

Injectables Matrix 2014



Self Injectables	Injectables Provider	Injectables Home IV	Injectables OP Facility	Immunizations & Flu Vac. ** 90655 - 90658, 90660 submit directly to health plan for ages 5 - 17	Prenvax - 90669 90670 (Prenvax-13@Vaccine)	Varivax - 90716 ***Submit 2nd vaccine to Health Plan with documentation of 1st dose	Boostrix® - 90715 Menectra™ - 90734 *Gardasil - 90649 RotaTeq - 90680 & 90681	Chemo IV Office or Home	Fac Chemo OP Facility
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Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Anthem Blue Cross	Blue X CA Care	Blue X CA Care	Blue X CA Care	Blue X CA Care	Blue X CA Care	Blue X CA Care	Blue X CA Care	Blue X CA Care	Blue X CA Care	Blue X CA Care
Anthem Blue Cross Medi-Cal	Blue X MC	Blue X MC	Blue X MC	Blue X MC	Blue X MC	Blue X MC	Blue X MC	Blue X MC	Blue X MC	Blue X MC
Blue Shield	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	Blue Shield
Blue Shield (Medicare)	Blue Shield	Blue Shield	Blue Shield	Blue Shield	PMGSJ	PMGSJ	PMGSJ	PMGSJ	Blue Shield	Blue Shield
Care1st (Medicare)	PMGSJ	PMGSJ	Care1st	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	Care1st
Cigna	Cigna	Cigna > \$250 PMGSJ ≤ \$250	Cigna	Cigna	Cigna Adult PMGSJ Child	Cigna	Cigna	Cigna	Cigna	Cigna
Citizens Choice	Citizens Choice	CChoice > \$250 PMGSJ ≤ \$250	Citizens Choice	Citizens Choice	Citizens Choice	Citizens Choice	Citizens Choice	Citizens Choice	Citizens Choice	Citizens Choice
HealthNet	HealthNet	HealthNet > \$250 PMGSJ ≤ \$250	HealthNet	HealthNet	**HealthNet Adult PMGSJ Child	PMGSJ	PMGSJ	HealthNet	HealthNet	HealthNet
Helath Net Senior (Medicare)	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	PMGSJ	HealthNet
Humana (Medicare)	Humana	Humana	Humana	Humana	PMGSJ	PMGSJ	PMGSJ	PMGSJ	Humana	Humana
United Healthcare	United	United > \$250 PMGSJ ≤ \$250	United	United	PMGSJ	PMGSJ	***United - Child PMGSJ - Adult	United - Child PMGSJ - Adult	United	United
SCFHP	SCFHP	SCFHP > \$250 PMGSJ ≤ \$250	SCFHP	PMGSJ	SCFHP	SCFHP	SCFHP	SCFHP	SCFHP	SCFHP

*United Healthcare requests Gardasil claims to be submitted with CPT code 90649 and no other related services.

** 90656, 90658, 90660 submitted to pediatrics members ages 5 - 17 s/b submitted directly to health plan

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Instructions:

- Forward claim for any injectable to PMGSJ when PMGSJ is indicated.
- Forward claim for any injectable to the Health Plan when the Health Plan is indicated.

This matrix is for general information, and is subject to change.

If you need additional details, please call Provider Services at [\(408\) 937-3604](tel:4089373604) or [937-3612](tel:4089373612)

Please note: The above information is subject to change. Always refer to your EOBs to determine if the Health Plan is to be billed.