NGS Medicare Virtual Conference

Fall 2021

COVID-19 Vaccine Administration and Billing for Part B Providers

11/10/2021

Today's Presenters

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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 with the process of COVID-19 billing and administration

Special Disclaimer and Suggested Actions

- During COVID-19 PHE, information and instructions may change and will turn to prior instructions following PHE
  - U.S. Department of Health & Human Services Public Health Emergency
- 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 Email Updates and
  - National Government Services Email Updates
- Routinely check
  - CMS Current Emergencies web page and
  - NGS COVID-19 Medicare Topics web page

Agenda

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

Test Your Knowledge-Polling Questions

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 Nonmedical Health Care Institution

CMS Website Information

- [CMS website](#) If not enrolled or action is needed
- Hotline for Temporary Enrollment
  - NGS Provider Enrollment 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 855-247-8428

- CMS Definitions: Mass Immunizer and Centralized Biller

Vaccine Coding and Administration Billing

COVID-19 Vaccine Emergency Authorization

- Emergency Use Authorization has been approved for
  - Pfizer-Biontech COVID-19 Vaccine
    - Also known as Comirnaty (FDA Approved as of 8/23/2021)
  - Moderna COVID-19 Vaccine
  - 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

Vaccines and Administration Codes for COVID-19

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

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 or HCPCS Code	CPT or HCPCS 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[1]	$0.010[1]	12/11/2020 – TBD
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	$40.000[2]	$16.940[2]	12/11/2020 – TBD
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine	$40.000[2]	$28.390[2]	12/11/2020 – TBD

National Government Services.

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
      - Second dose $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 Vaccine Administration Codes

HCPCS Code	Description
0001A	First dose of Pfizer BioNTech
0002A	Second dose of Pfizer BioNTech
0003A	Third dose of Pfizer BioNTech (Effective 8/12/2021)
0004A	Booster dose of Pfizer BioNTech (Effective date 9/8/2021)
0051A	Pfizer BioNTech (tris-sucrose formulation) First dose (Effective date 9/8/2021)
0052A	Pfizer BioNTech (tris-sucrose formulation) Second dose (Effective date 9/8/2021)
0053A	Pfizer BioNTech (tris-sucrose formulation) Third dose (Effective date 9/8/2021)
0054A	Pfizer BioNTech (tris-sucrose formulation) Booster dose (Effective date 9/8/2021)

COVID-19 Vaccine Administration Codes

HCPCS Code	Description
0011A	First dose of Moderna
0012A	Second dose of Moderna
0013A	Third dose of Moderna (Effective 8/12/2021)
0064A	Booster dose Moderna COVID-19 vaccine (50 mcg) Effective date 9/8/2021
0021A	First dose of Astra Zeneca (pending approval)
0022A	Second dose of Astra Zeneca (pending approval)
0031A	Janssen Covid-19 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
91305 *	Pfizer BioNTech COVID-19 vaccine (tris-sucrose formulation)
91306 *	One-half of the applicable dosing (50 mcg vs. 100 mcg) of the Moderna COVID-19 vaccine (Booster Dose)

* **Note**: CMS identifies an effective date of 9/8/2021 for these new codes. However, this effective date will be revised with effective dates that will correspond with updates to FDA EUAs and/or approvals.

Additional In-Home Payment For Administering the COVID-19 Vaccine

- Use HCPCS Level II code M0201 for the additional payment amount for administering the COVID-19 vaccine in the home
  - Effective date 6/8/2021, report only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home
  - Report in addition to the appropriate CPT code for the product- and dose-specific COVID-19 vaccine administration
  - National payment rate: $35.50 (Geographically adjusted)
  - For dates of service on or after 8/24/2021, Medicare pays the additional payment amount for up to a maximum of five vaccine administration services per home unit or communal space within a single group living location

COVID-19 Vaccine Information-NGSConnex

- Available as of mid-April 2021
  - 91300 – Pfizer-Biontech Covid-19 Vaccine
  - 91301 – Moderna 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

| PICA | | | | | | | PICA |

1. MEDICARE [X] (Medicare#)   MEDICAID ☐ (Medicaid#)   TRICARE ☐ (ID#/DoD#)   CHAMPVA ☐ (Member ID#)   GROUP HEALTH PLAN ☐ (ID#)   FECA BLK LUNG ☐ (ID#)   OTHER ☐ (ID#)

1a. INSURED'S I.D. NUMBER   (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

SEE ATTACHED ROSTER

3. PATIENT'S BIRTH DATE   MM | DD | YY   SEX   M ☐   F ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED   Self ☐   Spouse ☐   Child ☐   Other ☐

7. INSURED'S ADDRESS (No., Street)

CITY   STATE

8. RESERVED FOR NUCC USE

CITY   STATE

ZIP CODE   TELEPHONE (Include Area Code)   ( )

ZIP CODE   TELEPHONE (Include Area Code)   ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

NONE

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) ☐ YES ☐ NO

a. INSURED'S DATE OF BIRTH   MM | DD | YY   SEX   M ☐   F ☐

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT?   PLACE (State)   ☐ YES ☐ NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? ☐ YES ☐ NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO   If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____ DATE _____ SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		15. OTHER DATE			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
MM	DD	YY QUAL.	QUAL.	MM	DD	YY	FROM MM DD YY	TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
	17b. NPI	FROM MM DD YY	TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? $ CHARGES
	☐ YES ☒ NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind. | 0 |

| 22. RESUBMISSION CODE   ORIGINAL REF. NO. |

A. | Z23 | B. | | C. | | D. | |

E. | | F. | | G. | | H. | |

I. | | J. | | K. | | L. | |

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER						
1						60		0001A		A				NPI	
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
☐ ☐		☒ YES ☐ NO	$	$ 0 0 0	

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

National Government Services

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 ☐ Male ☐ Female
First Name	Last Name		MI
Address	City	State	Zip
Signed Authorization			

01

Medicare Beneficiary Identifier (MBI)		Date of Birth / /	Sex ☐ Male ☐ Female
First Name	Last Name		MI
Address	City	State	Zip
Signed Authorization			

02

Medicare Beneficiary Identifier (MBI)		Date of Birth / /	Sex ☐ Male ☐ 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
    - NGSMedicare.com > Resources > Claims and Appeals> CMS-1500 Claim Form
    - 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
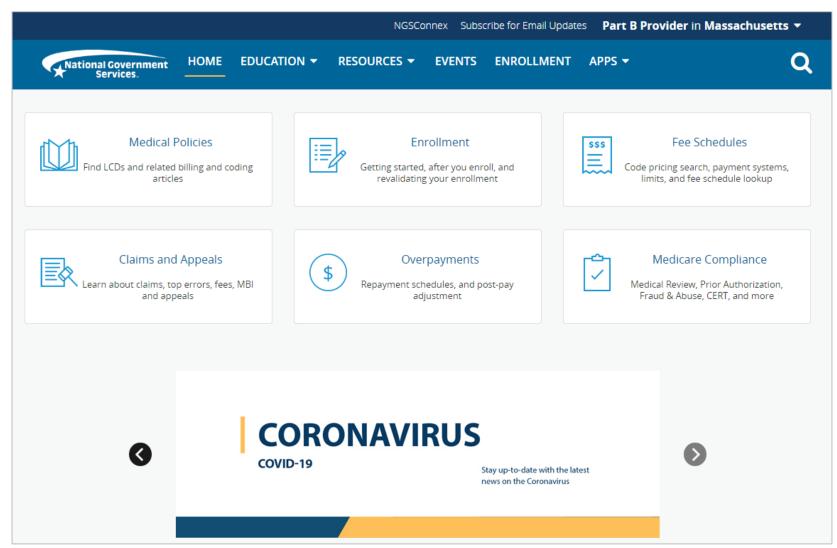
Centralized Billing Guidelines

- **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

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](#)

Resources

- [CMS IOM Publication 100-04, *Claims Processing Manual,* Chapter 18, Section 10.3.1 – Centralized Billing for Influenza Virus and Pneumococcal Vaccines to A/B MACs (B)](#)

- [HRSA Provider Relief Fund](#) – for uninsured patients

Thank You!

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

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