



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 9 No. 33

June 1999

**TO:** Physicians - For Action  
Certified Nurse Practitioners/Clinical Nurse Specialists - For Action  
Federally Qualified Health Centers - For Action  
Independent Clinics - For Action  
Hospital Outpatient Departments - For Action  
Certified Nurse Midwives Providing Care in Birth Centers - For Action  
Health Maintenance Organizations - For Information Only

**SUBJECT:** **New Jersey Vaccines for Children (VFC) Program**

**EFFECTIVE:** Claims with service dates on or after June 30, 1999

**PURPOSE:** To notify practitioners of a decision by the New Jersey Division of Medical Assistance and Health Services (DMAHS) to terminate Medicaid and NJ KidCare-Plan A fee-for-service (FFS) coverage for vaccines available through the Vaccines for Children (VFC) program.

**BACKGROUND:** The New Jersey Department of Health and Senior Services (DHSS) distributed a "Dear Colleague" letter to New Jersey Practitioners in December 1998 encouraging their participation in the New Jersey VFC program, effective January 1, 1999.

The VFC program offers practitioners the opportunity to receive *free* vaccines for certain eligible children under 19 years of age. These children include those eligible for the New Jersey Medicaid and NJ KidCare-Plan A program. These vaccines may be provided to any child *without* health insurance and those children who are American Indian or an Alaskan Native. This same program also extends to those children who are *underinsured* when these vaccines are received *exclusively from Federally Qualified Health Centers (FQHCs)*.

DMAHS provides an enhanced FFS administration fee of \$11.50 for the administration of vaccines ordered directly from the VFC program. The administration fee is billed under the Level III HCPCS procedure code W9356, "VFC Vaccine Administration Fee."

For details concerning enrollment and participation in the VFC program, please see the VFC package, which accompanied the Dear Colleague letter. If you have not received

a VFC enrollment package, please contact the New Jersey Immunization Program at (609) 588-7512.

**ACTION:** Effective for claims with service dates on or after **June 30, 1999**, the DMAHS is terminating Medicaid and NJ KidCare-Plan A FFS coverage and reimbursement for vaccines available from the VFC program. Vaccines applicable to individuals age 19 and over will continue to be covered. The enhanced administration fee of \$11.50 will continue to be available for the administration of vaccines ordered directly from the VFC program. The administration fee is billed under the Level III HCPCS procedure code W9356, "VFC Vaccine Administration Fee."

The following HCPCS procedure codes will be terminated for claims with service dates on or after **June 30, 1999**:

#### Immunization Codes

90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use
90660	Influenza virus vaccine, live, for intranasal use
90669	Pneumococcal conjugate vaccine, polyvalent, for intramuscular use

90680	Rotavirus vaccine, tetravalent, live, for oral use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for intramuscular use
90702	Diphtheria and tetanus toxoids (DT) absorbed for pediatric use, for intramuscular use
90703	Tetanus toxoid absorbed, for intramuscular or jet injection use
90705	Measles virus vaccine, live, for subcutaneous or jet injection use
90706	Rubella virus vaccine, live, for subcutaneous or jet injection use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use
90712	Poliovirus vaccine, (any type(s)) (OPV), live, for oral use
90713	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use
90716	Varicella virus vaccine, live, for subcutaneous use
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90744	Hepatitis B vaccine, pediatric or pediatric/adolescent dosage, for intramuscular use
90745	Hepatitis B vaccine, adolescent/high risk infant dosage, for intramuscular use
W9096	Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to newborns of HBsAg negative mothers.
W9096-22	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to newborns of HBsAg positive mothers.
W9097	Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns).
W9098	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to high risk recipients 11-19 years of age.
W9333	Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose.

This code applies only when immunizing newborns.

- W9334 Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose.  
This code applies only to high risk recipients under 11 years of age (exclusive of newborns).
- W9335 Hepatitis B immunoprophylaxis with Engerix-B, 1.0 ml dose.  
This code applies only to high risk recipients over 11 years of age.
- W9338 TETRAMUNE, a biological combining Diphtheria, Tetanus Toxoids and Pertussis Vaccine (DTP) with Hemophilus B Conjugate Vaccine  
QUALIFIER: Not to be billed separately with HCPCS 90701 or 90731.

Please be advised that this Medicaid FFS policy change has no impact on the availability of VFC vaccines for children enrolled in the New Jersey Care 2000 or the NJ KidCare-Plan B and Plan C managed health care programs. Also, each Medicaid and NJ KidCare participating health maintenance organization (HMO) determines fees associated with administration of these vaccines.

If you have any questions concerning the VFC program, please do not hesitate to contact the New Jersey Immunization Program at (609) 588-7512, or the DMAHS Child Health Unit, Office of Health Services Administration, at (609) 588-2718.

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