Arkansas Department of Health and Human Services

Division of Medical Services

P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480 TDD: 501-682-6789 & 1-877-708-8191 Internet Website: www.medicaid.state.ar.us

TO: **Arkansas Medicaid Health Care Providers – Hospital/Critical Access Hospital (CAH)/End Stage Renal Disease (ESRD)**

DATE: **October 1, 2005**

SUBJECT: **Provider Manual Update Transmittal #84**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
		272.500	10-1-05

Explanation of Updates

Section 272.500: This is a new section, added to explain coverage of and billing for influenza virus vaccines.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

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

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (toll free) within Arkansas or locally and out of state at (501) 376-2211.

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

272.500 Influenza Virus Vaccines 10-1-05

A. Procedure code **90655**, influenza virus vaccine, split virus, preservative free, for children 6 to 35 months of age, is covered through the Vaccines for Children (VFC) program.

1. Claims for Medicaid beneficiaries must be filed using modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, use modifier **TJ**.

B. Effective for dates of service on and after October 1, 2005, Medicaid covers procedure code **90656**, influenza virus vaccine, split virus, preservative free, for ages 3 years and older.

1. For children under 19 years of age, claims must be filed using modifiers **EP** and **TJ**.
2. For ARKids First-B participants, claims must be filed using modifier **TJ**.
3. For individuals aged 19 and older, no modifier is necessary.

C. Effective for dates of service on and after October 1, 2005, procedure code **90660**, influenza virus vaccine, live, for intranasal use, is covered. Coverage is limited to healthy individuals ages 5 through 49 who are not pregnant.

1. When filing claims for children 5 through18 years of age, use modifiers **EP** and **TJ**.
2. For ARKids First-B participants, the procedure code must be billed using modifier **TJ**.
3. No modifier is required for filing claims for beneficiaries ages 19 through 49.

D. Procedure code **90657**, influenza virus vaccine, split virus, for children ages 6 through 35 months, is covered.

1. Modifiers **EP** and **TJ** are required.
2. For ARKids First-B beneficiaries, use modifier **TJ**.

E. Procedure code **90658**, influenza virus vaccine, split virus, for use in individuals aged 3 years and older, will continue to be covered.

1. When filing paper claims for Medicaid beneficiaries under age 19, use modifiers **EP** and **TJ**.
2. For ARKids First-B participants, use modifier **TJ**.
3. No modifier is required for filing claims for beneficiaries aged 19 and older.

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TO: **Arkansas Medicaid Health Care Providers – Physician/Independent Lab/ CRNA/Radiation Therapy Center**

DATE: **October 1, 2005**

SUBJECT: **Provider Manual Update Transmittal #104**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
292.598	7-1-05	292.598 – 292.599	10-1-05

Explanation of Updates

Section 292.598 has been revised. This section includes Medicaid policy regarding influenza virus vaccines. Effective for dates of service on and after October 1, 2005, influenza virus vaccine procedure codes **90656** and **90660** are covered. Information previously located in this section has been renumbered as 292.599 for organization to include new policy.

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

292.598 Influenza Virus Vaccine 10-1-05

A. Procedure code **90655**, influenza virus vaccine, split virus, preservative free, for children 6 to 35 months, is currently covered through the VFC program. Claims for Medicaid beneficiaries must be filed using modifiers **EP** and **TJ**. When filing paper claims, use type of service **6** with modifiers **EP** and **TJ**.

For ARKids First-B beneficiaries, use modifier **TJ**. When filing paper claims, use type of service **1** with modifier **TJ**.

B. Effective for dates of service on and after October 1, 2005, Medicaid will cover procedure code **90656**, influenza virus vaccine, split virus, preservative free, for ages 3 years and older.

1. For individuals under 19 years of age, claims must be filed using modifiers **EP** and **TJ**. When filing paper claims, use type of service **6** with the modifiers.
2. For ARKids First-B beneficiaries, use modifier **TJ**. When filing paper claims, use type of service **1** with the modifier.
3. For individuals ages 19 and older, no modifier is necessary and type of service **1** must be used when filing paper claims.

C. Effective for dates of service on and after October 1, 2005, procedure code **90660**, influenza virus vaccine, live, for intranasal use, is covered. Coverage is limited to healthy individuals ages 5 through 49 who are not pregnant.

1. When filing claims for children 5 through18 years of age, use modifiers **EP** and **TJ**. When filing paper claims, use type of service **6** with the modifiers.
2. For ARKids First-B beneficiaries, the procedure code must be billed using modifier **TJ**. When filing paper claims, use type of service **1** with the modifier.
3. No modifier is required for filing claims for beneficiaries ages 19 through 49. Paper claims require type of service **1**.

D. Procedure code **90657**, influenza virus vaccine, split virus, for children ages 6 through 35 months, is covered. Modifiers **EP** and **TJ** are required. Paper claims require type of service **6** with the modifiers.

For ARKids First-B beneficiaries, use modifier **TJ**. When paper claims are filed, use type of service **1** with the modifier.

E. Procedure code **90658**, influenza virus vaccine, split virus, for use in individuals ages 3 years and older, will continue to be covered.

1. When filing paper claims for individuals under age 19, use type of service **6** with modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, use modifier **TJ**. For paper claims, use type of service **1** with the modifier.
3. No modifier is required for filing claims for beneficiaries aged 19 and older. Use type of service **1** when filing paper claims.

292.599 New Pharmacy Therapeutics and Radiopharmaceutical Therapy 10-1-05

A. New pharmacy and therapeutic agents are covered with prior approval from the Division of Medical Services Medical Director.

1. Claims must be submitted to EDS on paper.

2. Each claim must reflect, in the description of service field, the number in the treatment series of each administration for which you are billing Medicaid.
3. No prior authorization number is issued; therefore, a copy of the Medical Director's approval letter must be attached to each claim filed.

Refer to section 244.100 for coverage information and instructions for requesting prior approval.

B. Radiopharmaceutical therapy is covered with prior approval from the Medical Director of the Division of Medical Services. Claims must be filed using procedure code **79403**.

1. Claims must be submitted to EDS on paper.
2. A copy of the Medical Director's approval letter and a copy of the invoice for the monoclonal antibody used must be attached to the claim form.

Refer to section 244.200 for coverage information and instructions for requesting prior approval.

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TO: **Arkansas Medicaid Health Care Providers – Nurse Practitioner**

DATE: **October 1, 2005**

SUBJECT: **Provider Manual Update Transmittal #60**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
		252.449	10-1-05

Explanation of Updates

Section 252.449 has been added to this policy manual and includes information regarding covered influenza virus vaccines. Effective for dates of service on and after October 1, 2005, Medicaid will cover procedure codes **90656** and **90660**. Policy includes coverage information and billing instructions.

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Roy Jeffus, Director

252.449 Influenza Virus Vaccine 10-1-05

A. Procedure code **90655**, influenza virus vaccine, split virus, preservative free, for children 6 to 35 months, is currently covered through the VFC program. Claims for Medicaid beneficiaries must be filed using modifiers **EP** and **TJ**. When filing paper claims, use type of service **6** with modifiers **EP** and **TJ**.

For ARKids First-B beneficiaries, use modifier **TJ**. When filing paper claims, use type of service **1** with modifier **TJ**.

B. Effective for dates of service on and after October 1, 2005, Medicaid will cover procedure code **90656**, influenza virus vaccine, split virus, preservative free, for ages 3 years and older.

1. For individuals under 19 years of age, claims must be filed using modifiers **EP** and **TJ**. When filing paper claims, use type of service **6** with the modifiers.
2. For ARKids First-B beneficiaries, use modifier **TJ**. When filing paper claims, use type of service **1** with the modifier.
3. For individuals ages 19 and older, no modifier is necessary and type of service **N** must be used when filing paper claims.

C. Effective for dates of service on and after October 1, 2005, procedure code **90660**, influenza virus vaccine, live, for intranasal use, is covered. Coverage is limited to healthy individuals ages 5 through 49 who are not pregnant.

1. When filing claims for children 5 through18 years of age, use modifiers **EP** and **TJ**. When filing paper claims, use type of service **6** with the modifiers.
2. For ARKids First-B beneficiaries, the procedure code must be billed using modifier **TJ**. When filing paper claims, use type of service **1** with the modifier.
3. No modifier is required for filing claims for beneficiaries ages 19 through 49. Paper claims require type of service **N**.

D. Procedure code **90657**, influenza virus vaccine, split virus, for children ages 6 through 35 months, is covered. Modifiers **EP** and **TJ** are required. Paper claims require type of service **6** with the modifiers.

For ARKids First-B beneficiaries, use modifier **TJ**. When paper claims are filed, use type of service **1** with the modifier.

E. Procedure code **90658**, influenza virus vaccine, split virus, for use in individuals ages 3 years and older, will continue to be covered.

1. When filing paper claims for individuals under age 19, use type of service **6** with modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, use modifier **TJ**. For paper claims, use type of service **1** with the modifier.
3. No modifier is required for filing claims for beneficiaries aged 19 and older. If claims are filed on paper, use type of service **N**.

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TO: **Arkansas Medicaid Health Care Providers – Certified Nurse Midwife**

DATE: **October 1, 2005**

SUBJECT: **Provider Manual Update Transmittal #67**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
		272.443	10-1-05

Explanation of Updates

Section 272.443 has been added to this policy manual and includes information regarding covered influenza virus vaccines. Effective for dates of service on and after October 1, 2005, Medicaid will cover procedure code **90656**. Policy includes coverage information and billing instructions for procedure code **90656** and currently covered procedure code **90658**.

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Roy Jeffus, Director