

March 1, 2022

<Provider Name>
<Provider Address 1>
<City> <State> zipcode5-zipcode4

Dear Provider:

The purpose of this letter is to provide additional guidance and clarification for the coverage of COVID-19 prevention, treatment, and support services.

Stand-Alone Vaccine Counseling

The purpose of the early and periodic screening, diagnosis, and treatment (EPSDT) well child examination is to promote health, detect medical problems, and to counsel to prevent injury and future health problems. EPSDT visits cover medically necessary screening and preventive support services for children, including health education services.

As a reminder, vaccine counseling visits are covered for all children under 21 years of age under the EPSDT services benefit, and for adults under the preventive services benefit. Vaccine counseling visits are covered for all Medicaid beneficiaries when counseled regarding the importance of vaccines, but the vaccine is not administered. The vaccine counseling service may occur in conjunction with another service such as a well child visit.

CMS has recently clarified that vaccine counseling can now be covered as a stand-alone visit. Documentation must support the service provided.

Effective January 1, 2022, for stand-alone vaccine counseling services, non-pharmacy providers may submit claims for reimbursement by identifying the service with the appropriate Current Procedural Terminology (CPT) code such as 99401, 99402, 99403, or 99404, as appropriate, in compliance with coding guidelines.

For pharmacy providers, for stand-alone vaccine counseling services, effective January 1, 2022, and extending through the last day of the calendar quarter in which the public health emergency (PHE) declared by the Secretary of Health and Human Services for COVID-19 terminates, vaccine counseling may be billed as a Medication Therapy Management (MTM) service when billed in accordance with the MTM policy, [MSA 17-09](#). Vaccine counseling services may be billed utilizing the Diagnosis Code of Z71.89.

Qualifying services may be delivered via telemedicine as identified on the [telemedicine fee schedule](#) located on the Michigan Department of Health and Human Services (MDHHS) website.

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Vaccine counseling may be reimbursed for either the COVID-19 vaccine or any other Advisory Committee on Immunization Practices (ACIP) recommended vaccines for which the beneficiary is not up-to-date, and when the vaccine is not administered. As a reminder, MTM services are paid through the Fee-for-Service (FFS) program for beneficiaries enrolled either in FFS or in a Medicaid Health Plan (MHP). There is no cost-sharing responsibility to the beneficiary for the MTM service.

Remdesivir in Outpatient Settings

Following the recent updates from the U.S. Food & Drug Administration (FDA) and statements from the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines Panel](#) about therapies for the COVID-19 Omicron variant, the Centers for Medicare & Medicaid Services (CMS) created Healthcare Common Procedure Coding System (HCPCS) code J0248 for VEKLURY™ (remdesivir) antiviral medication when administered in outpatient settings. The Medicaid program will make this code available for reimbursement to providers administering this treatment in outpatient settings effective for dates of service on and after December 23, 2021. Providers should refer to the most current FDA label information and guidelines.

In addition to the product code J0248, providers may use the following CPT codes for administration services as appropriate: 96365 (Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour); and 96366 (Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour) (List separately in addition to code for primary procedure).

Updates for Ambulance Providers

Administration of Monoclonal Antibody Infusions – In-Station Infusion Clinics

MDHHS has established updated billing guidance for ambulance providers conducting monoclonal antibody infusion clinics in their stations. Ambulance providers are to report one of the following place of service (POS) codes for an infusion that was conducted at an in-station monoclonal antibody infusion clinic:

- 15 – mobile unit
- 49 – independent clinic

Providers with denied claims related to this issue must update the place of service and resubmit the claim for payment.

Administration of Remdesivir

Following protocols established by the MDHHS Bureau of EMS, Trauma and Preparedness (BETP), the product and administration of remdesivir is reimbursable to ambulance providers when reported with coding described in the *Remdesivir in Outpatient Settings* section of this letter. Consistent with bulletin [MSA 21-17](#), ambulance administration of remdesivir is carved-out from MHP coverage. Providers must submit claims for FFS and MHP beneficiaries to the Community Health Automated Medicaid Processing System (CHAMPS).

Pharmacy Reimbursement of Emergency Use Authorization (EUA) COVID-19 Antiviral Medications; Clarification to MSA 20-81

On February 2, 2021, MDHHS issued bulletin [MSA 20-81](#), which declared coverage of FDA Emergency Use Authorization (EUA) drugs, devices and biological products for COVID-19 prevention and treatment.

MDHHS is providing clarification that this policy applies to coverage of EUA oral antiviral drugs for the treatment of COVID-19 when billed in accordance with their respective FDA EUA provisions.

COVID-19 Home Test Kit Coverage

On November 30, 2021, MDHHS issued bulletin [MSA 21-50](#), which updated Medicaid coverage of COVID-19 testing. MDHHS reminds providers that coverage is available for over-the-counter (OTC) COVID-19 tests authorized by the FDA for home use when dispensed by a Medicaid-enrolled pharmacy. This includes coverage of FDA-approved OTC COVID-19 home tests for beneficiaries who are dually eligible for Medicaid and Medicare when the test is excluded or limited by Medicare Part D coverage.

Beneficiaries may obtain up to one test per day. Kits containing more than one individual test will count as a multiple-day supply. For example, if a kit includes two individual tests, that is considered a two-day supply. MDHHS wants to remind providers of the refill and quantity flexibilities provided to pharmacies during the PHE under provider letter [L 20-20](#) as these will apply to OTC COVID-19 Home Tests as well.

Resources for COVID-19 At-Home Testing Kits and Masks

The MDHHS Public Health Administration offers the following resources for COVID-19 At-home testing kits and free masks through [Rockefeller Project](#) and [Mask Up, Michigan Initiative](#).

COVID-19 Vaccine Coverage

Medicaid-enrolled health care providers are encouraged to offer vaccine administration services in a variety of settings, such as hospitals, emergency departments, urgent care facilities, medical offices and mobile clinics to promote access to COVID-19 vaccination. Offering vaccination in these settings maximizes accessibility for those who otherwise may have difficulty getting vaccinated. Consistent with bulletin [MSA 20-75](#), the Medicaid program covers all COVID-19 vaccines without cost-sharing as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). Materials and information to support COVID-19 vaccine providers are accessible on the [MDHHS COVID-19 webpage](#).

Non-Emergency Medical Transportation (NEMT)

Medicaid providers, transportation brokers, MDHHS county offices, health plans, and MI Choice waiver agencies are reminded that non-emergency medical transportation (NEMT) is covered for trips to and from all Medicaid-covered COVID services, including the COVID-19 vaccine. Medicaid beneficiaries who need access to these important services may request NEMT through the standard NEMT processes outlined below.

- FFS Medicaid beneficiaries who do not reside in Wayne, Oakland, or Macomb County must contact their local MDHHS county office for transportation assistance.
- FFS Medicaid beneficiaries who reside in Wayne, Oakland, or Macomb County must contact ModivCare (formerly LogistiCare) for transportation assistance.
- Medicaid beneficiaries enrolled in a MHP, Integrated Care Organization (ICO) or MI Choice waiver agency must contact their health plan or MI Choice waiver agency for transportation assistance.

To protect the health and safety of Medicaid beneficiaries and transportation providers during the COVID-19 PHE, specific protocols remain in place, including rideshare arrangements (multiple riders in one vehicle). Providers should refer to Letters [L 21-25](#) issued April 2, 2021 and [L 21-47](#) issued July 13, 2021 for additional information.

Clinic Reimbursement of COVID-19 Vaccine Administration Services; Clarification to MSA 21-42

On October 1, 2021, MDHHS issued bulletin [MSA 21-42](#), which updated reimbursement for COVID-19 vaccine administration services provided by clinics. MDHHS is clarifying that reimbursement for stand-alone COVID-19 vaccine administration services at Tribal Health Centers (THCs) is not made through an alternative payment methodology (APM), but through a payment rate increase. Therefore, THCs will not be required to respond to MDHHS to receive the cost-based payment rate for stand-alone COVID-19 vaccine administration services. Tribal Federally Qualified Health Centers are still required to respond in agreement of the APM to receive cost-based reimbursement.

THCs will be reimbursed at a cost-based payment rate for COVID-19 vaccine administration when no other eligible qualifying clinic visit is provided on the same date of service. This payment rate increase is effective for dates of service on and after December 1, 2020.

You may send any questions or comments about this letter to MSAPolicy@michigan.gov. Please indicate "Numbered Letter L 22-04" in the subject line.

An electronic version of this document is available at www.michigan.gov/medicaidproviders
>> Policy, Letters & Forms.

Sincerely,



Kate Massey, Director
Health and Aging Services Administration