



**TO**

All Providers, Partners, HMOs and Other Managed Care Programs

**REGARDING**

Procedure Codes for Vaccine Counseling and COVID-19 Vaccine Home Administration

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**Billing for Vaccine Counseling**

Vaccine administrators are encouraged to provide vaccine counseling to their patients. Vaccine administrators should use CPT procedure code 99401 (Preventive medicine counseling) to submit claims for vaccine counseling. Vaccine administrators may provide counseling during an evaluation and management visit. Modifier 25 should be added with CPT procedure code 99401 on the claim if counseling occurs during an evaluation and management visit. Effective for dates of service on and after August 26, and during the public health emergency, vaccine administrators will receive \$30.00 for providing vaccine counseling in addition to other services provided during the clinic or at-home visit, including administration of the vaccine itself.

**Billing for Home Administration of the COVID-19 Vaccine**

Effective for dates of service on and after September 22, 2021, and for the duration of the public health emergency, providers who administer the COVID-19 vaccine to one or more members within a home or communal home setting may submit claims using HCPCS procedure code M0201 (COVID-19 vaccine home administration). Providers will be reimbursed at the Medicare rate. This does **not** apply to inpatient hospitals, Medicare- or Medicaid-enrolled skilled nursing facilities, outpatient hospitals, or physician offices or clinics.

The increased reimbursement will be granted up to five times per date of service when fewer than 10 members in the same home or communal setting receive the vaccine on the same day.

Providers are required to document the place of service for home administration in the member's medical record.

Refer to ForwardHealth Update [2021-01](#), titled “COVID-19 Vaccine Billing and Reimbursement,” for claims submission guidelines.

**Information Regarding Managed Care Organizations**

This Alert contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.