

February 4, 2011

# Montana Health Care Programs Notice

## Physicians, Mid-Level Practitioners, Family Planning Clinics, Public Health Clinics, FQHCs, RHCs, and Indian Health Services Providers

### Vaccine Administration Code Update

#### Effective January 1, 2011

Per CPT coding rules, Codes 90460 and 90461 are replacing deleted Codes 90465–90468 for Vaccines for Children (VFC), a program for clients age 0–18.

Code 90460 (non-VFC) is billed for the first component of a vaccine and is reimbursed at \$15.52. Code 90460 SL (VFC) is reimbursed at \$14.13. Code 90461 (non-VFC) is reimbursed at \$8.49. Code 90461 SL is not allowed by the VFC Program and will pay at \$0.00.

Please follow the CPT® coding instructions as outlined in the 2011 CPT® coding book for the proper use of these codes (i.e., face-to-face physician or qualified health care counseling time) recipient age, and add-on coding rules. Also, a combination of these two sets for the same date of service, recipient, and provider will result in a CCI denial, with or without a CCI modifier, because Codes 90471, 90472, 90473, and 90474 are components codes to Codes 90460 and 90461.

The vaccines provided by VFC as of February 23, 2010, and after are:

Code	Description
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule)
90645	Hemophilus influenza B vaccine (Hib), HbOC conjugate (4-dose schedule)
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3-dose schedule)
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4-dose schedule)
90649	Human papilloma virus (HPV) vaccine, Types 6, 11, 16, 18 (quadrivalent), 3-dose schedule, for intramuscular use for both males and females (Gardasil)
90650	Human papilloma virus (HPV) bi-valent Types 16 and 18 (Cervarix), 3-dose schedule for females, intramuscular

Code	Description
90655	Influenza virus vaccine, split virus, preservative free, for children 6–35 months
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90657	Influenza virus vaccine, split virus, for children 6–35 months
90658	Influenza virus vaccine, split virus, for individuals 3 years and above
90660	Influenza virus vaccine, live, for intranasal use
90670	Pneumococcal conjugate vaccine, polyvalent(13 valent), for children under 5 years
90680	Rotavirus vaccine, pentavalent, 3-dose schedule, live for oral use (RotaTeq)
90681	Rotavirus vaccine, human, attenuated, 2-dose schedule, live for oral use (Rotarix)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine, and poliovirus vaccine, inactivated (DTap-IPV), children ages 4–6 years (Kinrix)
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza type B, and poliovirus vaccine, inactivate, for children prior to fifth birthday (Pentacel)
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for individuals younger than 7 years
90707	Measles, mumps and rubella virus vaccine (MMR), live
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV)
90714	Tetanus and diphtheria toxoids (Td), preservative free, for individuals 7 years or older
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
90716	Varicella virus vaccine, live
90718	Tetanus and diphtheria toxoids (Td), for individuals 7 years or older
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTap-HepB-IPV) (Pediarix)
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for individuals 2 years or older
90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135 (tetravalent), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2-dose schedule)
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule)
90748	Hepatitis B and Hemophilus influenza B vaccine (HepB-Hib)

**NOTE:** You may only bill for administration services if performed by or under the direct supervision of a reimbursable professional (i.e., physician, mid-level). All administration of VFC vaccines must be billed on a CMS-1500 at no charge (\$0.00) for the VFC-supplied vaccine and

the administration should have the appropriate modifier (SL) to be reimbursed for the federally-mandated administration rate of \$14.13. See the fee schedule at <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/27.shtml#feeschedule>.

**NOTE:** If a significant separately identifiable Evaluation and Management (E/M) service (e.g., office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code with the appropriate modifier should be reported in addition to the vaccine and toxoid administration codes.

**NOTE:** Administration Code 90460 (VFC) may have multiple units per line because the code can be used for all VFCs. Code 90471, 90473, and 90474 define route of administration.

**NOTE: For rural health clinics (RHCs) and federally qualified health centers (FQHCs) only:** VFC vaccines can be administered at RHCs and FQHCs. However, if the provider sees a client for the sole purpose of administering VFC vaccines, the FQHC/RHC may not bill for this visit. Some vaccines may be billed as a stand-alone visit provided they are administered by a core provider or an RN (under close personal supervision of a physician). Refer to page 2.3 of the RHC/FQHC provider manual located on the Medicaid website for additional information. Services and supplies furnished as incident to core providers by non-core providers (lab techs, LPNs) are included in your rate but are not billable as a stand-alone visit even if the service is performed on a separate day from the core visit.

## Contact Information

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://medicaidprovider.hhs.mt.gov/>**