immunocompromising conditions, or HIV infection. Groups at moderate risk include toddlers 24-35 months old, children of African American, American Indian, and Alaskan Native descent, and children who attend out of home child care between 35 and 59 months of age.</li> </ul>
<b>Rotavirus (Rotarix)</b>	<p><b>Administration Procedure Code 90680SL</b></p> <ul style="list-style-type: none"> <li>• Provided to all VFC- eligible children who are 6 weeks through 32 weeks of age. Series includes a three dose vaccine.</li> </ul>
<b>Rotavirus (Rotarix)</b>	<p><b>Administration Procedure Code 90681SL</b></p> <ul style="list-style-type: none"> <li>• Provided to all VFC- eligible children who are 6 weeks through 32 weeks of age. Series includes a two dose vaccine.</li> </ul>
<b>Td</b>	<p><b>Administration Procedure Code 90718SL and 90714SL</b></p> <ul style="list-style-type: none"> <li>• Booster recommended for 11-18 year old children if 5 years have elapsed since the previous booster dose.</li> <li>• Tetanus and diphtheria (Td) adsorbed, preservative free, for use in children age 7 years or older, for intramuscular use.</li> </ul>

Appendix - VFC Administration Codes

**Tetanus, Diphtheria  
Toxoids and Acellular  
Pertussis (Tdap)  
Varicella**

**Administration Procedure Code 90715SL**

- Provided for children and adolescents age 11 years through 18 years.

**Administration Procedure Code 90716SL**

- Provided to VFC-eligible children who are at least 12 months of age through 18 years.

**END OF SECTION**

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