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February 24, 2023

MEMORANDUM

MEMO NO.
QI-2309

TO: QUEST Integration (QI) Health Plans
Pharmacy Providers

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: SPECIAL COVID-19 PANDEMIC PAYMENT FOR HCPCS LEVEL II CODE M0201

The purpose of this memo is to inform you of a time-limited special payment rate available for COVID-19 vaccination administration services when billing using the M0201 code.

Background

Med-QUEST Division (MQD) submitted an emergency State Plan Amendment (e-SPA) 22-0007 on July 22, 2022, and received approval on February 3, 2023, to pay a special fee of \$60.00 for the M0201 code. The special fee shall be paid for services delivered during the period starting September 1, 2022, and ending on the last day of the first calendar quarter that begins one year after the last day of the federal COVID-19 Public Health Emergency (PHE). The federal PHE is expected to end on May 11, 2023, which means that the last service day to receive the special fee of \$60.00 is expected to be September 30, 2024. After this period ends the payment rate for the M0201 code will revert to the \$4.00 prevailing vaccination rate.

The codes for regular COVID-19 vaccination administration fees (CPT 90471, 90472, etc.) remain and are not impacted by this guidance.

M0201 Usage

Providers should use HCPCS Level II code M0201 for the additional payment for administering the COVID-19 vaccine to certain Medicaid patients in their homes. These homes typically include the Community Care Foster Family Homes, Developmental Disability homes, and Adult Residential Care Homes.

- You should report this code in addition to the appropriate CPT code for dose-specific COVID-19 vaccine administration
- You can only report the HCPCS Level II code for home vaccine administration once per home per date of service
- If you administer the COVID-19 vaccine to more than one Medicaid patient in a single home on the same day, you should:
 - For dates of service on or after August 24, 2021, if you administer the vaccine to fewer than 10 Medicaid patients at the same group living location on that date, report the HCPCS Level II code M0201 for each Medicaid patient vaccinated in an individual home that day, and up to a maximum of 5 times if multiple Medicaid patients are vaccinated in the same home or communal space
 - Report the appropriate CPT code for the dose-specific COVID-19 vaccine administration for each Medicaid patient vaccinated in the home that day

Dual Insurance Coverage Scenarios

The ability for QI plans to pay provider up to the \$60 is dependent on the type of Medicare insurance coverage the QI member has. Feedback from plans and pharmacies has identified three specific scenarios of member Medicare insurance coverage that have different payment solutions:

1. Member has Medicaid only – This is the most straightforward scenario. QI plans can pay these as the primary coverage at the \$60 rate for the M0201 code.
2. Aligned dual Medicare coverage (both QI and D-SNP with the same plan) – Member has dual coverage with Medicare, but through a D-SNP from the same QI plan. Plans can coordinate internally between the Medicare and QI programs to route the secondary payment from D-SNP plan to QI plan and have QI secondary plan pay the difference up to \$60.
3. Un-Aligned dual Medicare coverage (QI and NOT D-SNP with the same plan) – The secondary bill from the Medicare payor will not automatically come to the QI plan in these instances, as the pharmacy is normally fully paid up to the prevailing Medicare rate and will not be seeking additional reimbursement from the secondary coverage. Instead of having the pharmacy force-generate another bill to be adjudicated by the QI plan, pharmacies are instructed to instead accumulate a list of COVID-19 vaccination administration claims that fit this scenario. Then the pharmacy may submit a monthly list of claims to the appropriate QI plan for reimbursement up to the \$60. QI

plans need not process these through their claims systems and QI plans are not required to be submitted as a QI plan encounter, but instead can process these for payment via purchase order. These invoices will be reimbursed outside of the regular capitation payment, by way of a quarterly payment process.

Claim File Format

To streamline payment processing pharmacies are instructed to use the file layout in Attachment A when accumulating lists of claims that conform to scenario 3 above. MQD will indicate to the QI plans in advance which pharmacies are participating in the M0201 special payment program. QI plans shall set up a secure method for the pharmacies to upload these files, including but not limited to a secure file transfer protocol (SFTP) or secure email transmission. Pharmacies shall connect with each of the following QI plan contacts to understand the specific secure file upload method:

- AlohaCare – Jonathan Mather 808-973-6391
- HMSA – Iris Koike 808-948-6084
- Kaiser – Kim Legawa 808-426-6317
- Ohana – Chris Karamatsu 808-987-6670
- UHC – Anna Wong 808-535-1049

After complete file submission, payment must be made to the pharmacy within 30 days. Pharmacies are encouraged to submit a single file containing all applicable M0201 claims delivered in the 2022 calendar year by March 15, 2023. Given that this special fee may be paid for services delivered through September 30, 2024, pharmacies are asked to submit a monthly file to the plan for future services with 30 days of the end of the month that the service was delivered.

Should you have any questions, you may contact Jon Fujii at jfujii@dhs.hawaii.gov.

Attachment

