



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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FEDERALLY QUALIFIED HEALTH CENTER (FQHC) AND RURAL HEALTH CLINIC (RHC) BULLETIN

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- CHANGES TO LIST OF COVERED VACCINES

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Missouri Medicaid began accepting the 2004 versions of the Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) on February 1, 2004. At that time, five (5) CPT codes were inadvertently omitted from the update. The following list contains additions to and a deletion from the current list of Medicaid covered vaccines for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). The additions are effective for dates of service February 1, 2004 and after. Coverage for procedure code 90659 will be removed September 1, 2004 to allow payment for the vaccines that were provided prior to notification of the deletion and not yet billed.

ADDITIONS

90655
90698
90715
90734

DELETION

90659

Please refer to the CPT book for complete descriptions of the codes. Procedure code 90655 is provided at no cost to providers through the Vaccine for Children (VFC) program. Coverage is being added for procedure code 90655 but is only to be billed when the individual does not meet VFC guidelines for the free vaccine, see [Section 9.9.A of the Physician Manual](#). Billing Medicaid for procedure code 90655 for individuals who qualify for the free vaccine is a duplicate service and will be recouped.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the listserve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

Provider Communications Hotline
800-392-0938 or 573-751-2896

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