

Title 23: Division of Medicaid

Part 224: Immunizations

Chapter 1: General

Rule 1.1: Reserved

Rule 1.2: Refer to Part 219, Rule 1.10.

Rule 1.3: Vaccines for Children (VFC) Program

- A. The Division of Medicaid defines the Vaccines for Children (VFC) Program as a federally funded program that provides vaccines at no cost to Mississippi Medicaid providers registered as VFC providers. The Mississippi State Department of Health (MSDH) is the lead agency in administering the VFC Program and distributing the vaccines to VFC registered providers allowing for eligible children aged eighteen (18) and under to receive free vaccines.
- B. The Division of Medicaid covers the administration of VFC vaccines for beneficiaries eighteen (18) years of age and younger according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC).
- C. The Division of Medicaid reimburses VFC providers an administration fee for each single or combination VFC vaccine at a rate set by the Division of Medicaid.
 - 1. The Division of Medicaid reimburses for the administration of vaccines to beneficiaries eighteen (18) years of age and younger only if the vaccines are obtained from the VFC Program through the MSDH.
 - 2. The Division of Medicaid reimburses for the administration of a VFC vaccine in addition to an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit or physician office visit only when a significantly identifiable service is provided at the time of the vaccine administration.
 - 3. The administration of a VFC vaccine is included in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or the MSDH clinic encounter rate.
- D. The Division of Medicaid reimburses for vaccines in long-term care facilities for residents whose only payment source is Medicaid:
 - 1. If the purchase and administration of the vaccine(s) is reported on the cost report, or
 - 2. If an outside VFC provider administers the vaccine(s) the Division of Medicaid reimburses the outside provider an administration fee and the long-term care facility cannot claim the cost on the Medicaid cost report.

- E. Providers must bill Medicare for vaccine(s) covered by Medicare for dually-eligible beneficiaries.
- F. The Division of Medicaid does not reimburse:
 - 1. An RHC, FQHC or MSDH clinic an encounter rate solely for the administration of vaccines, or
 - 2. For the cost of vaccines provided through the VFC program.
- G. VFC providers must comply with all federal and state laws and MSDH guidelines and requirements of the VFC program including the following required documentation:
 - 1. The date the beneficiary, or parent or legal representative if the beneficiary is a minor, received a current copy of the relevant federal Vaccine Information Statement (VIS) for each vaccine prior to the administration and confirmation the beneficiary was given an opportunity to discuss concerns,
 - 2. The date of publication of the VIS,
 - 3. The date the vaccination was given,
 - 4. The vaccine manufacturer and lot number of the vaccine administered,
 - 5. The signature and title of the individual who administered the vaccine, and
 - 6. Any adverse events that occurred after vaccination.

Source: 42 USC §§ 1396s, 300aa-26; Miss. Code Ann. §§ 41-23-37, 43-13-121, 43-17-5.

History: Revised eff. 01/01/2016.

Rule 1.4: Vaccines for Beneficiaries Nineteen (19) Years of Age and Older

- A. The Division of Medicaid covers the following vaccines according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC):
 - 1. Rabies,
 - 2. Tetanus,
 - 3. Influenza,
 - 4. Pneumococcal,
 - 5. Human Papilloma Virus (HPV),

6. Hepatitis B Virus (HBV),
7. Varicella,
8. Herpes Zoster, and
9. Measles, Mumps, and Rubella (MMR).

B. The Division of Medicaid reimburses:

1. A physician's office for:
 - a) Each vaccine and its administration fee if the office visit is only for the administration of the vaccine(s), or
 - b) Each vaccine, its administration fee and an Evaluation and Management (E&M) visit only when a significantly identifiable service is provided at the time of the vaccine administration.
2. A Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC), and the Mississippi State Department of Health (MSDH) clinic providers an encounter rate for a core service which includes the vaccine(s) and its administration.
3. A long-term care facility for Medicaid only residents:
 - a) On the cost report for the purchase and administration of the vaccine(s), or
 - b) If an outside provider administers the vaccine(s) the Division of Medicaid reimburses the outside provider for each vaccine and its administration fee and the long-term care facility cannot claim the cost on the Medicaid cost report.

C. Providers must bill Medicare for vaccine(s) covered by Medicare for dually eligible beneficiaries.

D. The Division of Medicaid does not reimburse:

1. For the administration of the intra-nasal influenza vaccine, or
2. RHC, FQHC or MSDH clinics an encounter rate solely for the administration of the vaccine(s),
3. A long-term care facility for costs on the cost report:
 - a) Associated with the purchase or administration of vaccines if an outside provider administers the vaccine(s), or
 - b) For vaccines covered by Medicare.

E. Providers administering vaccines must document the following:

1. The edition date of the Vaccine Information Statement (VIS),
2. The date the VIS was provided,
3. The date the vaccination was given,
4. The vaccine manufacturer and lot number of the vaccine administered,
5. The signature and title of the individual who administered the vaccine, and
6. Any adverse events that occurred after vaccination.

Source: 42 USC § 300aa-26; Miss. Code Ann. 43-13-121.

History: Revised eff. 01/01/2016.

Rule 1.5: [Reserved Moved to Miss. Admin. Code Part 224, Rule 1.3. and 1.4.]

Rule 1.7: Vaccines Available Through the Pharmacy Venue

A. The Division of Medicaid covers the following vaccines according to the indications and guidelines of the CDC for beneficiaries nineteen (19) years of age and older through the pharmacy program:

1. Influenza,
2. Pneumococcal,
3. Herpes Zoster, and
4. Varicella.

B. Vaccines administered by a credentialed pharmacist count against the pharmacy limits and co-payments are applicable.

C. The Division of Medicaid reimburses for the vaccine's ingredient cost and a dispensing fee for vaccinations administered in the pharmacy venue.

D. The Division of Medicaid does not reimburse a fee for administration of vaccines in the pharmacy venue.

E. The pharmacy provider must document the following:

1. A hard copy physician's order for the vaccine,

2. The date the beneficiary received a current copy of the relevant federal Vaccine Information Statement (VIS) for each vaccine prior to the administration and confirmation the beneficiary was given an opportunity to discuss concerns,
3. The date of publication of the VIS,
4. The date the vaccination was given,
5. The vaccine manufacturer and lot number of the vaccine administered,
6. The pharmacy name, pharmacy address, and the signature and title of the individual who administered the vaccine, and
7. Any adverse events that occurred after vaccination.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 01/01/2016.

Title 23: Division of Medicaid

Part 224: Immunizations

Part 224 Chapter 1: General

Rule 1.1: New Vaccines[Reserved]

~~Medicaid does not cover new vaccines as a routine Medicaid benefit before the Centers for Disease Control and Prevention (CDC) has negotiated a price for the vaccine and has added it to the Vaccines for Children program.~~

~~Source: Miss. Code Ann. § 43-13-121.~~

Rule 1.2: Tuberculin Skin Test[Moved Tuberculin Skin Test to Miss. Admin. Code Part 219, Rule 1.10.]

~~A. Medicaid does not cover multiple puncture tests including the Tine and Heaf. Multiple puncture tests are not as reliable as the Mantoux method of skin testing and must not be used as a diagnostic test.~~

~~B. Medicaid covers a tuberculin skin test only if the following conditions are met:~~

- ~~1. The test is administered using the Mantoux intradermal method,~~
- ~~2. The test is billed using the appropriate procedure code,~~
- ~~3. The beneficiary has a risk for tuberculosis (TB) substantially higher than that of the general U.S. population, or has a clinical condition associated with an increased risk of progression from latent TB infection to active TB disease, based on recommendations from the CDC, and~~
- ~~4. There is a plan for a beneficiary with a positive tuberculin skin test to receive a medical evaluation, including chest x-ray and clinical assessment, and to be evaluated for a course of treatment for latent TB infection.~~

~~C. Medicaid does not cover tuberculin skin testing for routine screening of pregnant women and children in the absence of specific risk factors for TB.~~

~~D. Medicaid requires the provider to document the medical necessity for tuberculin skin testing and appropriate evaluation and treatment of persons with a positive tuberculin skin test in the medical record.~~

~~E. Populations at increased risk who should be screened for latent tuberculosis infection are:~~

- ~~1. Increased risk of exposure to infectious TB cases,~~
- ~~2. Increased risk of TB infection, and~~
- ~~3. Increased risk of TB once infection has occurred.—~~

~~Source: Miss. Code Ann. § 43-13-121.~~

Rule 1.3: Vaccines for Children (VFC) Program

~~A. The Division of Medicaid defines the Vaccines for Children (VFC) Program as a federally funded program that provides vaccines at no cost to Mississippi Medicaid providers registered as VFC providers. The Mississippi State Department of Health (MSDH) is the lead agency in administering the Vaccines for Children (VFC) Program and distributing the vaccines to VFC registered providers, a nationally sponsored program that provides vaccines at no cost to participating health care providers, thus allowing for eligible children aged eighteen (18) and under to receive free vaccines.~~

~~Eligible children include those:~~

- ~~1. Enrolled in Medicaid,~~
- ~~2. Without health insurance,~~
- ~~3. Who are Native American and Alaskan Native, and~~
- ~~4. Who have health insurance that does not cover immunizations, underinsured, if they obtain the vaccines from a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC).—~~

~~B. Providers may receive VFC vaccines to administer at no charge, if they are enrolled in the program and agree to follow the most current recommended childhood immunization schedule developed and endorsed by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).~~

~~B. The Division of Medicaid covers the administration of VFC vaccines for beneficiaries eighteen (18) years of age and younger according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC).~~

~~C. The Division of Medicaid covers the administration of each vaccine dose at a reimbursement rate set by Medicaid for children enrolled in Medicaid. reimburses VFC providers an administration fee for each single or combination VFC vaccine at a rate set by the Division of Medicaid.~~

1. The Division of Medicaid reimburses for the administration of vaccines to beneficiaries eighteen (18) years of age and younger, only if the vaccines are obtained from the Vaccines for Children (VFC) Program through the Mississippi State Department of Health (MSDH). Medicaid does not pay for the administration of vaccines obtained from other sources.
2. ~~When multiple vaccines are given on the same visit, Medicaid will reimburse for the administration of each vaccine.~~
3. ~~When vaccines are given in conjunction with an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit or a physician's office visit, The Division of Medicaid will reimburse for the administration of the a VFC vaccine in addition to the reimbursement for the visit.~~ in addition to an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visit or physician office visit only when a significantly identifiable service is provided at the time of the vaccine administration.
3. The administration of a VFC vaccine is included in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or the MSDH clinic encounter rate.

D. The Division of Medicaid reimburses for vaccines in long-term care facilities for residents whose only payment source is Medicaid:

1. If the purchase and administration of the vaccine(s) is reported on the cost report, or
2. If an outside VFC provider administers the vaccine(s) the Division of Medicaid reimburses the outside provider an administration fee and the long-term care facility cannot claim the cost on the Medicaid cost report.

E. Providers must bill Medicare for vaccine(s) covered by Medicare for dually-eligible beneficiaries.

F. The Division of Medicaid does not reimburse:

1. An RHC, FQHC or MSDH clinic an encounter rate solely for the administration of vaccines, or
2. For the cost of vaccines provided through the VFC program.

G. VFC providers must comply with all federal and state laws and MSDH guidelines and requirements of the VFC program including the following required documentation:

1. The date the beneficiary, or parent or legal representative if the beneficiary is a minor, received a current copy of the relevant federal Vaccine Information Statement (VIS) for each vaccine prior to the administration and confirmation the beneficiary was given an opportunity to discuss concerns,
2. The date of publication of the VIS,

3. The date the vaccination was given,
4. The vaccine manufacturer and lot number of the vaccine administered,
5. The signature and title of the individual who administered the vaccine, and
6. Any adverse events that occurred after vaccination.

Source: 42 USC §§ 1396s, Social Security Act § 1928; Miss. Code Ann. §§ 41-23-37, 43-13-121, 43-17-5.

History: Revised eff. 01/01/2016.

Rule 1.4: Vaccines for Adults for Beneficiaries Nineteen (19) Years of Age and Older

A. The Division of Medicaid covers the following immunizations—vaccines according to the indications and guidelines of the Centers for Disease Control and Prevention (CDC): ~~related to the treatment of an injury or direct exposure to a disease such as rabies or tetanus.~~

1. Rabies,
2. Tetanus,
3. Influenza,
4. Pneumococcal,
5. Human Papilloma Virus (HPV),
6. Hepatitis B Virus (HBV),
7. Varicella,
8. Herpes Zoster, and
9. Measles, Mumps, and Rubella (MMR).

B. The Division of Medicaid reimburses:

1. A physician's office for:
 - a) Each vaccine and its administration fee if the office visit is only for the administration of the vaccine(s), or

b) Each vaccine, its administration fee and an Evaluation and Management (E&M) visit only when a significantly identifiable service is provided at the time of the vaccine administration.

2. A Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC), and the Mississippi State Department of Health (MSDH) clinic providers an encounter rate for a core service which includes the vaccine(s) and its administration.

3. A long-term care facility for Medicaid only residents:

a) On the cost report for the purchase and administration of the vaccine(s), or

b) If an outside provider administers the vaccine(s) the Division of Medicaid reimburses the outside provider for each vaccine and its administration fee and the long-term care facility cannot claim the cost on the Medicaid cost report.

C. Providers must bill Medicare for vaccine(s) covered by Medicare for dually eligible beneficiaries.

~~B. Medicaid covers influenza and pneumococcal vaccinations for Medicaid beneficiaries nineteen (19) years of age or older. Influenza and pneumococcal vaccinations may be given at the same time at different injection sites without increased side effects.~~

~~1. To receive maximum reimbursement for influenza and pneumonia immunizations for adults, providers must bill:~~

~~a) An appropriate evaluation and management (E&M) procedure code, the vaccine code(s), and the appropriate administration code(s) for beneficiaries seen by the provider only to receive these immunizations. This E&M procedure code does not count toward the twelve (12) office visit limit for beneficiaries. Providers must not count or bill visits when the only service involved is the administration of the influenza or pneumonia vaccine.~~

~~b) An appropriate E&M procedure code, the vaccine code(s), and the appropriate administration code(s) for beneficiaries seen by the provider for evaluation or treatment and receive these immunizations. The E&M procedure code billed does count toward the twelve (12) office visit limit for beneficiaries.~~

~~2. Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) providers must count visits under current procedures.~~

D.3. The Division of Medicaid does not reimburse:

1. Medicaid does not allow a separate reimbursement fee for the administration of the intranasal influenza vaccine, or FluMist.

2. RHC, FQHC or MSDH clinics an encounter rate solely for the administration of the vaccine(s).

3. A long-term care facility for costs on the cost report:

a) Associated with the purchase or administration of vaccines if an outside provider administers the vaccine(s), or

b) For vaccines covered by Medicare.

~~4. Refer to Miss. Admin. Code Part 224, Chapter 1, Rule 1.5 for influenza and pneumonia vaccines for nursing facility residents.~~

~~5. Influenza and pneumonia vaccines are the only vaccines/immunizations available through the pharmacy program. [Moved with revisions to Miss. Admin. Code Part 224, Rule 1.7]~~

~~a) As with other pharmacy services, a hard copy prescription must be on file.~~

~~b) Immunizations provided from a credentialed pharmacist will count against the service limits and co-payments are applicable.~~

~~c) Medicaid reimburses for the drug's ingredient cost and a dispensing fee for immunizations administered in the pharmacy venue.~~

~~d) No administration fee is paid for immunizations administered in the pharmacy.~~

~~C. Medicaid covers Quadrivalent Human Papillomavirus, Types six (6), eleven (11), sixteen (16), and eighteen (18), Recombinant Vaccine for females and males nine (9) to twenty six (26) years of age.~~

~~1. Quadrivalent Human Papillomavirus is recommended for prevention of the following diseases caused by Human Papillomavirus (HPV), Types six (6), eleven (11), sixteen (16), and eighteen (18):~~

~~a) Cervical cancer,~~

~~b) Genital warts (condyloma acuminata),~~

~~c) The following precancerous or dysplastic lesions:~~

~~1) Cervical adenocarcinoma *in situ* (AIS),~~

~~2) Cervical intraepithelial neoplasia (CIN) grade two (2) and grade three (3),~~

~~3) Vulvar intraepithelial neoplasia (VIN) grade two (2) and grade three (3),~~

~~4) Vaginal intraepithelial neoplasia (VaIN) grade two (2) and grade three (3), and~~

- ~~5) Cervical intraepithelial neoplasia (CIN) grade one (1).~~
- ~~2. To receive maximum reimbursement for the HPV immunization for adults, providers must bill:
 - ~~a) The appropriate evaluation and management (E&M) procedure code and the vaccine code for beneficiaries seen by the provider only to receive this immunization. This E&M procedure code does not count toward the twelve (12) office visit limit for beneficiaries.~~
 - ~~b) An appropriate E&M procedure code and the vaccine code for beneficiaries seen by the provider for evaluation or treatment and receive this immunization. The E&M procedure code billed does count toward the twelve (12) office visit limit for beneficiaries.~~~~
- ~~3. For Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), and the Mississippi State Department of Health (MSDH) providers, the vaccine and its' administration is covered in the encounter rate for a core service. An encounter cannot be paid solely for administration of the vaccine. Moved to Miss. Admin. Code Part 224, Rule 1.4.B.2.~~
- ~~4. Medicaid does not reimburse for a vaccine administration fee.~~
- ~~5. This vaccine is not covered for beneficiaries covered through the Family Planning Waiver.~~
- ~~D. Medicaid covers the hepatitis B vaccine for beneficiaries nineteen (19) years of age and older for persons who are at risk of contracting hepatitis B.
 - ~~1. Persons at risk for contracting the hepatitis B virus include but are not limited to:
 - ~~a) Persons with more than one (1) sex partner in six (6) months,~~
 - ~~b) Homosexual men,~~
 - ~~c) Sexual contact with prostitutes or infected persons,~~
 - ~~d) HIV positive persons,~~
 - ~~e) Current or recent injection drug users,~~
 - ~~f) Health care and public safety workers who might be exposed to infected blood or body fluids,~~
 - ~~g) Household members and sex partners of persons with chronic HBV infection,~~~~~~

- ~~h) Hemodialysis patients and persons with early renal failure before they require hemodialysis,~~
 - ~~i) Persons who received a blood transfusion or other blood products prior to 1992,~~
 - ~~j) Individuals with hemophilia who receive Factor VIII or IX concentrates, and~~
 - ~~k) Staff and residents of institution or group homes for the developmentally disabled.~~
- ~~2. To receive maximum reimbursement for hepatitis B immunization for adults, providers must bill:~~
- ~~a) Per dose and not as a series,~~
 - ~~b) An appropriate E&M procedure code and the vaccine code for beneficiaries seen by the provider only to receive this immunization. This E&M procedure code does not count toward the twelve (12) office visit limit for beneficiaries, and~~
 - ~~c) An appropriate E&M procedure code and the vaccine code for the beneficiary seen by the provider for evaluation or treatment and receive this immunization. The E&M procedure code billed will count toward the twelve (12) office visit limit for beneficiaries.~~
- ~~3. For Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), and the Mississippi State Department of Health (MSDH) providers, the vaccine and its' administration is covered in an encounter rate for a core service. An encounter cannot be paid solely for administration of the vaccine.~~
- ~~4. Medicaid will not reimburse for a vaccine administration fee.~~
- ~~5. The provider's medical records must indicate the high risk factor for the adult Medicaid beneficiary receiving the vaccine. Claims must be submitted with appropriate diagnosis coding.~~

~~Source: Miss. Code Ann. § 43-13-121.~~

E. Providers administering vaccines must document the following:

1. The edition date of the Vaccine Information Statement (VIS),
2. The date the VIS was provided,
3. The date the vaccination was given,
4. The vaccine manufacturer and lot number of the vaccine administered,

5. The signature and title of the individual who administered the vaccine, and

6. Any adverse events that occurred after vaccination.

Source: 42 USC § 300aa-26; Miss. Code Ann. 43-13-121.

History: Revised eff. 01/01/2016.

Rule 1.5: Nursing Facility Residents [Reserved Moved to Miss. Admin. Code Part 224, Rule 1.3. and 1.4.]

~~A. Influenza and pneumococcal vaccines are covered for residents in nursing facilities for whom Medicaid is the only payment source.—~~

~~1. Medicaid covers:~~

~~a) A provider for the administration of the immunization, or~~

~~b) For the facility to purchase the vaccine, administer the injection, and claim the cost of the vaccine in the Medicaid cost report for Medicaid-only residents.~~

~~2. For residents with a payment source of Medicare and Medicaid, Medicare must be billed. The facility cannot claim the cost of the influenza or pneumococcal vaccine in the Medicaid cost report for Medicare/Medicaid residents.—~~

~~Source: Miss. Code Ann. § 43-13-121.~~

Rule 1.7: Vaccines Available Through the Pharmacy Venue

A. The Division of Medicaid covers the following vaccines according to the indications and guidelines of the CDC for beneficiaries nineteen (19) years of age and older through the pharmacy program:

1. Influenza,

2. Pneumococcal,

3. Herpes Zoster, and

4. Varicella.

B. Vaccines administered by a credentialed pharmacist count against the pharmacy limits and co-payments are applicable.

C. The Division of Medicaid reimburses for the vaccine's ingredient cost and a dispensing fee for vaccinations administered in the pharmacy venue.

D. The Division of Medicaid does not reimburse a fee for administration of vaccines in the pharmacy venue.

E. The pharmacy provider must document the following:

1. A hard copy physician's order for the vaccine,
2. The date the beneficiary received a current copy of the relevant federal Vaccine Information Statement (VIS) for each vaccine prior to the administration and confirmation the beneficiary was given an opportunity to discuss concerns,
3. The date of publication of the VIS,
4. The date the vaccination was given,
5. The vaccine manufacturer and lot number of the vaccine administered,
6. The pharmacy name, pharmacy address, and the signature and title of the individual who administered the vaccine, and
7. Any adverse events that occurred after vaccination.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 01/01/2016.