

How to Bill the Coronavirus Vaccine

COVID-19 Vaccine
Admin Fee Change:

\$40 per dose
Medicare/Private

\$83 per dose AHCCCS

- **Medicare Part B Roster Billing:** Collect the Medicare or SS# and not the Advantage Plan number to submit claims. **NEW!** Homebound admin fee \$75 [Register as mass immunizer](#)
- **Medicaid:** AHCCCS will reimburse any qualified provider including non-Medicaid providers. Must [register with AHCCCS](#) & check FAQs for [Policy](#). **NEW!** Admin Fee \$83
- **Uninsured:** HRSA will reimburse uninsured/underinsured admin fee to registered providers [Optum Enrollment](#)
- **No Patient Out-of-Pocket:** Do not balance bill patients or charge a cash fee. Submit to private plan, AHCCCS, Medicare or HRSA

Moderna: CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/1	AHCCCS <u>Payment</u> After 8/9
91301	Moderna Covid-19 Vaccine	SARSCOV2 VAC 100MCG/0.5ML IM	80777-273-10 vial NDC 80777-273-99 carton NDC	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0011A	Moderna Covid-19 Vaccine Administration – First Dose	ADM SARSCOV2 100MCG/0.5ML1ST		\$16.94	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0012A	Moderna Covid-19 Vaccine Administration – Second Dose	ADM SARSCOV2 100MCG/0.5ML2ND	Dosing Interval: 28 days after dose 1	\$28.39	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0013A	Moderna Covid-19 Vaccine Administration – Third Dose	ADM SARSCOV2 100MCG/0.5ML3RD	Dosing Interval: 28 days after dose 2	N/A	N/A	N/A	\$38.78	\$75.00	\$83.00
Moderna Booster Codes									
91306	Moderna Covid-19 Vaccine (Low Dose)	SARSCOV2 VAC 50MCG/0.25ML IM		\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0064A	Moderna Covid-19 Vaccine Administration – Booster Dose	ADM SARSCOV2 50MCG/0.25MLBST	6 months after dose 2	N/A	N/A	N/A	\$38.78	\$75.00	\$83.00

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine>

J&J: CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/1	AHCCCS <u>Payment</u> After 8/9
91303	Janssen COVID-19 Vaccine	SARSCOV2 VAC AD26 .5ML IM	59676-580-05 vial NDC 59676-580-15 carton NDC	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0031A	Janssen COVID-19 Vaccine Administration	ADM SARSCOV2 VAC AD26 .5ML	1 Dose Vaccine	\$28.39	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0034A	Janssen COVID-19 Vaccine Administration Booster	ADM SARSCOV2 VAC AD26 .5ML 2	Booster dose 2 months after dose 1	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine>

Pfizer 12+: CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/8	AHCCCS <u>Payment</u> After 8/9
91300	Pfizer-Biontech Covid-19 Vaccine	SARSCOV2 VAC 30MCG/0.3ML IM	59267-1000-01 vial NDC 59267-1000-02 carton NDC 59267-1000-03 diluent NDC	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0001A	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	ADM SARSCOV2 30MCG/0.3ML1ST		\$16.94	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	ADM SARSCOV2 30MCG/0.3ML2ND	Dosing Interval: 21 days after dose 1	\$28.39	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0003A	Pfizer-Biontech Covid-19 Vaccine Administration – Third Dose	ADM SARSCOV2 30MCG/0.3ML3RD	Dosing Interval: 28 days after dose 2	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00
0004A	Pfizer-Biontech Covid-19 Vaccine Administration – Booster Dose	ADM SARSCOV2 30MCG/0.3MLBST	Dosing Interval: 6 months after dose 2	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00

Pfizer Pediatric: CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/8	AHCCCS <u>Payment</u> After 8/9
91307	Pfizer-Biontech Covid-19 Pediatric Vaccine	ADM SARSCV2 10MCG TRS-SUCR 1	59267-1055-04 NDC	N/A	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0071A	Pfizer-Biontech Covid-19 Pediatric Vaccine Administration – First Dose	ADM SARSCV2 10MCG TRS-SUCR 1		N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00
0072A	Pfizer-Biontech Covid-19 Pediatric Vaccine Administration – Second Dose	ADM SARSCV2 10MCG TRS-SUCR 1	Dosing Interval: 21 days after dose 1	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00

NEW! As of 06.10.2021 Medicare will pay \$75 per dose for a total of \$150 for a 2 dose series for home bound patients.

NEW! AHCCCS COVID-19 Vaccine Reimbursement Rate increased to \$83.00 on 8/9/2021.

NOTE: Many plans do not have pediatric codes loaded yet so claims are being denied. Consider holding until updated.

NEW! Home Vaccine Admin code M0201 \$35.50

Pfizer 12+ Ready to Use: CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare <u>Home Bound</u> 6/8	AHCCCS <u>Payment</u> After 8/9
91305	Pfizer-BioNTech Covid-19 Vaccine (Ready to Use)	SARSCOV2 VAC 30MCG/0.3ML IM	TBD	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0051A	Pfizer-BioNTech Covid-19 Vaccine (Ready to Use) Administration - First dose	ADM SARSCOV2 30MCG/0.3ML1ST		\$16.94	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0052A	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration – Second Dose	ADM SARSCOV2 30MCG/0.3ML2ND	Dosing Interval: 21 days after dose 1	\$28.39	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0053A	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration – Third Dose	ADM SARSCOV2 30MCG/0.3ML3RD	Dosing Interval: 28 days after dose 2	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00
0054A	Pfizer-Biontech Covid-19 Vaccine (Ready to Use) Administration – Booster Dose	ADM SARSCOV2 30MCG/0.3MLBST	Dosing Interval: 6 months after dose 2	N/A	\$40.00	N/A	\$38.78	\$75.00	\$83.00

NEW! Pfizer Ready to Use Presentation (pre-mixed) will be available near the end of the year.

Medicare

3rd Dose vs Booster

- **Immunocompromised 3rd Dose:** If you administer additional vaccine doses on or after August 12, 2021, acknowledge and document (e.g., in the medical record) your patient's self-reported qualifying conditions for the additional dose and bill the appropriate billing code for administering an additional dose.
- **Booster Dose:** If you administer booster doses on or after September 22, 2021, bill as booster dose with specific code.

CARES Act Provider Relief Fund:

Providers may seek appropriate reimbursement from a program or plan that covers COVID-19 Vaccine administration fees for the vaccine recipient such as:

- vaccine recipient's private insurance company
- Medicare or Medicaid reimbursement
- HRSA COVID-19 Uninsured/Underinsured Program for non-insured vaccine recipients & low payments

May not seek any reimbursement, including through balance billing, from the vaccine recipient.
Regardless of insurance status, cannot charge patients for the administration of COVID-19 vaccine

May not charge an office visit or other fee if COVID-19 vaccination is the sole medical service provided & May not require patients seek additional medical services to receive COVID-19 vaccination

Uninsured & Underinsured Patients and the Vaccine Admin Fee

1. **Uninsured:** HRSA partnered with UHC's Optum Pay for uninsured vaccine admin fee
 - All providers must [register](#) with Optum to submit uninsured claims for the administration fee
2. **Underinsured:** HRSA established the Coverage Assistance Fund for underinsured vaccine admin fee (if you get less than \$40, can submit the balance)
 - All providers must register with the Coverage Assistance Fund (CAF) Portal <https://bit.ly/3aSyijU>

Billing Guides: <https://whyimmunize.org/covid-19-provider-resource-page/>

HRSA

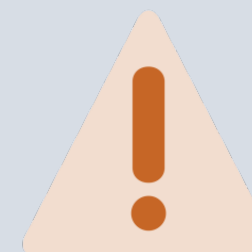
COVID-19 Claims Reimbursement

to Health Care Providers and Facilities for Testing and Treatment of the Uninsured



Pandemic Vaccine Change in Workflow

1. Do not need SL Modifier on vaccine for most plans - Amount \$.00/\$.01
2. Medicare not requiring vaccine code on claims just admin code
3. Admin code is vaccine and Dose specific
4. Admin fee – \$40 Most Plans, \$75 Medicare Homebound, \$83 AHCCCS
5. Rendering provider is tied to Standing orders physician location
6. Place of Service is the offsite location
7. Can bill for flu plus COVID-19. Use COVID-19 admin code and primary flu admin code of 90471. (May have to bill Medicare and Advantage Plan both)



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE		23. PRIOR AUTHORIZATION NUMBER						
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY													
N459267100002 ML0.3																		
12	15	20	12	15	20	60			91300	SL		0.01	1		NPI			
12	15					60			0001A	SL		16.94	1					

Typical ICD-10 Code indicating Encounter for Immunizations

Place of Service for offsite Immunization Clinic - 60

Vaccine and admin charges. \$01 or \$.00 for vaccine and 1st/2nd dose CMS rate for admin fee

Vaccine Presentation NDC from carton

Vaccine & admin code of dose 1 or 2. SL modifier to indicate Federally supplied **may not be needed**. Check with plan

Rendering provider is the base of operation clinic location of standing order provider

Additional Resources

Find a Lost Record

Vaccine Match Maker App

Patient Messaging

ADHS Vaccine Notices:

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#healthcare-professionals-publications>



Don't Waste an Arm.

- It is too expensive to make single dose vials.
- There are millions of doses in the US and being share with other countries about to expire.
- If you have 1 patient in a day that wants the vaccine, give it and throw away the rest.
- There is no mechanism to have to replace doses.
- Will not count against VFC.

Pandemic Vaccine Provider Onboarding Tool

How to get started

1. Click the onboarding link [Pandemic Vaccine Provider Onboard Form 1](#) and fill out the form
2. Click submit - this will take you to survey queue page
3. Continue to complete other surveys that are not marked "Complete." A link to this page will be emailed to you

1



Contact and Shipping Information

- Facility location information
- Signatory provider info (title, license, NPI)
- Primary and backup vaccine coordinator information
- Not sure if you're a VFC/VCA provider? Select no when it asks if you are a VFC provider; this is not necessary to participate

2



Storage and Handling

- Photos of your cold storage units showing the inside of the units
- Brand and model of each cold storage unit
- Data logger usage info
- Read requirements

3



Arizona State Immunization Information System (ASIIS)

- Are you currently entering/transferring immunization data into ASIIS?
- Read requirements

4



Vaccine Planning

- Read through content so you can plan and be prepared

5



CDC Agreement Section A

- CMO & CEO signatures
- For organizations: follow the instructions for Section A in FAQs. Follow the decision tree on the final page to determine whether you need to follow organization instructions

6



CDC Agreement Section B

- Facility type
- Populations served
- Storage unit capacity
- Must be signed by the signatory provider/the primary vaccine coordinator

7



Prescribing Providers (part of CDC Agreement)

- Submit multiple times - one for each prescribing provider
- Enter each prescriber's name, title, and license number

Revised November 2020

FAQs

I clicked "Save and Return" and lost my place. What do I do?

- Find the email with the link to the survey queue page
- Click the survey queue page link
- Click on the survey you were working on
- Enter return code
- Continue survey
- If you did not save a return code, click the "start over" button to start the survey form again. You will not lose previously submitted survey forms

How will I know if I'm done?

- On the survey queue page, surveys marked "Complete" are done and surveys with a "Begin Survey" button are incomplete.

What training do I need?

- The [AIPO TRAIN](#) has training courses for staff who are responsible for daily tasks, including:
 - » How to order, receive, and account for doses in ASIIS
 - » How to use data loggers
 - » Storage & handling requirements
- Facilities are responsible for knowing and following the guidelines in the AIPO TRAIN training modules

What are the instructions for group organizations with several facility locations?

- The CDC Provider Agreement has Section A and Section B
- CMO & CEO for organizations must complete and sign Section A only once for all facility locations within the organization
- Select one facility location whose survey form will be used
- Inform the other facilities which facility location was selected
- Share the link for the survey with the CMO & CEO
- Use the "Sign and return later" button to allow both the CMO & CEO to sign the same survey form
- After the Section A survey form is signed and submitted by the CMO & CEO, a code number will be emailed to the CMO & CEO
- Have the CMO & CEO forward the email with the code number to all of the organization's facility locations
- The other facilities will enter the code number that was forwarded to them into the survey form titled "Enter code" from section A
- Complete all other sections of the CDC Agreement and onboard survey forms

NOTE: Facilities that are part of an Organization must ensure that their CMO & CEO complete a section A survey form for their Organization. No COVID-19 vaccines will be shipped to facilities whose organization has not completed/signed section A

COVID vaccinators will need to be enrolled with AHCCCS in order to be able to bill the vaccine administration fee for AHCCCS beneficiaries.
Providers can register with AHCCCS at: <https://www.azahcccs.gov/PlansProviders/APEP/Access.html>

Revised November 2020

Need Vaccine? Have too Much?

Join the ADHS Vaccine Match Maker App

<https://www.azdhs.gov/covid19/documents/vaccines/transfer-matchmaker.pdf>

COVID-19 Vaccine Transfer Matchmaker



Do you have more vaccines than you can use?

List them on the [Arizona COVID-19 Vaccine Transfer Matchmaker Website](#) using the "Add Vaccine" form on the website.



Do you need to place a vaccine order?

First, check the [Arizona COVID-19 Vaccine Transfer Matchmaker Website](#) for vaccine available at a location near you, and submit a "Request Vaccine" form on the website. The table on the left shows vaccines that are available for providers to request.

100,435
Vaccines requested to date

Row ID	County	City	Vaccine	Expiration Date	Quantity
748	Cochise	Flagstaff	Moderna	07/01/21	140
747	Pima	Tucson	Moderna	07/16/21	350
746	Greenlee	Cifton	J&J	07/24/21	100
744	Cochise	Santa Vito	Pfizer	06/20/21	100

Add Vaccine

What is your name? *

What is your email address? *

What is your phone number? *

What is your ABIS PIN? *

What city are you located in? *

What county are you located in? *

Which vaccine is available? *

How many doses? *

☐ Send me a copy of my responses

Submit

Request Vaccine

What is your name? *

What is your email address? *

What is your phone number? *

What is your ABIS PIN? *

What is the row ID that you are interested in? *

How many doses? *

☐ Send me a copy of my responses

Submit

Privacy Notice | Report Abuse

Privacy Notice | Report Abuse

Lost Patient Record?

Look in ASIIS

Use the ADHS Record Request Form

Sign up for the MyIR App



Immunization Record Request Form

All immunization record requests must be accompanied by documents that identify the person requesting the immunization record. Examples of acceptable forms of identification are a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. Please lighten the copy of the identification cards.

If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field.

Immunization record requests will be processed within 5-7 business days.

***Due to an increase in immunization records requests, please anticipate delays.**



To potentially access your records faster, please try using MyIR Mobile to find your record before submitting an Immunization Record Request form. Follow this link to sign up for MyIR Mobile <https://myirmobile.com/>

What immunization records are you requesting?

- ☐ Any/All immunizations on file with the Arizona Department of Health Services
- ☐ Childhood vaccinations/for a minor child
- ☐ COVID-19 Only (Please submit copy of verification of vaccination such as COVID-19 vaccination card, ADHS COVID-19 verification email, if available)

Estimated date of first COVID-19 vaccination	Location of COVID-19 vaccination	State/Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated date of second COVID-19 vaccination	Location of COVID-19 vaccination	State/Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/asiis-request-form.pdf>



Access Your Official Immunization Records Today

SIGN IN

REGISTER

MyIR Mobile in partnership with your State Health Department allows you to review your immunization history, get reminders for future immunizations, and even print your own official records...
it's all free, simple and secure.

<https://myirmobile.com/>

Free Materials & Trainings



Programs & Resources

- Patient Education Materials for all vaccines & ages
- Provider Trainings routine immunizations, billing & COVID-19 vaccine
- Childhood catch up clinics
- Community Outreach
- Speaker Volunteer Program

No ID or insurance is required to receive a COVID-19 Vaccine and you will not be charged today. Patients who do have insurance, your insurance company will be billed.

We may be asking you to share:

Your insurance policy information

- Insurance reimbursement helps support the cost of these special clinics. You will not be charged for any insurance copays, deductibles or co-insurance.

Your Medicare Member Benefits (MBI) number, even if you are covered under an Advantage Plan

- If you have Medicare coverage, we need your MBI to bill Medicare
- If you are covered under an Advantage Plan, we need your MBI because Medicare requires submission of COVID-19 claims directly to Medicare and NOT to the Advantage Plan.

Social Security Number, Driver's License Number and State of Residence

- We need this information to bill a special Federal program for the uninsured, in case your policy has lapsed or if you don't have insurance.
- Your SSN will allow us to look up your insurance coverage, in case there are errors in your insurance information.

You will receive COVID-19 Vaccine today if you do not have insurance or can not provide the information requested.

Please help us: When registering in our system, enter all your personal and insurance information carefully. Thank you!



COVID-19 Vaccines are free for everyone!

COVID-19 Insurance Explanations for Patients and Staff

<https://whyimmunize.org/wp-content/uploads/2021/05/COVID-19-Vaccine-Insurance-Information-Sign-w-edits.pdf>

Pfizer-BioNTech COVID-19 Vaccines

PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL

Description	Current Adult/Adolescent Formulation (1170 and 450 packs)	Future Pediatric Formulation
	<i>Dilute Prior to Use</i>	<i>Dilute Prior to Use</i>
Age Group	12 years and older	5 to <12 years**
Vial Cap Color	PURPLE 	ORANGE 
Dose	30 mcg	10 mcg
Injection Volume	0.3 mL	0.2 mL
Fill Volume (before dilution)	0.45 mL	1.3 mL
Amount of Diluent* Needed per Vial	1.8 mL	1.3 mL
Doses per Vial	6 doses per vial (after dilution)	10 doses per vial (after dilution)
Storage Conditions		
ULT Freezer (-90°C to -60°C)	9 months	6 months
Freezer (-25°C to -15°C)	2 weeks	N/A
Refrigerator (2°C to 8°C)	1 month	10 weeks

Q: Can the current adult/adolescent formulation (purple cap) be used to vaccinate children 5 to <12 years old once the vaccine is authorized for this age group?

A: No. For children under 12 years of age, you cannot use the current formulation and will need to use the future pediatric (orange cap) formulation.

Purple Cap – Adult/Adolescent: Authorized only for aged 12 years and older



Orange Cap – Pediatric: Future authorization for aged 5- to 12 years. A separate vaccine formulation specific for a 10mcg dose will be introduced.



NOTE: Use of the current adult/adolescent formulation (purple cap) to prepare doses for children 5 to <12 years would result in an injection volume for the 10mcg dose of 0.1mL, which is both generally considered too small for typical IM injections and has not been studied.

*Diluent: 0.9% sterile Sodium Chloride Injection, USP (non-bacteriostatic; DO NOT USE OTHER DILUENTS)

**The vaccine is currently under emergency use authorization review by the Food and Drug Administration (FDA) for children 5 to <12 years old