

Comments and Responses on ARC 4964C  
Pharmacist Protocols  
Received March 31, 2020

The following person/organization provided written comments, which are included in the summary below:

1. Charles Hartig, Hartig Drugs
2. Medicap Pharmacy – 8 respondents: Rachael Renfrew; John Forbes; Jennifer Meurer; Lisa Crossett; Julie McCarey; Melissa Klotz; Andrew; Steve Schlafke, RPh
3. John Daniel, Daniel Pharmacy
4. GRX Holdings – 3 respondents: Katie Thaut; Greg Johansen; Cheri Schmit
5. Joel Kurzman, NACDS, Director State Government Affairs
6. Casey Ficek, IPA, Director of Public Affairs
7. Rick Dotzler, Pexton Pharmacy
8. Matt Hummel, Booth Drugs
9. Tyler Greiner, Midwest Compounding
10. No Affiliation Listed –22 respondents: Amy Vangorp; Trish Nelson; Nancy Brace; Ilyeen Wiesley; Pamela Goode; Betty Grinde; Connie Connolly; Eugene Lutz, RPh; Jane Pfannes; Hilary Martinez; Brent Bovy; Adam Zimbeck; Adam Mikkelson; Jennifer Hassman, RPh; Ashley Dohrn, PharmD; Davis Scott; Jessica Nesheim; Molly Conlon; Michael Schweitzer; Ali Currie; Marra Pienta; Sharon Cashman
11. Ashley Brehme, Brehme Drug
12. Tim Weippert, RPh, Thrifty White Pharmacy, Chief Operations Officer
13. Jen Morris, MercyCare
14. Kirsten Meacham, Wright Pharmacy
15. Alicia Lynn, Nucara Pharmacy
16. Renae Chestnut, Dean of Drake University's College of Pharmacy & Health Sciences

The Department received four comments from 46 respondents on the proposed rules. The comments and corresponding responses from the Department are divided into 4 topic areas as follows:

**A. Enrollment of Pharmacists.** *There was one comment in this topic area.*

1. Twenty-four respondents expressed support in allowing pharmacists to enroll as providers, which included updating the list of qualified prescribers.

**Department Response:** The Department agrees with the comment, and this was the reason the Department initiated addition of a pharmacist as a new provider type, as well as updates to the qualified prescriber rule section.

**B. Vaccine Administration Fee.** *There was one comment in this topic area.*

1. Forty-five respondents requested reconsideration of a higher amount for the vaccine administration fee or the ability of pharmacists to bill additional codes (consistent with what other providers are authorized to do) to compensate for the services. Additionally comments indicated pharmacists should be reimbursed for vaccine administration consistent with other health care providers and not

reimbursed at a reduced rate. Comments also indicated the fee would be insufficient to allow many pharmacies to continue providing this service.

**Department Response:** As noted in the proposed rules, the vaccine administration reimbursement for a pharmacist is set at the physician fee schedule. Pharmacists will be reimbursed consistent with other providers, as the physician fees are the basis for reimbursement of vaccine administration for other provider types. Any increase to the fee schedule would require additional funding which has not been appropriated.

While the fiscal in the proposed rules referenced two vaccine administration procedure codes, there are six procedure codes reimbursed by Iowa Medicaid for vaccination administration. These codes take into consideration the age of the patient, the order and route of vaccines administered, and whether face-to-face counseling was provided. The administration codes 90460–90461 or 90471–90474, are reported in addition to the vaccine product code.

- Codes 90460 and 90461 do not differentiate by routes of administration just identifies order of "first" versus "each additional" administration.
- The age designation for codes 90460 and 90461 (i.e., through age 18) is consistent with the age requirements under the federal Vaccines for Children (VFC) program.
- When the physician or qualified health care professional (e.g., nonphysicians if allowed under state scope of practice) provides face-to-face counseling for the patient and family during the administration of a vaccine to a patient 18 years or younger, code 90460 or a combination of codes 90460 and 90461 are reported. The medical record documentation must support that the physician or other qualified health care professional provided the vaccine counseling.
- When the physician or qualified health care professional does not perform the vaccine counseling to the patient or family, or when vaccines are administered to patients older than 18 years, with or without counseling, codes 90471–90474 are reported instead of codes 90460–90461.
- 90471 or 90473 is reported for the “first” vaccine administered to a patient on a calendar date, and codes 90472 and 90474 are reported for “each additional vaccine” given on the same date based on its route of administration.

If an immunization is the only service rendered, no enrolled Medicaid provider is authorized to bill additional codes; only the appropriate vaccine administration code and drug product code are to be billed for reimbursement.

The process to review the reimbursed rates for the codes is to use the current Medicare rate, if one exists, and determine the fiscal impact of changing the rate. The administration rates have only changed with legislative direction. They were updated to the Medicare rate for two years due to the Affordable Care Act, and then dropped back to the original Medicaid rates. The last update was a 1% increase effective July 1, 2013.

The administration codes, descriptions and reimbursed amount are listed below.

Procedure Code	Procedure Description	Fee
<b>Use the following codes for vaccine administration, to patients 18 and under, with face-to-face counseling of the patient/family during the vaccine administration</b>		
90460	Immunization administration through 18 years of age by any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	\$19.68 VFC \$20.90 non-VFC
90461	Immunization administration through 18 years of age by any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	\$10.51 VFC and non-VFC
<b>Use the following codes for vaccine administration to patients of any age when the administration is not accompanied by any face-to-face counseling under 18, or for administration to patients over 18 with or without counseling</b>		
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine or toxoid) with no counseling under 18 years of age, or when vaccines are administered to patients older than 18 years	\$5.09
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine or toxoid) with no counseling under 18 years of age, or when vaccines are administered to patients older than 18 years (List separately in addition to code for primary procedure)	\$5.09
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine or toxoid) with no counseling under 18 years of age, or when vaccines are administered to patients older than 18 years	\$12.88
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine or toxoid) with no counseling under 18 years of age, or when vaccines are administered to patients older than 18 years (List separately in addition to code for primary procedure)	\$6.86

Refer to the [fee schedule](#) in the Provider Services section of the Iowa Medicaid Enterprise (IME) website for the most up-to-date rate information.

**C. State Immunization Registry.** *There was one comment in this topic area.*

1. One respondent commented that by only requiring one type of vaccinator (pharmacist) to report to the state immunization registry it creates uneven and unnecessary administrative burdens. The respondent also provided in-text edits of the proposed rule to remove section 78.42(3) *Verification and reporting*.

**Department Response:** No changes will be made in this area. This section of the proposed rules replicates what is required under 657-Chapter 39 and the statewide protocols related to vaccine administration by pharmacists. The exception is the proposed rule defines the reporting period specifically as 30 calendar days following the administration of any vaccine, rather than “as soon as reasonably possible”.

**D. Department of Health Vaccines for Children (VFC) Program.** *There was one comment in this topic area.*

1. One respondent recommended consideration by the Department of Health's VFC Program to make updates to the program to overcome operational and administrative barriers, including inventory management and ordering processes. The respondent also provided in-text edits of the proposed rule in section 78.42(1) by striking "Payment will be made for the vaccine cost only if the VFC program stock has been depleted" and adding "Pharmacists will be allowed to use their own vaccine stock instead of the VFC program stock and be reimbursed for the cost of vaccine".

**Department Response:** The proposed rule does not address the operational or administrative requirements under the Iowa Department of Public Health VFC program. Rather the proposed rule continues the requirement that providers enroll and obtain vaccines from the VFC program if being administered to a Medicaid enrolled child. Payment by Medicaid is only made for the vaccine cost only if the VFC program stock has been depleted. Section 13631 of the Omnibus Budget Reconciliation Act (OBRA) of 1993 created the VFC program as Section 1928 of the Social Security Act on August 10, 1993. Consistent with the program requirements, Medicaid eligible children must receive vaccines through that program when available.