



Last Updated: 07/13/2022

## Hospital COVID-19 Vaccine Administration Reimbursement - Effective December 23, 2020

This memorandum notifies hospitals about COVID-19 vaccine administration reimbursement.

### Hospital COVID-19 Vaccine Administration Reimbursement

The Department and its contracted health plans will pay for COVID-19 vaccine administration and actual vaccine codes provided in a hospital outpatient setting in accordance to the reimbursement rates posted in the Medicaid Memos dated December 11, 2020 for "Coverage of COVID-19 Vaccine Administration" and dated April 1, 2021 for "Update to Reimbursement Rate for COVID-19 Vaccine Administration." Reimbursement for vaccine administration is reimbursed based on physician fee schedule according to the rates effective December 23, 2020 and updated rates effective April 1, 2021.

The reimbursement for the COVID-19 vaccine administration will be considered a separate payment and will not be included in the Enhanced Ambulatory Patient Group (EAPG) reimbursed to the Facility. The claim will be reimbursed via the current billing methodology for physician fee schedule. Please contact the appropriate Managed Care Organizations for their coverage policy.

The Centers for Medicare and Medicaid Services (CMS) anticipates that at this time, providers will not incur a cost for vaccine products (CPT 91300, 91301). Providers should not bill for vaccine products if they received them for free.

### Hospital Billing (Two Claims)

In order to receive a COVID-19 vaccine administration reimbursement that is separate from the EAPG payment, hospitals will need to submit two 837I (UB-04) claims. The facility will receive two separate payments:

- Outpatient Visit: The outpatient claim (bill type 013x) will be for the outpatient visit services and will be reimbursed via EAPG.
- COVID-19 Vaccine Administration: The second claim will be an outpatient claim (bill type 013x) for the COVID-19 vaccine administration procedure code only. The outpatient claim must be billed with the applicable laboratory revenue code (030x or 031x) and the COVID-19 vaccine administration procedure code (listed in COVID administration Medicaid Memos noted above) in order to be reimbursed via the current DMAS physician fee schedule for Fee-for-Service members.

If the charge for the COVID-19 vaccine administration is included on the outpatient visit claim, those charges will be bundled in with the final EAPG payment and a separate payment will not be issued.



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For questions about hospital reimbursement, please contact Sara Benoit by phone: (804) 786-3673, or by e-mail: [Sara.Benoit@dmas.virginia.gov](mailto:Sara.Benoit@dmas.virginia.gov).

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<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Managed Care Programs</b> 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.	
<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	<a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a> For credentialing and behavioral health service information, visit: <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> , email: <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> , or Call: 1-800-424-4046
<b>Provider HELPLINE</b> 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	<a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a> 1-800-279-1878
Anthem HealthKeepers Plus	<a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a> 1-800-901-0020



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Magellan Complete Care of Virginia	<a href="http://www.MCCofVA.com">www.MCCofVA.com</a> 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	<a href="http://www.Uhccommunityplan.com/VA">www.Uhccommunityplan.com/VA</a> and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>