

Vaccines For Children Program: Medi-Cal Reference Guide

August 12, 2024

Background

Medi-Cal will reimburse Vaccines For Children (VFC)-enrolled providers for VFC-funded vaccines when administered to eligible Medi-Cal members 18 years of age and younger for the following three different services:

- Vaccine Administration Fee
- Professional Dispensing Fee
- Pharmacist Services (consultation and assessment [vaccine initiation] fee)

If the pharmacist initiates the vaccine following an evaluation of the member (consultation and assessment of need for vaccination), then the pharmacy, on behalf of the pharmacist, can bill for evaluation of the patient and medical decision making to the member's medical benefit to either the fee-for-service or managed care plan (MCP).

If the pharmacist administers the vaccine based on a physician's prescription, the pharmacy is entitled only to the vaccine administration fee and the professional dispensing fee.

Important Notes

- The provider must be enrolled as follows to be eligible for reimbursement for VFC-funded vaccine claims for members 18 years of age and younger:
 - VFC-enrolled provider (pharmacy)
 - Medi-Cal enrolled provider (pharmacy)
 - Ordering, Referring, and Prescribing (ORP) enrolled provider (pharmacist)
 - Note: Individual pharmacists must enroll in Medi-Cal as an ORP provider for claim reimbursement. Pharmacists without a National Provider Identifier (NPI) and who are not enrolled as an ORP provider may administer vaccines as long as the prescriber whose NPI is submitted on the claim to Medi-Cal Rx is enrolled as an ORP provider.
- The patient must be a fee-for-service or MCP Medi-Cal member.
 - Over 90 percent of Medi-Cal members are in the MCP delivery system, while less than
 10 percent are in fee-for-service.
 - If the patient is an MCP member, check if the pharmacy is contracted with the member's MCP.
 - If the pharmacy is **not** contracted with the MCP, the claim(s) will be denied.
 - If the member is covered by an MCP that contracts with the pharmacy provider, or if they are a fee-for-service member, that pharmacy provider will be reimbursed.

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Reimbursement

- The cost of the vaccine will not be reimbursed since vaccines are supplied free under the VFC program.
- Reimbursement rates for pharmacy providers are 85 percent of that of medical providers pursuant to Welfare and Institutions Code (W&I Code), Section 14132.968.
- Refer to the following tables for billing details, including reimbursement amounts, claim types (pharmacy or medical), CPT codes, and billing methodologies.
- Note: Department of Health Care Services (DHCS) (California Medicaid Management Information System [CA-MMIS]) fee-for-service medical claim answers can be found in the DHCS Provider Manual and pharmacies can contact the CA-MMIS Fiscal Intermediary's Telephone Service Center (TSC) at 1-800-541-5555.

Billing Details Before and After Policy Implementation

Vaccine Administration					
	Before Policy Implementation		Option #1: Pharmacy Claims After Policy Implementation (Retroactive to 01/01/2023)		
Member Type	Managed Care	Fee-for-Service	Managed Care	Fee-for-Service	
Reimbursement Amount	N/A	N/A	\$7.65	\$7.65	
Type of Claim	N/A	N/A	Pharmacy Claim	Pharmacy Claim	
CPT Code/Billing Methodology	N/A	N/A	NCPDP standards	NCPDP standards	
Where to Submit Claims	N/A	N/A	Medi-Cal Rx	Medi-Cal Rx	
	Before Policy Implementation		Option #2: Medical Claims After Policy Implementation (Retroactive to 01/01/2023)		
Member Type	Managed Care	Fee-for-Service	Managed Care	Fee-for-Service	
Reimbursement Amount	N/A	N/A	Determined by MCP	\$7.65	
Type of Claim	N/A	N/A	Medical Claim	Medical Claim	
CPT Code/Billing Methodology	N/A	N/A	Follow MCP Instructions	Vaccine CPT code with an SL modifier (state-supplied vaccine)	

Resource: Refer to the <u>Vaccines For Children (VFC) Program</u> section in the <u>DHCS Provider</u> <u>Manual</u> for more billing details on fee-for-service claims, including vaccine CPT codes.

Professional Dispensing Fee						
	Before Policy Implementation		After Policy Implementation (Retroactive to 01/01/2023)			
Member Type	Managed Care	Fee-for-Service	Managed Care	Fee-for-Service		
Reimbursement Amount	N/A	N/A	 \$13.20 (less than 90,000 claims/year) \$10.05 (90,000 or more claims/year) 	 \$13.20 (less than 90,000 claims/year) \$10.05 (90,000 or more claims/year) 		
Type of Claim	N/A	N/A	Pharmacy Claim	Pharmacy Claim		
CPT Code/Billing Methodology	N/A	N/A	NCPDP standards	NCPDP standards		
Where to Submit Claims	N/A	N/A	Medi-Cal Rx	Medi-Cal Rx		

Pharmacist Services (Consultation and Assessment Fees)						
	Before & After Policy Implementation (No Change)					
Member Type	Managed Care	Fee-for-Service				
Reimbursement Amount	Determined by MCP	\$15.39 (99212)\$29.16 (99202)				
Type of Claim	Pharmacist Services Medical Claim	Medical Claim (Must be submitted on a <i>CMS-1500</i> form)				
CPT Code/Billing Methodology	Determined by MCP	99212 (Existing patient)99202 (New patient)				
Where to Submit Claims	МСР	DHCS (CA-MMIS)				

Resources:

- DHCS (CA-MMIS) fee-for-service medical claim questions can be found in the <u>DHCS Provider</u> Manual.
- Refer to the <u>CMS-1500 Submission and Timeliness Instructions</u> section in the DHCS Provider Manual for more information regarding submitting a *CMS-1500* form.
- Refer to the <u>Pharmacist Services</u> section in the DHCS Provider Manual for details on billing Pharmacist Services.
- Refer to the <u>Vaccines For Children (VFC) Program</u> section in the DHCS Provider Manual for more billing details, including vaccine CPT codes.
- For medical claim information, pharmacies can contact the CA-MMIS Fiscal Intermediary's TSC at 1-800-541-5555.
- Questions about MCP medical claims should be referred to the specific MCP.

Pharmacist Services (Consultation and Assessment Fees)

Before & After Policy Implementation (No Change)

Notes:

- Pursuant to W&I Code, Section 14105.45, the two-tiered professional dispensing fee is based on a pharmacy provider's total (Medi-Cal Rx and non-Medi-Cal Rx) annual pharmacy claim volume (\$13.20 if fewer than 90,000 claims per year; \$10.05 if 90,000 or more).
- Patient's status of *new* or *existing* is based on whether the patient has already been to a specific pharmacy location, not a pharmacy chain. For example, if a Medi-Cal adolescent receives the Tdap vaccine at a CVS Pharmacy on F Street and then receives an influenza vaccine at a CVS Pharmacy on Y Street a month later and the patient had never been to either location before, both pharmacies would be able to bill 99202 for this patient.

Total Reimbursement					
	Before Policy Implementation		After Policy Implementation (Retroactive to 01/01/2023)		
Member Type	Managed Care	Fee-for- Service	Managed Care	Fee-for-Service	
Vaccine Administration Pharmacy Claim	N/A	N/A	 \$7.65 if submitted as a pharmacy claim; OR Determined by MCP if submitted as a medical claim. 	\$7.65	
Professional Dispensing Pharmacy Claim	N/A	N/A	 \$13.20 (less than 90,000 claims/ year) \$10.05 (90,000 or more claims/year) 	 \$13.20 (less than 90,000 claims/year) \$10.05 (90,000 or more claims/year) 	
Pharmacist Services Medical Claim	Determined by MCP	\$15.39 (99212)\$29.16 (99202)	Determined by MCP	\$15.39 (99212)\$29.16 (99202)	
Total	Determined by MCP	• \$15.39; OR • \$29.16	Determined by MCP, but at least \$17.70 to \$20.85	\$33.09 to \$50.01	

Resources:

- DHCS (CA-MMIS) medical claim fee-for-service questions can be found in the <u>DHCS Provider</u> Manual.
- Refer to the <u>Pharmacist Services</u> section in the DHCS Provider Manual for details on billing Pharmacist Services.

Total Reimbursement

- Refer to the <u>Vaccines For Children (VFC) Program</u> section in the DHCS Provider Manual for more billing details, including vaccine CPT codes.
- For medical claim information, pharmacies can contact the CA-MMIS Fiscal Intermediary's TSC at 1-800-541-5555.

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