

Provider Update



This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com/KS>.

Noncoverage of FluMist[®]

Summary of change: Effective with dates of service on and after January 1, 2017, FluMist will no longer be reimbursed by Amerigroup Kansas, Inc.

What is the impact of this change?

Effective January 1, 2017, the following procedure codes for FluMist will not be covered:

- 90660
- 90664
- 90672

Related noncovered codes are as follows:

- 66019010001
- 66019010101
- 66019010201
- 66019010401
- 66019010501
- 66019010601
- 66019010701
- 66019010810
- 66019010910
- 66019011010
- 66019030010
- 66019030101
- 66019030110
- 66019030201
- 66019030210
- 66019030301
- 66019030310
- 66019020010

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.