

Apple Health (Medicaid) COVID-19 vaccine clinical policy

In this time of the COVID-19 pandemic, the Health Care Authority (HCA) is aware that usual and customary ways of providing and billing/reporting services may not be feasible. It is also understood that different providers will have different capabilities. Therefore, in the interest of public health, HCA's Apple Health (Medicaid) program is trying to be as flexible as possible and is creating new policies that will allow you to provide medically necessary services and bill or report the encounter with the most appropriate code you determine applicable, using the guidance below.

COVID-19 Vaccine Administration Clinical Policy

The following policy applies to fee-for-service (FFS) and HCA-contracted managed care organizations (MCOs).

Cost

The vaccines have been purchased by the federal government and are being provided free of charge to providers that have enrolled in the federal [COVID-19 Vaccination Program](#) or the [Washington State Department of Health COVID – 19 Vaccination Program](#).

Providers

Must have enrolled with either Washington State Department of Health or the Centers for Medicare & Medicaid Services (CMS) to administer COVID-19 vaccine shots.

Must have a Core Provider Agreement with Apple Health (Medicaid) whose scope of practice includes vaccine administration.

Pharmacist/Pharmacies (effective date 2/15/2021)

Pharmacists may prescribe, administer, and bill for COVID-19 vaccine administration.

Apple Health will reimburse for COVID-19 vaccine administration when administered by a pharmacy technician or a pharmacy intern under immediate supervision of a pharmacist with an ancillary utilization plan (AUP) approved by the Pharmacy Quality Assurance Commission. To bill for these services, the pharmacist who delegates the task should be entered as the servicing provider.

Clinics billing for this service when performed by a pharmacist should follow the standard billing procedures.

Pharmacists billing for this service must bill on a HIPAA 837 transaction using the billing taxonomy of 193200000X.

Pharmacies may bill for COVID-19 vaccine administration when the performing provider is a pharmacist.

- For the fee-for-service program, bill as a HIPAA 837 transaction using the pharmacy billing taxonomy of 193200000X and include the place of service.
- For agency-contracted managed care organizations (MCOs), bill as a pharmacy point-of-sale transaction and follow NCPDP standards.

Special eligibility

Retroactive to dates of service on and after April 1, 2021, COVID vaccine administration is a covered service for Family Planning Only clients.

Reporting Requirements

Providers must adhere to the reporting requirements as dictated by the Washington State Department of Health as a condition for participation in the COVID-19 Vaccination Program, to ensure data entry into the Washington Immunization Information System (WAIS) or another system designated by the CDC according to CDC documentation and data requirements.

Reimbursement information and billing guidance (Revised 5/12/2021)

The vaccines and vaccine administration codes listed in the table below, are covered by Apple Health (Medicaid).

HCA is now allowing [template billing for COVID-19 mass vaccination](#). This policy is retroactive to claims with dates of service on and after April 1, 2021.

HCA considers a mass vaccination a time in which the providers is providing COVID-19 vaccines to many people.

During the public health emergency (PHE), HCA is allowing providers to submit template billing claims through ProviderOne, for both fee for service and MCO clients. This is the only time/situation that a provider is allowed to bill through ProviderOne for a managed care client.

When submitting template billing, the servicing provider must be included. The exception to that rule is if the servicing provider is a volunteer. If the servicing provider is a volunteer then only the billing provider is required. A volunteer must have vaccine administration within their scope of practice and is someone that is not typically linked to your organization and not being paid for the service.

Please see instructions in the [template billing presentation](#) or in HCA's ProviderOne Billing Guide in the *template billing* section.

Other options to bill for vaccines for fee-for-service clients are:

1. Bill each individual claim. See instructions in [ProviderOne Billing Guide](#) under the *Direct Data Entry* section.
2. Use batch 837. See instructions in [ProviderOne Billing Guide](#) under *Batch Submission (837)* section.

When billing for vaccine administration, HCA is no longer requesting that you bill the vaccine with the vaccine administration code. If you do submit a claim with both the vaccine and the vaccine administration codes, HCA (Medicaid) will pay for the vaccine administration fee, but will not pay for the vaccine itself since the COVID-19 vaccine is provided by the federal government without charge. If the COVID vaccine administration is the only service provided then do not bill for an E/M.

Indian Health Service Providers

The encounter rate is payable for Medicaid covered professional services following the Tribal Health Billing Guide. The encounter rate is not payable for drugs/pharmaceuticals.

FQHCs and RHCs

The COVID-19 vaccine administration codes listed below are not encounter eligible for Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs).

Outpatient Hospital (OPPS) (Revised 3/8/2021)

When billing for the vaccine and the vaccine administration in an OPPS setting, the location revenue code must be used, not the vaccine administration revenue code. Any claims that have been denied due to noncoverage of revenue code 0771 should be resubmitted with the location revenue code for services provided for dates of service prior to February 15, 2021.

Effective for dates of service on and after February 15, 2021, when billing for COVID vaccine and vaccine administration in an OPPS setting, use revenue code 0771. This policy does not apply to other vaccines.

Please see the [COVID-19 fee schedule](#) for rates and effective dates.

COVID Vaccine and Vaccine Administration

| CPT®/HCPCS Code | Short Description | Labeler |
|-----------------|--|---------|
| 91300 | SARSCOV2 VAC 30MCG/0.3ML IM | Pfizer |
| 0001A | ADM SARSCOV2 30MCG/0.3ML 1 ST | Pfizer |
| 0002A | ADM SARSCOV2 30MCG/0.3ML 2 ND | Pfizer |
| 0003A | ADM SARSCOV2 30MCG/0.3ML 3RD | Pfizer |
| 0004A | ADM SARSCOV2 30MCG/0.3ML BST | Pfizer |
| 91301 | SARSCOV2 VAC 100MCG/0.5ML IM | Moderna |
| 0011A | ADM SARSCOV2 100MCG/0.5ML1ST | Moderna |
| 0012A | ADM SARSCOV2 100MCG/0.5ML2ND | Moderna |
| 0013A | ADM SARSCOV2 100MCG/0.5ML3RD | Moderna |
| 91306 | SARSCOV2 VAC 50MCG/0.25ML IM | Moderna |
| 0064A | ADM SARSCOV2 50MCG/0.25MLBST | Moderna |
| 91303 | SARSCOV2 VAC AD26 .5ML IM | Janssen |
| 0031A | ADM SARSCOV2 VAC AD26 .5ML | Janssen |

Vaccination in the home

The additional payment for administering the COVID-19 vaccine in the home is covered for the following:

- The patient has a condition that makes them more susceptible to contracting a pandemic disease such as COVID-19.
- The patient is generally unable to leave the home, and if they do leave home it requires a considerable and taxing effort.
- The patient has a disability or faces clinical, socioeconomic, or geographical barriers to getting a COVID-19 vaccine in settings other than their home. •

- The patient faces challenges that significantly reduce their ability to get vaccinated outside the home, such as challenges with transportation, communication, or caregiving.

For more information please see the CMS policy [Additional Payment for Administering the Vaccine in the Patient's Home](#).

| CPT®/HCPCS Code | Short Description | Labeler |
|-----------------|-----------------------------|--------------------|
| M0201 | Covid-19 vaccine home admin | Home vaccine admin |

Provider Reimbursement for COVID-19 Vaccine Counseling Visits

Counseling Visits

A Counseling Visit is a conversation between a provider or qualified health professional, nurse, or medical assistant, and a patient about the COVID-19 vaccine. Eligible providers include those who have established relationships with patients, defined as having had at least one in-person appointment within the past three years with the provider or another provider employed at the same clinic. Conversations may include topics such as patient's reasons for not being vaccinated, addressing concerns identified by the patient, providing tailored and individualized medical advice regarding COVID-19 vaccine for that patient, and providing resources about how to get a COVID-19 vaccine if applicable. Counseling Visits should be documented in a patient's medical record according to standard documentation guidelines.

Vaccination Status

The provider must check a client's vaccination status in the provider's medical records and the Department of Health WAIS database. Immunization registry checks may be performed within a reasonable timeframe of the vaccine counseling visit to accommodate for data lags. If there is no indication that the patient is vaccinated, then the provider can reach out to the client for a counseling visit. In the event that immunization registry checks are infeasible, client attestation to vaccination status is acceptable.

Billing Information

- Providers and qualified health professionals
 - Providers who counsel patients about COVID-19 vaccine information and availability can bill using the appropriate office visit E&M payment codes (Established patient office visit series).
 - In the event the provider is already seeing the patient for a prescheduled visit, and counseling for COVID-19 vaccination increases complexity of the visit or the time spent with the patient, the provider may account for this additional time by choosing the appropriate E/M level.
- Nurses/Medical Assistants
 - Nurses and medical assistants who counsel patients about COVID-19 vaccine information and availability can bill using CPT® code 99211 (Office or other outpatient visit for the

evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services).

- The claim must include the ICD-10 diagnosis code Z71.89 (other specified counseling) in the primary position if this is the primary reason for the visit
- Providers performing Counseling Visits should be prepared to provide vaccine or be able to refer to appropriate, accessible vaccine sites for the member in counseling.
- If the patient receives the vaccine in office after a Counseling Visit, additionally use the appropriate CPT codes for Vaccine Administration which may be billed the same date of service (see policy above)
- Telemedicine (real time audio visual) visits can be billed with place of service 02 (see [Physician-related /professional services billing guide](#) for more detailed information).
- During the Public Health Emergency (PHE), HCA is requiring usage of modifier CR when requesting reimbursement for audio-only services. If this service is provided via audio-only then the provider must obtain patient consent for the billing in advance of the service being delivered.
- No facility fee can be charged for counseling billed by a hospital owned or affiliated physician practice or other practice site

Materials to assist provider conversations with patients:

- [Talking points for providers \(PDF\)](#)
- [Addressing Vaccine Hesitancy \(PDF\)](#)
- [Provider Discussion Guide: Building Confidence in the Johnson & Johnson Vaccine \(PDF\)](#)
- [Provider Discussion Guide: Building Confidence in COVID-19 mRNA Vaccines \(PDF\)](#)
- [COVID-19 vaccine for preteens and teens \(PDF\) \(CDC\)](#)
- [COVID-19 vaccine conversations with patients \(CDC\)](#)
- [Additional resources for healthcare providers.](#)
- [Pro-Equity strategies for supporting patient access to vaccine.](#)

Patient resources:

- [Factsheet about COVID-19 Vaccines](#)
- [Vaccinate WA: Find COVID-19 Vaccine Appointments Near You](#)