

# MONTANA HEALTHCARE PROGRAMS NOTICE

**September 19, 2022** 

# Physicians, Mid-Level Practitioners, Family Planning Clinics, Public Health Clinics, Outpatient Hospitals, RHCs, and FQHCs

**Revised List** 

### **Vaccines for Children (VFC) Code Update**

The Vaccines for Children (VFC) program provides selected vaccines available at no cost to providers for eligible children 18 years old and under. Children enrolled in Healthy Montana Kids (HMK) are not eligible for the VFC Program. Please see the <u>Vaccines for Children Program on the CDC website</u> for updated dosages and the price list.

The vaccines provided by VFC are:

Code	Description
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B, 2-dose schedule, for intramuscular. For more information call the VFC Program.
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3-dose schedule, for intramuscular use. For more information call the VFC Program.
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3-dose schedule, for intramuscular use
90670	Pneumococcal conjugate vaccine, polyvalent (13 valent), for intramuscular use
90672	Influenza Vaccine, Quadrivalent for nasal administration
90680	Rotavirus vaccine, pentavalent, 3-dose schedule, live for oral use
90681	Rotavirus vaccine, human, attenuated, 2-dose schedule, live for oral use
90686	Influenza Vaccine, Quadrivalent, Preservative Free, 0.5 ml dosage
90688	Influenza Vaccine, Quadrivalent, 0.5 ml dosage
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine, and poliovirus vaccine, inactivated (DTaP-IPV), children ages 4–6 years
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use

Code	Description
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for individuals younger than 7 years, for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV)
90714	Tetanus and diphtheria toxoids (Td), preservative free, for individuals 7 years or older, for intramuscular use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
90716	Varicella virus vaccine, live, for subcutaneous use
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV)
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for individuals 2 years or older
90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3-dose schedule), for intramuscular use

## Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

Vaccines and the administration of vaccines are only eligible for separate reimbursement to an FQHC or RHC when provided to a member enrolled in HMK. Members with HMK-*Plus* are not eligible for separate reimbursement because providers receive the vaccines free of charge through the VFC Program.

If vaccines are provided to an HMK member during a qualifying visit with a core FQHC or RHC provider, the vaccine administration will bundle into the Prospective Payment System (PPS) payment and the vaccines will be separately reimbursed. Vaccine-only encounters are not eligible for reimbursement at the PPS rate.

The vaccines should be billed with revenue code 636 and the appropriate Current Procedural Terminology (CPT) code.

#### **Contact Information**

If you have any questions, please contact:

- Physician Program Officer (406) 444-3995
- Hospital Program Officer (406) 444-4834
- FQHC and RHC Program Officer (406) 444-7018

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email Montana Provider Relations Helpdesk.

Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.