

COVID-19 Vaccine Billing and Reimbursement

NCPA has prepared this information for pharmacies claiming reimbursement for administering COVID-19 vaccine during the public health emergency. The document will be updated when new or additional information is available. The footer of the document posted at <u>www.ncpa.org</u> will show the date of the most recent revisions.

Pharmacist readiness

Pharmacists are <u>authorized</u> to *order and administer* COVID-19 vaccine. Pharmacists may need a Type 1 NPI number to submit on claims where they are ordering/prescribing the vaccine. Apply for, or lookup, an NPI number at: <u>https://npiregistry.cms.hhs.gov/</u>. Pharmacists should also be certain they meet requirements from the board of pharmacy for a pharmacy-based immunization program.

Qualified pharmacy technicians and state-authorized pharmacy interns are <u>authorized</u> to *administer* COVID-19 vaccine. Check with your board of pharmacy to determine if pharmacy technicians and interns can support your pharmacy-based immunization program. During the COVID-19 public health emergency, this authorization also extends to COVID-19 testing and childhood vaccines.

Pharmacy readiness

Typically, pharmacies are the entity that submits claims for immunization services provided by a pharmacist and most already have a Type 2 NPI number.

Payers

 Medicare – COVID-19 vaccine will be covered under the Part B benefit. Pharmacies can enroll in Medicare as a *Pharmacy* or as a *Mass Immunizer* online via the Provider Enrollment, Chain, and Ownership System (PECOS) <u>website</u> or using the <u>CMS-855b form</u> (see Section 2 below). Enrollment fees are waived during the COVID-19 Public Health Emergency.



Pharmacies that are already enrolled in Medicare as a *DMEPOS Supplier* or *Independent Clinical Laboratory,* need to enroll as a *Pharmacy* or *Mass Immunizer* to obtain a PTAN for vaccine claims. Both supplier types, *Pharmacy* and *Mass Immunizer,* are able to submit claims for administering COVID-19 vaccine. CMS publishes geographically adjusted payment rates, download them <u>here</u>.

Ask all Medicare patients (including patients with Medicare Advantage plans) to bring their red, white, and blue <u>Medicare card</u>. This card has is the ID number pharmacies need to use for billing COVID-19 vaccine administration to original fee-for-service Medicare (Medicare Part B). Pharmacies can use the MBI lookup tool in their A/B MAC portal and patients can print off a copy from <u>https://account.mymedicare.gov/</u>. MBIs can also be obtained by running an eligibility check (E1) to the Part D Eligibility Search BIN 011727 PCN 222222222 using the patient's Social Security Number as the Member ID.

Claims for patients enrolled in a hospice program must be submitted by a pharmacy enrolled as a Pharmacy using a terminal care modifier; the Mass Immunizer roster bill does not support this.

Claims for patients who get their care from a Veterans Administration facility and do not have Part B or TRICARE may be submitted to the HRSA Uninsured Program (see Payers Section 4 below)

- Medicaid State Medicaid programs have significant discretion in determining vaccine administration reimbursement rates but all must provide <u>coverage</u> for vaccine administration except to those with narrow range of benefit that does not ordinarily include vaccine coverage. States may elect to include vaccine administration coverage in their managed care plan contracts. Pharmacies should become familiar with vaccine administration coverage details for each state Medicaid program their patients have.
- 3. **Commercial** Health plans are required to reimburse in-network and out-of-network vaccine providers for administering the COVID-19 vaccine. Health plans may cover this service on the medical benefit, the prescription drug benefit, or both. Pharmacies should consider workflow, transaction fees, reimbursement rates and timing of remittance when given the option of medical billing or PBM billing.
- 4. Uninsured- The <u>CARES Act (P.L. 116-136) Provider Relief Fund has an allocation for uninsured patients</u>. HHS (via HRSA) will provide reimbursement for these services generally at Medicare rates, subject to available funding through the CARES Act. Pharmacies must enroll as a provider participant, check patient eligibility, submit patient information, and submit the claim in order to receive payment via direct deposit. Enrollment takes a couple weeks.
 - a. The HRSA Uninsured <u>Program</u> functions like a medical benefit and must be billed via the medical benefit pathway to Optum Pay. Claims billed to OptumRx (the PBM) will be rejected.
 - b. HRSA has contracted with UnitedHealth Group to be the sole administrator of the Uninsured Program for COVID-19. <u>You will need a direct deposit/ACH account with Optum</u> <u>Pay.</u> You can <u>sign in</u> with your Optum ID, or if you do not have an Optum account, you can create an <u>Optum ID.</u>

- c. Once you have an Optum ID, you will need to validate the facility's <u>Taxpayer Identification</u> <u>Number (TIN)</u>, set up <u>Optum Pay Automated Clearing House (ACH)</u> (video walk through <u>here</u>), add <u>Provider roster</u> (video walkthrough <u>here</u>), add and <u>attest to patient</u> (video walkthrough <u>here</u>), and <u>submit claims</u> for reimbursement.
- d. When submitting claims, you will need the Payer ID (95964), Payer name (COVID19 HRSA Uninsured Testing and Treatment Fund), and temporary member ID for each patient (found in the program portal after submitting patient roster).

When billing claims to the HRSA uninsured program, it is essential for pharmacies to attest to the following:

- a. You have checked for health care coverage eligibility and confirm that the patient is uninsured, verifying no other payer will reimburse you for the COVID-19 vaccine administration (i.e. no coverage through an individual or employer-sponsored plan, federal healthcare program or Federal Employees Health Benefits Program)
- b. You accept the defined reimbursement as payment in full
- c. You agree not to balance bill the patient
- d. You agree to terms and conditions (with the potential of post-reimbursement audit review)

Billing codes

1. **Medical billing pathway** – Pharmacies using the medical pathway will need to use a medical billing intermediary (e.g. OmniSys, FDS, EBS, Change Healthcare).

The medical billing pathway is likely to rely on <u>CPT codes</u>; a vaccine product code in combination with sequential administration codes. As of 1/21/21, codes are only available for the Pfizer, Moderna, Jannsen, and AstraZeneca* products, as listed below. Talk to your medical billing intermediary about submitting claims for Medicare Part B and health plan medical benefits.

- a. Pfizer product: 91300, first dose: 0001A, second dose: 0002A
- b. Moderna product: 91301, first dose: 0011A, second dose: 0012A
- c. Janssen product 91303, single dose: 0031A
- d. AstraZeneca* product: 91302, first dose: 0021A, second dose: 0022A (not yet authorized)
- 2. **Prescription billing pathway** Pharmacies using the prescription pathway use the dispensing system to submit a claim to a PBM. This <u>guidance</u> from NCPDP is not a mandate for PBMs, but many may implement the recommendations as published.

Key highlights (which MAY VARY by PBM) are:

- a. use Prescription Origin Code 5 Pharmacy when a pharmacist orders the vaccine
- b. use the actual liquid volume (e.g. 0.5 mL) for the Quantity Dispensed
- c. a Days Supply of "1"
- d. Professional Service Code "MA"
- e. Ingredient Cost of \$0.00 or \$0.01 (depending on the payer)
- f. submission clarification codes to indicate which dose (e.g. initial dose = SCC 2 and second dose = SCC 6; or single/final dose = SCC 6).