Billing Guide
COVID-19 Vaccine Administration Fee

Purpose: This Billing Guide is intended to help community pharmacies understand a practical approach to billing for the COVID-19 Vaccine Administration Fee.

REMINDERS

You must not sell or seek reimbursement for COVID-19 Vaccine or any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides at no cost to you. Therefore, this billing guide **only provides guidance around billing insurance or HRSA for the vaccine administration fee**.

Providers that receive the COVID-19 vaccine free from the federal government are prohibited from seeking reimbursement from consumers for vaccine administration costs – including through cost sharing or balance billing. Therefore, **you cannot charge the patient for the vaccine or administration**.

You must administer the COVID-19 Vaccine regardless of the vaccine recipient's ability to pay COVID-19 Vaccine administration fees. Therefore, **you must administer the vaccine even if you are not able to bill for it**. This guide will walk you through the various billing methods and considerations so that you can be best prepared to get paid for your services.[CMS]

Disclaimer: These considerations are intended to be illustrative of general applicability and based on information available at the time of publication.

BILLING BASICS

The Billing Overview Table provides a brief overview of the types of claims for COVID-19 Vaccine Administration Fees and the respective "payer."

Billing Overview Table			
	Medical Benefit Claim	**Pharmacy Benefit Claim**	**Other**
Medicare	Part B		
Medicaid	Some	Some	
Commercial	Some	Some	
Uninsured			CARES Act Funding distributed by HRSA via Optum Pay

WHICH BENEFIT ARE YOU BILLING?

1. Pharmacy Benefit via the Pharmacy Benefits Manager (PBM)

    a. This is the traditional pharmacy billing method for most vaccines.

    b. Uses your existing pharmacy management system.

2. Medical Benefit

    a. This is the method a pharmacy would use for billing Medicare Part B for influenza and pneumococcal vaccines.

       i. May use your existing pharmacy management system via medical billing intermediary or may use a separate platform.

    b. Some pharmacies may have the capabilities to bill medical for commercial insurance vaccine claims.

       i. Typically billed through a separate platform/technology solution from a medical billing intermediary.

WHO ARE THE PAYERS?

1. **Medicare (Part B and Advantage Plans*)**
   a. *Which benefit are you billing?*
      i. *Medical* – must be enrolled and have medical billing capabilities
      ii. Bill Medicare Fee for Service (Part B) for all Medicare patients *even those with Medicare Advantage Plans*^{CMS Toolkit}
      iii. Process to sign up
         1. You can be enrolled as a **pharmacy** or a **mass immunizer** to bill for COVID Vaccine
            A. For more information check the **COVID Best Practices Website** or used the expedited process described in the **APhA Document**
            B. It doesn't matter which enrollment type you have for COVID-19 Vaccines but enrolling as a **pharmacy** is preferred for future medical billing of services

2. **Medicaid**
   a. *Which benefit are you billing?*
      i. *Pharmacy or Medical* – dependent on your state
   b. Refer to this **CHART** compiled by local CPESN Network Facilitators for more state specific information.

3. **Commercial**
   a. *Which benefit are you billing?*
      i. *Pharmacy* – dependent on the plan
         AND/OR
      ii. *Medical* – dependent on the plan
         1. Must be contracted* and have medical billing capabilities
            A. *Note: Just because you have signed up with a medical billing intermediary and have medical billing capabilities, it does not mean that you are contracted to bill the medical benefit. Each plan requires an individual contract similar to the pharmacy benefit. Future change packages will provide more information about medical contracting.*
   b. How do you know/decide which benefit to bill?
      i. **See below for more information on decision making as it relates to PBM versus medical billing for commercial insurers.**

4. **Uninsured**
   a. This route of billing is unique to uninsured patients. HRSA has contracted with UnitedHealth Group to be the sole administrator of the Uninsured Program for COVID-19.
   b. Bill through **Optum Pay** (Register **HERE** if you have not already.)
      *Different than OptumRx
      i. Must be enrolled as a provider participant
      ii. Review page 2 of **NCPA's Document** for guidance on how to enroll

WHAT ARE THE PAYMENT RATES?

Medicare

- Single-dose vaccine administration = $28.39
- Series of 2 or more doses administration:
    - Initial dose(s) = $16.94
    - Final dose = $28.39
- These rates recognize the costs involved in administering the vaccine, including the additional resources involved with required public health reporting, conducting important outreach and patient education, and spending additional time with patients answering any questions they may have about the vaccine. **These rates will also be geographically adjusted** so your reimbursement rate may not be that exact amount but should be close.

Medicaid & Commercial

- State and plan dependent, but should be fair based on the suggested Medicare rates.

WHO IS ORDERING THE VACCINE?

1. If you are operating under a physician protocol, use the ordering physician's NPI for billing.
2. If the pharmacist is ordering the vaccine (as allowed by your state or the PREP Act), use the ordering pharmacist's NPI for billing.
    - Note: The ordering pharmacist needs to have a Type 1 NPI specific to them as an individual provider. This is different than your pharmacy's Type 2 NPI, specific to the organization.
    - **If you don't have a Type 1 NPI, apply here.**

BILLING AND PRACTICE IMPLEMENTATION CONSIDERATIONS

UNDERSTAND YOUR PHARMACY'S BILLING CAPABILITIES

Pharmacy benefit via Pharmacy Benefit Manager (PBM) and/or Medical Benefit

PBM: You most likely have the **technology** and **contracts** to bill through the PBM and are most comfortable with this type of billing in your workflow.

- Generally speaking, you will have 90 days to bill the PBM for the vaccine administration fee (*this is based on your contracts*). Ideally, you want to bill right away, but if you try to bill medical first and the claim is not covered, you may be able to go back to bill the PBM.

Medical: You likely have the **technology** to bill the medical benefit if you are currently billing Medicare Part B for immunizations.

- Options: **Medicare**, **Commercial** (some), **Medicaid** (some)
- If you do not have this capability, you need a technology solution (i.e., a medical billing intermediary) and contracts.

<u>MEDICAL BILLING INTERMEDIARY OPTIONS IN THE MARKETPLACE</u>

Change Healthcare   **FDS**

EBS   **OmniSYS**

Click [HERE](#) to view the LIVE Google Excel File* that contains the most recent submissions from medical billing intermediaries (and other technology partners) about their capabilities.

*Column K states if the intermediary has the ability to bill for COVID-19 Vaccine Administration Fees

Disclaimers: This data was collected from technology solution partners via an electronic survey and is based on vendor self-report, without additional validation by CPESN USA.

- Contact the technology partner for clarification about pricing.
- *Note: Some of the survey responses are by pharmacy management systems that have integrated with medical billing intermediaries.*

An important point to keep in mind with medical billing: contracts or additional enrollments are needed (including some contracts for Medicare, Medicaid and Commercial billing).

- If you are not enrolled as a Medicare provider, sign up!
  - Pharmacies can enroll as a Medicare provider and obtain a pharmacy or mass immunizer PTAN (Provider Transaction Access Number) via an *expedited 24-hour process* or via the submission of an 855B application making this a practical option if you are just getting started with medical billing. **[APhA Document](#)**, **[COVID Best Practices Website](#)**

- **Do you have additional medical contracts in place (i.e., commercial payers)?**
  - If yes, great! Try billing medical before the PBM. (This may limit exposure to potential PBM fees [even though PBMs should not be assessing fees for vaccine administration] and medical billing for services is the future of pharmacy!)
  - If not, this may not be a practical billing option immediately as the contracting and credentialing take time (~months). We will be providing more information and resources for medical contracting and billing in upcoming change packages.
    - Note: You may be able to bill medical out of network *without a contract*. Your medical billing intermediary should be able to provide more information on this process.

How do you know if you need to add additional billing capabilities?

- Consider your patient population. What is your mix of Medicare, Medicaid, Commercial, and Uninsured? If you don't have the billing capabilities in place (technology or contracts) for a group that is a significant percentage of your business, consider adding it right away if practical.
  - If you are not sure of your patient mix, you can analyze your fill history reports from the last year to get an idea of your pharmacy's breakdown.
- Anticipate that you will have new patients coming to your pharmacy for the vaccine. What does the patient mix look like in your general geographical area?

REQUIRED INFORMATION FROM THE PATIENT FOR BILLING

WHAT DO YOU NEED FROM THE PATIENT?

MEDICARE PATIENTS: Get their **Medicare Part B card (red, white and blue card)** *even if they have a Medicare Advantage (MA) plan*.

- Medicare beneficiaries enrolled in MA plans will receive coverage of the COVID-19 vaccine and its administration through the Medicare FFS program. **APhA Document**, **CMS Toolkit**

FOR ALL OTHERS: Get their **pharmacy** *and* **medical card**. This way you will be prepared to bill either benefit.

- Note: 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. **NCPA Document**

We recommend documenting the patient's **social security number** as well. This will assist you with insurance eligibility checks when necessary and is needed to bill for the uninsured (HRSA via Optum Pay).

WORKFLOW CONSIDERATIONS FOR BILLING

1. If using the **appointment-based model**:
   - We recommend using a HIPAA compliant scheduling platform that allows you to gather intake forms and insurance information ahead of time.

     ➡ **Check [HERE](#) to review several available options.**

   - These vaccines can be billed prior to the appointment.
     - If billing before the day of the appointment, you can run a test claim through the PBM if it is easiest in your workflow to verify reimbursement. However, we recommend then reversing and future filling to the actual date of service. You can leave in your queue until the appointment to ensure you don't accidentally bill for any no shows.

2. If vaccinating in a **clinic** setting:
   - These vaccines can also be billed prior to the clinic. Consider utilizing your scheduling platform for clinics too. Collect as much information as you can beforehand and confirm your list of patients the day of the clinic with your onsite contact (administrator, HR, etc.) to ensure proper billing.
   - Or, you can bill for these services retroactively (i.e. tech does data entry and billing after the clinic). If doing an onsite clinic for a group that has the same insurance, run a test claim before the clinic to resolve any issues ahead of time.
     - We recommend billing as timely as possible but recognize that you may not be able to bill the day of a clinic. Ensure that you are using the correct date of service (date vaccine was administered) when going back to bill. Generally, you have 90 days to bill the PBM and 120 days to bill medical. *However, this may vary based on your individual contract(s).*

3. If vaccinating **walk-ins**:
   - ■ Depending on the volume of walk-ins, the best practice would be to bill during your normal workflow process like any other vaccine.
   - ■ If the volume of walk-ins is too overwhelming, consider moving to the appointment-based model. In the meantime, you can retroactively bill since you won't be charging the patient a copay regardless of coverage
     - ● It may be difficult to reach the patient for any additional information you may need if you run into a billing issue. If you plan to retroactively bill, make sure to confirm the **phone number** you have for the patient.

CONSIDERATIONS FOR BILLING THE PBM OR MEDICAL BENEFIT FOR COMMERCIAL PLANS

Billing the PBM first is likely the most practical process if the reimbursement is fair.

WHAT IF YOU BILL THE PBM AND GET A REJECTION?
- ■ First, call the help desk to troubleshoot. Because of some of the billing nuances with the vaccine administration it may be an easy fix.
- ■ If the vaccine is truly is not covered under the pharmacy benefit or the claim says you are out of network, you have a couple of options:
  - ● Bill the medical benefit if possible.
  - ● Fill out the NCPA form, link below in the yellow box.

WHAT IF THE PBM REIMBURSEMENT RATE IS NOT FAIR?
- ■ Bill the medical benefit if possible. (Keep in mind that you generally have 90 days to submit a pharmacy claim if medical billing is unsuccessful.)
- ■ Fill out the NCPA form, link below in the yellow box.

NCPA has developed a new tool for pharmacies to report issues with the medical benefit or prescription (PBM) benefit claims.

➡ **Click HERE to access and report your issue.**

These reports will be monitored and aggregated to identify systematic issues being faced by pharmacies across the country as they serve their patients and communities.

NCPA appreciates the input and collaboration from APhA and state pharmacy associations on this effort.

Note: The general recommendation for billing has been to bill the medical benefit first if you are capable. We need to continue expanding our billing capabilities and vaccine administration is a point of entry to medical billing, which we believe will be the future of community pharmacies billing for services. There have also been some concerns of PBMs trying to charge fees when billing the pharmacy benefit. Fees should not be assessed by PBMs, and billing the medical benefit is one way to circumvent that potential issue. However, we recognize that billing the PBM is likely the most practical approach that fits into your current workflow. We still feel you should be sure to pursue medical billing capabilities if you don't have them currently.

WHAT IF YOU HAVE MEDICAL BILLING CAPABILITIES (CURRENTLY BILLING MEDICARE PART B), BUT HAVE NOT PURSUED COMMERCIAL MEDICAL BILLING IN THE PAST?

- Reach out to your medical billing intermediary and ask about your options for commercial out of network medical billing. You have the technology to bill, but you likely don't have the contracts. Since plans are required to reimburse in network and out of network vaccine providers for administering the COVID-19 vaccine, you may be able to pursue that option on the medical side.

BUSINESS PLANNING CONSIDERATIONS

Q: What is your payer mix? Do you have the appropriate billing mechanisms in place for these payers?

A: If not, pursue necessary billing mechanisms if practical.

Q: What is your community outreach plan for once you have the vaccine?

A: Consider running test claims or calling the plans of your local health systems, schools, and businesses to determine any billing issues ahead of your outreach. Leverage your local relationships to resolve any issues where possible. Example: You only have PBM billing capabilities, but a local employer's administration fee is covered under the medical benefit. You might be able to discuss with the employer and have the plan allow billing under the pharmacy benefit. Or if they are self-insured, you may also be able to set up a direct pay relationship (CPESN USA can assist with this type of contracting).

Q: If you are billing through various platforms, what mechanisms do you have in place to ensure you were paid appropriately and streamline your reconciliation process?

A: SME TIP – All vaccines should be processed through your pharmacy management system. Consider creating a non-adjudicating "plan" in your system to track non-PBM claims. Do this for uninsured and medical (if billing in a different platform/integration not available). You can then run a report on a weekly basis to make sure these non-PBM claims were billed appropriately and reconcile payments.

Q: How are you handling rejected claims during normal workflow?

A: If a rejected claim cannot be easily resolved, consider leaving it in your rejected queue or however is easiest for your staff to remember to come back to address. If you process and zero out the claim, you may forget to follow up and miss out on the payment opportunity.

Q: Who is in charge of billing and troubleshooting?

A: If you don't have a billing specialist, consider assigning this role to a technician or other support staff to ensure billing is completed in a timely manner, and there is consistency in follow up of unpaid claims.

A CPESN PHARMACY'S TIP ON BILLING PROCESSES

ONE PROCESS FOR COVID VACCINE BILLING IS AS FOLLOWS:

1. Request that the patient use the pharmacy's online scheduling and intake form.

2. As feasible, try to complete billing during workflow downtime.

3. Billing of various payers:

    a. **Medicare** – regardless of plan (Part B or Advantage Plan), bill to Part B through medical billing intermediary via pharmacy management system.

    b. **Commercial & Medicaid** – bill PBM first since we don't have medical contracts in place

        i. If rejected:

            1. Call help desk to try to resolve.

            2. If unsuccessful, process through non-adjudicating medical "plan".

            3. Run weekly report of outstanding medical claims. Group claims by payer and assess possibility of out of network medical billing with medical billing intermediary.

            4. If possible, submit for medical billing.

                a. Run an additional report on at least a monthly basis for payment reconciliation.

            5. If not possible, zero out in system under "cash plan" or other mechanism to ensure proper accounting.

    c. **Uninsured** – process through non-adjudicating uninsured "plan." Depending on the volume of claims, run a daily or weekly report and upload patient roster to OptumPay to submit claims.

        i. Run an additional report on at least a monthly basis for payment reconciliation.

BILLING CHEAT SHEET

PBM BILLING

Consider printing this section for your data entry workstations. (Only for billing the administration fee.) For more information, refer to the NCPDP Guidance Document.

Vaccine	NDC	Quantity	Days Supply
Pfizer	59267-1000-01	0.3 mL	1
Moderna	80777-0273-10	0.5 mL	1

NCPDP Field#	NCPDP Field Name	Vaccine Administration Processing Information
409-D9	Ingredient Cost	$0.00 (or $0.01)
423-DN	Basis of Cost Determination	15 (free product or no associated cost)
405-E5	Professional Service Code	MA (Medication Administration)
438-E3	Incentive Amount	$16.94 (1st dose) or $28.39 (2nd dose)*
420-DK**	Submission Clarification Code (SCC)	Initial Dose: 02 Final Dose: 06

*For ease of submission, you may want to set your dispensing fee to >$28.39 or if your system allows, create a pricing rule specific to each dose.
**Not required for single dose vaccines.

MEDICAL BILLING

Vaccine	CPT Code	Administration Code
Pfizer Dose 1	91300	0001A
Pfizer Dose 2	91300	0002A
Moderna Dose 1	91301	0011A
Moderna Dose 2	91301	0012A

For the most up to date information on medical billing codes for vaccines view APhA's website and/or click HERE to view details on CMS's website.

REFERENCES

APhA's Reimbursement for Administration of COVID-19 Vaccine(s) – What We Know: Click **HERE**.

NCPA's COVID-19 Vaccine Billing and Reimbursement: Click **HERE**.

NCPDP Emergency Preparedness Guidance – COVID-19 Vaccines: Click **HERE**.

CPESN COVID-19 Vaccines Best Practices (Infrastructure or Billing tab): Click **HERE**.

CMS Toolkit on COVID-19 Vaccine: Health Insurances and Medicare Advantage Plans: Click **HERE**.

CMS Enrollment for Billing COVID-19 Vaccine Shots: Click **HERE**.