



Alaska Medical Assistance

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<http://medicaidalaska.com>

### Remittance Advice (RA) Message

Title: **Expanded Age Range for HPV Nonavalent (9v HPV) Vaccine**

Issue Date: 04/08/2019

Run Length: 8 weeks

Provider Type(s): 001, 005, 008, 020, 021, 033, 034, 051, 052, 055, 056

Message: Alaska Medicaid has expanded coverage of procedure code 90651 – *9v HPV vaccine* (Gardasil 9) to cover recipients through age 45 to align with [FDA indications](https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm426445.htm) (<https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm426445.htm>).

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or toll-free in Alaska at 800.770.5650, option 1, 1, 1.