

July 8, 2010

Montana Healthcare Programs Notice

Physicians, Mid-Level Practitioners, Family Planning Clinics, Public Health Clinics, FQHCs, RHCs, Inpatient Hospital, Outpatient Hospital, Indian Health Services Providers,

Vaccine update

Effective February 23, 2010

Prevnar13(90670) replaces the 7 –valent vaccine (90669). Prevnar13 is generally a 4 dose series for children less than 5 years. A child 2-59 months can benefit from an additional dose of Prevnar13 if they have completed a 4 dose series of the 7-valent. Immunocompromised children older than 5 years but less than 18 years can benefit from a single dose of Prevnar13.

Effective October 16, 2009.

Cervix (90650) is licensed for females 10 – 26 years as a HPV vaccine. Gardasil (90649) is licensed for males and females aged 9 – 26 years. Either Cervix (females) or Gardasil (both males and females) are provided as a VFC through age 18 years.

There will be a mass adjustment in the up coming weeks to reprocess codes 90650 and 90670 that previously were not allowed.

The vaccines provided by Vaccines for Children (VFC), a program for clients ages 0-18, as of February 23, 2010 and after are:

- 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 (Guardasil)
- 90650**- Human papilloma virus (hpv) bi-valent types 16 and 18, (Cervix) 3 dose schedule for females, intramuscular
- 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
- 90669** - Pneumococcal conjugate vaccine, polyvalent (7 valent), for children under 5 years, not valid after date of service May 7, 2010
- 90670** - Pneumococcal conjugate vaccine, polyvalent(13 valent), for children under 5 years **replaces 90669**
- 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 years through 6 years of age, (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 old 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)
- 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 (tetraivalent), 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 1500 at no charge (\$.00) for the VFC supplied vaccine and the administration should have the appropriate modifier (SL) to be reimbursed for the federal mandated administration rate of \$14.13. (See fee schedule.)

<http://medicaidprovider.hhs.mt.gov/providerpages/providertype/27.shtml#feeschedule>

NOTE: Human Papillomavirus (HPV/Gardasil/90649) is provided by (VFC) for clients ages 9 through age 18. Montana Medicaid will reimburse for the administration for both females and males age 9 years old and over and also reimburse for the vaccine from ages 19 to 26. Cervix has been approved for only females, ages 10 through 18 as a VFC. Montana Medicaid reimburses for the administration for females 9 – 18. Both the vaccine and administration will be reimbursed for females 19 – 26.

NOTE: If a significant separately identifiable Evaluation and Management 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: There can only be one initial administration code (90465, 90467, 90471, 90473). For each additional administration, you need to use an add-on code (90466, 90468, 90472, 90474). Be sure to use the appropriate modifier (SL) with each VFC administration.

NOTE: For Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) only: VFC vaccines can be administered at RHCs and FQHCs. 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). Services and supplies furnished as incident to core providers by non-core providers (lab techs, LPNs) are included in your rate but 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

Visit the Provider Information website:

<http://www.mtmedicaid.org>