



MONTANA HEALTHCARE PROGRAMS NOTICE

April 28, 2017

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

Effective April 1, 2017

90655 & 90644 deleted, 90696 revised

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.

Additional information can be found at the following link:

<http://dphhs.mt.gov/publichealth/immunization>

The vaccines provided by VFC as of 4/1/17 and after are:

Code	Description
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2-dose schedule, for intramuscular. Use of this vaccine is very limited. For more information call the VFC Program.
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3-dose schedule, for intramuscular use. Use of this vaccine is very limited. For more information call the VFC Program.
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-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)
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, 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
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)
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine, and poliovirus vaccine, inactivated (DTap-IPV), children ages 4 -6 years (Kinrix)(Quadracel)
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

Code	Description
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
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 (tetraivalent), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2-dose schedule)
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule)

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
- The Critical Access Hospitals (CAH), Federally Qualified Health Centers (FQHC), and Rural Health Clinics (RHC) Program Officer at 406-444-4834 or
- The Physician Program Officer at 406-444-3995

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaprovider.mt.gov.