



Arkansas Department Of Health and Human Services

Division of Medical Services



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OFFICIAL NOTICE

DMS-2006-A-5 DMS-2006-G-3 DMS-2006-L-5 DMS-2006-R-5
DMS-2006-AR-3 DMS-2006-II-5 DMS-2006-KK-5 DMS-2006-OO-4

TO: **Health Care Provider – Ambulatory Surgical Center; ARKids First-B; Child Health Services (EPSDT); Federally Qualified Health Center (FQHC); Hospital; Nurse Practitioner; Physician; Rural Health Clinic and Arkansas Division of Health**

DATE:

SUBJECT: **Vaccines Available in the Vaccines for Children (VFC) Program**

The purpose of this Official Notice is to inform providers of vaccines available through the VFC Program, conditions of coverage and billing instructions.

- I. Effective for dates of service on and after July 10, 2006, a new vaccine, “rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use” (Rota Teq) is available through VFC. This vaccine is covered by Medicaid *only* through the VFC Program for children ages 6 weeks through 32 weeks. When filing claims, procedure code **90680** must be used with modifiers **EP** and **TJ**. For paper claims, providers must enter a type of service code “**6**” *and* the modifiers.

For beneficiaries of the **ARKids First-B Program**, this procedure must be billed with modifier **TJ**. For paper claims, a type of service code “**1**” *and* the modifier **TJ** are required.

- II. Procedure code **90648**, “hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use”, available through the VFC program, is covered by Medicaid *only* through the VFC program for beneficiaries under age 19. Claims require modifiers **EP** and **TJ**. When filing claims on paper, a type of service code “**6**” is required along with the modifiers.

For beneficiaries of the **ARKids First-B Program**, this procedure code must be billed with modifier **TJ**. Paper claims require a type of service code “**1**” *and* the modifier **TJ**.

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Thank you for your participation in the Arkansas Medicaid Program.

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.

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

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

Roy Jeffus, Director