Arkansas Department of Health and Human Services

Division of Medical Services

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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.

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.

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.

Thank you for your participation in the Arkansas Medicaid Program.

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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**.