



COVID-19 Vaccine Administration Billing Guidelines

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COVID-19 Vaccine Administration

THE OHIO DEPARTMENT OF MEDICAID

The Ohio Department of Medicaid (ODM) has been working closely with the Ohio Department of Health (ODH) to provide uniform information regarding the COVID-19 vaccine and its distribution to Ohioans. These guidelines are being provided to assist eligible enrolled providers with billing for administering the vaccine to Medicaid covered individuals.

Providers of vaccine administration must enroll as an Ohio Medicaid provider to receive payment from our programs. The provider enrollment application can be completed online here:

<https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx>. Questions about Ohio Medicaid provider enrollment, including checking on the status of an application, can be directed to 1-800-686-1516. After dialing this number, follow the prompts for Provider Enrollment.

Coverage for administration of the COVID-19 vaccine is similar to existing vaccine administration services billed to Medicaid. Since the federal government is covering the full cost of the COVID-19 vaccine at this time, providers will not receive Medicaid payment for the vaccine itself. While providers will not receive payment for the vaccine product, they may still be required to report it on claims. Please refer to provider-specific instructions contained in this document for claim requirements. Once federally purchased doses are exhausted and providers need to purchase the vaccine on their own, ODM will reimburse for the vaccine product in addition to the administration.

For the duration of the public health emergency (PHE), Medicaid fee-for-service (FFS) and the Medicaid managed care plans (MCPs) will cover vaccine administration services with no cost-sharing responsibility for covered individuals. For members enrolled in an MCP, vaccine administration services must be billed to the MCP. To the greatest extent possible, Medicaid's FFS and MCP programs are aligning billing requirements for vaccine administration. For questions concerning managed care claim submission, providers should contact the appropriate MCP using the contact information provided below.

For members enrolled in a MyCare Ohio Plan (MCOP), the Centers for Medicare and Medicaid Services (CMS) will process all claims for payment for vaccine administration services under Part B original Medicare. (For more information, please visit <https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>)

Information concerning ODM's response to COVID-19 will continue to be updated on our website: <https://medicaid.ohio.gov/FOR-OHIOANS/COVID-19-Emergency-Actions>.

COVID-19 Vaccine Services				
Manufacturer	Effective Date	Procedure Code	Description	Payment rate*
Pfizer For individuals 16 and older	12/11/2020	91300	Vaccine	\$0.01
	12/11/2020	0001A	Administration of first dose	\$16.94
	12/11/2020	0002A	Administration of second dose	\$28.39
Moderna For individuals 18 and older	12/18/2020	91301	Vaccine	\$0.01
	12/18/2020	0011A	Administration of first dose	\$16.94
	12/18/2020	0012A	Administration of second dose	\$28.39

*Payment rate differs for ASC, FQHC, and RHC providers

Managed Care

For the duration of the PHE, Medicaid FFS and managed care will cover vaccine administration at the rates set by Medicare with no cost-sharing. Medicaid managed care plans will cover vaccine administration for both in- and out-of-network providers as long as the provider is enrolled with ODM and bills in accordance with these guidelines.

As stated above, Medicare Part B is covering vaccine administration for MyCare members. More information is available on CMS' website: <https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>.

In most instances, managed care billing guidelines align with those for FFS outlined in subsequent sections. Please contact the MCPs directly for claim submission questions.

Contact the MCP directly for claim submission questions:	
Buckeye	866-296-8731 https://www.buckeyehealthplan.com/providers/resources.html
CareSource	800-488-0134 https://www.caresource.com/oh/providers/provider-portal/medicaid/
Molina	855-322-4079 https://www.molinahealthcare.com/providers/oh/medicaid/Pages/home.aspx
Paramount (MCP only)	800-891-2542 https://www.paramounthealthcare.com/services/providers/
United Health Care	800-600-9007 https://www.uhcprovider.com/en/health-plans-by-state/ohio-health-plans/oh-comm-plan-home.html?rfid=UHCCP

Professional Claims

Professional FFS claims should be submitted with the vaccine product code along with the administration code that corresponds with the vaccine provided. Since MITS cannot accept a detail on a claim with \$0.00 line charges, the line detail with the vaccine code should be submitted with \$.01 charge; it will be reimbursed at \$.01. The rate paid and procedure codes for the vaccine administration is provided in the COVID-19 Vaccine Services table above.

More information about the COVID-19 CPT vaccine and immunization codes can be found here:

<https://www.ama-assn.org/press-center/press-releases/ama-announces-vaccine-specific-cpt-codes-coronavirus-immunizations>

Professional Claim Submission for COVID-19 Vaccine Services		
Billing provider type	Providers of Professional Services	FQHCs and RHCs (FFS or claims for wraparound payments), except when furnished as part of a mass immunization
Claim type	» Professional (Submitted via MITS portal or EDI)	» Professional (Submitted via MITS portal or EDI)
Procedure code	<ul style="list-style-type: none"> » CPT code for specific vaccine delivered with billed charges of \$0.01 » CPT code for administration of the vaccine 	<ul style="list-style-type: none"> » First detail line: T1015 encounter code and the appropriate U modifier » Second detail line: appropriate vaccine administration code » Third detail line: CPT code for specific vaccine delivered with billed charges of \$0.01
Modifier	» Any required modifiers based on provider contract	» Any required modifiers based on provider contract
Rendering Provider (MITS Provider Type)	<ul style="list-style-type: none"> » Physician (MD/DO), Psychiatrist, Ophthalmologist (20) » Physician Assistant (24) » Advanced Practice Registered Nurses: <ul style="list-style-type: none"> ○ Clinical Nurse Specialist (65) ○ Certified Nurse Midwife (71) ○ Certified Nurse Practitioner (72) » Pharmacist (69) 	<ul style="list-style-type: none"> » Physician (MD/DO), Psychiatrist, Ophthalmologist (20) » Physician Assistant (24) » Advanced Practice Registered Nurses: <ul style="list-style-type: none"> ○ Clinical Nurse Specialist (65) ○ Certified Nurse Midwife (71) ○ Certified Nurse Practitioner (72)

	<ul style="list-style-type: none"> » Registered Nurse (38) and Licensed Practical Nurse <ul style="list-style-type: none"> ○ Refer to provider specific materials for how this should be reflected on the claim 	<ul style="list-style-type: none"> » Pharmacist (69) » Registered Nurse <ul style="list-style-type: none"> ○ When furnished by an RN, the supervising or overseeing medical practitioner should be reported as rendering on the claim
Billing (pay-to) providers (MITS Provider Type)	<ul style="list-style-type: none"> » Physician, Psychiatrist, Ophthalmologist (20) » Pharmacist (69) » Pharmacy (70) » Physician Assistant (24) » Advanced Practice Registered Nurses: <ul style="list-style-type: none"> ○ Clinical Nurse Specialist (65) ○ Certified Nurse Midwife (71) ○ Certified Nurse Practitioner (72) » Professional Medical Group (21) » Outpatient Hospital (01) » Psychiatric Hospital (02) » Ambulatory Surgery Centers (46) » Dialysis Centers (59) » Community behavioral health agencies certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) (84, 95) 	<ul style="list-style-type: none"> » Federally Qualified Health Center (12) » Rural Health Clinic (05)

*These instructions do not apply to Medicare crossover claims. Provider-submitted crossover claims should be submitted with the information provided by Medicare on the explanation of medical benefits (EOMB).

Hospital Providers and Institutional Claims

Outpatient and Psychiatric Hospitals – Vaccine Administration

Vaccine CPT codes 91300 and 91301:

When billing the COVID-19 vaccine codes 91300 and 91301, **outpatient hospitals and psychiatric hospitals** must use Revenue Center Code (RCC) 25X or 636 with a charge of \$0.01 or higher. Although the vaccine is obtained free of charge at this time, providers cannot bill with a zero charge because MITS will deny a detail with \$0.00 charges on an outpatient claim.

Psychiatric hospitals must append modifier HE to the vaccine code. Depending on other services billed on the same date of service, payment for CPT code 91300 or 91301 will either be packaged for \$0.00 or paid \$0.01 from the Provider Administered Pharmaceutical Fee Schedule.

Vaccine administration CPT codes 0001A, 0002A, 0011A, and 0012A:

ODM will reimburse all outpatient hospitals and psychiatric hospitals for administering the COVID-19 vaccine at the listed price above. The vaccine administration codes should not be packaged or bundled; ODM intends to reimburse for the vaccine administration regardless if other services (E&M, Medical Visit, significant procedure, etc.) are performed on the same date of service.

To bypass the grouper packaging logic, ODM is requiring the vaccination administration codes to be billed using RCC 771 with modifier HE.

Ambulatory Surgery Centers – Vaccine Administration

Depending on other services billed on the same date of service, payment for CPT codes 91300 and 91301 billed with RCC 636 will either be packaged for \$0.00 or paid \$0.01 from the Provider Administered Pharmaceutical Fee Schedule when EAPG determines separate payment is allowed.

Vaccination Administration CPT codes 0001A, 0002A, 0011A and 0012A are reimbursed at \$22.67 per administration in ASCs. These are the only vaccination administration codes allowed under ASCs. ODM cannot bypass EAPG for ASCs therefore, the Department will be paying ASCs the average rate of \$22.67 per administration by paying EAPG 459 – Vaccine Administration at 60.09% of the calculated EAPG rate. (We are utilizing the same system methodology in which EAPG 485 is currently paid to ASCs at 223% of the calculated EAPG rate).

Outpatient Hospitals and Ambulatory Surgery Centers - COVID-19 Treatments

Outpatient hospitals should bill COVID-19 treatment codes below using Revenue Center Code (RCC) 25X or 636 with a minimum charge of \$0.01. When determined separately payable by the grouper, these codes will reimburse according to the provider administered pharmaceutical fee schedule.

Procedure Code	Short Descriptor	Vaccine/Procedure Name	Effective Date	Payment rate
M0243	Casirivi and imdevi infusion	Intravenous infusion includes infusion and post administration monitoring	11/21/2020	\$309.60
Q0243	Casirivimab and imdevimab	Injection, casirivimab and	11/9/2020	\$0.01

		imdevimab, 2400 mg		
M0239	Bamlanivimab-xxxx infusion	Intravenous infusion includes infusion and post administration monitoring	11/9/2020	\$309.60
Q0239	Bamlanivimab-xxxx	Injection. Bamlanivimab, 700 mg	11/9/2020	\$0.01

Note: These services are covered as a medical benefit only and are not billable by psychiatric hospitals under OPHBH

Pharmacy Claims

Pharmacy claims should follow the National Council for Prescription Drug Plans (NCPDP) COVID-19 Vaccination Emergency Preparedness Guidance found here:

<https://www.ncdp.org/NCPDP/media/pdf/NCPDP-Emergency-Preparedness-Guidance-COVID-19-Vaccines.pdf>

- Medicaid FFS, through its Pharmacy Benefit Manager (PBM) Change Healthcare, can accept pharmacy claims at this time. Further instructions can be found on the ODM website here: https://pharmacy.medicaid.ohio.gov/sites/default/files/20210121_Covid_Vaccine_Pharmacy_Notice_FINAL.pdf#overlay-context=pharmacy-billing-information
- Medicaid managed care plan PBMs can accept pharmacy claims at this time.
- The following fields are required on the NCPDP claim submission:

Field #	NCPDP Field Name	Payer Usage	Comment
42Ø-DK	Submission Clarification Code (SCC)	RW	Required for two-dose COVID-19 vaccines. Not required for single-dose vaccines.
438-E3	Incentive Amount Submitted	RW	Required when claim is for a COVID-19 vaccine. Amount must be a non-zero value.
44Ø-E5	Professional Service Code	RW	'MA' – Medication Administration code required for all claims submitted for a COVID-19 vaccine.

The Submission Clarification Code (SCC) will be used to differentiate the Initial Dose and Final Dose:

	Initial Dose	Final Dose
Submission Clarification Code (SCC)	2 'Other Override'	6 'Starter Dose'
Incentive Amount Submitted	\$16.94	\$28.39
Professional Service Code	'MA'	'MA'

Submission Clarification Code value of **42** (Prescriber ID Submitted is valid and prescribing requirements have been validated) may be used to override prescriber NPI validation rules when the pharmacist is acting as the prescriber according to federal/state guidance. In addition to Submission Clarification Code of 42, the values of 2 or 6 would also be submitted to identify the dose number.

Instructions for Specific Program Areas

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) billing:

ODM payment for a COVID-19 vaccine furnished by an FQHC or RHC is made in accordance with Chapter 5160-28 of the Administrative Code. Except when furnished as part of a mass immunization, a vaccine administered by an FQHC or RHC practitioner is paid under the Prospective Payment System (PPS). Payment for a vaccine done as part of a mass immunization is made separately outside of the PPS.

On a claim, an FQHC or RHC must report the appropriate COVID-19 vaccine administration code plus the vaccine itself. Except when furnished by an RN, the practitioner administering the vaccine should be reported as the rendering practitioner on the claim. When furnished by an RN, the supervising/overseeing medical practitioner should be reported as the rendering practitioner on the claim.

For reporting purposes, a COVID-19 vaccine administered at a related off-site location is attributed to the particular FQHC or RHC site whose personnel provided the service.

Mass immunization by FQHCs and RHCs

Payment for a vaccine done as part of a mass immunization is made separately outside of the PPS. ODM generally follows Medicare's definition of mass immunization, which is any entity that gives vaccines to multiple individuals at the same location (e.g., at vaccine clinics, shopping malls, grocery stores, senior citizen homes, and health fairs) on the same date in a short time interval. Mass immunizations furnished by an FQHC or RHC may be done on-site (e.g., in an FQHC's parking lot) or off-site (e.g., at a school).

Mass immunization services should not be reported on claims submitted to ODM for FQHC or RHC visits paid under the PPS, nor should they be reported on claims for wraparound payments.

When a Medicaid recipient is enrolled in an MCP, and the vaccine is given as part of a mass immunization, the MCO is the only payer of a vaccine administered during a mass immunization.

When a Medicaid recipient is not enrolled in an MCP, and the vaccine is done as part of a mass immunization, a claim may be submitted separately as a covered non-FQHC or covered non-RHC service under an FQHC or RHC's "clinic" provider number (provider type 50).

Dialysis Centers

As set forth in Ohio Administrative Code rule 5160-13-02, covered dialysis services furnished at a dialysis center are made as an all-inclusive composite payment amount per visit. Separate payment may be made for covered professional services of a medical practitioner and for covered laboratory services and pharmaceuticals that are not directly related to dialysis treatment. The administration of a COVID-19 vaccine qualifies for Medicaid payment separately and outside of the all-inclusive composite payment amount. The appropriate COVID-19 vaccine administration and COVID-19 vaccine codes must be billed with Revenue Center Code (RCC) 636.

Home Health Services

If a vaccine is administered during a home health visit by the home health nurse, the vaccine administration is considered a task performed during the home health visit therefore, the home health agency is not able to bill separately for vaccine administration.

Coordination of Benefits

Coordination of benefits requirements found in Ohio Administrative Code rule 5160-1-08 apply to COVID-19 vaccination services. Since Medicare covers the full cost of the COVID-19 vaccine and administration without cost sharing, ODM does not expect to see many crossover claims. Any provider-submitted crossover claims must include the information returned by the payer on the explanation of Medicare benefits (EOMB).

Concerning uninsured individuals, the CMS, in its December bulleting titled, "Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost-Sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program," advise that providers of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the Health Resources and Services Administration (HRSA). Providers can find more information about these funds on HRSA's website: <https://www.hrsa.gov/CovidUninsuredClaim>.

Questions?

Contact medicaid@medicaid.ohio.gov or provider support at 1-800-686-1516

For more information, visit [Medicaid.Ohio.gov](https://www.Medicaid.Ohio.gov)

Are you an agency certified by the Ohio Department of Mental Health and Addiction Services?

For questions or more information, visit [Bh.medicicaid.ohio.gov](https://www.Bh.medicicaid.ohio.gov) or contact

BH-enroll@medicaid.ohio.gov.