



COVID-19 Vaccine Administration and Billing for Part B Providers

2/5/2021





Today's Presenters

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Objectives

 To assist the Medicare Part B provider community on the process of COVID-19 billing and administration





Agenda

- Provider Enrollment
- Vaccine Coding and Administration Billing
- Roster/Centralized Billing
- Resources
- Questions and Answers





Special Disclaimer and Suggested Actions

- During COVID-19 PHE, information and instructions may change and will turn to prior instructions following PHE
 - Extended to 4/20/2021
- Vital to ensure providers receive latest information
- Take steps to ensure you have access to the latest updates by signing up for listserv messaging
 - <u>CMS listserv</u> and
 - National Government Services Email Updates
- Routinely check
 - CMS <u>Current Emergencies</u> webpage and
 - NGS <u>COVID-19 News</u> page





Modifier CR

- Modifier CR (catastrophe/disaster related)
 - Used on professional and outpatient institutional claims
 - CR modifier is not required on telehealth services
- Mandatory coding for any claim for which Medicare payment is conditioned on presence of "formal waiver" including Section 1135 waiver
- Used to identify claims that are/may be impacted by specific payer/health plan policies related to national or regional disaster





CS Modifier

- CS modifier waives cost sharing requirements
- MLN Matters® <u>SE20011 Revised: Medicare Fee-For-Service (FFS) Response to the Public Health</u> <u>Emergency on the Coronavirus (COVID-19)</u>
- DOS on/after 3/18/2020: Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits
 - Append CS modifier to E/M service performed
 - When E/M service leads to COVID-19 testing
 - Allows E/M to be paid at 100% of the fee schedule





Supervision Regarding Professional Scope of Practice and Related Issues

- Effective 1/1/2021
- NPs, CNSs, PAs, CNMs and CRNAs are permitted to supervise the performance of diagnostic tests within their state scope of practice and applicable state law for the duration of the COVID-19 PHE





Provider Enrollment





Provider Eligibility: Are you already enrolled In Medicare?

- No Action Needed for the following provider types
 - Physician
 - Nonphysician
 - Clinic/Group Practice
 - Pharmacy (enrolled as Part B)
 - Mass Immunizer (roster bill only)





Provider Eligibility: Are you already enrolled In Medicare?

- No Action Needed for the following institutional provider types
 - Hospital and Hospital Outpatient Department
 - SNF (Part A and B)
 - Critical Access Hospital
 - ESRD Facility
 - Home Health Agency/Hospice





Provider Eligibility: Are you already enrolled In Medicare?

- Comprehensive Outpatient Rehabilitation Facility
- FQHC
- Rural Health Clinic
- Indian Health Services Facility





Provider Eligibility: Action Needed Non-Institutional Providers

- If you're not enrolled in Medicare or enrolled under these institutional or non-institutional provider types that do not allow you to bill for administering vaccines, you must enroll as a mass immunizer
 - Independent Clinical Laboratory
 - Ambulance Service Supplier
 - IDTF
 - Intensive Cardiac Rehabilitation Supplier
 - Mammography Center





Provider Eligibility: Action Needed Non-Institutional Providers

- Medicare Diabetes Prevention Program Supplier
- Portable X-Ray Supplier
- Radiation Therapy Center
- Opioid Treatment Program
- Organ Procurement Organization
- Home Infusion Therapy Supplier
- DME Supplier
- Pharmacy (Enrolled as a DME supplier)





Provider Eligibility: Action Needed Institutional Providers

- Outpatient Physical Therapy
- Occupational Therapy
- Speech Pathology Services
- Histocompatibility Laboratory
- Religious Non-Medical Health Care Institution





CMS website information

- If not enrolled or action is needed
- Hotline for Temporary Enrollment
 - NGS PE COVID-19 Toll Free 888-802-3898
 - Learn more about the provider enrollment hotline <u>2019-Novel</u> <u>Coronavirus (COVID-19) Medicare Provider Enrollment Relief</u> <u>Frequently Asked Questions (FAQs)</u>
 - Must qualify as a Mass Immunizer or other Medicare Provider Type that allows billing for administering vaccines
 - Legal Business Name, National Provider Identifier, Tax Identification Number and if applicable, practice location and state license
 - After established, to be a permanent enrollment, send in CMS forms at least 30 days after the lifting of the COVID-19 PHE waiver





CMS Website Information

- Centralized Billing Enrollment
 - Mass immunizers can roster bill Novitias with a single enrollment regardless of the geographic location
 - You must operate in at least three MAC Jurisdictions and get prior approval from Novitas to centralize bill
 - Contact Novitias 1-855-247-8428
- <u>CMS Definitions</u>: Mass Immunizer and Centralized Biller





Vaccine Coding and Administration Billing





COVID-19 Vaccine Codes

- Effective 12/11/2020, FDA issued an Emergency Use Authorization for the Pfizer-Biontech COVID-19 Vaccine
- Effective 12/18/2020, FDA issued an Emergency Use Authorization for the Moderna COVID-19 Vaccine
- During the PHE, Medicare will cover and pay for the administration of the vaccine
- Bill only for the vaccine administration code
 - Do not include the vaccine product code when the vaccines are free





Medicare Advantage Plan

- If the Medicare beneficiary is enrolled in a Medicare Advantage Plan, submit your COVID-19 claims to Original Fee-For-Service Medicare for all patients enrolled in Medicare Advantage in 2020 and 2021
- National Government Services is the Medicare Administrative Contractor for Jurisdiction 6 - Illinois, Minnesota, and Wisconsin, as well as Jurisdiction K
 Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont





Helpful definitions – Types of Immunizers

- Mass Immunizers
- Roster billing
- Centralized Billers
- Order





Centers for Medicare & Medicaid Services					Search CMS Search		
Medicare	Medicaid/CHIP	Medicare-Medicaid Coordination	Private Insurance	Innovation Center	Regulations & Guidance	Research, Statistics, Data & Systems	Outreach & Education
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Learn More

We're putting patients first.

We pledge to put patients first in all of our programs – Medicaid, Medicare, and the Health Insurance Exchanges. To do this, we must empower patients to work with their doctors and make health care decisions that are best for them.

This means giving them meaningful information about quality and costs to be active health care consumers. It also includes supporting innovative approaches to improving quality, accessibility, and affordability, while finding the best ways to use innovative technology to support patient-centered care.

But we can't and we don't do all of this alone. Learn more about how we are working together to ensure all



Top 5 resources	
Manuals	
Medicare coverage database	
CMS forms	
Transmittals	



Vaccines and Administration Codes for COVID-19

Home > Medicare > Medicare Part B Drug Average Sales Price > COVID-19 Vaccines and Monocional Antibodies

Medicare Part B Drug Average Sales Price
2021 ASP Drug Pricing Files
2020 ASP Drug Pricing Files
2019 A SP Drug Pricing Files
2018 ASP Drug Pricing Files
2017 ASP Drug Pricing Files
2016 ASP Drug Pricing Files
2015 ASP Drug Pricing Files
2014 ASP Drug Pricing Files
2013 ASP Drug Pricing Files
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2011 ASP Drug Pricing Files
2010 ASP Drug Pricing Files
2009 ASP Drug Pricing Files
2008 ASP Drug Pricing Files
2007 ASP Drug Pricing Files
2006 ASP Drug Pricing Files
2005 A SP Drug Pricing Files
Medicare Part B Drugs Regulations
COVID-19 Vaccines and Monoclonal Antibodies
Seasonal Influenza Vaccines Pricing
Blood Clotting Factor Furnishing Fee
Part B Biosimilar Biological Product Payment and Required Modifiers

COVID-19 Vaccines and Monoclonal Antibodies

Medicare Part B Payment for COVID-19 Vaccines and Certain Monoclonal Antibodies during the Public Health Emergency

CMS has released a <u>set of toolkits</u> for providers, states and insurers to help the health care system prepare and assist in swiftly administering these products once they become available. These resources are designed to increase the number of providers that can administer the products and ensure adequate reimbursement for administration in Medicare, while making it clear to private insurers and Medicaid programs their responsibility to cover these products at no charge to beneficiaries. This webpage provides the payment allowances and other related information for these products. For more information, review the <u>COVID-19 provider</u> toolkit.

Payment Allowances and Effective Dates for COVID-19 Vaccines and their Administration during the Public Health Emergency:

Code	CPT Short Descriptor	Labeler Name	Vaccine/Procedure Name	Payment Allowance	Effective Dates
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer	Pfizer-Biontech Covid-19 Vaccine	\$0.010*	12/11/2020 - TBD
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	\$16.940**	12/11/2020 - TBD
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	\$28.390**	12/11/2020 - TBD
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna	Moderna Covid-19 Vaccine	\$0.010*	12/18/2020 - TBD
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna	Moderna Covid-19 Vaccine Administration – First Dose	\$10.940**	12/18/2020 - TBD
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna	Moderna Covid-19 Vaccine Administration – Second Dose	\$28.390**	12/18/2020 - TBD





Medicare Payment Rates

- COVID-19 vaccine administration
 - Single-dose vaccine \$28.39
 - Series of two or more doses
 - Initial \$16.94
 - Final dose in series \$28.38
- Rates include cost to administer, public health reporting, patient outreach/education, answering questions
- Rates are geographically adjusted





Billing

- Providers can submit claims using the following claim example
- Claim should include the proper billing of the ICD-10 in item 21
 - Z23 Encounter for immunization
 - Report the proper date of service
 - Report the proper place of service





Billing

- Use the applicable CPT or HCPCs code
 - 0001A Used for the first dose of Pfizer
 - 0002A Used for the 2nd dose of Pfizer
 - 0011A Used for the first dose of Moderna
 - 0012A Used for the 2nd dose of Moderna
 - 0021A Used for the first dose of AstraZeneca
 - 0022A Used for the 2nd of AstraZeneca





Roster/Centralized Billing





What Is Roster Billing?

- Streamlined process for submitting vaccination claims for large groups of individuals
 - Both "regular" provider/suppliers and mass immunizers
 - Cannot use for single patient bills
 - Cannot bill other services on roster bills





- Mass immunization roster billers (specialty provider type 73) and centralized billers
 - Must accept assignment on vaccine and administration
 - Can only bill for influenza, pneumococcal or COVID vaccines
 - Must submit claims using roster billing process
 - Separate roster bills must be submitted for each vaccine





- Mass Immunizers
 - Offer vaccines to large number of individuals
 - Must be properly licensed in state(s) in which they plan to operate clinics
 - Enrollment is ongoing and completed through local A/B MAC
 - Must submit roster bills to local contractor





- Patient roster form with
 - Patient name, address, MBI, date of birth and sex (gender)
 - Date of service
 - Beneficiary signature or stamped "Signature on File"
 - Provider's name and identification number
 - Control number for contractor
- Single modified CMS-1500 claim form as roster cover document for each facility where services rendered





- Electronic submission of roster claims
 - Loop and segment information contained in <u>Medicare Part B CMS-</u> <u>1500 Crosswalk for 5010 Electronic Claims</u>
 - NGSMedicare.com > Education > Job Aids & Manuals under "Claims and Billing Tips"
 - Mass immunizers required to use HIPAA-adopted ASC X12N 837 claim standard
 - We offer low or no-cost software for providers to use
 - Contact EDI department for more information
 - Monday–Friday, 8:00 a.m.–4:00 p.m. ET
 - Closed for training on the 2nd and 4th Friday of the month from 12:00–4:00 p.m. ET
 - Jurisdiction 6: 877-273-4334
 - Jurisdiction K: 888-379-9132





Cost-Sharing and Assignment

- No Part B deductible or coinsurance applied
- Assignment
 - All physicians and suppliers must accept assignment of vaccine payment rate
 - Nonparticipating providers can choose not to accept assignment of administration
 - Must submit an unassigned claim on beneficiary's behalf
 - May collect his/her usual charge for administration but cannot collect any fee upfront for vaccine





Centralized Billing Guidelines

- Centralized Billing
 - Mass immunizers who operate in at least three payment localities for which there are three different Medicare contractors or A/B MACs
 - Participation is limited to one year and must be renewed annually
 - Claims submitted to and processed by specialty contractor
 - Must submit electronic roster claims





NGSMedicare.com





Log in to NGSConnex	Use the IVR System	Check Provider		
Find an MU Course	Visit New Provider Center	Application Status		
Take a Web Tour	Learn About MBI	LCD/Policy Search		
		LCD or article Search		





Resources

- <u>CMS' Toolkit on COVID-19 Vaccine: Health</u> <u>Insurance Issuers and Medicare Advantage</u> <u>Plans</u>
- CMS COVID-19 Web Page
- Enrollment for Administering COVID-19 Vaccine Shots
- Quick Reference Process on Enrollment and How to Bill Your Claims





Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?





