



# MONTANA HEALTHCARE PROGRAMS NOTICE

September 25, 2017

Physicians, Mid-Level, Family Planning Clinics, Public Health Clinics, Outpatient Hospital

Effective August 25, 2017

Revised CPT Descriptions

## Vaccine Administration Code Update

The Vaccines for Children (VFC) program makes selected vaccines available at no cost to providers for eligible children 18 years old and under. Medicaid will therefore pay only for the administration of these vaccines. HMK children are not eligible for the VFC program. [Please see the CDC website http://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt](http://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt) for the updated dosages.

The vaccines provided by VFC as of 8/25/17 and after are:

Code	Description
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2-dose schedule, for intramuscular. For more information call the VFC Program.
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3-dose schedule, for intramuscular use. For more information call the VFC Program.
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3-dose schedule, for intramuscular use
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90657	Influenza virus vaccine, trivalent (IIV3)split virus, 0.25 mL dosage, for intramuscular use
90658	Influenza virus vaccine, trivalent (IIV3) split virus, 0.5 mL dosage, for intramuscular use
90670	Pneumococcal conjugate vaccine, polyvalent(13 valent), for intramuscular use
90680	Rotavirus vaccine, pentavalent, 3-dose schedule, live for oral use
90681	Rotavirus vaccine, human, attenuated, 2-dose schedule, live for oral use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine, and poliovirus vaccine, inactivated (DTap-IPV), children ages 4–6 years

Code	Description
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza type B, and poliovirus vaccine (DTaP-Hib-IPV), inactivate, for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
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, for intramuscular use
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, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTap-HepB-IPV)
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, quadrivalent (MCV4 or MenACWY), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2-dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use

**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 code should include the appropriate modifier (SL). See the fee schedule on the Physician page.

**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.

## Contact Information

If you have any questions, please contact:

The Prospective Payment System (PPS) Hospital Program Officer at 406-444-7018 or

The Physician Program Officer at 406-444-3995.

[For additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837](tel:8006243958)  
[or email MTPRHelpdesk@conduent.com.](mailto:MTPRHelpdesk@conduent.com)

[Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.](http://www.medicaidprovider.mt.gov)