MONTANA
Department of Public Health & Human Services

December 1, 2003

Montana Medicaid Notice

Physicians, Mid-Level Practitioners, Public Health Clinics, Hospital Inpatient and Outpatient, and Indian Health Services Providers

VFC Changes

Effective December 1, 2003 Montana Medicaid will reimburse Vaccines For Children (VFC) administrations using 90471-SL, which replaces local codes Z0805. Z0805 is will no longer be available after December 31, 2003 due to HIPAA. The reimbursement will remain $9.50 per VFC vaccine administration.

The vaccines provided by VFC as of October 1, 2003 and after are:

90633 - Hepatitis A vaccine
90645 - Hemophilus influenza b vaccine (Hib), booster only
90647 - Hemophilus influenza b vaccine (Hib)
90648 - Hemophilus influenza b vaccine (Hib)
90657 - Influenza virus vaccine, split virus, 6-35 months dosage
90669 - Pneumococcal conjugate vaccine, for children under 5 years
90700 - Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)
90707 - Measles, mumps and rubella virus vaccine (MMR)
90713 - Poliovirus vaccine, inactivated (IPV)
90716 - Varicella virus vaccine
90718 - Tetanus and diphtheria toxoids (Td), seven years or older
90723 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaPHepB-IPV)
90732 - Pneumococcal polysaccharide vaccine
90744 - Hepatitis B vaccine
90748 - Hepatitis B and Hemophilus influenza b vaccine

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837
In-state toll-free: 1-800-624-3958

For more information, visit the Provider Information website:

http://www.mtmedicaid.org