

A L E R T

December 28, 2023

TO: Providers Authorized for Vaccine Administration (Non-Pharmacy Providers)

RE: New Coverage for Administration of Respiratory Syncytial Virus Vaccine 90678 and 90679

Effective for dates of service on or after October 1, 2023, Medicaid covers the following new procedure codes for the following respiratory syncytial virus (RSV) vaccines:

<u>Procedure Code</u>	<u>Procedure Code Descriptor</u>	<u>Medicaid Rate</u>
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for IM	\$295.00
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for IM	\$280.00

90678: ABRYSVO is a vaccine indicated for pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by RSV in infants from birth through 6 months of age. The VFC rate of \$8.00 will apply if applicable.

90679: AREXVY is a vaccine indicated for active immunization for the prevention of LRTD caused by RSV in individuals 60 years of age and older.

To participate in the administration of VFC products, Alabama providers must enroll in the Alabama Department of Public Health (ADPH) ImmPRINT Program. Follow the steps in the [ImmPRINT](#) to enroll.

Providers must follow state and federal laws and regulations regarding administration of the vaccine.

Providers with policy questions may contact Medicaid's Physician Program at Physicians.Program@medicaid.alabama.gov.

Providers with billing questions should contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.