

MEDICAID CODING GUIDELINE

Effective for date of service 9/26/06 and after
UPDATE: January 1, 2010; June 9, 2015

Gardasil (Quadrivalent Human Papillomavirus [Types 6, 11, 16, 18] Recombinant Vaccine)

CPT CODE: 90649

**Human Papilloma virus (HPV) vaccine,
Types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular
use**

Indications for use:

Indicated in males and females 9-26* years of age for the prevention of the following diseases caused by Human Papillomavirus (HPV) types 6, 11, 16, 18:

- Cervical cancer
- Genital warts (condyloma acuminata) (males and females) and the following precancerous or dysplastic lesions:
- Cervical adenocarcinoma *in situ* (AIS)
- Cervical intraepithelial neoplasia (CIN) grade 2 and grade 3
- Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3
- Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3
- Cervical intraepithelial neoplasia (CIN) grade 1

CRITERIA:

- the HPV vaccine should be administered intramuscularly as 3 separate 0.5-mL doses with the **first dose** given at elected date, **second dose** given 2 months after the first dose and the **third dose** given 6 months after the first dose

- ND Medicaid will reimburse for the HPV vaccine and the immunization administration for date of service 1/1/10 and after, for males and females 19-21* years of age at the current rate.
- ND Medicaid will reimburse the HPV vaccine and the immunization administration for males and females 9-18 years of age** ONLY if there is a national shortage of the HPV vaccine. The NDDoH – VFC Program will notify ND Medicaid if this should occur.

* ND Medicaid will only allow/reimburse Gardasil (HPV) vaccine (non-VFC qualified) for males and females age 19 through 21 years of age. ND Medicaid will NOT allow/reimburse Gardasil for males and females 22 years of age and older.

** The claim must be submitted on a CMS 1500 (paper) and note in Box 19 stating, “National shortage of HPV vaccine.”

ICD-9-CM COVERED DIAGNOSIS:

V04.89 - Need for prophylactic vaccination and inoculation against, Other viral diseases

ICD-10-CM COVERED DIAGNOSIS:

Z23 – Encounter for immunization

CODING/BILLING:

90649

(Human Papilloma virus - HPV) vaccine - **\$127.50** (ND Medicaid allowed amount) for each of three (3) doses for **males and females** 19-**21*** years of age. (see CRITERIA for clarification)

OR

90649-SL

(Human Papilloma virus - HPV) vaccine –SL (state supplied) - **\$0.00** must be submitted for **males and females** 9-18 years of age who qualify and receive VFC vaccine.

AND

90471 or 90472

The appropriate immunization administration code and charge must be billed with each HPV vaccine (90649).

► **Guideline CHANGE:** Effective January 1, 2010 ND Medicaid will allow/reimburse Gardasil (HPV) vaccine for **males and females** age 19 through 21 years of age. This change now allows reimbursement of the HPV vaccine and vaccine administration to **males** as well as females age 19-21 years of age.