

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director and Medicaid Director

**Transmittal # 22-31**

**TO:** All DC Medicaid Providers

**FROM:** Melisa Byrd  
Senior Deputy Director and State Medicaid Director

**DATE:** September 28, 2022

**SUBJECT: Updates to the Professional Services Billing Codes and Reimbursement Rates for Monkeypox**

---

**Purpose**

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to treatments for Monkeypox in the professional setting. This transmittal provides notice of coverage and reimbursement for services related to Monkeypox in the professional fee schedule for fee-for-service providers that bill HCPCS and CPT codes on CMS-1500 claim forms, and for providers enrolled in Medicaid Managed Care Organization (MCO) networks.

**Billing Codes & Reimbursement**

The billing and reimbursement rates for laboratory testing and administration of Monkeypox vaccinations are based on published guidance by CMS. If newer rates are published by CMS or a Medicare Administrator Contractor (MAC), the rates may be updated with retroactive payment adjustments as necessary. Unless otherwise indicated, CMS only priced the administration of these services, as the product is being provided for free initially.

In accordance with regulations at 42 CFR § 447.15, providers may not balance-bill Medicaid beneficiaries amounts additional to the amount paid by the agency plus any deductible, coinsurance or copayment required by the State Plan to be paid by the beneficiary.

**Laboratory Testing**

The table below provides the relevant and most current billing and reimbursement guidance for laboratory testing related to the Monkeypox virus covered by DHCF to date.

HCPCS/ CPT	Description	Effective Date	Max Units	PA Required	Rates
87593	ORTHOPOXVIRUS AMP PRB EACH	7/26/22	1	No	\$51.31

### Administration of Vaccine and Products

For the vaccine administration codes, providers should bill the regular vaccine administration codes (90471, 90472). Since CMS anticipates that providers will not incur a cost for the products for the Monkeypox vaccine initially, CMS will update the payment allowance for the products at a later date. Providers should not bill for the product if they received it for free, thus the product codes are not covered at this time in the professional fee schedule. When products transition to the private market for purchase by providers, coverage and rates will apply.

HCPCS/ CPT	Description	Coverage/Rates
90611	SMALLPOX&MONKEYPOX VAC 0.5ML	Not covered
90622	VACCINIA VRS VAC 0.3 ML PERQ	Not covered

**For MCO Enrollees:** Providers should follow instructions provided by the enrollee's MCO for billing for the administration of COVID-19 monoclonal antibody infusions. MCOs are required to reimburse providers at the rates published in this transmittal. Contact the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100
- Health Services for Children with Special Needs (HSCSN)  
Provider Services: 202-467- 2737 | Option #1
- MedStar Family Choice-DC Provider Services: 855-798-4244

### Contact

Please refer to the DHCF provider fee schedule available at <https://www.dc-medicaid.com> for all future updates related to coverage of COVID-19 codes, and for the most up-to-date information on pricing. If you have questions, please contact Amy Xing, Reimbursement Analyst, at [amy.xing2@dc.gov](mailto:amy.xing2@dc.gov) or 202-481-3375.

**Cc:** DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Health Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers  
Medical Society of DC