

Last 10/16/2023
Approved
Effective 12/1/2023
Next Review 10/15/2024

Area Provider Payment
Policies

Lines Of All Lines of
Business

Business

COVID-19 Vaccine and Administration

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 Health Insurance	The Children's Health Insurance Program (CHIP) provides low-cost

Program (CHIP)	health coverage to 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.
Public Health Emergency (PHE)	A PHE may be declared by the Secretary of the Department of Health and Human Services (HHS) when it is determined that:
	 A. a disease or disorder presents a public health emergency (PHE); or
	B. that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists.
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 as defined by The Health Plan (THP), the Centers for Medicare and Medicaid Services (CMS) and the Bureau for Medical Services (BMS) after the end of the Public Health Emergency on May 11, 2023.

Policy Description:

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

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.

The COVID-19 vaccine and administration codes listed below either have full FDA approval or are approved under the FDA's EUA.

Commercial, Self-Funded/ASO, and WV PEIA Reimbursement Guidelines:

COVID-19 Vaccines will be covered with no member cost sharing for vaccines administered by both inand out-of-network providers.

The <u>administration</u> cost of the vaccine by a provider is billable to, and reimbursable by, The Health Plan (THP) for the Commercial, Self-Funded/ASO, and WV PEIA lines of business (LOB).

Medicare Advantage Reimbursement Guidelines:

COVID-19 Vaccines will be covered with no member cost sharing for vaccines administered by both inand out-of-network providers.

The <u>administration</u> cost of the vaccine by a provider is billable to, and reimbursable by, The Health Plan (THP) for the Medicare Advantage LOB.

Mountain Health Trust (MHT) Reimbursement Guidelines:

As a result of the American Rescue Plan Act of 2021 (ARPA), states must provide Medicaid and CHIP coverage without cost sharing for COVID-19 vaccinations, testing, and treatments through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 PHE. If the COVID-19 PHE ends as expected on May 11, 2023, this coverage requirement will end on September 30, 2024.

After that date, many Medicaid and CHIP enrollees will continue to have coverage for COVID19 vaccinations.

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 **<u>pharmacy</u>** 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.

The Provider Manual may be accessed at: https://dhhr.wv.gov/bms/Pages/Manuals.aspx.

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.

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.

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

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:

Note: Approval of a vaccine and its related codes by CMS and the FDA does not guarantee coverage by WV Medicaid/WVCHIP. Providers should contact THP Customer Service to confirm coverage of codes.

Category 1 CPT Codes	Labeler Name	FDA EUA Approval Date	Description
90480	N/A	9.11.2023	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
91304	Novavax	07.13.2022	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
91318	Pfizer	9.11.2023	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use
91319	Pfizer	9.11.2023	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use
91320	Pfizer	9.11.2023	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
91321	Moderna	9.11.2023	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use

91322	Moderna	9.11.2023	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use
			de(s) do not have FDA/CMS/BMS pproved 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

Approved coronavirus product-specific vaccine administration codes:

Note: Approval of a vaccine and its related codes by CMS and the FDA does not guarantee coverage by WV Medicaid/WVCHIP. Providers should contact THP Customer Service to confirm coverage of codes.

Vaccine Administration Codes	Labeler Name	Description
0041A	Novavax	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose
0042A	Novavax	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose
0044A	Novavax	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage Booster
M0201	N/A	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home

The following CPT codes do not have FDA/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	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, 5x1010 viral particles/0.5mL dosage; second dose

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."

Review/Revision History:

	Date	Action
Policy Issue Date	3/12/2021	
Date Revised	09/13/2021	Removed "Under Emergency Use Authorization" from the policy's title.
	09/13/2021	Added the term "Public Health Emergency (PHE)" and definition under the "Definitions" section.
	09/13/2021	Removed "under an emergency use authorization (EUA) by the US Food and Drug Administration (FDA)" from the first sentence under "Policy Purpose."
	09/13/2021	Changed the first sentence under "Policy Description" to "This policy became effective on March 12, 2021 and was revised September 13, 2021."
	09/13/2021	Added the statement "either have full FDA approval or" under the "Commercial and WV PEIA", the "Medicare Advantage", the MHT and the ASO/Self-Funded Reimbursement Guidelines sections.
	09/13/2021	Changed the word "beneficiaries" to "members" under the Medicare Advantage Reimbursement Guidelines section.
	09/13/2021	Added the sentence "The Provider Manual may be accessed at: https://dhhr.wv.gov/bms/Pages/Manuals.aspx " under the subheading "Instructions for COVID-19 vaccine administration to MHT

	members in a pharmacy."
09/13/2021	Added "Full FDA approval granted 08.23.21" under CPT code 91300 in the "Billing" subsection "CPT codes for approved coronavirus vaccines."
09/13/2021	Added vaccine administration code 0003A and the description for the third dose Pfizer vaccine under "Approved coronavirus product-specific vaccine administration codes" table.
09/13/2021	Added vaccine administration code 0013A and the description for the third dose Moderna vaccine under "Approved coronavirus product-specific vaccine administration codes" table.
11.22.2021	Changed revised date to November 22, 2021 under "Policy Description."
11.22.2021	Added vaccine codes 91306 and 91307 and their descriptions to the table titled "CPT codes for approved coronavirus vaccines."
11.22.2021	Added vaccine administration codes 0034A, 0064A, 0071A and 0072A and their descriptions under the "Approved coronavirus product-specific vaccine administration codes" table.
12.6.21	Removed the following statements from the "Medicare Advantage Reimbursement Guidelines" section:
	 Providers are advised <u>not</u> 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 members 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.
12.6.21	Added the statements below to the "Medicare Advantage Reimbursement Guidelines" section:
	 Effective January 1, 2022, The <u>administration</u> cost of the vaccine by a provider is billable to, and reimbursable by, The

		Health Plan (THP) for the Medicare Advantage LOB.
		 See the "Review/Revision History" section of the policy under revised date 12.6.21 for information on billing vaccine administration to Medicare Advantage members prior to January 1, 2022.
Annual Review	July 11, 2022	Added CPT codes 91304, 91305, 91308, 91311, and 91309. Added vaccine administration codes 0004A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, and 0113A. Reviewed and updated references.
Revision	November 23, 2022	Added CPT codes 91312, 91313, 91314, and 91315. Added vaccine administration codes 0044A, 0124A, 0134A, 0144A, and 0154A. Updated description for 0022A. Updated references.
Annual Review	March 7, 2023	Updated policy to include guidelines for vaccines at the end of the PHE: Combined the commercial, self-funded/ASO, and WV PEIA sections. No cost charing for in-network, and with cost sharing for out-of-network providers for commercial, self-funded/ASO, and WV PEIA. No cost sharing both in- and out-of-network for MA members. MHT members will continue to receive vaccines with no cost sharing through September 30, 2024 per ARPA. Moved "The COVID-19 vaccine and administration codes listed below either have full FDA approval or are approved under the FDA's EUA" to the Policy Description section and removed this statement from each individual LOB section. Updated references and formatting. Added codes 91316, 91317, 0164A, 0173A, and M0201.
Revision	May 31, 2023	Revised Commercial, Self-Funded/ASO, and WV PEIA guidelines: Changed from cost-sharing for out-of-network providers to NO cost charing for both in- and out-of-network providers.
Revision	September 27, 2023	Updated references. Removed the following CPT codes as these related vaccines are no longer FDA approved and/or have been deleted: • Janssen:0031A, 0034A, and 91303
		 Moderna: 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 91301, 91306, 91309, 91311, 91314, 91316, 0144A, 0164A
		 Pfizer: 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 91300, 91305, 91307, 91308, 91312, 91313, 91315, 91317, 0124A, 0134A, 0154A, 0173A
		Added the following codes: 90480, 91318, 91319, 91320, 91321, 91322.

References and Research Materials:

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Centers for Medicare and Medicaid (CMS). MLNConnects 2023-09-14-OCE. COVID-19: Updated mRNA

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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 judgment. 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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All Revision Dates

10/16/2023, 6/13/2023, 3/31/2023, 1/10/2023, 9/13/2022, 12/30/2021, 9/24/2021, 3/9/2021, 2/18/2021

Attachments

COVID-19-toolkit-issuers-MA-plans.pdf

FDA Approves First COVID-19 Vaccine News Release.pdf

medicare-part-b-drug-average-sales.pdf