



Division of Medical Services Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



TO: Arkansas Medicaid Health Care Providers – Pharmacy

DATE: March 1, 2010

SUBJECT: Provider Manual Update Transmittal #143

REMOVE

Section	Date
201.100	10-13-03
211.000	8-15-09
262.100	9-1-09

INSERT

Section	Date
201.100	3-1-10
211.000	3-1-10
262.100	3-1-10

Explanation of Updates

Section 201.100 and 211.000 are updated to add a third type of vaccine, influenza virus vaccine, live virus, for intranasal use.

Section 262.100 is updated to add the procedure code 90660 for influenza virus vaccine, live virus, for intranasal use.

Procedure code 90660 for influenza virus vaccine, live virus, for intranasal use may be billed for any dates of service on or after 9/1/09.

The paper version of this update transmittal includes revised pages that may be filed 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 501-682-8323 (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 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

*TOC not required***201.100 Arkansas Medicaid Participation Requirements for Pharmacies
Administering Vaccines****3-1-10**

The Arkansas Medicaid Program will reimburse pharmacies the cost of administering by injection **or intranasal use three** types of vaccines:

- A. Influenza virus vaccine, whole virus, for intramuscular or jet injection use **and influenza virus vaccine, live virus, for intranasal use, and.**
- B. Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use.

NOTE: The Arkansas Medicaid Program will cover the above-listed vaccines only for Medicaid recipients age 21 years and older.

To be eligible for participation, the pharmacy must meet the following criteria, in addition to those specified in Section 201.000:

- A. Complete Section III, Item 22, of the enrollment application ([view or print Provider Enrollment application material](#)), if the pharmacist is certified to administer the influenza virus and pneumococcal polysaccharide vaccines and
- B. Pharmacies must be enrolled in the Title XVIII (Medicare) Program to administer the vaccines listed above.

Refer to Section 210.100 for scope of coverage and Section 213.000 for benefit limits.

211.000 Scope**3-1-10**

The Arkansas Medicaid Pharmacy Program conforms to the Medicaid Prudent Pharmaceutical Purchasing Program (MPPPP) that was enacted as part of the Omnibus Budget Reconciliation Act (OBRA) of 1990. **This law requires Medicaid to limit coverage to drugs manufactured by pharmaceutical companies that have signed rebate agreements.** A numeric listing of approved pharmaceutical companies and their respective labeler codes is located on the Arkansas Division of Medical Services (DMS) Web site at www.medicaid.state.ar.us. [View or print numeric listing of approved pharmaceutical companies and their respective labeler codes.](#) Except for drugs in the categories excluded from coverage, Arkansas Medicaid covers all drug products manufactured by companies with listed labeler codes. As additions or deletions by labelers are submitted to the State by the Centers for Medicare and Medicaid Services (CMS), the Web site will be updated.

The Arkansas Medicaid Program will cover the following drug categories:

- A. Prescription drugs are covered by the Arkansas Medicaid Program pursuant to an order from an authorized prescriber. The Multisource Drugs Listing located on the DMS Web site at <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrpinfo.aspx> lists those products covered by the Arkansas Medicaid Program that have a generic upper limit (See Section 251.300 for an explanation of generic upper limit.)

As changes are made to the drug coverage, providers will be notified of the revisions.
- B. Over-the-counter items are listed on the Web site at <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrpinfo.aspx>. These items are covered only if they contain an appropriate National Drug Code on their label and are manufactured by a company that has signed a rebate

agreement. Over-the-counter items are not covered for long-term care facility residents. [View or print a list of over-the-counter items.](#)

- C. For individuals ages 21 years and older, the Arkansas Medicaid Program will reimburse pharmacies the cost of administering, by injection **or intranasal use**, **three** types of vaccines:
1. Influenza virus vaccine, whole virus, for intramuscular or jet injection use **and influenza virus vaccine, live virus, for intranasal use**, and
 2. Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use.

NOTE: The Arkansas Medicaid Program will cover the above-listed vaccines only for Medicaid beneficiaries age 21 years and older.

A prescription order from an authorized prescriber must be on file; however, no primary care physician (PCP) referral is required to administer the vaccines.

These vaccines are payable for Medicaid-eligible beneficiary age 21 years and older. The influenza virus vaccine is limited to one per state fiscal year (July through June). The pneumococcal polysaccharide vaccine is limited to one every ten years.

Medicaid will reimburse the Medicare deductible and/or coinsurance for all beneficiaries receiving both Medicare and Medicaid benefits.

Pharmacies must use the CMS-1500 claim form when billing Medicaid for these vaccines.

NOTE: Please refer to section 262.100 for the procedure codes for influenza **split virus, **live virus** and pneumococcal polysaccharide vaccines.**

262.100 Procedure Codes for Influenza **Split Virus, **Live Virus** and Pneumococcal Polysaccharide Vaccines**

3-1-10

90658	Influenza virus vaccine, split virus, preservative free
90660	Influenza virus vaccine, live virus, for intranasal use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage

NOTE: The Arkansas Medicaid Program will cover the above vaccines only for Medicaid beneficiaries age 21 years and older.