



Administrative Code

Title 23: Medicaid Part 224

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Title 23: Division of Medicaid

Part 224: Immunizations

Part 224 Chapter 1: General

Rule 1.1: New Vaccines

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

- 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.
 - 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

- A. The Mississippi State Department of Health (MSDH) is the lead agency in administering the Vaccines for Children (VFC) Program, 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).
- C. Medicaid covers the administration of each vaccine dose at a reimbursement rate set by Medicaid for children enrolled in Medicaid.
 1. Medicaid reimburses for the administration of vaccines, 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, Medicaid will reimburse for the administration of the vaccine in addition to the reimbursement for the visit.

Source: Miss. Code Ann. § 43-13-121; Social Security Act § 1928

Rule 1.4: Vaccines for Adults

- A. Medicaid covers immunizations related to the treatment of an injury or direct exposure to a disease such as rabies or tetanus.
- 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.
 - c) Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) providers must count visits under current procedures.
 - d) Medicaid does not allow a separate reimbursement fee for the administration of FluMist.
 - e) Refer to Part 224, Rule 1.5 for influenza and pneumonia vaccines for nursing facility residents.
- 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:
- 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.
 - c) 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.
3. Medicaid does not reimburse for a vaccine administration fee.
4. 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. Person at risk for contracting the hepatitis B virus include but is 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:
- 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.
 - 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.
 - d) 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.
 - e) Medicaid will not reimburse for a vaccine administration fee.
3. 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

Rule 1.5: Nursing Facility Residents

A. Medicaid covers influenza and pneumococcal vaccines for residents with a payment source

of Medicaid only in nursing facilities.

1. Medicaid covers:
 - a) A provider for the administration and injection 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