



**Division of Medical Services
Program Planning & Development**

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OFFICIAL NOTICE

**DMS-2008-A-10
DMS-2008-L-11**

**DMS-2008-AR-5
DMS-2008-OO-9**

**DMS-2008-G-5
DMS-2008-KK-10**

**DMS-2008-II-11
DMS-2008-R-11**

TO: Health Care Provider –Ambulatory Surgical Center; ARKids First-B; Child Health Services/Early Periodic Screening Diagnosis and Treatment (EPSDT); Federally Qualified Health Center (FQHC); Hospital; Rural Health Clinic (RHC); Nurse Practitioner; Physician and Arkansas Department of Health

DATE: September 15, 2008

SUBJECT: Vaccines for Children Program

This notice is to inform Arkansas Medicaid providers of coverage of the following vaccines under the Vaccines for Children (VFC) program:

90681 “Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use.”

90681 will be covered under the VFC program for beneficiaries ages 6-32 weeks with an effective date of 08/15/2008.

90696 “Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use.”

90696 will be covered under the VFC program for beneficiaries ages 4-6 years, for dates of service on or after 08/15/2008.

90698 “Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for intramuscular use.”

90698 will be covered under the VFC program for beneficiaries ages 0-2 years, for dates of service on and after 08/07/2008.

Billing instructions for VFC for these procedure codes:

ARKids First-A	ARKids First-B	For Ages
90681 - EP, TJ modifiers	90681 -TJ modifier	6-32 weeks
90696 -EP, TJ modifiers	90696 -TJ modifier	4-6 years
90698 -EP, TJ modifiers	90698 -TJ modifier	0-2 years

For information about participation as a Vaccines for Children provider, contact the Arkansas Department of Health at 501-661-2170 and reference your provider manual.

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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