

January 24, 2014

Montana Health Care Programs Notice

Physicians, Mid-Level Practitioners, Family Planning Clinics, and Public Health Clinics

Effective Immediately

Vaccine Administration Code Update

The vaccines provided by Vaccines For Children (VFC) January 1, 2014 and after are:

Code	Description
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule)
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib- <i>emcee</i>), 4 dose schedule, when administered to children 2–15 months, intramuscular use. New to VFC and was available for order in December 2013. Its use will be very limited. For more information contact the VFC Program.
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)
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
90670	Pneumococcal conjugate vaccine, polyvalent(13 valent), for children under 5 years
90672	Influenza virus vaccine, quadrivalent, live for intranasal use
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)
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, administered to individuals 3 years of age and older, intramuscular use
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

Code	Description
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) (Pediatrix)
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)

Per CPT coding rules, Codes 90460 and 90461 replaced deleted Codes 90465–90468 for Vaccines for Children (VFC), a program for members ages 0–18.

Code 90460 (non VFC) is billed for the first component of a vaccine and is reimbursed at \$21.32. Code 90460 SL (VFC) is reimbursed at \$21.32. Code 90461 (non VFC) is reimbursed at \$12.68. Code 90461 SL is not allowed by the VFC program and will pay at \$0.00.

Code	Modifier	Fee
90460		\$21.32
90460	SL	\$21.32
90461		\$12.68
90461	SL	\$0.00
90471		\$21.32
90471	SL	\$21.32
90472		\$12.68
90472	SL	\$12.68
90473		\$21.32
90473	SL	\$21.32
90474		\$12.68
90474	SL	\$12.68

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). See the fee schedule on the Physician page at <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/27.shtml>.

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.

Contact Information

If you have any questions, please contact Connie Olson at 406.444.3995 or colson2@mt.gov.

For claims questions or additional information, contact Provider Relations at 1.800.624.3958 (toll-free, in/out of state) or 406.442.1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.