



MONTANA HEALTHCARE PROGRAMS NOTICE

October 2, 2020

Physician, Mid-Level, Outpatient Hospital, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Public Health Clinics and Critical Access Hospital (CAH) Providers

Effective October 1, 2020

Reimbursement for CPT Code 90694 FLUAD Quadrivalent

Effective October 1, 2020, Montana Healthcare Programs will reimburse for CPT 90694 FLUAD Quadrivalent. The fee schedule amount for this product is \$61.00. For CAH, reimbursement is at the facility cost-to-charge ratio (CCR). For FQHC and RHC, the vaccine and administration of the vaccine will be considered incident to the physician service.

CPT Code	Description
90694	Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use (65+)

Contact Information

Physician Program Officer (406) 444-3995
Hospital Program Officer (406) 444-4834
FQHC/RHC Program Officer (406) 444-7018

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

[Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.](https://medicaidprovider.mt.gov)