



Last Updated: 07/13/2022

# Update to Reimbursement Rate for COVID-19 Vaccine Administration

The purpose of this memorandum is to inform providers of:

- Reimbursement rate changes for COVID-19 vaccine administration.
- Automatic reprocessing of previously submitted vaccine administration claims.

The previous Medicaid Memos “Coverage of COVID-19 Vaccine Administration” (dated December 11, 2020) and “Coverage of Single-Dose COVID-19 Vaccine Administration” (dated March 2, 2021) communicated coverage of COVID-19 vaccination, effective December 10, 2020 and February 26, 2021 onwards, respectively.

The Centers for Medicare & Medicaid Services (CMS) recently announced an increase in the Medicare payment amount for administering the COVID-19 vaccine. The objective of the rate increase is to support provider actions designed to increase the number of vaccines they can administer each day, including establishing new or growing existing vaccination sites, conducting patient outreach and education, and hiring additional staff. DMAS will increase reimbursement rates for COVID-19 vaccine administration to match current Medicare rates. Claims for the codes below with dates of service on or after April 1, 2021 will be reimbursed by DMAS Fee for Service (FFS) and all DMAS Managed Care Organizations (MCOs) at the following updated reimbursement rates:

<b>CPT Code</b>	<b>Description</b>	<b>Reimbursement Rate</b>
91300	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	\$0.01
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose	\$40.00



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0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose	\$40.00
91301	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	\$0.01
0011A	Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	\$40.00
0012A	Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	\$40.00
91303	SARSCOV2 VAC AD26 .5ML Janssen Covid-19 Vaccine	\$0.01
0031A	ADM SARSCOV2 VAC AD26 .5ML Janssen Covid-19 Vaccine Admin.	\$40.00

Claims for the codes above submitted under member medical benefits with dates of service on or after April 1, 2021 that were initially reimbursed at previously stated rates will be reprocessed by Medicaid FFS (fee for service) and all managed care plans without requiring resubmission of claims.

All COVID-19 vaccine claims submitted with NDC (national drug code) codes through the pharmacy point-of-sale system with dates of service on or after April 1, 2021 will be reimbursed with an



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administration fee of \$40 per individual immunization dose. Previously submitted claims on or after April 1, 2021 which were reimbursed at previously published rates may be reversed and resubmitted at the pharmacy level or by the Pharmacy Benefit Manager (PBM) at the corporate level.

CMS continues to anticipate that, at this time, providers will not incur a cost for vaccine products (CPT 91300, 91301, 91303). Providers should not bill for vaccine products if they received it for free.

For questions on coverage for members enrolled in a managed care organization, refer to the contact information listed below.

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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.	<b>Visit:</b> <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<b>Call:</b> 1-800-884-9730, or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<b>Visit:</b> <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>	<b>Visit:</b> <a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<b>Visit:</b> <a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<b>Visit:</b> <a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>



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<p><b>Magellan Behavioral Health</b> Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p><b>Visit:</b> <a href="http://www.magellanhealth.com/Provider">http://www.magellanhealth.com/Provider</a> For credentialing and behavioral health service information: <b>Visit:</b> <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a> <b>Email:</b> VAProviderQuestions@MagellanHealth.com <b>Call:</b> 1-800-424-4046</p>
<p><b>Provider HELPLINE</b> Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p><b>Call:</b> 1-804-786-6273, or 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p><b>Visit:</b> <a href="http://www.aetnabetterhealth.com/virginia">www.aetnabetterhealth.com/virginia</a> <b>Call:</b> 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p><b>Visit:</b> <a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a>, or <b>Call:</b> 1-800-901-0020</p>
<p>Magellan Complete Care of Virginia</p>	<p><b>Visit:</b> <a href="http://www.MCCofVA.com">www.MCCofVA.com</a> <b>Call:</b> 1-800-424-4518 (TTY 711), or 1-800-643-2273</p>
<p>Optima Family Care</p>	<p><b>Call:</b> 1-800-881-2166</p>
<p>United Healthcare</p>	<p><b>Visit:</b> <a href="http://www.uhccommunityplan.com/VA">www.uhccommunityplan.com/VA</a>, or <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> <b>Call:</b> 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p><b>Call:</b> 1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a></p>