COVID-19 Vaccine Administration in Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) throughout the Public Health Emergency (PHE)

For dates of service on and after December 23, 2020, and throughout the COVID-19 PHE declaration, CMS has approved an alternative payment methodology (APM) for FQHCs/RHCs to receive reimbursement for COVID-19 vaccine administration. Reimbursement will be the Medicare rate on file for each date of service. Guidance on COVID-19 vaccines and vaccine administration is found in IB 20-5 and IB 21-11 and will be updated throughout the PHE. The relevant procedure codes for vaccine and vaccine administration are listed on the “COVID-19 Vaccine/Treatment Fee Schedule” which will be updated as new information becomes available. The COVID-19 fee schedules can be accessed via the link at https://www.lamedicaid.com/Provweb1/fee_schedules/COVID-19_Fee.htm.

Administration of COVID-19 vaccines as part of an otherwise billable FQHC/RHC encounter will be reimbursed as a part of the all-inclusive encounter rate and no separate reimbursement will be made. FQHCs/RHCs must submit the T1015 procedure code with detailed lines including both the respective COVID-19 vaccine and the appropriate administration code for reimbursement of the vaccine administration.

Providers may begin submitting claims for dates of service on or after December 23, 2020. Louisiana Medicaid is aware of the timely filing issues that may arise as a result of the delayed CMS approval. Louisiana Medicaid will bypass timely filing for 90 days, until 3/23/2022, allowing providers to submit claims for dates of service from 12/23/2020 to 03/22/2021. Managed care organizations (MCO) and Gainwell Technologies will recycle all claims denied due to non-coverage of the vaccine and administration upon implementation of these changes.

For questions related to this informational bulletin and fee-for-service claims, please contact Irma Gauthier at Irma.Gauthier2@la.gov or via phone at (225) 342-5691.

Direct questions regarding managed care claims to the appropriate MCO. MCOs will have 30 days from the date of this notice to update their systems and notify providers of the procedures and the timeframe for recycling claims.