

ARKANSAS REGISTER

Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

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For Office

Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Medical Services

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Statutory Authority for Promulgating Rules Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129

Rule Title: COVID-19 Vaccinations for Home-Bound Medicaid Clients

Intended Effective Date
(Check One)

☐ Emergency (ACA 25-15-204)

☒ 10 Days After Filing (ACA 25-15-204)

☐ Other _____
(Must be more than 10 days after filing date.)

Legal Notice Published

Final Date for Public Comment

Reviewed by Legislative Council

Adopted by State Agency

Date

11/14/2021

12/13/2021

01/28/2022

03/11/2022

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Chloe Crater

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March 1, 2022

Contact Person

E-mail Address

Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature

elizabeth.pitman@dhs.arkansas.gov

Phone Number

E-mail Address

Division of Medical Services, Director

Title

March 1, 2022

Date

DMS COVID-19 RESPONSE MANUAL

TOC Needed – New Section

270.000

COVID-19 Vaccination Administration for Home-Bound Medicaid Clients

Division of Medical Services (DMS) is covering administration of COVID-19 vaccination shots for home-bound Medicaid clients through the end of the Federal Public Health Emergency. This section will affect Home Health and Pharmacy provider types, and the policies herein are in addition to current policies.

Authorized Providers

The following Arkansas Medicaid providers will be authorized to administer COVID-19 vaccinations in a Medicaid client's home or similar location:

- Home Health Providers (Provider Type 14); and
- Pharmacy Providers (Provider Type 07/PV)

Eligibility and Place of Service

The following eligibility and place of service requirements apply to this service for Home Health providers:

- For Medicaid clients who currently receive Home Health services:
 - If the Medicaid client is currently receiving Home Health services for prior medical services, the Home Health provider may bill the vaccination administration in addition to the Home Health visit.
 - A Home Health provider may not charge for a Home Health visit if the vaccine administration is the sole medical service provided.
 - Visits for Covid Vaccine administration will not count against the fifty-visit Home Health visit limit.
- For Medicaid clients who do not currently receive Home Health services:
 - Admission to the Home Health Services program is not required for visits that are solely to administer the COVID-19 vaccination.
 - Examples of Medicaid clients eligible for this service can include those who face barriers or challenges to obtaining a COVID-19 vaccination and who might not get vaccinated without this service being provided in their home by Medicaid Home Health providers. The Centers for Medicare & Medicaid Services (CMS) created an [infographic](#) to help Medicare providers understand the scope of this service, which Medicaid providers may find helpful.
 - The basis for eligibility must be documented by the Home Health provider.

Required Recordkeeping

All providers should maintain accurate records for auditing purposes.

For this program, Home Health or Pharmacy Providers are required to maintain at least the following documentation in their records.

- Eligibility: Home Health or Pharmacy providers must document the Medicaid client's eligibility for the Home Health service, including without limitation:
 - The client's clinical status; and

- The barriers faced by the client to get the vaccine outside the home.
- Clinical Information: Home Health or Pharmacy providers must:
 - Have and maintain a record of the physician order, vaccine administration, and how the vaccine was tolerated; and
 - Communicate vaccinations to the appropriate entity that will record vaccinations in the vaccine registry.

Billing Guidelines and Payment of Claims

- Single Medicaid Client: The claim for a single Medicaid client's home (or similar location) vaccine administration is limited to one (1) time per home or location per date of service (DOS). The timeframes between vaccination shots must be adhered to.
- Multiple Medicaid Clients: If the vaccination is being administered in a group-living location where fewer than ten (10) Medicaid clients reside, up to five (5) vaccine administration claims are allowed in that home or communal space location per DOS.
- Home Health and Pharmacy providers may file eligible claims for the vaccination doses included in this Official Notice for three-hundred and sixty-five (365) days from the DOS.

Covered Vaccinations, Procedure Codes, and Rates

The section applies to the first, second, and third doses of the Pfizer and Moderna vaccines and the single-shot Johnson & Johnson vaccine and booster(s).

The reimbursement rate for vaccine administration fee is based on the DOS that the COVID-19 vaccine medicine is provided.

The effective date for **home administration** of COVID-19 vaccinations (all shots) and the procedure code that must be used is:

Procedure Code	Description	Effective Date	Rate
M0201	Covid-19 vaccine administration inside a patient's home	November 11, 2021	\$35.50

This procedure code must be reported **in addition to** the correct procedure code for the product and dose-specific Covid Vaccine medication administration procedure code.

Guidance for Home Health Vaccine Administration

The [Centers for Disease Control and Prevention \(CDC\)](#) and CMS issued guidelines to assist Home Health providers in administering in-home COVID-19 vaccinations:

- [Vaccinating Homebound Persons with COVID-19 Vaccine | CDC](#)
- [COVID-19 Vaccine FAQs for Healthcare Professionals | CDC](#)
- [Medicare COVID-19 Vaccine Shot Payment | CMS](#)

Official Notice for this allowed Service

Providers should see Official Notice ON-014-21 for information.