



Arkansas Department of Health and Human Services

Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers – Child Health Services/Early and Periodic Screening, Diagnosis, and Treatment

DATE: October 1, 2006

SUBJECT: Provider Manual Update Transmittal # 78

REMOVE

Section	Date
215.110	4-1-05
242.140	4-1-05

INSERT

Section	Date
215.110	10-1-06
242.140	10-1-06

Explanation of Updates

Section 215.110 has been included to include and update the 2006 chart for recommended vaccination schedule as advocated by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

Section 242.140 has been included to add current procedural terminology (CPT) codes to the list of payable vaccination codes for children and to delete procedure codes **90702**, **90712** and **90720** from the list. The table has been rearranged for clarity, and the age range for the use of each vaccine has been added. Several current procedure code descriptions have also been updated.

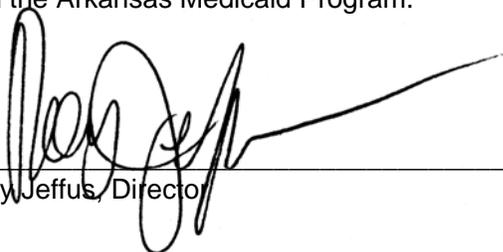
Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.



Roy Jeffus, Director

215.110 Immunization Record

10-1-06

The child's immunization status should be assessed from the child's health record. If the child needs any immunization at the time of the screening, the immunization(s) will be administered as part of the screening process.

Immunizations for childhood diseases are exempt from primary care physician (PCP) referral requirements.

The Arkansas Medicaid program recommends that EPSDT providers follow the immunization schedule shown in the attached chart established by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

The current immunization schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Providers may access the original chart at www.cdc.gov/nip/acip and follow the links to "childhood immunizations."

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2006

Vaccine ▼	Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–12 years	13–14 years	15 years	16–18 years
Hepatitis B ¹	HepB		HepB		HepB ¹		HepB				HepB Series				
Diphtheria, Tetanus, Pertussis ²				DTaP	DTaP	DTaP		DTaP			DTaP	Tdap		Tdap	
<i>Haemophilus influenzae</i> type b ³			Hib	Hib	Hib ¹		Hib								
Inactivated Poliovirus			IPV	IPV		IPV				IPV					
Measles, Mumps, Rubella ⁴							MMR			MMR		MMR			
Varicella ⁵							Varicella					Varicella			
Meningococcal ⁶												MCV4		MCV4	
Pneumococcal ⁷			PCV	PCV	PCV		PCV				PCV		PPV		
Influenza ⁸							Influenza (Yearly)					Influenza (Yearly)			
Hepatitis A ⁹											HepA Series				

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever

any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACIP statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

 Range of recommended ages
 Catch-up immunization
 11–12 year old assessment

- Hepatitis B vaccine (HepB).** *AT BIRTH:* All newborns should receive monovalent HepB soon after birth and before hospital discharge. Infants born to mothers who are HBsAg-positive should receive HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. Infants born to mothers whose HBsAg status is unknown should receive HepB within 12 hours of birth. The mother should have blood drawn as soon as possible to determine her HBsAg status; if HBsAg-positive, the infant should receive HBIG as soon as possible (no later than age 1 week). For infants born to HBsAg-negative mothers, the birth dose can be delayed in rare circumstances but only if a physician's order to withhold the vaccine and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record. *FOLLOWING THE BIRTHDOSE:* The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. It is permissible to administer 4 doses of HepB (e.g., when combination vaccines are given after the birth dose); however, if monovalent HepB is used, a dose at age 4 months is not needed. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of the HepB series, at age 9–18 months (generally at the next well-child visit after completion of the vaccine series).
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap – adolescent preparation)** is recommended at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a Td booster dose. Adolescents 13–18 years who missed the 11–12-year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series. Subsequent tetanus and diphtheria toxoids (Td) are recommended every 10 years.
- Haemophilus influenzae* type b conjugate vaccine (Hib).** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4, or 6 months but can be used as boosters after any Hib vaccine. The final dose in the series should be administered at age ≥12 months.
- Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by age 11–12 years.

- Varicella vaccine.** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses administered at least 4 weeks apart.
- Meningococcal vaccine (MCV4).** Meningococcal conjugate vaccine (MCV4) should be given to all children at the 11–12 year old visit as well as to unvaccinated adolescents at high school entry (15 years of age). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high risk groups (see *MMWR* 2005;54 [RR-7]:1-21); use MPSV4 for children aged 2–10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.
- Pneumococcal vaccine.** The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged 2–23 months and for certain children aged 24–59 months. The final dose in the series should be given at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000; 49(RR-9):1-35.
- Influenza vaccine.** Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus [HIV], diabetes, and conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2005;54[RR-8]:1-55). In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–5 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2005;54(RR-8):1-55. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).
- Hepatitis A vaccine (HepA).** HepA is recommended for all children at 1 year of age (i.e., 12–23 months). The 2 doses in the series should be administered at least 6 months apart. States, counties, and communities with existing HepA vaccination programs for children 2–18 years of age are encouraged to maintain these programs. In these areas, new efforts focused on routine vaccination of 1-year-old children should enhance, not replace, ongoing programs directed at a broader population of children. HepA is also recommended for certain high risk groups (see *MMWR* 1999; 48[RR-12]:1-37).

The Childhood and Adolescent Immunization Schedule is approved by:
 Advisory Committee on Immunization Practices www.cdc.gov/nip/acip • American Academy of Pediatrics www.aap.org • American Academy of Family Physicians www.aafp.org

Recommended Immunization Schedule for Children and Adolescents Who Start Late or Who Are More Than 1 Month Behind

UNITED STATES • 2006

The tables below give catch-up schedules and minimum intervals between doses for children who have delayed immunizations. There is no need to restart a vaccine series regardless of the time that has elapsed between doses. Use the chart appropriate for the child's age.

CATCH-UP SCHEDULE FOR CHILDREN AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Diphtheria, Tetanus, Pertussis	6 wks	4 weeks	4 weeks	6 months	6 months¹
Inactivated Poliovirus	6 wks	4 weeks	4 weeks	4 weeks²	
Hepatitis B ³	Birth	4 weeks	8 weeks <small>(and 16 weeks after first dose)</small>		
Measles, Mumps, Rubella	12 mo	4 weeks⁴			
Varicella	12 mo				
<i>Haemophilus influenzae</i> type b ⁵	6 wks	4 weeks <small>if first dose given at age <12 months</small> 8 weeks (as final dose) <small>if first dose given at age 12-14 months</small> No further doses needed <small>if first dose given at age ≥15 months</small>	4 weeks⁶ <small>if current age <12 months</small> 8 weeks (as final dose)⁶ <small>if current age ≥12 months and second dose given at age <15 months</small> No further doses needed <small>if previous dose given at age ≥15 mo</small>	8 weeks (as final dose) <small>This dose only necessary for children aged 12 months-5 years who received 3 doses before age 12 months</small>	
Pneumococcal ⁷	6 wks	4 weeks <small>if first dose given at age <12 months and current age <24 months</small> 8 weeks (as final dose) <small>if first dose given at age ≥12 months or current age 24-59 months</small> No further doses needed <small>for healthy children if first dose given at age ≥24 months</small>	4 weeks <small>if current age <12 months</small> 8 weeks (as final dose) <small>if current age ≥12 months</small> No further doses needed <small>for healthy children if previous dose given at age ≥24 months</small>	8 weeks (as final dose) <small>This dose only necessary for children aged 12 months-5 years who received 3 doses before age 12 months</small>	

CATCH-UP SCHEDULE FOR CHILDREN AGED 7 YEARS THROUGH 18 YEARS			
Vaccine	Minimum Interval Between Doses		
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
Tetanus, Diphtheria ¹	4 weeks	6 months	6 months <small>if first dose given at age <12 months and current age <11 years; otherwise</small> 5 years
Inactivated Poliovirus ¹	4 weeks	4 weeks	IPV^{2,5}
Hepatitis B	4 weeks	8 weeks <small>(and 16 weeks after first dose)</small>	
Measles, Mumps, Rubella	4 weeks		
Varicella ¹⁰	4 weeks		

1. **DtaP.** The fifth dose is not necessary if the fourth dose was administered after the fourth birthday.
2. **IPV.** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age ≥4 years. If both OPV and IPV were administered as part of a series, a total of 4 doses should be given, regardless of the child's current age.
3. **HepB.** Administer the 3-dose series to all children and adolescents <19 years of age if they were not previously vaccinated.
4. **MMR.** The second dose of MMR is recommended routinely at age 4-6 years but may be administered earlier if desired.
5. **Hib.** Vaccine is not generally recommended for children aged ≥5 years.
6. **Hib.** If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12-15 months and at least 8 weeks after the second dose.
7. **PCV.** Vaccine is not generally recommended for children aged ≥5 years.
8. **Td.** Adolescent tetanus, diphtheria, and pertussis vaccine (Tdap) may be substituted for any dose in a primary catch-up series or as a booster if age appropriate for Tdap. A five-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. See ACIP recommendations for further information.
9. **IPV.** Vaccine is not generally recommended for persons aged ≥18 years.
10. **Varicella.** Administer the 2-dose series to all susceptible adolescents aged ≥13 years.

Report adverse reactions to vaccines through the federal Vaccine Adverse Event Reporting System. For information on reporting reactions following immunization, please visit www.vaers.hhs.gov or call the 24-hour national toll-free information line 800-822-7967. Report suspected cases of vaccine-preventable diseases to your state or local health department.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Website at www.cdc.gov/nip or contact 800-CDC-INFO (800-232-4636) (In English, En Español — 24/7)

242.140

Vaccines for Children Program

10-1-06

The Vaccines for Children (VFC) Program was established to generate awareness and access for childhood immunizations. To enroll in the VFC Program, contact the Arkansas Division of Health. Providers may also obtain the vaccines to administer from the Arkansas Division of Health. [View or print Arkansas Division of Health contact information.](#)

Vaccines available through the VFC program are covered for Medicaid-eligible children. Only the administrative fee is reimbursed. When filing claims for administering VFC vaccines,

providers must use the CPT procedure code for the vaccine administered. Electronic and paper claims require modifiers **EP** and **TJ**. When filing **paper claims**, type of service code “6” and the modifiers **EP** and **TJ** must be entered on form DMS-694. [View or print a DMS-694 sample claim form.](#)

Medicaid policy regarding immunizations for adults remains unchanged by the VFC program.

Providers may consult the Physician’s manual to view the list of vaccines that are non-VFC but are covered for beneficiaries who are 19 and 20 years of age. The following list contains the vaccines available through the VFC program.

* Effective for dates of service on and after March 1, 2006

** Effective for dates of service on and after July 10, 2006

Procedure Code	M1	M2	Age Range	Vaccine Description
90633*	EP	TJ	12 months-18 years	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634*	EP	TJ	12 months-18 years	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	EP	TJ	18 years only	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645	EP	TJ	0-18 years	Hemophilus influenza b (Hib) HbOC conjugate (4 dose schedule) for intramuscular use
90646	EP	TJ	0-18 years	Hemophilus influenza b (Hib) PRP-D conjugate for booster use only, intramuscular use
90647	EP	TJ	0-18 years	Hemophilus influenza b (Hib) PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	EP	TJ	0-18 years	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90655	EP	TJ	6 months-35 months	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
90656	EP	TJ	3 years-18 years	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90657	EP	TJ	6 months-35 months	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use
90658	EP	TJ	3 years-18 years	Influenza virus vaccine, split virus, for use in individuals 3 years and above, for intramuscular use
90660	EP	TJ	5 years-18 years (not pregnant)	Influenza virus vaccine, live, for intranasal use
90669	EP	TJ	0-4 years	Pneumococcal conjugate vaccine polyvalent, for children under 5 years, for intramuscular use
90680**	EP	TJ	6 weeks to 32 weeks	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use

Procedure Code	M1	M2	Age Range	Vaccine Description
90700	EP	TJ	0-6 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP), for use in individuals younger than 7 years, for intramuscular use
90707	EP	TJ	0-18 years	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710*	EP	TJ	0-18 years	Measles, mumps, rubella, and Varicella vaccine (MMRV), live, for subcutaneous use
90713	EP	TJ	0-18 years	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714	EP	TJ	7-18 years	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use
90715*	EP	TJ	7-18 years	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
90716	EP	TJ	0-18 years	Varicella virus vaccine, live, for subcutaneous use
90718	EP	TJ	7-18 years	Tetanus and diphtheria toxoids (Td) absorbed for use in individuals 7 years or older, for intramuscular use
90721	EP	TJ	0-18 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723	EP	TJ	0-18 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV)(for intramuscular use
90734*	EP	TJ	0-18 years	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90743	EP	TJ	0-18 years	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	EP	TJ	0-18 years	Hepatitis B vaccine, pediatric/adolescent (3 dose schedule), for intramuscular use
90747	EP	TJ	0-18 years	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748	EP	TJ	0-18 years	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use