

Governor

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Commissioner

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New York State Medicaid Coverage Policy and Billing Guidance for the Administration of COVID-19 Vaccines and COVID-19 Vaccine Counseling provided by School Based Health Centers

Updates as of 9/27/2023 are highlighted in yellow.

This guidance has been superseded as of September 11, 2023. Updated guidance for coverage and billing of COVID-19 vaccines can be found at:

https://www.health.ny.gov/health_care/medicaid/covid19/ guidance/mc_policy-billing_guide.htm

This guidance sets forth New York State (NYS) Medicaid´s reimbursement policy for the administration of COVID-19 vaccines approved by the Food & Drug Administration (FDA) or authorized for emergency use and instructions for School Based Health Centers (SBHCs) to bill for the administration of authorized COVID-19 vaccines. Information about vaccines receiving an Emergency Use Authorization (EUA) by the FDA can be found on the FDA's <u>COVID-19</u> <u>Vaccines</u> web page.

NYS Medicaid's policy for the administration of COVID-19 vaccine will continue to remain in effect in accordance with the <u>Public Readiness and Emergency Preparedness Act (PREP Act)</u>. As additional COVID-19 vaccines become available under an EUA, or are otherwise approved by the FDA, this billing guidance will be updated as needed.

NYS Medicaid Coverage & Reimbursement Policy for Administration of FDA Authorized COVID-19 Vaccines

- The NYS Medicaid program will reimburse NYS Medicaid enrolled and qualified SBHC providers for the administration of COVID-19 vaccines that have been issued an EUA by the FDA for the prevention of COVID-19.
- Reimbursement for administration of COVID-19 vaccines may be based on a patient-specific order or non-patient specific order ("standing order"). These orders must be kept on file by the provider. Standing orders enable assessment and vaccination of the patient without the need for clinician examination or a patient-specific order from the attending provider at the time of the patient interaction. For more information, please see:

Practice Alerts and Guidelines

- The ordering provider's National Provider Identifier (NPI) is required on the Medicaid claim. Ordering providers are required to be enrolled in the NYS Medicaid program.
- In accordance with federal guidelines, providers are prohibited from charging a copayment or cost sharing responsibility to Medicaid members for COVID-19 related services. SBHC providers are reminded that Medicaid members under 21 are exempt from all co-payments or cost sharing responsibilities for COVID-19 or non-COVID-19 related services.
- Providers must not bill NYS Medicaid for the administration of the COVID-19 vaccine to members who are also enrolled in Medicare. Dually eligible enrollees will continue to access full coverage of immunization services through Medicare
- Payment will not be made to NYS Medicaid providers for the cost of COVID-19 vaccine because the vaccine is available at no cost to providers. Providers must not bill the Current Procedural Terminology (CPT) code for the vaccine.
- In order to obtain COVID-19 vaccine at no cost, Medicaid enrolled providers must be legally authorized to administer the vaccine and also enroll as COVID-19 vaccine providers with the Centers for Disease Control and Prevention (CDC), the NYS Department of Health Bureau of Immunization, or the NYC Department of Health and Mental Hygiene (NYCDOHMH) Bureau of Immunization. Such providers are considered qualified providers by the Medicaid program for the purpose of COVID-19 vaccine administration.
- For information on how to enroll in the NYS COVID-19 Vaccination Program and how to register for the NYSIIS or CIR, please visit COVID-19 Vaccine Information for Providers.

Note that this program is distinct from the Vaccines for Children (VFC) Program and separate enrollment is required.

Billing Instructions and Fees

SBHCs may bill NYS Medicaid for the administration of FDA authorized COVID-19 vaccines when administered by a qualified SBHC provider to Medicaid members.

- COVID-19 vaccine administration must be billed to NYS Medicaid separately from other SBHC services. SBHCs providing clinic services in addition to and beyond the scope of the COVID-19 vaccine administration service can bill an appropriate Ambulatory Patient Group (APG) claim for the non-COVID-19 vaccine related services provided.
- SBHC may bill for COVID-19 vaccine administration as stand-alone service when other services are not provided.

 SBHC administering a COVID-19 vaccine to Medicaid members with Family Planning only coverage should bill a separate claim for COVID-19 vaccine administration using the appropriate rate code representing the COVID-19 vaccine administered from the table below with ICD-10 diagnosis code **Z23 (encounter for immunization)** as the primary diagnosis on the claim.

SBHC have been assigned the following rate codes to bill for COVID-19 vaccine administration:

SBHC			Effective for
Rate	Rate Code Description	Rate	Dates of service
Code			on or after:
5522	SBHC-PFIZER COVID VACCINE DOSE 1 – 0001A	\$40.00	4/1/2021 through
			4/18/2023
5523	SBHC-PFIZER COVID VACCINE DOSE 2 – 0002A	\$40.00	4/1/2021 through
			4/18/2023
5527	SBHC-PFIZER COVID VACCINE DOSE 3 – 0003A	\$40.00	8/12/2021 through
			4/18/2023
5534	SBHC-PFIZER VACCINE BOOSTER 0004A	\$40.00	9/22/2021 through
			8/30/2022
5524	SBHC-MODERNA COVID VACCINE DOSE 1 – 0011A	\$40.00	4/1/2021 through
5505		0.40.00	4/18/2023
5525	SBHC-MODERNA COVID VACCINE DOSE 2 – 0012A	\$40.00	4/1/2021 through
5500		# 40.00	4/18/2023
5528	SBHC-MODERNA COVID VACCINE DOSE 3 – 0013A	\$40.00	8/12/2021 through
		£40.00	4/18/2023
5526	SBHC-JANSSEN COVID-19 VACCINE – 0031A	\$40.00	4/1/2021 through
5529	SBHC-JANSSEN COVID-19 BOOSTER DOSE 0034A	\$40.00	5/7/2023 10/20/2021
3329	3BHC-JAN33EN COVID-19 BOOSTER DOSE 0034A	Φ40.00	through 5/7/2023
5530	SBHC-PFIZER COVID VAC (TRS-SUC) DOSE 1 0051A	\$40.00	1/3/2022 through
3330	SBIIC-FI IZER COVID VAC (TRS-30C) DOSE T 003TA	\$40.00	4/18/2023
5531	SBHC-PFIZER COVID VAC (TRS-SUC) DOSE 2 0052A	\$40.00	1/3/2022 through
0001	OBITO 1 1 IZET GOVID VITO (1110 000) DOCE 2 003211	Ψ-0.00	4/18/2023
5532	SBHC-PFIZER COVID VAC (TRS-SUC) DOSE 3 0053A	\$40.00	1/3/2022 through
0002	OBITO TT IZET GOVID VITO (THE COO) DOOL GOOGE	Ψ-10.00	4/18/2023
5533	SBHC-PFIZER COVID VAC (TRS-SUC) BOOSTER 0054A	\$40.00	1/3/2022 through
	(1 1 1)		8/30/2022
5535	SBHC-MODERNA VACCINE BOOSTER 0064A	\$40.00	10/20/2021
			through 8/30/2022
5536	SBHC-PFIZER COVID VAC ADMIN AGE 5-11 DOSE 1 0071A	\$40.00	11/3/2021 through
			4/18/2023
5537	SBHC-PFIZER COVID VAC ADMIN AGE 5-11 DOSE 2 0072A	\$40.00	11/3/2021 through
			4/18/2023
5541	SBHC-PFIZER COVID VAC ADMIN AGE 5-11 DOSE 3 0073A	\$40.00	1/3/2022 through
			4/18/2023
5543	SBHC-PFIZER COVID VAC ADMIN AGE 5-11 Booster 0074A	\$40.00	5/17/2022 to
5504	ODLIO DEIZED O 40 ADM (MACO AVDO) 40TD OCE 2004 A	0.40.00	10/12/2022
5561	SBHC PFIZER C-19 ADM (6MOS-4YRS) 1ST DOSE 0081A	\$40.00	6/17/2022 through
EECO		\$40.00	4/18/2023
5562	SBHC PFIZER C-19 ADM (6MOS-4YRS) 2ND DOSE 0082A	\$40.00	6/17/2022 through
			4/18/2023

5563	SBHC PFIZER C-19 ADM (6MOS-4YRS) 3RD DOSE 0083A	\$40.00	6/17/2022 through
	,	·	4/18/2023
5573	SBHC Moderna C-19 ADM (6yrs-11yrs) 1st dose 0091A	\$40.00	6/17/2022 through 4/18/2023
5574	SBHC Moderna C-19 ADM (6yrs-11yrs) 2nd dose 0092A	\$40.00	6/17/2022 through
			4/18/2023
5575	SBHC Moderna C-19 ADM (6yrs-11yrs) 3rd dose 0093A	\$40.00	6/17/2022 through 4/18/2023
6119	SBHC – MODERNA VACCINE BOOSTER – 0094A	\$40.00	3/29/2022 through 8/30/2022
5564*	SBHC MODERNA C-19 ADM (6MOS-5YRS) 1ST DOSE 0111A	\$40.00	6/17/2022 through 4/18/2023
5565*	SBHC MODERNA C-19 ADM (6MOS-5YRS) 2nd DOSE 0112A	\$40.00	6/17/2022 through 4/18/2023
5572	SBHC MODERNA C-19 ADM (6MOS-5YRS) 3rd DOSE 0113A	\$40.00	6/17/2022 through 4/18/2023
5576	SBHC NOVAVAX C-19 ADM (18 & over) 1st dose 0041A	\$40.00	7/13/2022 through 9/12/23
5577	SBHC NOVAVAX C-19 ADM (18 & over) 2nd dose 0042A	\$40.00	7/13/2022 through 9/12/23
5587	SBHC NOVAVAX C-19 ADM (18 & over) Booster dose 0044A	\$40.00	10/19/2022 through 9/12/23
6127	SBHC Pfizer-BioNTech - ADM SARSCOV2 - Bivalent - 30MCG/0.3ML – 1st Dose – 0121A	\$40.00	4/18/2023 through 9/12/23
5580	SBHC Pfizer-BioNTech - ADM SARSCOV2 - Bivalent - 30MCG/0.3ML - Additional Dose — 0124A	\$40.00	8/31/2022 through 9/12/23
5581	SBHC Moderna – ADM SARSCOV2 – Bivalent - 50MCG/0.5 ML – Additional Dose – 0134A	\$40.00	8/31/2022 through 9/12/23
6130	SBHC Pfizer-BioNTech - ADM SARSCOV2 - Bivalent - 10MCG/0.2ML – 1st Dose (5 – 11 yrs) – 0151A	\$40.00	4/18/2023 through 9/12/23
5585	SBHC Pfizer-BioNTech - ADM SARSCOV2 - Bivalent - 10MCG/0.2ML - Additional Dose (5 – 11 yrs) – 0154A	\$40.00	10/12/2022 through 9/12/23
6128	SBHC Moderna – ADM SARSCOV2 – Bivalent - 25MCG/0.25 ML – 1st Dose (6mos - 11yrs) - 0141A	\$40.00	4/18/2023 through 9/12/23
6129	SBHC Moderna – ADM SARSCOV2 – Bivalent - 25MCG/0.25 ML – 2nd Dose (6mos - 11yrs) - 0142A	\$40.00	4/18/2023 through 9/12/23
5586	SBHC Moderna – ADM SARSCOV2 – Bivalent - 25MCG/0.25 ML – Additional Dose (6mos - 11yrs) - 0144A	\$40.00	10/12/2022 through 9/12/23
5590	SBHC Moderna - ADM SARSCOV2 Bivalent - 10MCG/0.2ML - Additional Dose (6mos - 5yrs) - 0164A	\$40.00	12/8/2022 through 9/12/23
6131	SBHC Pfizer-BioNTech - ADM SARSCOV2 Bivalent - 3MCG/0.2ML - 1st Dose (6mos - 4yrs) - 0171A	\$40.00	4/18/2023 through 9/12/23
6132	SBHC Pfizer-BioNTech - ADM SARSCOV2	\$40.00	4/18/2023 through
	Bivalent - 3MCG/0.2ML - 2nd Dose (6mos - 4yrs) - 0172A		9/12/23
5591	SBHC Pfizer-BioNTech - ADM SARSCOV2	\$40.00	12/8/2022 through
	Bivalent - 3MCG/0.2ML - 3rd Dose (6mos - 4yrs) – 0173A		9/12/23
5593	SBHC Pfizer C19 ADM Bivalent 3MCG/0.2ML Additional Dose 0174A	\$40.00	3/14/2023 through 9/12/23
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NOTE: Each COVID-19 vaccine administration rate code above represents a distinct COVID-19 vaccine administration CPT code. Providers are required to use the appropriate rate code for the COVID-19 vaccine dose administered. The above rate codes include the actual work of administering the vaccine, including all necessary counseling provided to patients and/or caregivers for the dose administered, required vaccination reporting, and updating of electronic records.

*Rate Code activation letters were sent to SBHC rate-based providers for rate codes 5564 and 5565 with inaccurate descriptions identifying incorrect age parameters for these COVID-19 vaccine administration rate codes. The correct descriptions for rate codes 5564 and 5565 are listed in the above table.

COVID-19 Vaccine Counseling

Effective May 12, 2023, NYS Medicaid will continue to provide reimbursement for COVID-19 vaccine counseling to Medicaid members under age 21 to encourage the administration of the COVID-19 vaccine.

Effective May 12, 2023, COVID-19 vaccine counseling for Medicaid members age 21 and older will no longer be reimbursed as a stand-alone service. Reimbursement for COVID-19 vaccine counseling is included in the Evaluation and Management (E&M) visit for Medicaid members age 21 and older. SBHCs must follow the updated policy guidelines outlined in the Updated Coverage Criteria for COVID-19 Vaccine Counseling to bill the below rate code for this service.

SBHC have been assigned the following rate code to bill for COVID-19 vaccine counseling:

SBHC Rate Code	Rate Code Description	Rate	Effective for Dates of service on or after:
5538	SBHC - COVID-19 VACCINATION COUNSELING – EIGHT- MINUTE MINIMUM	\$25.00	12/1/2021

Additional Information:

COVID-19 Vaccine Information for Providers can be found at: https://coronavirus.health.nv.gov/covid-19-vaccine-information-providers

Additional COVID-19 Guidance for Medicaid Providers can be found at: https://www.health.ny.gov/health.care/medicaid/covid19/

CDC information on COVID-19 can be found at: https://www.cdc.gov/vaccines/covid-19/index.html

Questions:

- NYS Medicaid Fee-for-Service claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYS Medicaid Fee-for-Service coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by phone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.