



Mike DeWine, Governor  
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

**Medicaid Advisory Letter (MAL) No. 655**

DATE: February 10, 2021

TO: Eligible Medicaid Providers  
Chief Executive Officers, Managed Care Organizations  
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: ***Payment for Vaccines Furnished by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)***

The Ohio Department of Medicaid (ODM) is providing this guidance to clarify when and how an FQHC or RHC may submit a claim to ODM for a vaccine.

ODM payment for a vaccine (e.g., influenza, pneumococcal, or COVID-19) furnished by an FQHC or RHC is made in accordance with Chapter 5160-28 of the Administrative Code. Specifically, except when furnished as part of a mass immunization, a vaccine administered by an FQHC or RHC practitioner is paid under the Prospective Payment System (PPS).

On a claim, an FQHC or RHC may report either the office visit code 99211 or the appropriate vaccine administration code, plus the vaccine itself. For example, in addition to the vaccine, CPT administration code 90460 may be reported on a claim for VFC vaccine (see MAL 604 for VFC information) or CPT administration code 90471 may be reported on a claim for an adult vaccine. Except when furnished by an RN, the practitioner administering the vaccine should be reported as the rendering practitioner on the claim. When furnished by an RN, the supervising/overseeing medical practitioner should be reported as the rendering practitioner on the claim.

For COVID-19 vaccines, each manufacturer has its own vaccine code and administration codes that will need to be reported on the claim. These codes can be found on CMS's website at <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>. For specific COVID-19 claim submission guidance, please see ODM's COVID webpage, <https://www.medicaid.ohio.gov/COVID>.

When a vaccine is administered in addition to another FQHC or RHC service on the same date of service and is not part of a mass immunization, it will be paid in accordance with rule 5160-28-01. Namely, multiple encounters with one health professional or encounters with multiple health professionals (e.g., a nurse and a physician) constitute a single visit if all of the following conditions are satisfied: (a) all encounters take place on the same day; (b) all contact involves a single FQHC or RHC service; and (c) the service rendered is for a single purpose, illness, injury, condition, or complaint. Multiple encounters constitute separate visits if one of the following conditions is satisfied: (a) the encounters involve different cost-based clinic services; or (b) the services rendered are for different purposes, illnesses, injuries, conditions, or complaints or for additional diagnosis and treatment. For example, if a Medicaid recipient is seen for a preventive visit and a COVID vaccine is administered on the same date of service, this

would constitute a single FQHC or RHC medical visit. If a Medicaid recipient is seen for an behavioral health service and then a COVID-19 vaccine is administered on the same date of service, this would constitute two separate FQHC or RHC visits.

Payment for a vaccine done as part of a mass immunization is made separately outside of the PPS. ODM generally follows Medicare's definition of mass immunization, whereby an entity gives vaccines to multiple individuals at the same location (e.g., at vaccine clinics, shopping malls, grocery stores, senior citizen homes, and health fairs) on the same date in a short interval of time. Mass immunizations furnished by an FQHC or RHC may be done on-site (e.g., in an FQHC's parking lot) or off-site (e.g., at a school).

Mass immunization services should not be reported on claims submitted to ODM for FQHC or RHC visits paid under the PPS, nor should they be reported on claims for wraparound payments. When a Medicaid recipient is enrolled in a managed care organization (MCO), and the vaccine is done as part of a mass immunization, the MCO is the only payer of a vaccine administered during a mass immunization. When a Medicaid recipient is not enrolled in an MCO, and the vaccine is done as part of a mass immunization, a claim may be submitted separately as a covered non-FQHC or covered non-RHC service under an FQHC or RHC's "clinic" provider number (provider type 50) or under the appropriate specialty. The maximum payment amounts for vaccines furnished as part of mass immunizations are listed on the Provider-Administered Pharmaceuticals payment table and the Medicine, Surgery, Radiology, and Imaging, and Additional Procedures payment table at <http://www.medicaid.ohio.gov> [PROVIDERS > Fee Schedule and Rates > (I Agree)]. For reporting purposes, a mass immunization service rendered at a related off-site location is attributed to the particular FQHC or RHC site whose personnel provided the service.

### **Additional Information**

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

ODM's coordination of benefits regulations in rule 5160-1-8 apply to vaccine administration services.

The Medicaid managed care organizations (MCOs) may have specific claim submission requirements that differ from the requirements for Medicaid fee-for-service claim submission through the MITS provider portal. Questions about MCO claim submission requirements should be directed to the MCOs.

### **Questions**

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid.

Provider call center: (800) 686-1516

E-mail address: [noninstitutional\\_policy@medicaid.ohio.gov](mailto:noninstitutional_policy@medicaid.ohio.gov)

Postal mail address: Bureau of Health Plan Policy  
Non-Institutional Services  
P.O. Box 182709  
Columbus, OH 43218-2709