COVID-19 Vaccine Billing and Reimbursement

NCPA will update this document during the COVID-19 public health emergency. 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 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: 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. This authorization also extends to COVID-19 testing and childhood vaccines until October 1, 2024.

Reimbursement

1. Medicare

   a. Medicare patients enrolled in a stand-alone Part D Prescription Drug Plan (PDP) will have coverage under the Part B benefit
   b. ***NEW in 2022*** Medicare patients enrolled in a Medicare Advantage plan or Medicare-Medicaid plan may have COVID-19 vaccine administration fee coverage on the prescription and/or medical benefit, as determined by the plan. CMS does not require managed care plans to cover out-of-network providers unless the MAPD plan has an out-of-network benefit. Out-of-network vaccine providers have the option of referring the patient to an in-network vaccine provider or administering the vaccine, at no cost to the patient, and submitting a claim to the HRSA Coverage Assistance Fund if additional funds are authorized by Congress (see “UNDERinsured” section below).

Pharmacies may send an E1 eligibility check to the Part D Facilitator to obtain a patient’s Medicare coverage information. (Part D Eligibility Search IIN/BIN 011727 PCN 2222222222 using the patient’s Social Security Number as the Member ID)

- If the first digit in the Contract ID field is “S” the patient has a PDP plan; submit COVID-19 vaccine administration fee claims to Part B.
- If the first digit in the Contract ID field is “H”, “R”, or “E” the plan determines how claims are submitted
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.

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. If a prescription claim doesn’t process as expected research the steps to submit a medical claim to the health plan; some have online portals while others require an EDI 837 (see “Medical Billing Pathway” below).

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As of the date in the footer, the HRSA Uninsured Program and Coverage Assistance Fund require additional funding to be authorized by Congress. The deadline to submit claims, which will only be paid if funds are available, is April 5, 2022 at 11:59 p.m. ET.

4. **UNinsured** (see #5 for patients with insurance that has a copay or underpayment).
   The HRSA Uninsured Program functions like a medical benefit and must be billed via the medical pathway to UnitedHealthcare. Claims billed to OptumRx (the PBM) will be rejected. Go to the [HRSA COVID-19 Claims Reimbursement page](#) to get started. There is a helpful FAQ, including a section specifically for pharmacies. It may take up to 5-10 business days before the pharmacy may begin requesting temporary member IDs.

HHS has underscored that patients do not need ID or an SSN to get COVID-19 vaccine. If a patient does not have an SSN or government-issued ID you can attest that you attempted to get the information and still request a temporary member ID. Allow 24-48 hours for the temporary member ID to be added to the portal.

**Note:** temporary member IDs are valid for 120 days, you may need to request a new temporary member ID for booster shot claims.

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)
5. **UNDERinsured** — The COVID-19 Coverage Assistance Fund (CAF) to covers the costs of administering COVID-19 vaccines to patients whose health insurance does not cover vaccine administration fees, or does but typically has patient copay/cost-sharing. After submitting a claim(s) for COVID-19 vaccine administration fees to a payer, any difference between what a PBM paid for COVID-19 vaccine administration and the Medicare rate (including incentive for home visits after 6/8/21) can be submitted to the Coverage Assistance Fund. You must enroll in the program through the HRSA-CAF Portal, agree to the Terms and Conditions, including accepting defined program reimbursement as payment in full and agreeing not to balance bill the patient, and also verify no other third-party payer will reimburse for vaccine administration fees for that patient encounter in order to receive payment via direct deposit. Claims are accepted via clearinghouses or through electronic or manual submissions via the CAF Portal. Please refer to the CAF Portal Provider Guide and a recording of a webcast that provides information such as enrolling as a provider participant, submitting patient information, submitting claims, and receiving payment via direct deposit—they are helpful.

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

a. You have submitted a vaccine administration claim to the patient’s health care plan and confirmed that the patient has a health plan that either does not include COVID-19 vaccine administration as a covered benefit or covers COVID-19 vaccination but with cost-sharing. (Certain health plans are not required to provide coverage of qualifying coronavirus preventative services, including recommended COVID-19 vaccines and their administration, without cost-sharing under section 3203 of the CARES Act. Examples include grandfathered health plans, excepted benefits, or short-term limited duration insurance plans.)

b. You have verified that no other payer will reimburse you for COVID-19 vaccine administration fees for that patient, or other patient charges related to COVID-19 vaccination, including co-payments for vaccine administration, deductibles for vaccine administration, and co-insurance.

c. You accept defined program reimbursement as payment in full.

d. You agree not to balance bill the patient

e. You agree to program terms and conditions (with the potential of post-reimbursement audit review)
**Billing codes**

1. **Medical billing pathway** – Most pharmacies using the medical pathway will need to use a medical billing intermediary (e.g. OmniSys, FDS, EBS, Change Healthcare). The medical billing intermediary translates a prescription claim into a medical claim. For reference, the CPT codes for COVID-19 vaccine product and administration are available [here](#). Talk to your medical billing intermediary about submitting claims for Medicare Part B (including the [home visit payment](#)), health plan medical benefits, and the HRSA uninsured program.

2. **Prescription billing pathway** – Pharmacies using the prescription pathway use the dispensing system to submit a claim to a PBM. This [guidance](#) 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. Submit Days Supply of “1”
   d. Professional Service Code “MA”
   e. Incentive Amount Submitted field should have the administration fee
   f. Ingredient Cost of $0.00 or $0.01 (depending on the payer)
   g. Use a submission clarification code to indicate which dose
      
      i. First dose = SCC 2
      ii. Second dose or Single dose = SCC 6
      iii. Third dose (for targeted populations) = SCC 7
      iv. Booster dose = SCC 10 (some PBMs may temporarily require SCC 7 and SCC 10 to be submitted together) **NOTE:** It is expected that SCC 10 will be used on claims for any booster dose (first, second, etc.)

3. **Re-issuing vaccine cards** - If a vaccine provider sees in the IIS, prescription profile, or patient medical record that a patient received COVID vaccines, they can re-issue a completed vaccine card if a patient lost their vaccine card.