

CORNAVIRUS

WHAT YOU NEED TO KNOW

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 www.ncpa.org will show the date of the most recent revisions.

Pharmacist readiness

Pharmacists are [authorized](#) 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. You can apply for, or lookup, an NPI number at: <https://npiregistry.cms.hhs.gov/>. 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 [authorized](#) 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

1. **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) [website](#) or using the [CMS-855b form](#) (see Section 2 below). Enrollment fees are waived during the COVID-19 Public Health Emergency.


SECTION 2: IDENTIFYING INFORMATION

A. Type of Supplier

Check the appropriate box to identify the type of supplier you are enrolling as with Medicare. If you are more than one type of supplier, submit a separate application for each type. If you change the type of service that you provide (i.e., become a different supplier type), submit a new application.

Your organization must meet all Federal and State requirements for the type of supplier checked below.

TYPE OF SUPPLIER: (Check one only)

- | | |
|--|---|
| <input type="checkbox"/> Ambulance Service Supplier | <input type="checkbox"/> Mass Immunization (Roster Biller Only)  |
| <input type="checkbox"/> Ambulatory Surgical Center | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Clinic/Group Practice | <input type="checkbox"/> Physical/Occupational Therapy Group in Private Practice |
| <input type="checkbox"/> Hospital Department(s) | <input type="checkbox"/> Portable X-ray Supplier |
| <input type="checkbox"/> Independent Clinical Laboratory | <input type="checkbox"/> Radiation Therapy Center |
| <input type="checkbox"/> Independent Diagnostic Testing Facility | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Intensive Cardiac Rehabilitation | |
| <input type="checkbox"/> Mammography Center | |

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 new Provider Transaction Access Number (PTAN) for vaccine claims. Both supplier types, *Pharmacy* and *Mass Immunizer*, are able to submit claims for administering COVID-19 vaccine.

Medicare [payment rates](#) for COVID-19 vaccine administration will be \$28.39 to administer single-dose vaccines. For a COVID-19 vaccine requiring a series of 2 or more doses, the initial dose(s) administration payment rate will be \$16.94, and \$28.39 for the administration of the final dose in the series.

2. **Medicaid** – State Medicaid programs have significant discretion in determining vaccine administration reimbursement rates but all must provide [coverage](#) 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 COVID-19 vaccine administration, as well as conducting COVID-19 testing, will be covered for the uninsured through the [CARES Act \(P.L. 116-136\)](#). The U.S. Department of Health and Human Services (HHS) 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.
 - a. HRSA has contracted with UnitedHealth Group to be the sole administrator of the Uninsured Program for COVID-19. You will need a direct deposit/ACH account with Optum Pay. You can [sign in](#) with your Optum ID, or if you do not have an Optum account, you can create an [Optum ID](#).
 - b. Once you have an Optum ID, you will need to validate the facility's [Taxpayer Identification Number \(TIN\)](#), set up [Optum Pay Automated Clearing House \(ACH\)](#) (video walk through [here](#)), add [Provider roster](#) (video walkthrough [here](#)), add and [attest to patient](#) (video walkthrough [here](#)), and [submit claims](#) for reimbursement.
 - c. 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).

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** – the medical billing pathway is likely to rely on [CPT codes](#); a vaccine product code in combination with sequential administration codes. As of 12/10/2020, codes are only available for the Pfizer and Moderna 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

2. **Prescription billing pathway** – The [guidance](#) from NCPDP is not a mandate for PBMs, but many may implement the recommendations as published. Most of this can be entered in the drug file in your pharmacy management system.
 - a. One-dose COVID-19 vaccine: Use the actual liquid volume (e.g. 0.5 mL) for the Quantity Dispensed, a Days Supply of “1”, Professional Service Code “MA”, and Ingredient Cost of \$0.00 or \$0.01 (depending on the payer).
 - b. Two-dose COVID-19 vaccine: Use the actual liquid volume (e.g. 0.5 mL) for the Quantity Dispensed, a Days Supply of “1”, Professional Service Code “MA”, Ingredient Cost of \$0.00 or \$0.01 (depending on the payer), and the appropriate Submission Clarification Code (SCC) indicating which dose in the series as follows:
 - i. Initial Dose

Submission Clarification Code of 2 “Other Override” - defined as, “Used when authorized by the payer in business cases not currently addressed by other SCC values,” to indicate the first dose of a two-dose vaccine is being administered.
 - ii. Final Dose

Submission Clarification Code of 6 “Starter Dose” - defined as, “The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment,” to indicate the final dose of a two-dose vaccine is being administered.