



MEDICAID POLICY CLARIFICATION # PC000265 COVID VACCINATIONS BY DDS

11/8/2022

To: Iowa Medicaid Managed Care Plans

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. This purpose of this letter is to do following:

- ☒ Provide formal guidance
- ☐ Clarification of existing Iowa Medicaid policy
- ☒ Guidance on new process or policy
- ☐ Request for information

Through the Public Readiness and Emergency Preparedness (PREP) Act Declaration, the federal government has provided a pathway for supporting state, local, territorial, and tribal (SLTT) health agencies in administering COVID-19 vaccinations. Dentists have been added as providers eligible to administer COVID-19 vaccines under the PREP Act.

In accordance with guidance from the Centers for Medicare and Medicaid Services (CMS), if a person who is authorized to order and/or administer COVID-19 vaccines under the Health and Human Services (HHS) COVID-19 PREP Act declaration and authorizations orders and/or administers a COVID-19 vaccine consistently with the declaration and authorizations, a state may not deny Medicaid or CHIP coverage or reimbursement for the vaccine administration on the basis that state law does not authorize that person to order and/or administer it.

Additionally, consistent with Medicaid's freedom of choice requirement at section 1902(a)(23)(A) of the Social Security Act, CMS expects states to provide Medicaid coverage for COVID-19

vaccinations ordered and administered by anyone who is authorized by the HHS COVID-19 PREP Act declaration and related authorizations to do so, during any time period when the HHS COVID-19 PREP Act declaration and related authorizations are in effect and Medicaid coverage of COVID-19 vaccinations is mandatory.

The Department will continue to exclude from the capitation rates the costs associated with COVID 19 vaccine administration services provided by dentists. Beginning July 1, 2022, the Agency will reimburse the Contractor on a retrospective basis for claims that include the following codes:

D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose
D1703	Moderna Covid-19 vaccine administration – first dose
D1704	Moderna Covid-19 vaccine administration – second dose
D1707	Janssen Covid-19 vaccine administration- single dose
D1708	Pfizer-BioNTech Covid-19 vaccine administration- third dose
D1709	Pfizer-BioNTech Covid-19 vaccine administration- booster dose
D1710	Moderna Covid-19 vaccine administration- third dose
D1711	Moderna Covid-19 vaccine administration- booster dose
D1712	Janssen Covid-19 vaccine administration- booster dose
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric- first dose
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric- second dose

Payments to Contractor under this provision shall be limited to the Medicaid fee schedule rate. All invoices for reimbursement must be submitted no later than 12 months from the date of service. All adjustments made to invoices shall be submitted to the Agency within 90 days from the date of the invoice and must be backed by claim level detail sufficient to support the invoice.

The contractor shall instruct dentists that administration of COVID-19 vaccines requires entry into Iowa's Immunization Registry Information System (IRIS). Instructions for data entry in IRIS can be found [here](#). CMS guidelines for documenting vaccine national drug codes (NCD's) can be found [here](#).

Related Policy Clarifications:

This policy clarification should be used in correlation with the following policy clarifications:

This formal guidance impacts capitation rates in the following manner:

- ☐ This [is was] an Iowa Medicaid practice prior to April 1, 2016 and was included in the experience used to develop the capitation rates.
- ☒ This is a new process or policy that does not have a fiscal impact.
- ☐ This is a new process or policy that will be reflected in revised capitation rates and implemented July 1, 2021.

Attestation:

I hereby attest to receipt and understanding of this communication including all requirements and due dates.

Name_____ Date_____.

The department will monitor progress towards implementation and may impose remedies for failure to implement.

Sincerely,

Account Manager
Managed Care Account Manager