



Division of Medical Services
Program Development & Quality Assurance

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NOTICE OF RULE MAKING

TO: Health Care Providers – Ambulatory Surgical Center (ASC), Arkansas Department of Health, Area Health Education Centers (AHECs), ARKids First-B, Child Health Services/Early Periodic Screening Diagnosis and Treatment (EPSDT), Critical Access Hospital, Federally Qualified Health Center (FQHC), Hospital, Nurse Practitioner, Pharmacy, Physician, Rural Health Clinic (RHC)

DATE: September 1, 2013

SUBJECT: Coverage of Influenza Virus Vaccine *Current Procedural Terminology* (CPT®) Procedure Codes 90654, 90685, 90686, and 90688

I. General Information

Effective for dates of service on and after September 1, 2013, CPT® procedure code **90654**, "Influenza virus vaccine, split virus, preservative free, for intradermal use," is covered for healthy individuals ages 18 years through 64 years, **who are not pregnant**.

Effective for dates of service on and after September 1, 2013, CPT® procedure code **90685**, "Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use," is covered for healthy individuals ages 6 months through 35 months of age.

Effective for dates of service on and after September 1, 2013, CPT® procedure code **90686**, "Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use," is covered for healthy individuals ages 3 years and above, **who are not pregnant**.

Effective for dates of service on and after September 1, 2013, CPT® procedure code **90688**, "Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use," is covered for healthy individuals ages 3 years and above, **who are not pregnant**.

II. Conditions of Coverage and Billing Instructions

Arkansas Medicaid covers only the administration of immunizations that are available through the Vaccines for Children (VFC) Program.

Reimbursement for supply of vaccine product under a vaccine procedure code includes the administration fee.

Procedure codes **90654**, **90685**, **90686**, and **90688** are billable electronically and on paper claims.

The billing protocol for procedure codes **90654**, **90685**, **90686**, and **90688** is shown in the table below.

Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
90654	TJ	Ages 18y-18y	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program
90654	EP TJ	Ages 18y-18y	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program
90654		Ages 19y-64y	Covered for Arkansas Department of Health, AHECs, ASC, FQHC, Outpatient Hospital, Physician, and RHC providers
90654		Ages 19y-64y	Covered for Nurse Practitioner providers
90654		Ages 21y-64y	Covered for Pharmacy providers
90685	TJ	Ages 6 months through 35 months	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program
90685	EP TJ	Ages 6 months through 35 months	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program
90686	TJ	Ages 3y-18y	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program
90686	EP TJ	Ages 3y-18y	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program
90686		Ages 19y-99y	Covered for Arkansas Department of Health, AHECs, ASC, FQHC, Outpatient Hospital, Physician, and RHC providers
90686		Ages 19y-99y	Covered for Nurse Practitioner providers
90686		Ages 21y-99y	Covered for Pharmacy providers

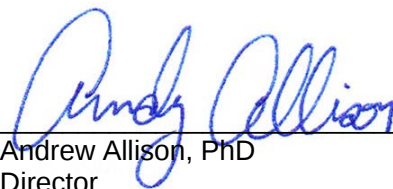
Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
90688	TJ	Ages 3y-18y	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program
90688	EP TJ	Ages 3y-18y	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program
90688		Ages 19y-99y	Covered for Arkansas Department of Health, AHECs, ASC, FQHC, Outpatient Hospital, Physician, and RHC providers
90688		Ages 19y-99y	Covered for Nurse Practitioner providers
90688		Ages 21y-99y	Covered for Pharmacy providers

If you have questions regarding this notice, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at 501-320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for download from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.



Andrew Allison, PhD
Director

