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NGSMedicare University Virtual Conference

Medicare 2021

A Journey to a Healthier Future and Partnership

COVID-19 Vaccine Administration and Monoclonal Antibody Infusion Billing for Part A Providers

5/11/2021





Today's Presenter

- Jean Roberts, RN, BSN, CPC
 - Provider Outreach and Education Consultant

Disclaimer

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No Recording

- 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

- Assist the Medicare Part A provider community to better understand the process of COVID-19 and monoclonal antibody vaccine administration and billing

Agenda

- Reminders
- COVID-19 Vaccination and Monoclonal Antibody Administration HCPCS Codes
- Billing for COVID-19 Vaccine Administration or Monoclonal Antibody Infusion
- Roster 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
 - [CMS listserv](#) and
 - [National Government Services Email Updates](#)
- Routinely check
 - CMS [Current Emergencies](#) webpage and
 - NGS [COVID-19 News](#) page

Reminders



Modifier CR

- Modifier CR (catastrophe/disaster related)
 - Used on professional and outpatient institutional claims
 - Modifier CR 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

Modifier CS

- Modifier CS waives cost sharing requirements
- MLN Matters® [SE20011 Revised: Medicare Fee-For-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)
- DOS on/after 3/18/2020: Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits
 - Append modifier CS 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

Physician Order

- COVID-19 laboratory tests
 - A Medicare beneficiary may receive Medicare coverage for one COVID-19 and related test without the order of a physician or other health practitioner
 - Medicare requires a physician order to cover further COVID-19 and related tests
- CMS [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing, Section B, questions 9 and 10](#)
- NGS article [COVID-19 Test Pricing and Frequency Limitation](#)

Physician Order

- COVID-19 vaccine administration
 - No physician order is required
- Monoclonal antibody infusion
 - Physician's order is required
 - Use of the drug or biological must be safe and effective and otherwise reasonable and necessary for the individual patient; administered on/after FDA approval date, meet all other applicable coverage requirements
- [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#), Section BB. Drugs and Vaccines under Part B, questions 27 and 28

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

Beneficiaries with Medicare Advantage

- Providers billing for Medicare beneficiaries with Medicare Advantage must submit claims for administering COVID-19 vaccines and monoclonal antibody administration to original Medicare fee-for-service contractor (CY 2020 and 2021)
 - Do not submit to the Medicare Advantage Plan
- CMS [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing, Section BB](#)
 - Drugs and Vaccines under Part B; question 23

Beneficiaries with Medicare Advantage

- National Government Services is the A/B MAC for
 - J6 - Illinois, Minnesota and Wisconsin
 - JK - Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont
- NGS article: [Beneficiaries With Medicare Advantage Must Provide Medicare Information To Receive COVID-19 Vaccination](#)

MSP Screening

- Part A providers must
 - Obtain billing information prior to billing Medicare
 - Recommend CMS model questionnaire
 - Submit MSP information on the claim using applicable billing codes
- [CMS Medicare Secondary Payer website](#)
- MLN Matters® [SE1416: Updating Beneficiary Information with the Benefits Coordination & Recovery Center \(formerly known as the Coordination of Benefits Contractor\)](#)
- CMS IOM 100-05, *Medicare Secondary Payer Manual*, Chapter 3, Section 20.2.1 - Model Admission Questions to Ask Medicare Beneficiaries
- **Reminder:** NGS conducts webinars on MSP

Clarification of CC 90 and 91

- Condition Code 90: Service provided as part of an Expanded Access (EA) approval
 - EAs are commonly known as “compassionate use”
 - Example: Flexibilities in use of telehealth during the PHE
- Condition Code 91: Service provided as part of an Emergency Use Authorization (EUA)
 - Example of EUA : COVID-19 vaccine, monoclonal antibody infusions and convalescent plasma
 - More information regarding EUAs for drug and biological products during the COVID-19 PHE is available on the [FDA website](#)
- MLN Matters® [MM12049 Implementation of Two \(2\) New NUBC Condition Codes. Condition Code “90”, “Service Provided as Part of an Expanded Access Approval \(EA\)” and Condition Code “91”, “Service Provided as Part of an Emergency Use Authorization \(EUA\)”](#) is effective with claim receipt dates of 2/1/2021 /after the system implementation date of 2/22/2021

Provider Eligibility: Are you already enrolled In Medicare?

- **No action necessary** for 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 Enrollment Information on CMS Website

- [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

Provider Enrollment Information on CMS Website

- Part B (1500 claim) providers only: 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 855-247-8428
- [CMS Definitions](#): Mass Immunizer and Centralized Biller

COVID-19 Vaccination and Monoclonal Antibody Administration HCPCS Codes

COVID-19 Vaccine Codes

- Effective 12/11/2020, FDA issued an EUA for the Pfizer-Biontech COVID-19 Vaccine
- Effective 12/18/2020, FDA issued an EUA for the Moderna COVID-19 Vaccine
- Effective 2/27/2021, FDA issued an EUA 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 provided free of charge

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

[Learn More](#)

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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.

Top 5 resources

[Manuals](#)

[Medicare coverage database](#)

[CMS forms](#)

[Transmittals](#)

[MLN Homepage](#)

COVID-19 Vaccines and Monoclonal Antibodies

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](#)
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- [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: (DOS = Date of Service, TBD = To Be Determined)

CPT Code	CPT Short Descriptor	Labeler Name	Vaccine/Procedure Name	National Payment Allowance Effective for Claims with DOS on or after 03/15/2021	National Payment Allowance Effective for Claims with DOS through 03/14/2021	Effective Dates
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer	Pfizer-Biontech Covid-19 Vaccine	\$0.010*	\$0.010*	12/11/2020 – TBD
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	\$40.000**	\$16.940**	12/11/2020 – TBD
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	\$40.000**	\$28.390**	12/11/2020 – TBD
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna	Moderna Covid-19 Vaccine	\$0.010*	\$0.010*	12/18/2020 – TBD
0011A	ADM SARSCOV2 100MCG/0.5ML 1ST	Moderna	Moderna Covid-19 Vaccine Administration – First Dose	\$40.000**	\$16.940**	12/18/2020 – TBD
0012A	ADM SARSCOV2 100MCG/0.5ML 2ND	Moderna	Moderna Covid-19 Vaccine	\$40.000**	\$28.390**	12/18/2020 – TBD

COVID-19 Vaccines and Monoclonal Antibodies

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

Code	CPT Short Descriptor	Labeler Name	Vaccine/Procedure Name	Payment Allowance	Effective Dates
Q0239	bamlanivimab-xxxx	Eli Lilly	Injection, bamlanivimab, 700 mg	\$0.010*	11/10/2020 – TBD
M0239	bamlanivimab-xxxx infusion	Eli Lilly	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	\$309.600***	11/10/2020 – TBD
Q0243	casirivimab and imdevimab	Regeneron	Injection, casirivimab and imdevimab, 2400 mg	\$0.010*	11/21/2020 – TBD
M0243	casirivi and imdevi infusion	Regeneron	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	\$309.600***	11/21/2020 – TBD
Q0245	bamlanivimab and etesevima	Eli Lilly	Injection, bamlanivimab and etesevima, 2100 mg	\$0.010*	02/09/2021 – TBD
M0245	bamlan and etesev infusion	Eli Lilly	intravenous infusion, bamlanivimab and etesevima, includes infusion and post administration monitoring	\$309.600***	02/09/2021 – TBD

* Since we anticipate that providers, initially, will not incur a cost for the product, CMS will update the payment allowance at a later date. Providers should not bill for the product if they received it for free.

*** Medicare will pay a rate of \$309.60 for many providers. These rates will also be geographically adjusted for many providers. For providers and suppliers with payments that are geographically adjusted by the methodology used by the Medicare Physician Fee Schedule (MPFS), files with the geographically adjusted payment rates for monoclonal antibody administration are included in the "Additional Resources" section below. Certain settings utilize other payment methodologies, such as payment based on reasonable costs.

Additional Resources:

HCPCS Codes for COVID-19 Vaccine Administration

- Use applicable HCPCS code
 - Pfizer
 - 0001A - First dose of Pfizer
 - 0002A – Second dose of Pfizer
 - Moderna
 - 0011A - First dose of Moderna
 - 0012A – Second dose of Moderna
 - AstraZeneca
 - 0021A – First dose of AstraZeneca
 - 0022A – Second dose of AstraZeneca
 - Janssen
 - 0031A - Administration of Janssen vaccine

HCPCS Codes for Monoclonal Antibody Infusion/Administration

- Use applicable HCPCS code
 - M0239 Eli Lilly - bamlanivimab
 - M0243 Regeneron - casirivimab and imdevimab
 - M0245 Eli Lilly - bamlanivimab and etesevimab
- All administration codes are all-inclusive for the infusion and post-administration monitoring
 - All IV fluid, prophylactic antihistamine, or other drug(s) used for the infusion are bundled into the administration, should not be billed on the claim, and is not separately paid

Billing for COVID-19 Vaccine Administration or Monoclonal Antibody Infusion

Billing

- CMS website
 - [Medicare Billing for COVID-19 Vaccine Shot Administration](#)
 - [Monoclonal Antibody COVID-19 Infusion](#)
- NGS website article
 - [Medicare Part A and Part B Billing for the COVID-19 Vaccine and Monoclonal Antibody](#)

FYI: Monoclonal Antibody Infusion

- During the COVID-19 PHE, Medicare will cover monoclonal antibody infusions (when furnished consistent with their respective EUAs) the same way it covers and pays for COVID-19 vaccines
 - Note that Medicare pays for these monoclonal antibody products under the COVID-19 vaccine benefit
 - These products are not eligible for the NCTAP under the IPPS
- [Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction](#)
- CMS [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)

FYI: Monoclonal Antibody Infusion

- Each EUA for monoclonal antibody infusion administration includes
 - May only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system, as necessary

Valid Part A Bill Types

- 12X Hospital Inpatient**
- 13X Hospital Outpatient**
- 22X SNF covered Part A stay (paid under Part B) and Inpatient Part B
- 23X SNF Outpatient
- 34X Home Health (Part B Only)
- 72X Independent and Hospital-based Renal Dialysis Facility
- 75X Comprehensive Outpatient Rehabilitation Facility
- 81X Hospice (Non-hospital)
- 82X Hospice (Hospital)
- 85X Critical Access Hospital
 - **For hospitalized patients, Medicare pays for the COVID-19 vaccination separately from the DRG rate and disallows billing for the vaccine on an 11X TOB

Revenue Codes

- 0771 Preventive care services, vaccine administration
- 0636 Pharmacy, requiring detailed coding
 - **Note:** Do not bill revenue code 0636 when the drug is provided free of charge
 - If your software requires a drug code for each vaccine administration, add a token charge to the drug HCPCS code line

Condition and Diagnosis Coding

- **Condition Codes**
 - A6 – indicates 100% payment
 - 78 – used on claims for beneficiaries with MA to denote new coverage not implemented by MA
- **Diagnosis Code**
 - Z23 - Encounter for immunization
 - U071 - COVID-19 - as appropriate

Inpatient Part A Stay

- Report COVID-19 vaccine and/or monoclonal antibody administration using same method as for other covered vaccines
 - Use date of discharge as DOS
 - Also report
 - Condition code A6
 - Revenue code 0771 with HCPCS code for specific product
 - Diagnosis code
 - Z23
 - U071 - as appropriate
- CMS [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#), Section BB
 - Drugs and Vaccines under Part B, questions 23 and 24

FAQ on Inpatient DOS

- **Q:** We are concerned that billing a 12X claim with the discharge date causes discrepancy between the documentation in the medical record and the claim – is this an issue?
- **A:** CMS requires the COVID-19 vaccine administration and monoclonal antibody infusion follow the same billing rules that apply to other vaccines covered by Medicare

FAQ on Inpatient DOS, continued

- Refer to [CMS Internet-Only Manual, Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 10.2.2 “Claims Submitted to MACs Using Institutional Formats provides the instructions for billing when a Medicare covered vaccine is provided during an inpatient stay”](#)
 - When vaccines are provided to inpatients of a hospital or SNF, they are covered under the vaccine benefit
 - However, the hospital bills on type of bill 012x using the discharge date of the hospital stay or the date benefits are exhausted, a SNF submits type of bill 022x for its Part A inpatients

Token Charge Reporting

- Institutional and OPPS claims do not report drug when provided at no cost
- If your software/vendor require a drug HCPCS code when an administration is billed
 - Must report the applicable drug HCPCS code and appropriate units with a token charge of less than \$1.01 for the item in the covered charge field
 - Mirror this less than \$1.01 amount reported in the noncovered charge field
 - Institutional providers must report the “No Cost” item as noncovered
 - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 32](#), Section 67.2 – Institutional Billing for No Cost Items

RHC/FQHC

- Administration of COVID-19 vaccine or monoclonal antibody administration does not qualify as a visit
 - Do not bill for vaccine/administration charges
 - As with other vaccines, charges/payment are handled via cost report settlement process
 - If there is another reason for the visit, the RHC/FQHC bills for the visit and may add vaccine code as informational only to the claim - do not add cost of COVID-19 vaccine and/or monoclonal antibodies to the charge for the visit
 - Payment is made at the time of cost settlement

RHC/FQHC

- NGS article: [COVID-19 Vaccine and/or Monoclonal Antibodies in Rural Health Clinics and Federally Qualified Health Centers](#)
- CMS [Federally Qualified Health Centers \(FQHC\) Center](#)
- CMS [Rural Health Clinics Center](#)
- [CMS Internet-Only Manual, Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 10.2.2.2 - Special Instructions for Independent and Provider-Based Rural Health Clinics/Federally Qualified Health Center \(RHCs/FQHCs\)](#)

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
- Not subject to coinsurance or deductible

Medicare Payment Rates

- Monoclonal Antibody Infusion Administration
 - \$309.60
- Rate includes all costs for the intravenous infusion, including the IV fluid, any prophylactic drugs, and post administration monitoring (approx. one hour), public health reporting, patient outreach/education, answering questions
- Rates are geographically adjusted
- Not subject to coinsurance or deductible

Roster 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

What Is Roster Billing?

- How to submit an institutional claim
 - Electronic Claims
 - Use Direct Data Entry
 - Option 02, Claims Attachment
 - Option 87, Roster Bill Entry
- [NGS EDI Solutions](#) or your vendor
- NGS Manual: [Fiscal Intermediary Standard System/Direct Data Entry Provider Online Guide](#), Chapter V: Claims/Attachments Submenu (02), Roster Bill Entry (87)

Roster Bill

- Allows billing for multiple Medicare beneficiaries on one claim
- When vaccine itself is provided free-of-charge, do not bill on the roster claim
 - Only bill for administration
- Must administer same type of vaccine to five or more people on the same DOS
- Must bill each type of vaccine on a separate roster bill
 - Do not combine flu, pneumococcal and COVID-19 vaccine codes on the same roster bill

Roster Bill

- Claim must include standard provider and benefit information
 - Patient status code 01
 - Condition code M1
 - Condition code A6
 - Revenue code 0636 and HCPCS code (when billing for the drug)
 - Do not include when drug was provided at no cost
 - Revenue Code 0771 with applicable HCPCS code
 - Medicare (Payer Line A)
 - Add words “See Attached Roster”
 - Diagnosis code Z23 (and U071 when applicable)

Roster Bill

- Minimum Required
 - Provider name, PTAN
 - DOS
 - Patient/beneficiary: Name, address, DOB, Sex, MBI
 - Beneficiary signature or stamped "signature on file"
 - 012X/022X also requires: admission date and type, admission diagnosis, admission source code, patient status code
- Roster Bill Instructions: [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18](#), Section 10.3.2 - Claims Submitted to A/B MACs (A) for Mass Immunizations of Influenza Virus and Pneumococcal Vaccinations

Resources



NGSMedicare.com

The screenshot shows the homepage of NGSMedicare.com. At the top left is the National Government Services logo with a star and the text "National Government Services". To its right is the text "JURISDICTION 6 - PART A IN ILLINOIS". A search bar contains the placeholder text "Enter keywords or phrases" and a "Search >" button. Below the search bar are links for "Contact Us", "Subscribe to Email Updates", and "NGSConnex". A navigation bar includes a home icon, "ENROLLMENT", "CLAIMS & APPEALS", "MEDICAL POLICY & REVIEW", "EDUCATION", "Overpayment", "Cost Reports", and "Provider Resources".

The main content area features a "WELCOME to" message, a sub-header "NGSMedicare.com for Part A providers", and a paragraph: "Medicare Part A facilities offer essential healthcare services to beneficiaries on an inpatient or outpatient basis." A large blue banner with a yellow border reads "Coronavirus (COVID-19)" and "Stay up-to-date with latest news on the Coronavirus." Below this is a carousel indicator with numbers 1, 2, 3, and 4.


On the left is a photo of a healthcare worker in blue scrubs smiling at an elderly patient. To the right of the photo is a grid of service buttons: "Log in to NGSConnex", "Use the IVR System", "Find an MU Course", "Visit New Provider Center", "Take a Web Tour" (with a PDF icon), and "Learn About MBI". To the right of these buttons is a "Check Provider Enrollment Application Status" button with a wrench icon, and an "LCD/Policy Search" box with a search input field and a "Search" button.



COVID-19

COVID-19

COVID-19 Test
Pricing and
Frequency
Limitation

 COVID-19 Vaccine
and Monoclonal
Antibody

Accelerated and
Advanced Payment
Program

Telehealth Services

Claim Billing
Guidance

Provider Enrollment

Targeted Probe and
Educate

Waivers and

COVID-19 VACCINE AND MONOCLONAL ANTIBODY

- Medicare Part A and Part B Billing for the COVID-19 Vaccine and Monoclonal Antibody
- Immunization Roster Billing
- CMS Enrollment for Administering COVID-19 Vaccine Shots [EXT-2](#)
- CMS COVID-19 provider toolkit [EXT-2](#)
- CDC COVID-19 vaccination communication toolkit for medical centers, clinics, and clinicians [EXT-2](#)
- FDA COVID-19 vaccines webpage [EXT-2](#)
- Medicare Learning Network® -MLN Connects Special Edition Articles
 - 12/14/2020 Special Edition COVID-19 Vaccine Codes: Updated Effective Date for Pfizer-BioNtech [EXT-2](#)
 - 12/22/2020 Special Edition COVID-19 Vaccine Codes: Updated Effective Date for Moderna [EXT-2](#)

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CMS.gov Internet-Only
Manuals (IOMs)

aunt
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CMS, HHC, CDC Resources

- CMS: [Coronavirus \(COVID-19\) Partner Resources](#)
- [CMS COVID-19](#) webpage
- HHS: [COVID-19 and Flu Public Education Campaign](#)
- CDC: [Community-Based Organizations COVID-19 Vaccine Toolkit](#)
- CDC: [The COVID-19 Vaccines Fact Sheet](#)
- CDC: [Communication Resources](#) – print and post in your facility

CMS Resources

- [Medicare Payment for COVID-19 Viral Testing: Skilled Nursing Facility/Nursing Facility](#)
- **MLN Matters®** [*SE20015 Revised: New Waivers for Inpatient Prospective Payment System \(IPPS\) Hospitals, Long-Term Care Hospitals \(LTCHs\), and Inpatient Rehabilitation Facilities \(IRFs\) due to Provisions of the CARES Act*](#)

CMS Resources

- [MLN Matters® *SE20016 Revised: New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE*](#)
- [Medicare Monoclonal Antibody COVID-19 Infusion Program Instruction](#)
- [CMS Toolkits for COVID-19](#)
- [Toolkit on COVID-19 Vaccine: Health Insurance Issuers and Medicare Advantage Plans](#)
- [COVID-19 Current Emergencies Web Page](#)
- [Enrollment for Administering COVID-19 Vaccine Shots](#)
- [Quick Reference Process on Enrollment as Mass Immunizer and How to Bill Your Claims](#)

CMS Resources

- MLN Fact Sheet® [Checking Medicare Eligibility](#)
- CMS MLN Connects® [eNews for Thursday, March 4, 2021](#)
- CMS MLN Connects® [Special Edition For Monday, March 15, 2021: Biden-Harris Administration Increases Medicare Payment for Life-Saving COVID-19 Vaccine](#)

CMS Resources

- [COVID-19 \(covidvax\)](#): link to toolkits and additional information on COVID-19 vaccine and monoclonal antibody administration
- [New COVID-19 Treatments Add-On Payment \(NCTAP\)](#)
- [Fact Sheet for State and Local Governments CMS Programs & Payment for Care in Hospital Alternate Care Sites](#)
- [Medicare Payment For COVID-19 Viral Testing: Skilled Nursing Facility/Nursing Facility](#)
- [Acute Hospital Care at Home Program: Approved List of Hospitals](#)

Thank You!

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

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