



Arkansas Department Of Health and Human Services

Division of Medical Services



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OFFICIAL NOTICE

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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 Department of Health**

DATE: **March 22, 2006**

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

The purpose of this Official Notice is to inform providers of vaccines recently available through the VFC program and to furnish billing instructions. The effective dates for VFC reimbursement for the administration of the vaccines identified in this notice are based on the availability of vaccines through VFC. Coverage and billing for ages 19 years and above are unchanged.

- I. Hepatitis A vaccine, pediatric/adolescent dosage – 2 dose schedule, for intramuscular use, 90633 is now available through the VFC Program. Effective for dates of service on and after March 1, 2006, Medicaid will only reimburse providers for administering the vaccine. Reimbursement will be retroactive to March 1, 2006.

For dates of service on or after March 1, 2006, claims must be filed using the following procedure code with modifiers and type of service. Claims for the administration of the Hepatitis A 2-dose vaccine may be filed upon receipt of this Official Notice.

Category	Procedure Code	Electronic Claims Modifiers	Paper Claims Modifiers and Type of Service
Regular Medicaid (Includes ARKids A)	90633	TJ, EP	TJ, EP, type of service 6
ARKids First-B	90633	TJ	TJ, type of service 1

- II. Hepatitis A vaccine pediatric/adolescent dosage – 3-dose schedule for intramuscular use, 90634, is now available through the VFC Program. Effective for dates of service on and after March 1, 2006, Medicaid will reimburse providers only for administering the vaccine. Reimbursement will be retroactive to March 1, 2006.

For dates of service on and after March 1, 2006, claims must be filed using the following procedure code and applicable modifiers. Claims for the administration of Hepatitis A vaccine 3-dose may be filed upon receipt of this Official Notice.

Category	Procedure Code	Electronic Claims Modifiers	Paper Claims Modifiers and Type of Service
Regular Medicaid (Includes ARKids A)	90634	TJ, EP	TJ, EP, type of service 6
ARKids First-B	90634	TJ	TJ, type of service 1

- III. Measles, Mumps, Rubella and Varicella vaccine (MMRV), live for subcutaneous use, 90710, is now available through the Vaccines for Children (VFC) Program. Effective for dates of service on and after March 1, 2006, Medicaid will reimburse providers only for administering the vaccine. Reimbursement will be retroactive to March 1, 2006.

For dates of service on and after March 1, 2006, claims must be filed using the following procedure code and applicable modifiers. Claims for Measles, Mumps, Rubella and Varicella vaccine (MMRV) may be filed upon receipt of this Official Notice.

Category	Procedure Code	Electronic Claims Modifiers	Paper Claims Modifiers and Type of Service
Regular Medicaid (Includes ARKids A)	90710	TJ, EP	TJ, EP, type of service 6
ARKids First-B	90710	TJ	TJ, type of service 1

- IV. Tetanus, Diphtheria, Toxoids and Acellular Pertussis vaccine (Tdap) for use in individuals 7 years or older, for intramuscular use, 90715, is now available through the Vaccines for Children (VFC) Program. Effective for dates of service on and after March 1, 2006, Medicaid will reimburse providers only for administering the vaccine. Reimbursement will be retroactive to March 1, 2006.

For dates of service on and after March 1, 2006, claims must be filed using the following procedure code and applicable modifiers. Claims for the administration of Tetanus, Diphtheria, Toxoids and Acellular Pertussis vaccine (Tdap) may be filed upon receipt of this Official Notice.

Category	Procedure Code	Electronic Claims Modifiers	Paper Claims Modifiers and Type of Service
Regular Medicaid (Includes ARKids A)	90715	TJ, EP	TJ, EP, type of service 6
ARKids B	90715	TJ	TJ, type of service 1

- V. Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (Tetravalent) for intramuscular use, 90734, is now available through the Vaccines for Children (VFC) Program. Effective for dates of service on and after March 1, 2006, Medicaid will reimburse providers only for administering the vaccine. Reimbursement will be retroactive to March 1, 2006.

For dates of service on and after March 1, 2006, claims must be filed using the following procedure code and applicable modifiers. Claims for the administration of the Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (Tetravalent) vaccine may be filed upon receipt of this Official Notice.

Category	Procedure Code	Electronic Claims Modifiers	Paper Claims Modifiers and Type of Service
Regular Medicaid (Includes ARKids A)	90734	TJ, EP	TJ, EP, type of service 6
ARKids First-B	90734	TJ	TJ, type of service 1

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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 and 1-877-708-8191. Both telephone numbers are voice and TDD.

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

Roy Jeffus, Director

