ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

OFFICIAL NOTICE

DMS-2009-A-3	**DMS-2009-AR-2**	**DMS-2009-G-2**
DMS-2009-II-3	**DMS-2009-L-3**	**DMS-2009-KK-2**
DMS-2009-R-3	**DMS-2009-00-2**	

TO: **Health Care Providers- Ambulatory Surgical Center, Arkansas Department of Health, ARKids First-B, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Federally Qualified Health Center (FQHC), Hospital, Nurse Practitioner, Physician, Rural Health Clinic (RHC)**

DATE: **November 6, 2009**

SUBJECT: **Vaccines for Children Program (VFC)**

I. Background Information

The purpose of this official notice is to inform Arkansas Medicaid providers of coverage of the following vaccine under the Vaccines for Children (VFC) program effective for dates of service on and after May 26, 2009.

II. Coverage

90732, "Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use." This vaccine is covered under the VFC program for beneficiaries age 2 years to 18 years. Coverage and billing for ages 19 years and above is unchanged.

III. Billing Instructions

Billing of **90732** may be submitted electronically or on paper claims.

VFC Billing instructions for this procedure code:

ARKids First-A:	ARKids First-B:	For Ages:
90732-EP, TJ modifiers	90732-TJ modifier	2 years -18 years

For information about participation as a Vaccines for Children provider, contact the Arkansas Department of Health at **501-661-2170** and reference your provider manual.

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