



Medicaid Billing Instructions

For Vaccines for Children (VFC)-eligible patients, birth through 18 years of age, providers must document the correct CPT code(s) on the CMS 1500 claim form in order to receive reimbursement for the administration of a vaccination(s) given to a VFC-eligible patient from VFC vaccine stock. This applies to Medicaid children only. An office visit or an EPSDT screening visit may be billed in addition to vaccination administration fees.

The vaccination administration fee for American Indian, Alaskan Native, uninsured, and underinsured patients must be collected from the parent or guardian, not Medicaid. The administration fee must be waived if the parent or guardian cannot pay. Underinsured children can only receive VFC vaccine at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).

The following CPT codes must be used when billing Medicaid for the \$8.00 administration fee (for each immunization administered) to Medicaid children:

- 90620 Meningococcal B vaccine, (Bexsero)
- 90621 Meningococcal B vaccine, (Trumenba)
- 90633 Hepatitis A, 2-dose pediatric formulation (12 months and older)
- 90636 Hepatitis A & B, 3-dose adult formulation (18 yrs of age only)
- 90647 *Haemophilus influenzae* type b (Pedvax)
- 90648 *Haemophilus influenzae* type b (ActHib and Hiberix)
- 90649 Human Papillomavirus (HPV), quadrivalent (Gardasil), (9 yrs – 18 yrs)
- 90650 Human Papillomavirus (HPV), bivalent (Cervarix), (10 yrs – 18 yrs)
- 90651 Human Papillomavirus (HPV), 9 valent (Gardasil 9), (9 yrs – 18 yrs)
- 90658 Influenza (3 yrs and older)
- 90670 Pneumococcal Conjugate 13 valent (Prevnar 13)
- 90672 Influenza, live, for intranasal use (LAIV), quadrivalent
- 90674 Influenza (4 yrs and older) Influenza virus vaccine, quadrivalent, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
- 90680 Rotavirus (RotaTeq)
- 90681 Rotavirus (Rotarix)
- 90685 Influenza, preservative-free (6-35 months), quadrivalent
- 90686 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use

90687 Influenza, preservative-containing (6-35 months), quadrivalent
90688 Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
90696 Diphtheria, Tetanus, Acellular Pertussis and Poliomyelitis (DTaP-IPV)
90698 Diphtheria, Tetanus, Acellular Pertussis, Poliomyelitis, and *Haemophilus influenzae* type b (DTaP-IPV-Hib)
90700 Diphtheria, Tetanus, Acellular Pertussis (DTaP)
90702 Diphtheria, Tetanus (DT)
90707 Measles, Mumps, Rubella (MMR)
90710 Measles, Mumps, Rubella and Varicella (MMRV), (12 months to 12 yrs)
90713 Poliomyelitis (IPV)
90714 Tetanus, Diphtheria (Td), preservative-free
90715 Tetanus, Diphtheria, Acellular Pertussis (Tdap) (10 yrs-18 yrs)
90716 Varicella (Chickenpox)
90723 Diphtheria, Tetanus, Acellular Pertussis, Hepatitis B, and Poliomyelitis (DTaP-Hep B-IPV)
90732 Pneumococcal Polysaccharide 23- valent (PPV23) (2 yrs-18 yrs)
90734 Meningococcal Conjugate (MCV4O {Menveo} or MCV4P {Menactra}), (11-18 yrs of age)
90744 Hepatitis B

These CPT codes should be used for administration fees for vaccines received through the VFC program ONLY. You should never bill the above CPT codes with the non-standard immunization codes.

Note: Billing Instructions For 19 years and Above

Payment for immunizations against communicable diseases for adults will be made if the physician normally charges patients for this service. Vaccines are reimbursable on a fee-for-service basis and should be supplied using non-VFC stock and billed on a HCFA 1500 claim form. The administration fee (procedure code 90471) may be billed separately if an office visit fee is not billed. For a more information, please see the Alabama Medicaid Provider Manual, Appendix H or visit their web site at http://www.medicaid.alabama.gov/documents/Billing/5-G_Manuals/5G-2_Provider.Manual_Oct.2006/Oct06_H.pdf.

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