



Texas Children's
Health Plan
A subsidiary of Texas Children's Hospital

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Provider NEWS

July 2004

Providers must follow marketing guidelines for CHIP and Medicaid

Texas has established specific marketing guidelines and limitations for the Children's Health Insurance Program (CHIP) and Medicaid health maintenance organizations. These guidelines ensure consumers receive accurate and unbiased information.

Providers may engage in a variety of activities to encourage families to apply to TexCare for CHIP coverage. Examples of acceptable and unacceptable marketing practices include, but are not limited to, the following:

- Distribute application booklets to families with uninsured children.
- Play videos that promote TexCare.
- Inform patients of the toll-free TexCare hotline.
- Educate patients about TexCare or CHIP.

CHIP providers may not:

- Promote the selection of specific health plans within the context of the CHIP enrollment process.
- Assist families in completing the health plan selection form.
- Distribute health plan marketing materials in their offices.

CHIP marketing guidelines

CHIP providers may:

- Display posters, brochures or other written materials.

(See Marketing on Page 4.)

TCHP implements new policy changes to Prior Authorization Process

In an effort to minimize administrative burdens for providers, Texas Children's Health Plan recently evaluated its list of services that require Prior Authorization. After careful consideration, the following policy changes will be implemented July 1, 2004.

- Chiropractic services for STAR members under age 21, sleep studies, sleep labs, chronic pain medications, pain clinic, medical social services and referral extensions no longer require Prior Authorization from TCHP.
- Positron Emission Tomography (PET) scans and Single Photon Emission Computed Tomography (SPECT) scans require Prior Authorization.
- Durable medical equipment (DME) and injectable drugs with a total cost of more than \$500 require Prior Authorization from TCHP.

Previously, the cost provision was much lower for these services (\$150 for DME and \$200 for injectable drugs).

Specialty care

Texas Children's Health Plan members should access medically necessary specialty care through both the Referral Process and the Prior Authorization Process.

Enclosed with this newsletter is a complete listing of services that require Prior Authorization, effective July 1, 2004. Providers should contact their Provider Relations representative if they need assistance selecting a participating provider, obtaining prior authorizations, understanding which services require authorization or if they have questions about the process.



TCHP membership lists aid primary care providers

Texas Children's Health Plan sends primary care providers (PCPs) a listing of Children's Health Insurance Program (CHIP) and Medicaid health maintenance organizations (HMO) members assigned to their panels by the 10th day of each month.

These lists include demographic information such as the member identification number, member name, date of birth and plan effective dates. The lists can be used to:

- Monitor PCP panel growth in each TCHP product.
- Confirm member demographic information as it appears in

the TCHP eligibility files.

- Conduct member education.
- Encourage CHIP and Medicaid HMO members to visit their PCP office for preventive care services.

The PCP membership lists should not be used to verify eligibility. A more reliable resource for verifying eligibility is TCHP's Fax Recall system or TCHP's Web-based system, ePOWER. For more information on Fax Recall or ePOWER, please contact your Provider Relations representative.

TCHP offers serum through Vaccines for Children

The Texas Department of Health uses the Centers for Disease Control and Prevention's federal contracts to purchase vaccines for the Children's Health Insurance Program (CHIP) and Medicaid health maintenance organization (HMO) members at federal prices.

When providers obtain serum for CHIP and Medicaid HMO members from the Vaccines for Children (VFC) program, the state pays for the serum and Texas Children's Health Plan pays for charges to administer the immunizations. TCHP encourages providers to take

advantage of this beneficial program.

When administering immunizations to CHIP and Medicaid HMO members, providers should continue to bill TCHP for both the serum and the administration components of immunizations. This ensures that TCHP maintains a record of preventive care services provided to its members. Upon receipt of the claim, TCHP will issue payment for the administration of immunizations and deny the serum using the following description: "Obtain serum from VFC Program."

Provider enrollment, provider profile

and provider listing forms are available in the "Vaccines for Children" section of the TCHP Provider Manual. These forms assist providers' offices with plan administrative requirements and must be completed prior to enrollment in the VFC program. Provider Relations' representatives can assist offices with contacting local VFC program coordinators.

Providers not currently participating in the VFC program can enroll by contacting the Texas Department of Health's Texas Vaccines for Children Program (TVCP) Division at 1-800-252-9152.

CHIP, STAR members don't require referral forms

Texas Children's Health Plan does not require the use of paper Referral Forms for payment of claims for its members.

Members should see their primary care provider (PCP) initially and be directed for specialty care. Primary care providers are the gatekeeper for all care provided to TCHP members.

PCPs and specialists should continue to communicate clinical

information about TCHP members in the traditional manner. However, it is not necessary for specialists to submit a completed referral form to TCHP in order to receive payment on claims.

Certain services continue to require prior authorization from TCHP. These include: outpatient procedures, inpatient admissions, therapy treatments, MRIs, CT scans, and out-of-network referrals.

Updates made to immunization guideline

Enclosed is a copy of the July through December 2004 pediatric immunization schedule, recently released by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip).

TCHP's Medical Advisory Committee adopted the recommended schedule June 3, 2004. Please take a few minutes to become familiar with the newly revised guideline.

Health Plan to move

Texas Children's Health Plan is moving its administrative offices to the Nabisco building on Holcombe Blvd. Wednesday through Friday, July 21-23. Look for more information on this move in your next provider packet correspondence.



Fax Recall

An automated system

With a simple phone call, check eligibility, benefits and claims status . . . 24 hours a day, Monday through Saturday.

- Call 832-825-7921
- Enter member's identification number
- Enter provider's fax number
- Information sent to provider within three minutes



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Contact your Provider Relations representative for more information.

Provider Relations can help resolve concerns

Texas Children's Health Plan is committed to providing excellent customer service to its providers. Any provider who feels TCHP is not meeting this goal should contact a Provider Relations representative for assistance. Provider Relations, which is part of the Network Development department, is the first resource for resolving concerns.

By definition, a Provider Concern is a provider's administrative concern or inquiry, not placed on behalf of a member, regarding claims payment, accessibility, contract administration, TCHP staff members, plan administration, member services or any TCHP process. TCHP resolves Provider Concerns by clearing up misunderstandings or supplying appropriate information to the satisfaction of the provider. Provider Concerns do not include a provider's dissatisfaction or disagreement with an Adverse Determination.

To review a Provider Concern with your Provider Relations representative, please contact the representative directly or call the Network Development department at 832-824-2695.

On occasion, a Provider Concern may evolve into a Provider Complaint. A Provider Complaint is defined as a provider's dissatisfaction, not placed on behalf of a member, regarding continued claims disagreement following an appeal. Provider Complaints also include problems with accessibility, contract administration, TCHP staff members, plan adminis-

tration, member services or any TCHP process. Provider Complaints do not include a provider's dissatisfaction or disagreement with an Adverse Determination.

Provider Complaints should be submitted in writing to TCHP using the "Provider Complaint Form," located in the TCHP Provider Manual and on the TCHP Web site.

How to file a Provider Complaint with TCHP

- Print the "Provider Complaint Form" directly from the Web site or copy the form from the TCHP Provider Manual.
- Complete the form.
- Mail or fax this form to:
Attention: Network Development Department
Texas Children's Health Plan
P.O. Box 301011, MB 8301
Houston, TX 77230-1011
Fax: 832-825-2194

The complaint will be investigated and a response will be sent by the Network Development department within 45 days of receipt of all necessary information to complete the resolution.

Claims issues must be appealed prior to filing a Provider Complaint. Documentation related to the appeal must accompany your Complaint Form. Please keep in mind that claims are subject to a 180-day appeal and resubmission deadline.

Provider Relations representatives improve communication

Texas Children’s Health Plan encourages positive communication with its participating providers. Each provider office has been designated a Provider Relations representative. The Provider Relations representative is available to assist with any issues that may arise regarding TCHP and has the ability to coordinate issues between a provider’s office and any department within TCHP.

TCHP Provider Relations representatives	Geographic territory	Phone number
Mike Banda	North, northwest	832-824-6974
Denise Allison	North, northeast	832-824-6979
Denise Evans-Turner	South, southwest	832-824-2963
Lucie Lara	East	832-824-6890
Susie Mancillas	West	832-824-6970
Roland Munguia	South	832-824-6855

How to file claims appeals and resubmissions

If a processed claim requires further review or consideration from TCHP, a physician’s office may file a claims appeal or resubmission within 180 days of the claim processing date to be eligible for payment.

Each appeal and resubmission should be submitted using the Appeal or Resubmission cover sheets located in the “Compensation” section of the TCHP Provider Manual and

should be accompanied by proof of timely filing.

A health plan explanation of benefits (EOB) statement or other health plan correspondence will be accepted as proof of timely filing. EDI acceptance reports also are accepted as proof of timely filing.

A rejection report from an electronic claims vendor is not acceptable proof of timely filing.

Marketing *(continued from Page 1)*

CHIP patient education procedures

CHIP providers may:

- Inform patients about the plans in which they participate.
- Inform patients of the benefits, services and specialty care providers offered through the CHIP plans in which they participate.
- At the patients’ request, give the patients the information necessary to contact a particular health plan.
- Distribute or display written health-educational materials or health-related posters (no larger than 16 x 24 inches), provided this is done for all plans in which the provider participates. (These materials may have the health plan’s name, logo, and phone number.)
- Display plan stickers (no larger than 6 x 8 inches) indicating they participate with a particular health plan, as long as they do not indicate anything more than “health plan is accepted or welcomed here.” In the case of CHIP-specific materials, stickers must feature the TexCare logo.

Marketing guidelines

Providers may:

- Display state-approved, health-related marketing materials, provided it is done equally for all plans in which they participate. Providers cannot give out or display plan-specific marketing items or giveaways.
- Only directly contact potential members with whom they have an established relationship.
- Inform patients of special services offered by all health plans in which they participate.
- Inform patients of particular hospital services, specialists or specialty care available in all plans in which they participate.
- Assist a patient by contacting a plan to determine if a particular specialist or service is available if the patient requests this information.
- Provide the necessary information for the patient to contact a particular plan, but cannot promote any plan over another, if the patient requests

this information.

- Display plan stickers indicating they participate with a particular health plan as long as they do not indicate anything more than “health plan is accepted or welcome here.”

Providers may not:

- Stock, reproduce or assist in completing or otherwise handle the enrollment form. (Information can be provided as outlined above, and patients can be reminded that they can enroll easily over the phone with MAXIMUS. However, the call must be made by the patient, not by the provider or a provider’s agent.)
- Influence a patient to choose one health plan over another.
- Influence patients based on reimbursement rates or methodology used by a particular plan.

Providers must:

- Providers must inform patients of all health plans in which the provider participates.

Understand the electronic claims submission process

TCHP wants providers to understand the electronic claims submission process. Below are some helpful guidelines.

CHIP and Individual Medical Coverage

TCHP accepts HIPAA-compliant CHIP and Individual Medical Coverage product claims electronically through THIN (The Health Information Network) or WebMD.

The CHIP and Individual product payer ID number is 76048. HCFA-1500 claims are accepted through THIN and WebMD. UB92 claims are accepted only through WebMD.

Providers should consult with their practice management software vendor and clearinghouse to determine their ability to submit HIPAA-compliant claims.

STAR

TCHP accepts HIPAA-compliant STAR claims electronically through THIN. The STAR payer ID number is TXCSM.

STAR claims should be filed using receiver type "F." Receiver type "D" can be used for claim entry, but claim edits are more stringent and will likely result in a higher number of claim rejections.

Only claims filed on a HCFA 1500 form are accepted through THIN at this time. The appropriate Medicaid provider number or TPI number must be included for each type of service, such as sick visits and THSteps.

For more information about THIN or to become a THIN submitter, visit their Web site at www.thinedi.com/provider/index.htm.

HIPAA

Please ensure that all claims submitted contain HIPAA-compliant data. TCHP's Companion Guides for HIPAA Transaction Code Set 837 are available on our Web site at www.texaschildrenshospital.org/healthplan. The Companion Guides also are available in hard copy upon request or in an electronic format.

EDI rejections

If a claim does not meet the vendor's clearinghouse requirements, a rejection report will be submitted to the provider's electronic claims vendor. It is imperative that providers review these reports in a timely manner and make corrections for resubmission.

If the claim is accepted by the clearinghouse but rejected by TCHP, TCHP will send the provider a cover letter and an EDI claim copy. The EDI claim copy documents the date of receipt and can be used to document proof of timely filing.

Resubmissions

Corrections that are made prior to the claim filing deadline can be resubmitted electronically.

Corrections made after the filing deadline must be submitted in paper format along with proof of timely filing and a "Claim Resubmission Form," which can be found in the "Compensation" section of the Provider Manual. Although acceptance reports from an electronic claims vendor are proof of timely filing, rejection reports are not.

For assistance with claims processing or EDI questions, contact a Provider Relations representative at 832-824-2695.

TCHP welcomes new providers

Robert Aguilar, DPM	Podiatry	Harcharan Narang, MD	Internal Medicine
Harold Andersen, DPM	Podiatry	Arun Nayar, MD	Ophthalmology
Michael Blackwell, MD	Orthopedic Surgery	George Noon, MD	Cardiovascular & Thoracic Surgery
Jon Bode, MD	Family Practice	Sharron O'Day, DO	Family Practice
Keith Bourgeois, MD	Ophthalmology	Juan Carlos Ortega, MD	Family Practice
Harold Condara, Jr., MD	Cardiology	Hernan Patino, MD	Surgery
James Dee, MD	Internal Medicine	Leonidas Pena, MD	General Surgery
Jorge Duchicela, MD	Family Practice	Asaf Qadeer, MD	Family Practice
Olga Duchicela, MD	Family Practice	Manuel Ramirez, MD	Family Practice
Rosalyn Gayle, MD	OB/GYN	Anibal Rossel, MD	Internal Medicine
Robert Haydon, MD	Family Practice	Farzana Sahi, MD	Internal Medicine
Todd Hovis, MD	Ophthalmology	Nihal Siddiqui, MD	Family Practice
Toni Keaton, MD	Internal Medicine	Dominic Sreshta, MD	Internal Medicine
David Krenek, DC	Chiropractic	Gregg Workman, MD	Family Practice
Lori Learned-Burton, MD	Ophthalmology	Julie Beth Yelin, MD	Ophthalmology
Susan Miller, MD	Family Practice	Robert Youens, MD	Family Practice



eSTEPP

A Web-based system

With the click of a mouse, log on to eSTEPP and view claims status and verify member eligibility . . . in real time.



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Contact your Provider Relations representative for more information.

Encourage families to stay safe on the road

Car crashes are the No. 1 killer of kids. In Harris County, a child 15 years old or younger was killed in a car crash every 12 days and a child was injured every hour (Houston TraumaLINK, 2003). With school out, families will travel more on the roads this summer. Providers should educate their families on how to stay safe.

Encourage everyone in the car to buckle up, regardless of the trip's length. Children copy what they see adults do, so parents should set a good example by buckling up too. A family rule should be, "This car does not move unless we all are buckled up." Parents should be prepared to sit and wait or even pull over and stop the car if the child unbuckles the seatbelt.

Seats of cars are designed to fit adults, so children 4 to 8 years old do not fit them. Because the shoulder belt rubs the

neck, children often put the belt behind them or under an arm. A safer solution is to use booster seats. By making the seatbelts fit right, booster seats offer more protection in a crash. School-age children who can sit without squirming may prefer a low-back booster, which is less visible to peers.

Temperatures in a closed car can rise to deadly levels in minutes. Urge parents to check car seats and buckles, which can get hot, before putting their children in them. Remind parents that Texas law forbids them to leave children younger than 7 years old unattended in a car.

Contact Texas Children's Center for Childhood Injury Prevention at 832-824-2159 for educational materials on child passenger safety for your practice. We also offer appointments for helping families install their safety seats.



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Services requiring Prior Authorization

Providers should request Prior Authorization from TCHP Medical Management at least three to five (3-5) business days prior to the scheduled date of service. **Late notification may result in non-approval.** Requests for authorization for services that are medically urgent can be obtained by calling Medical Management immediately. Provided the requested services are a covered benefit and the member is eligible, the following services must be authorized by TCHP:

Inpatient admissions requiring authorization

- All inpatient admissions (acute, skilled or rehabilitation)
- Twenty-three (23) hour observation

Outpatient services requiring authorization

- Outpatient/ambulatory surgeries including any invasive procedures (i.e. scopes)
- Physical, speech and occupational therapy treatment
- Home health services
- Nutritional counseling
- Biofeedback
- Services provided at The Learning Support Center at TCH (must be authorized by CompCare)
- Hospice
- MRIs of all anatomical areas
- CT scans
- Positron Emission Tomography (PET) scans
- Single Photon Emission Computed Tomography (SPECT) scans

Other procedures or services requiring authorization

- Organ transplant evaluation
- Hearing aids
- All durable medical equipment (DME) with a total cost of more than \$500
- Orthotics
- Requests for services by out-of-network providers
- Injectable drugs with a total cost of more than \$500, excluding those available through the Vendor Drug Program
- Services or procedures for treatment of TMJ
- Podiatry services for STAR members (under age 21) and CHIP members (except CPT 10060, 10061, 11720, 11721, 11730, 11732, 11740, 11750, 11752, 11755, 11760, 11765, 11770, and evaluation and management office visit CPT codes)

Diagnostic exceptions.

The following services do not require Prior Authorization from TCHP:

- All routine x-rays
- Ultrasounds
- Bone/thyroid scan
- VCUG
- DMSA, bone biopsy/aspiration
- Physical, speech and occupational therapy evaluations
- STAR Medicaid HMO members may access STD services and HIV diagnosis services without prior authorization or referral from the PCP or TCHP.
- Nebulizers

Providers who have questions about the Prior Authorization process or which services require authorization should contact their Provider Relations representative.

Texas Children's Health Plan, Inc.

Prior Authorization Request Form

Phone: (832) 824-2600 (800) 990-TCHP (8247)

Fax: (832) 825-2836

Date: _____

Your Name: _____

Member Name: _____

Office Number: _____

Fax Number: _____

Date of Birth: _____

Sex: M or F (circle one)

Primary Care Physician: _____

Subscriber ID#: _____

HMO Name: _____

Other Insurance: _____

Referring Physician: _____

Requested Provider: _____

Diagnosis: _____

ICD-9 code(s): _____

Requested service(s)/procedure(s): _____

CPT-4 code(s): _____

Place of service: _____

Inpatient Outpatient

Observation (up to 23 hour stay)

Date of service: _____

Surgical assistant required

Anesthesia required

(PLEASE ATTACH ALL DOCUMENTATION RELEVANT TO THE REQUESTED SERVICE.)

(PLEASE DO NOT WRITE BELOW THIS LINE)

Approved Denied

Authorization Number: _____

Expiration Date: _____

Services authorized (if different from services requested):

IC: _____

RN: _____

Medical Director: _____

* Payment of claims is based upon eligibility and benefits of the member at the time of service.

Recommended Childhood and Adolescent Immunization Schedule United States - July–December 2004

Vaccine	Age	Range of Recommended Ages				Catch-up Immunization				Preadolescent Assessment			
		Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	24 mo	4-6 y	11-12 y	13-18 y
Hepatitis B ¹		HepB #1	only if mother HBsAg (-)										
			HepB #2		HepB #3				HepB series				
Diphtheria, Tetanus, Pertussis ²			DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td	
<i>Haemophilus influenzae</i> Type b ³			Hib	Hib	Hib		Hib						
Inactivated Poliovirus			IPV	IPV	IPV				IPV				
Measles, Mumps, Rubella ⁴						MMR #1				MMR #2	MMR #2		
Varicella ⁵						Varicella				Varicella			
Pneumococcal ⁶			PCV	PCV	PCV	PCV				PCV	PPV		
Influenza ⁷					Influenza (Yearly)				Influenza (Yearly)				
Hepatitis A ⁸									Hepatitis A Series				

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of April 1, 2004, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. 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 can be found on the Internet: www.vaers.org or by calling 800-822-7967.

1. Hepatitis B (HepB) vaccine. All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9–15 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

4. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at age 11–12 years.

5. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons age ≥13 years should receive 2 doses, given at least 4 weeks apart.

6. Pneumococcal vaccine. The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2–23 months. It is also recommended for certain children age 24–59 months. The final dose in the series should be given at age >12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-35.

7. Influenza vaccine. Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2004;53[RR-6]:1-40) and can be administered to all others wishing to obtain immunity. In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–23 months are recommended to receive influenza vaccine, because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2004;53[RR-6]:1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if 6–35 months or 0.5 mL if ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

8. Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12):1-37.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip/ or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).