



Montana Healthcare Programs Provider Notice

May 8, 2024

Effective May 1, 2024

Family Planning Clinic, FQHC, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, and RHC Providers

Vaccines for Children Code Update

The Vaccines for Children (VFC) program provides selected vaccines available at no cost to providers for eligible children 18 years old and under. Children enrolled in Healthy Montana Kids (HMK) are not eligible for the VFC Program. Please see the Vaccines for Children Program on the CDC website for updated dosages and the price list.

The administration codes should have the appropriate modifier (SL) to be reimbursed for the federally mandated administration rate. Codes for the VFC supplied vaccines must be billed on the same claim with no charge (\$0.00).

The vaccines provided by VFC are:

Code	Description
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use
90381	1 mL dosage, for intramuscular use
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
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.
90623	Meningococcal conjugate vaccine serogroups A, C, W, Y, B-FHBP, pentavalent, tetanus toxoid carrier
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
90670	Pneumococcal conjugate vaccine, polyvalent (13 valent), for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 Valent (PCV15), for intramuscular use
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90677	Pneumococcal conjugate vaccine, 20 Valent (PCV20), for intramuscular use
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use

Code	Description
90680	Rotavirus vaccine, pentavalent, 3-dose schedule, live for oral use
90681	Rotavirus vaccine, human, attenuated, 2-dose schedule, live for oral use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 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
90697	Diphtheria, tetanus, acellular pertussis, polio, Haemophilus influenzae type b, and hepatitis B vaccine
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
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use
91304	Severe acute respiratory syndrome coronavirus 2 (Covid-19) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage, for intramuscular use
91318	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [Covid-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91319	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [Covid-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91320	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [Covid-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91321	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [Covid-19]) vaccine, mRNA-LNP, 25 mcg/0.25 ml dosage, for intramuscular use

Code	Description
91322	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [Covid-19]) vaccine, mRNA-LNP, 50 mcg/0.5 ml dosage, for intramuscular use

Vaccines and the administration of vaccines are not covered services in an RHC or FQHC setting and are not separately billable, except services provided to children enrolled in HMK.

Healthy Montana Kids (HMK)

Since HMK-enrolled children are not entitled to the VFC program, RHC and FQHC providers may bill Montana Healthcare Programs for vaccines using revenue code 0636 and the vaccine procedure code.

A nurse-only administration visit for an HMK member is reimbursed with revenue code 0771. If the administration was part of a visit with core provider, the administration will bundle with the revenue code submitted for the face-to face visit.

Nurse-only vaccine administration visits are not reimbursable for Montana Medicaid members.

Contact and Website Information

For questions **Error! Bookmark not defined.**, please contact:

- Physician Program Officer, (406) 444-3995, email Stephanie.King@mt.gov
- Hospital Program Officer, (406) 444-7002, email Amanda.Brensdal@mt.gov

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.