



Division of Medical Services Program Planning & Development

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OFFICIAL NOTICE

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TO: Health Care Provider – Ambulatory Surgical Center, Certified Nurse Midwife, Federally Qualified Health Center (FQHC), Hospital, Nurse Practitioner, Pharmacy, Physician, Rural Health Clinic (RHC), Arkansas Department of Health

DATE: September 24, 2009

SUBJECT: Medicaid Coverage of H1N1 Vaccine Administration

Arkansas Medicaid will cover the administration fee for the H1N1 Vaccine for all Medicaid eligible beneficiaries in all aid categories.

Effective for dates of service on or after September 1, 2009, as part of a public health initiative Arkansas Medicaid will reimburse Medicaid providers an administration fee for the H1N1 vaccine, regardless of aid category. The H1N1 vaccine will be distributed by the Arkansas Department of Health.

Providers must bill **Procedure Code G9141** – “Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)” for the administration of the H1N1 vaccine, for any formulation, any route of administration (i.e. intranasal, subcutaneous, intramuscular). **G9141** is covered in place of service 03, 11, 12, 21, 22, 23, 24, 50 and 99.

Procedure Code	Description	Covered Beneficiaries
G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)	Ages 6 (six) months and above – all Medicaid aid categories

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If seasonal flu and H1N1 vaccines are administered on the same day, seasonal flu vaccine administration policies remain unchanged and aid category restrictions will apply. PCP referral is not needed for these services. The provider administering the vaccine should supply the beneficiary with documentation of immunization of the H1N1 vaccine and/or the seasonal flu vaccine.

Thank you for your participation in the Arkansas Medicaid Program.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Roy Jeffus, Director