Arkansas Department of Health and Human Services

Division of Medical Services

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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.

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.

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.