

# COVID-19 Vaccine Administration and Billing for Part B Providers

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# Today's Presenters

- Michelle Coleman, CPC
- Gail O'Leary
- Lori Langevin
  - Provider Outreach and Education Consultants

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- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
  - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

# 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 7/20/2021
- Vital to ensure providers receive latest information
- Take steps to ensure you have access to the latest updates by signing up for listserv messaging
  - [CMS listserv](#) and
  - [National Government Services Email Updates](#)
- Routinely check
  - CMS [Current Emergencies](#) webpage and
  - NGS [COVID-19 News](#) page

# 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
  - 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

- [CMS website](#) 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 [2019-Novel Coronavirus \(COVID-19\) Medicare Provider Enrollment Relief Frequently Asked Questions \(FAQs\)](#)
    - 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 Novitas 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 Novitas 1-855-247-8428
- [CMS Definitions](#): Mass Immunizer and Centralized Biller

# Vaccine Coding and Administration Billing



# COVID-19 Vaccine Emergency Authorization

- 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
- Effective 2/27/2021, FDA issued an Emergency Use Authorization for the Janssen 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

# Coronavirus Disease 2019

Find program guidance and information  
about our response to COVID-19  
and current non-COVID emergencies.

[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 Monoclonal Antibodies

**Medicare Part B Drug Average Sales Price**

- [2021 ASP Drug Pricing Files](#)
- [2020 ASP Drug Pricing Files](#)
- [2019 ASP 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](#)
- [2012 ASP Drug Pricing Files](#)
- [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 ASP 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 [set of toolkits](#) 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 [COVID-19 provider 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/0.5ML 1ST	Moderna	Moderna Covid-19 Vaccine Administration – First Dose	\$16.940**	12/18/2020 – TBD
0012A	ADM SARSCOV2 100MCG/0.5ML 2ND	Moderna	Moderna Covid-19 Vaccine Administration – Second Dose	\$28.390**	12/18/2020 – TBD

# Medicare Payment Rates

- COVID-19 vaccine administration
  - Effective for dates of service on or after 3/15/2021
    - Single dose vaccine \$40
    - Series of two or more doses
      - Initial \$40
      - Final dose in series \$40
  - **Dates of service prior to 3/15/2021 will be paid at the previous rates**
- Rates include cost to administer, public health reporting, patient outreach/education, answering questions
- Rates are geographically adjusted
  - [COVID-19 Vaccines and Monoclonal Antibodies](#)
    - Includes administration fees with geographic adjustment

# 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

# COVID-19 Administration Codes

CPT Code	Description
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
0031A	Janssen Covid-19 Vaccine Administration



# COVID-19 Vaccine Codes

CPT Code	Description
91300	Pfizer Covid-19 Vaccine
91301	Moderna Covid-19 Vaccine
91302	AstraZeneca Covid-19 Vaccine
91303	Janssen Covid-19 Vaccine



# COVID-19 Vaccine Information-NGSConnex

- Available mid-April 2021
  - 91300 – Pfizer-Biontech Covid-19 Vaccine
  - 91301 – Moderna Covid-19 Vaccine
  - 91302 – AstraZeneca Covid-19 Vaccine
  - 91303 – Janssen Covid-19 Vaccine
- **Note:** The Medicare beneficiary must have active Part B coverage and must not have a date of death on file at the time the search is initiated, otherwise information will not display

# 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

# Roster Billing Guidelines

- 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-19 vaccines
  - Must submit claims using roster billing process
    - Separate roster bills must be submitted for each vaccine

# Roster Billing Guidelines

- 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
  - POS 60 must be used for all mass immunizers (specialty 73) or providers using a roster claim form regardless of where the services are rendered

# Roster Billing Guidelines

- Patient roster form to include
  - 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
- Single modified CMS-1500 claim form as roster cover document for each facility where services rendered
- **This is for approved paper submitters only**



COVID-19 VACCINE  
VACCINE CLAIMS ONLY  
ROSTER BILLING ONLY  
(DATES OF SERVICE ON AND AFTER DECEMBER 11, 2020)

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA		PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1. MEDICARE <input checked="" type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>SEE ATTACHED ROSTER</b>		3. PATIENT'S BIRTH DATE SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)  CITY STATE ZIP CODE TELEPHONE (Include Area Code) ( )		4. INSURED'S NAME (Last Name, First Name, Middle Initial)  7. INSURED'S ADDRESS (No., Street)  CITY STATE ZIP CODE TELEPHONE (Include Area Code) ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  a. OTHER INSURED'S POLICY OR GROUP NUMBER  b. RESERVED FOR NUCC USE  c. RESERVED FOR NUCC USE  d. INSURANCE PLAN NAME OR PROGRAM NAME		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>  8. RESERVED FOR NUCC USE  10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) <input type="text"/> c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.		11. INSURED'S POLICY GROUP OR FECA NUMBER <b>NONE</b> a. INSURED'S DATE OF BIRTH SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE MM DD YY QUAL										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. 17b. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)															20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																												
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. Z23 B. C. D. E. F. G. H. I. J. ICD Ind. 0															22. RESUBMISSION CODE ORIGINAL REF. NO.																																												
23. PRIOR AUTHORIZATION NUMBER																																																											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #																															
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6																								NPI																																			
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$										29. AMOUNT PAID \$ 000										30. Rsvd for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)															32. SERVICE FACILITY LOCATION INFORMATION															33. BILLING PROVIDER INFO & PH # ( )																													

PHYSICIAN OR SUPPLIER INFORMATION





## Vaccine Roster Form

Provider Name	National Provider Identifier (NPI)	Date of Service / /
---------------	------------------------------------	------------------------

### Patient Information (Please PRINT all elements clearly except the signature)

00

Medicare Beneficiary Identifier (MBI)		Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name		MI
Address	City	State	Zip
Signed Authorization			

01

Medicare Beneficiary Identifier (MBI)		Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name		MI
Address	City	State	Zip
Signed Authorization			

02

Medicare Beneficiary Identifier (MBI)		Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name		MI
Address	City	State	Zip

# Roster Billing Guidelines

- Electronic submission of roster claims
  - Loop and segment information contained in [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)
    - NGS Medicare.com > Education > Job Aids & Manuals under “Claims and Billing Tips”
    - Mass immunizers required to use HIPAA-adopted ASC X12N 837 claim standard
  - NGS offers low or no-cost software for providers to use
    - PC-ACE software
  - 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
- Providers that participate in the CDC COVID-19 Vaccination Program contractually agree to administer a COVID-19 vaccine regardless of an individual's ability to pay and regardless of their coverage status and also may not seek any reimbursement, including through balance billing, from a vaccine recipient

# 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
    - Novitas
  - Must submit electronic roster claims

# NGSMedicare.com

The screenshot shows the homepage of NGSMedicare.com. The header is blue with the 'National Government Services' logo on the left, 'JURISDICTION 6 - PART A IN ILLINOIS' in the center, and a search bar on the right. Below the header is a navigation bar with links for ENROLLMENT, CLAIMS & APPEALS, MEDICAL POLICY & REVIEW, EDUCATION, Overpayment, Cost Reports, and Provider Resources. The main content area features a 'WELCOME to' message, a link to 'NGSMedicare.com for Part A providers', and a description of Medicare Part A facilities. A large blue banner for 'Coronavirus (COVID-19)' is prominently displayed. Below this, there is a grid of service tiles including 'Log in to NGSConnex', 'Use the IVR System', 'Find an MU Course', 'Visit New Provider Center', 'Take a Web Tour', and 'Learn About MBI'. A sidebar on the right contains a 'Check Provider Enrollment Application Status' section and an 'LCD/Policy Search' section with a search bar.

**National Government Services**

JURISDICTION 6 - PART A  
IN ILLINOIS

Enter keywords or phrases  Search >

Contact Us | Subscribe to Email Updates | NGSConnex

ENROLLMENT CLAIMS & APPEALS MEDICAL POLICY & REVIEW EDUCATION Overpayment Cost Reports Provider Resources

**WELCOME to** *NGSMedicare.com for Part A providers*

Medicare **Part A** facilities offer essential healthcare services to beneficiaries on an inpatient or outpatient basis.

**Coronavirus (COVID-19)**  
Stay up-to-date with latest news on the Coronavirus.

1 2 3 4

Log in to NGSConnex

Use the IVR System

Find an MU Course

Visit New Provider Center

Take a Web Tour PDF

Learn About MBI

**Check Provider Enrollment Application Status**

**LCD/Policy Search**

LCD or article  Search

# Resources

- [CMS' Toolkit on COVID-19 Vaccine: Health Insurance Issuers and Medicare Advantage Plans](#)
- [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?

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