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COVID-19 Vaccine and Administration Under Emergency Use Authorization

Applicable Lines of Business:

- ✓ Commercial - Health Maintenance Organization (HMO), Preferred Provider Option (PPO) and Point of Service (POS)
- ✓ Medicare Advantage - SecureCare HMO (includes the Dual Eligible Special Needs Plan [DSNP]) and SecureChoice PPO
- ✓ Mountain Health Trust (MHT) including WV Medicaid (Temporary Assistance for Needy Families [TANF], Expansion [WV Health Bridge] and Supplemental Security Income [SSI] populations) and West Virginia Children's Health Insurance Program (WVCHIP)
- ✓ Self-Funded/Administrative Services Only (ASO)
- ✓ West Virginia Public Insurance Agency (WV PEIA)

Applicable Claim Type:

- Dental
- ✓ Facility
- ✓ Pharmacy
- ✓ Professional

Definitions:

Term	Definition
Bureau for Medical Services (BMS)	BMS is the designated single state agency responsible for the administration of the State of West Virginia's Medicaid program.
Centers for Medicare and Medicaid Services (CMS)	A federal agency that provides health coverage to more than 100 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.
Children's	The Children's Health Insurance Program (CHIP) provides low-cost health coverage to

Health Insurance Program (CHIP)	children in families that earn too much money to qualify for Medicaid.
Claim Adjustment Reason Code (CARC)	A code used in medical billing to communicate a change or an adjustment in payment.
Coronavirus	A kind of common virus that causes an infection in the nose, sinuses, or upper throat.
COVID-19	Coronavirus disease 2019 (COVID-19) is an infectious respiratory illness caused by a virus called SARS-CoV-2.
Emergency Use Authorization (EUA)	An authority that allows the Food and Drug Administration (FDA) to help strengthen the nation's public health protections against chemical, biological, radiological and nuclear (CBRN) threats by facilitating the availability and use of medical counter measures (MCMs) needed during public health emergencies (PHE).
Federally Qualified Health Center (FQHC)	FQHCs are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid.
Medicare Administrative Contractor (MAC)	A Medicare Administrative Contractor (MAC) is a private health care insurer that has been awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries. They are the primary operational contact between the Medicare FFS program and the health care providers enrolled in the program.
Rural Health Clinic (RHC)	RHCs are rurally located medical clinics providing healthcare services to patients in underserved areas.

Policy Purpose:

The purpose of this policy is to address general payment guidelines related to COVID-19 vaccines and vaccine administration under an emergency use authorization (EUA) by the US Food and Drug Administration (FDA).

Policy Description:

This policy is applicable to in-network providers and facilities.

This policy originated on February 12, 2021 and became effective on March 12, 2021.

This policy also applies to out-of-network providers and facilities **for the duration of the COVID-19 public health emergency.**

During the EUA, the COVID-19 vaccine is paid through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

There is no member cost-sharing (such as a copay, coinsurance, or deductible) for Commercial, Medicare Advantage, Mountain Health Trust, Self-Funded/ASO or WV PEIA LOB, both during and after the public health emergency.

Vaccines are covered under both the medical and pharmacy benefits, meaning a member may receive the COVID-19 vaccine in a provider's office or in a pharmacy.

Commercial and WV PEIA Reimbursement Guidelines:

The COVID-19 vaccine and administration codes listed below are approved under the FDA's EUA for Commercial and WV PEIA members.

The **administration** cost of the vaccine by a provider is billable to, and reimbursable by, The Health Plan (THP) for the Commercial and WV PEIA lines of business (LOB).

Medicare Advantage Reimbursement Guidelines:

The COVID-19 vaccine and administration codes listed below are approved under the FDA's EUA for Medicare Advantage members.

Providers are advised **not** to bill THP for the vaccine or the administration of the vaccine to THP Medicare Advantage members.

For Calendar Years (CYs) 2020 and 2021, Medicare payment for the COVID-19 vaccine and its administration for beneficiaries enrolled in Medicare Advantage plans will be made through the original fee-for-service (FFS) Medicare program.

Providers are advised to submit claims for administering the COVID-19 vaccine to the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) using product-specific administration codes for each vaccine approved.

Medicare Advantage claims erroneously submitted to THP for reimbursement will deny FS (fee-for-service).

Providers may also see the Claim Adjustment Reason Code (CARC) listed below, when applicable, on their payment voucher.

Reason code:

109 - Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.

Mountain Health Trust (MHT) Reimbursement Guidelines:

The COVID-19 vaccine and administration codes listed below are approved under the FDA's EUA for MHT members.

Instructions for COVID-19 vaccine administration to MHT members in a provider's office:

Providers will bill THP for the administration of the product-specific vaccine when the COVID-19 vaccines are administered in a **provider's office**.

Instructions for COVID-19 vaccine administration to MHT members in a pharmacy:

Vaccines administered in a **pharmacy** will be covered under the member's FFS pharmacy benefit which is administered through the State of West Virginia's pharmacy vendor.

Providers are advised to bill FFS when the COVID-19 vaccines are administered at a pharmacy.

Pharmacy billing information is in the Bureau for Medical Services' (BMS) Provider Manual - Chapter 518 Pharmacy Services.

Self-Funded/ASO Reimbursement Guidelines:

The COVID-19 vaccine and administration codes listed below are approved under the FDA's EUA for Self-Funded/ASO members.

The **administration** cost of the vaccine by a provider is billable to, and reimbursable by, THP for the Self-Funded/ASO LOB once the employer group approves the claim.

Billing information

When COVID-19 vaccine doses are provided by the government without charge, only bill for the vaccine administration. Don't include the vaccine code on the claim form.

The provider must bill the product-specific vaccine administration code.

Billing the vaccine code when it is free to the provider, along with the administration code, will result in a line item denial with billing error (BE) as the reason code on the claim form. The vaccine administration code will be paid.

Vaccine administration codes are reimbursable at the rate per the provider's contract.

If a provider sees a member for the sole purpose of administering a vaccine they may not routinely bill for an evaluation and management (E&M) visit.

However, the provider can bill for an E&M service furnished on the same day as a vaccine when the provider performs a medically necessary and significant, separately identifiable E&M visit in addition to the vaccine administration.

Member cost-sharing will not apply if a provider performs a medically necessary E&M service on a patient that has come into the office for the primary purpose of getting a COVID-19 vaccine.

Providers furnishing these services on the same day should add modifier "25" to the E&M code to identify it as a medically necessary E&M service furnished on the same day that another service is furnished by the same physician or other supplier.

MHT Billing/Reimbursement for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs):

The provider will receive reimbursement for the vaccine administration only when the vaccine is free of charge to the provider.

When administering the vaccine, with no other service performed on the same date of service (DOS), bill the product-specific vaccine administration code from the table below on a HCFA 1500 professional claim form.

When performing any other encounter-related service on the same date of service as the vaccine administration, the provider will receive the applicable encounter rate plus the vaccine administration reimbursement.

To receive the encounter rate in addition to the vaccine administration on the same DOS, the provider is advised to bill:

- The encounter-related service on a hospital UB04 claim form
- The product-specific vaccine administration code on a HCFA 1500 professional claim form
 - Do not include the vaccine code on the claim when the vaccine is free to the provider

CPT codes for approved coronavirus vaccines:

Category 1 CPT Codes	Labeler Name	FDA EUA Approval Date	Description
91300	Pfizer	12.11.2020	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use.
91301	Moderna	12.18.2020	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use.
91303	Janssen (Johnson & Johnson)	02.27.2021	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use.

The following CPT code(s) do not have CMS/BMS approval and are not approved coronavirus vaccine(s):

91302	Astra Zeneca	TBD	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use
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Approved coronavirus product-specific vaccine administration codes:

Vaccine Administration Codes	Labeler Name	Description

0001A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose.
0002A	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose.
0011A	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose.
0012A	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose.
0031A	Janssen (Johnson & Johnson)	Immunization administration by intramuscular injection of SARS-CoV-2 (COVID-19) vaccine, DNA, spike protein, Ad26 vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, single dose.

The following CPT codes do not have CMS/BMS approval and are not approved coronavirus product-specific vaccine administration codes:

0021A	Astra Zeneca	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; first dose.
0022A	Astra Zeneca	second dose for the administration of vaccine 91302.

Additional Billing Information and Guidelines:

More billing information may be found in The Health Plan's Provider Manual located at healthplan.org "For Providers," "Resources."

References and Research Materials:

1. Toolkit on COVID-19 Vaccine: Health Insurance Issuers and Medicare Advantage Plans. Centers for Medicare and Medicaid Services. Available at: <https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>
2. COVID-19 Vaccines and Monoclonal Antibodies. Centers for Medicare and Medicaid Services. Available at: <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and->

Disclaimer:

This policy is intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefit design and other factors are considered in developing payment policies. This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgement. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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