



Division of Medical Services
Program Development & Quality Assurance

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OFFICIAL NOTICE

DMS-2010-A-6
DMS-2010-L-6
DMS-2010-Q-1

DMS-2010-AR-5
DMS-2010-R-6

DMS-2010-G-4
DMS-2010-00-4

DMS-2010-II-5
DMS-2010-KK-5

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

DATE: April 26, 2010

SUBJECT: Coverage of Human Papilloma Virus (HPV) Vaccine (Quadrivalent) for male Medicaid Beneficiaries Ages 9 years through 18 years and Human Papilloma Virus (HPV) Vaccine (Bivalent) for female Medicaid Beneficiaries Ages 9 years through 18 years

Currently, procedure code 90649 described in the 2010 *Current Procedural Terminology* (CPT) as "Human Papilloma virus (HPV) vaccine, types 6,11,16,18 (quadrivalent), three dose schedule, for intramuscular use," is covered for girls, ages 9 years through 18 years, through the Vaccines for Children (VFC) program. This service is voluntary. The decision regarding administration of the vaccine for a Medicaid beneficiary is made by the parent/guardian of the child.

Effective for dates of service on or after January 8, 2010, CPT procedure code **90649** (same description) is also available for boys, ages 9 years through 18 years, through the VFC Program. This service remains voluntary and the decision regarding administration of the vaccine for a Medicaid beneficiary is made by the parent/guardian of the child.

Effective for dates of service on or after January 8, 2010, CPT procedure code **90650** described in the 2010 *Current Procedural Terminology* (CPT) as "Human Papilloma virus (HPV) vaccine, types 16,18, bivalent, three dose schedule, for intramuscular use," is available for girls, ages, 9 years through 18 years, through the VFC Program. This service is voluntary. The decision regarding administration of the vaccine for a Medicaid beneficiary is made by the parent/guardian of the child.

Conditions of coverage and billing instructions:

- A. Arkansas Medicaid covers only the administration of immunizations that are available through the VFC Program.
- B. Procedure codes **90649 and 90650** under the VFC Program are billable on the CMS-1500 and the CMS-1450.

The billing protocol for procedure codes **90649 and 90650** as VFC vaccines is shown below.

CMS-1500

Billing Method	ARKids First-A	ARKids First- B Covered	Sex
Electronic or Paper	90649-EP,TJ	90649-TJ	Male & Female
Electronic or Paper	90650-EP,TJ	90650-TJ	Female

CMS-1450

Billing Method	ARKids First-A	ARKids First-B Covered	Sex
Electronic or Paper	90649-EP,TJ	90649-TJ	Male & Female
Electronic or Paper	90650-EP,TJ	90650-TJ	Female

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 HP Enterprise Services 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.

Eugene I. Gessow, Director

