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.

Monovalent and bivalent vaccine products

Visit the CDC vaccine provider support page for up-to-date recommendations on administering the monovalent and bivalent vaccine products. Contact your Federal Retail Pharmacy Program (FRPP) coordinator, health department vaccine manager, or NCPA with questions. When submitting a claim for a booster dose, check to be sure that the submitted NDC and Submission Clarification Code are accurate.

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. As of the date in the footer, the HRSA Coverage Assistance Fund is depleted.

   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).

==As of the date in the footer, funds for HRSA programs that covered un- and under-insured patients are exhausted and would require additional funding to be authorized by Congress.==

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. Refer to== the [CDC vaccine provider support page](#) for up-to-date recommendations on administering patient populations eligible for the monovalent and bivalent vaccine products.

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. If a vaccine card is full, vaccine providers should start a new card and staple the cards together.