



**Division of Medical Services**  
**Program Development & Quality Assurance**

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**NOTICE OF RULE MAKING**

**TO:** Health Care Providers – Ambulatory Surgical Center (ASC), Arkansas Department of Health, Area Health Education Centers (AHECs), ARKids First-B, Child Health Services/Early Periodic Screening Diagnosis and Treatment (EPSDT), Critical Access Hospital, Federally Qualified Health Center (FQHC), Hospital, Nurse Practitioner, Pharmacy, Physician, Rural Health Clinic (RHC)

**DATE:** September 1, 2013

**SUBJECT:** Coverage of Influenza Virus Vaccine *Current Procedural Terminology* (CPT®) Procedure Codes 90654, 90685, 90686, and 90688

**I. General Information**

Effective for dates of service on and after September 1, 2013, CPT® procedure code **90654**, "Influenza virus vaccine, split virus, preservative free, for intradermal use," is covered for healthy individuals ages 18 years through 64 years, **who are not pregnant**.

Effective for dates of service on and after September 1, 2013, CPT® procedure code **90685**, "Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use," is covered for healthy individuals ages 6 months through 35 months of age.

Effective for dates of service on and after September 1, 2013, CPT® procedure code **90686**, "Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use," is covered for healthy individuals ages 3 years and above, **who are not pregnant**.

Effective for dates of service on and after September 1, 2013, CPT® procedure code **90688**, "Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use," is covered for healthy individuals ages 3 years and above, **who are not pregnant**.

**II. Conditions of Coverage and Billing Instructions**

Arkansas Medicaid covers only the administration of immunizations that are available through the Vaccines for Children (VFC) Program.

Reimbursement for supply of vaccine product under a vaccine procedure code includes the administration fee.

Procedure codes **90654**, **90685**, **90686**, and **90688** are billable electronically and on paper claims.

The billing protocol for procedure codes **90654**, **90685**, **90686**, and **90688** is shown in the table below.

<b>Procedure Code</b>	<b>Required Modifiers</b>	<b>Age Restriction in Years</b>	<b>Special Instructions</b>
90654	TJ	Ages 18y-18y	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program
90654	EP TJ	Ages 18y-18y	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program
90654		Ages 19y-64y	Covered for Arkansas Department of Health, AHECs, ASC, FQHC, Outpatient Hospital, Physician, and RHC providers
90654		Ages 19y-64y	Covered for Nurse Practitioner providers
90654		Ages 21y-64y	Covered for Pharmacy providers
90685	TJ	Ages 6 months through 35 months	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program
90685	EP TJ	Ages 6 months through 35 months	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program
90686	TJ	Ages 3y-18y	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program
90686	EP TJ	Ages 3y-18y	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program
90686		Ages 19y-99y	Covered for Arkansas Department of Health, AHECs, ASC, FQHC, Outpatient Hospital, Physician, and RHC providers
90686		Ages 19y-99y	Covered for Nurse Practitioner providers
90686		Ages 21y-99y	Covered for Pharmacy providers

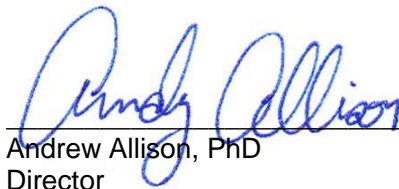
Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
90688	TJ	Ages 3y-18y	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program
90688	EP TJ	Ages 3y-18y	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program
90688		Ages 19y-99y	Covered for Arkansas Department of Health, AHECs, ASC, FQHC, Outpatient Hospital, Physician, and RHC providers
90688		Ages 19y-99y	Covered for Nurse Practitioner providers
90688		Ages 21y-99y	Covered for Pharmacy providers

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

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at 501-320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for download from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.



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Andrew Allison, PhD  
Director

