


<b>ISSUE DATE</b> March 21, 2022	<b>EFFECTIVE DATE</b> June 1, 2021	<b>NUMBER</b> 01-21-13, 08-21-14, 09-21-11, 31-21-14, 33-21-11
<b>SUBJECT</b> MenQuadfi® and Vaxelis® Vaccines	<b>BY</b>  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

## **PURPOSE:**

The purpose of this bulletin is to inform providers enrolled in the Medical Assistance (MA) Program that:

1. The Department of Human Services (Department) added Common Procedural Terminology (CPT) codes 90619 for the administration of the MenQuadfi® vaccine and 90697 for the administration of the Vaxelis® vaccine to the MA Program Fee Schedule effective for dates of service on and after June 1, 2021.
2. Effective June 1, 2021, MenQuadfi® and Vaxelis® were added to the list of vaccines available through the Pennsylvania Department of Health's (DOH) Vaccines for Children (VFC) Program.

## **SCOPE:**

This bulletin applies to all physicians, certified registered nurse practitioners, certified nurse midwives, outpatient hospital clinics and independent medical/surgical clinics enrolled in the MA Program who administer immunizations to MA beneficiaries in the MA Fee-for-Service and MA Managed Care delivery systems. Providers rendering services to MA beneficiaries under the MA Managed Care delivery system should address any coding or rate-related questions to the appropriate managed care organization (MCO).

## **BACKGROUND/DISCUSSION:**

On December 21, 2018, the U.S. Food and Drug Administration (FDA) approved Vaxelis®, a hexavalent (six-in-one) combination vaccine to prevent diphtheria, tetanus,

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

pertussis, poliomyelitis, hepatitis B, and invasive disease due to Haemophilus influenzae type b. On June 26, 2019, the Advisory Committee on Immunization Practices (ACIP) voted to include Vaxelis® in the federal VFC program. Vaxelis® is approved for use as a 3-dose series in children 6 weeks through 4 years of age. Guidance for the Vaxelis® vaccine is available in the Morbidity and Mortality Weekly Report (MMWR) number 69(5) and may be viewed online at: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6905a5-H.pdf>.

On April 23, 2020, the FDA approved MenQuadfi® to prevent invasive meningococcal disease caused by Neisseria meningitidis serogroups A, C, W, and Y in individuals 2 years of age and older. On June 24, 2020, ACIP voted to add MenQuadfi® to the federal VFC Program. MenQuadfi® may be given to children ages 11 years through 18 years for primary and booster doses. MenQuadfi® may also be given to children and adolescents 2 years through age 18 years who are at increased risk for meningococcal disease attributable to serogroups A, C, W, and Y. Guidance for meningococcal vaccination is available in the MMWR number 69(9) and may be viewed online at: <https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf>.

On June 1, 2021, the DOH VFC Program made the MenQuadfi® and Vaxelis® vaccines available to providers enrolled in the VFC Program. The VFC provider enrollment process is found on the DOH website at: <https://www.health.pa.gov/topics/programs/immunizations/Pages/VFC.aspx#reenroll>.

In response, the Department added CPT codes 90619 and 90697 to the MA Program Fee Schedule for the administration of the MenQuadfi® and Vaxelis® vaccines respectively.

**PROCEDURE:**

Effective for dates of service on and after June 1, 2021, MA FFS providers are to bill the Department for the administration of the MenQuadfi® and Vaxelis® vaccines using the CPT codes below.

CPT Code	Vaccine	Description	MA Fee
90619	MenQuadfi®	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	\$10.00
90697	Vaxelis®	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	\$10.00

The MA Program will pay for the administration of the MenQuadfi® vaccine to MA eligible beneficiaries 2 years of age and up, using the CPT code 90697, and for the administration of the Vaxelis® vaccine to MA eligible beneficiaries 6 weeks through 4 years of age, using the CPT code 90619, consistent with the indicated use of these vaccines as approved by the FDA and current ACIP recommendations.

The MA fee for the administration of each vaccine is \$10.00 per administration. Providers participating in an MA MCO network must abide by payment arrangements as stated in their individual MCO contract.

MA providers may bill the MA Program for the MenQuadfi® and Vaxelis® vaccines for MA eligible beneficiaries by indicating, on the claim submission, the appropriate National Drug Code and the units dispensed for the vaccine. Providers may access the online version of the MA Drug Fee Schedule found on the Department's website at:  
<https://www.humanservices.state.pa.us/CoveredDrugs/CoveredDrugs/Index>.

VFC enrolled providers may order MenQuadfi® and Vaxelis® through the DOH VFC Program for administration to MA eligible beneficiaries under 19 years of age.

Providers should advise MA beneficiaries under 19 years of age that vaccines available through the VFC Program should be obtained from a VFC Program-eligible participating provider. Information regarding VFC Program-eligible participating providers is available by calling the Pennsylvania Department of Health at 1-877-PA HEALTH (1-877-724-3258).

**ATTACHMENT:**

Addition to the Medical Assistance Program Fee Schedule: Procedure Codes for the Administration of MenQuadfi® and Vaxelis® Vaccines, Effective for Dates of Service on and after June 1, 2021”

**RESOURCES:**

Centers for Disease Control and Prevention Vaccines for Children Program  
<https://www.cdc.gov/vaccines/programs/vfc/about/index.html>

PA Department of Health Vaccines for Children Program  
<https://www.health.pa.gov/topics/programs/immunizations/Pages/VFC.aspx>

PA Department of Human Services Bulletin Search  
<https://www.dhs.pa.gov/docs/For-Providers/Pages/Bulletin-Search.aspx>

**Addition to the Medical Assistance Program Fee Schedule: Procedure Codes for the Administration of MenQuadfi and Vaxelis Vaccines,  
Effective On and After June 1, 2021**

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	01	183	22			\$10.00	No	per administration	once per day	N/A
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	08	082	49			\$10.00	No	per administration	once per day	N/A
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	09	All	11, 12			\$10.00	No	per administration	once per day	N/A
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	31	All	11, 12			\$10.00	No	per administration	once per day	N/A
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	33	335	11, 12			\$10.00	No	per administration	once per day	N/A
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	01	183	22			\$10.00	No	per administration	once per day	N/A
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	08	082	49			\$10.00	No	per administration	once per day	N/A

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	09	All	11, 12			\$10.00	No	per administration	once per day	N/A
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	31	All	11, 12			\$10.00	No	per administration	once per day	N/A
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	33	335	11, 12			\$10.00	No	per administration	once per day	N/A