Division of Medical Services
Program Development & Quality Assurance

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NOTICE OF RULE MAKING

TO:	**Health Care Providers – Area Health Education Centers (AHECs), Arkansas Department of Health, ARKids First-B, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Federally Qualified Health Center (FQHC), Hospital, Nurse Practitioner, Pharmacy, Physician, Rural Health Clinic (RHC)**
DATE:	**October 1, 2015**
SUBJECT:	**Coverage of Vaccine Current Procedure Terminology (CPT®) Procedure Code 90651**

I.   Background Information on Vaccines

A. The Vaccines for Children (VFC) program was established to enable free access to childhood immunizations for Medicaid-eligible children under age nineteen.

The Arkansas Department of Health oversees the VFC program in Arkansas. To enroll in the VFC program and obtain the vaccines, providers may contact the Arkansas Department of Health at (800) 462-0599 or (501) 661-2000.

Arkansas Medicaid reimburses an administration fee for immunizations included in the VFC program. Providers billing for administration of immunizations should use the appropriate CPT® code and required modifier(s).

All procedure codes under the VFC program must be billed electronically or on paper, using either the CMS-1500 claim form or the CMS-1450 claim form.

Medicaid policy regarding immunizations for adults remains unchanged by the VFC program.

B. The purpose of this notice of rule making is to inform Arkansas Medicaid providers of coverage of the CPT® procedure code 90651 under the VFC program and the State Children's Health Insurance Program (SCHIP).

II.   Coverage

CPT® procedure code **90651**, "Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use." This vaccine is covered under the VFC and SCHIP programs.

III.   Billing Procedures for 90651

Billing of **90651** may be submitted electronically or on paper claims.

Billing instructions are listed below for this procedure code <u>based on the date of service the vaccine was administered and beneficiary eligibility:</u>

Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
90651	TJ	9y-18y	Covered for ARKids First-B providers under the VFC program through date of service 07/31/2015.
90651	SL*	9y-18y	Covered for ARKids First-B providers under the SCHIP vaccines program for dates of service on and after 08/01/2015.
90651	EP TJ	9y-18y	Covered for ARKids First-A providers under the VFC program.

*For dates of service on and after August 1, 2015, ARKids First-B beneficiaries are not eligible for the Vaccines for Children (VFC) program; however, vaccines can be obtained to administer to ARKids First-B beneficiaries who are under the age of 19 by contacting the Arkansas Department of Health at (800) 462-0599 or (501) 661-2000 and indicating the need to order ARKids-B SCHIP vaccines.

Only a vaccine injection administration fee is reimbursed. When filing claims for administering vaccines for ARKids First-B beneficiaries, providers must use the CPT procedure code for the vaccine administered and the required modifier SL only for either electronic or paper claims. Providers must bill claims for ARKids First-B beneficiaries using the CMS-1500 claim format.

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.

Thank you for your participation in the Arkansas Medicaid Program.

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Dawn Stehle
Director