



Last Updated: 05/18/2022

Coverage of Vaccine Counseling Services for EPSDT-Eligible Members

The purpose of this bulletin is to inform providers that DMAS and all managed care organizations (MCOs): 1) will cover a stand-alone billing code for COVID-19 vaccine counseling services through the last day of the first quarter that begins one year after the last day of the COVID-19 emergency; and 2) affirm coverage of non-COVID-19 vaccine counseling via existing well-child and preventive care billing codes, for all EPSDT-eligible Medicaid members (e.g., full-benefit Medicaid members under 21 years of age). This coverage is consistent with Section 9811 of the American Rescue Plan Act of 2021 (ARPA). Further contact information is included at the bottom of this document. For prior memos outlining DMAS COVID-19 vaccination coverage, please visit:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/MedicaidMemosToProviders>.

COVID-19 Vaccine Counseling for EPSDT-Eligible Members

The following COVID-19 vaccine administration code will be covered for COVID-19 vaccine counseling for fee for service (FFS) and MCO full-benefit Medicaid members under 21 years of age, with dates of service on and after 5/15/2022. FFS reimbursement rates are available via the DMAS fee [file](#).

- **99401:** Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes

Prior authorization for 99401 is not required for FFS or MCO members. 99401 may not be billed more than once per beneficiary per day. There is no limit to the total number of times a member can receive counseling. COVID-19 vaccine counseling for the member must be provided to the eligible member or the member's parent or guardian. COVID-19 vaccine counseling may be delivered in person or via audio-visual telehealth or audio-only telehealth modalities. If delivered via a telehealth modality, an appropriate telehealth billing modifier should be used as per the DMAS Telehealth Supplement. Providers must maintain documentation of services provided. Providers eligible to deliver these services include physicians, nurse practitioners, physician assistants and certified nurse midwives. Eligible billing provider types include hospitals, physicians, nurse practitioners, physician assistants, certified nurse midwives, rural health clinics, federally qualified health centers, community service boards and health departments. COVID-19 vaccine counseling may be delivered when other services are delivered during a visit and may be billed separately from, and in addition to, those services. COVID-19 vaccine counseling efforts used to meet the criteria for 99401 should not be used to meet the requirements of other services billed for. COVID-19 vaccine counseling may also be delivered/billed for on the same date of service as



a COVID-19 vaccine is administered/billed for.

Non-COVID-19 Vaccine Counseling for EPSDT-Eligible Members

DMAS FFS and MCOs will continue to cover counseling for CDC Advisory Committee on Immunization Practices (ACIP)-recommended vaccines for EPSDT-eligible members through existing covered preventive care, well-child and Evaluation and Management (E&M) billing codes normally used to bill for such efforts. See the DMAS fee [file](#) for covered services for FFS members. For questions on coverage for members enrolled in a managed care organization, refer to the contact information listed below.

PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms



Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider <u>For credentialing and behavioral health service information, visit:</u> www.magellanofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or Call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahospital.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com