

**Indian Health Service, Office of Resource Access and Partnerships**

**COVID 19 Vaccinations and Antibody Treatment Guidance**

**Version 1.2**

**08/04/21**

**\*\*\* Updated to reflect the additional payment for Administration of COVID 19 Vaccinations in the Patient's Home. See Bottom of Document for the Update.\*\*\***

(Please also see: Section BB. Drugs & Vaccines under Part B of the CMS COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing found at:

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>)

**General Information:**

This Guidance is based on published CMS, CDC, and HRSA toolkits, fact sheets, FAQs, and regulations, including CMS-9912-IFC. This interim final rule with request for comments (IFC) discusses CMS's implementation of section 3713 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Pub. L. 116-136), which established Medicare Part B coverage and payment for Coronavirus Disease 2019 (COVID-19) vaccine and its administration.

Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. Providers that participate in the CDC COVID-19 Vaccination Program contractually agree to administer a COVID-19 vaccine regardless of an individual's ability to pay and regardless of their coverage status, and also may not seek any reimbursement, including through balance billing, from a vaccine recipient.

Providers who have questions about billing or reimbursement of vaccine administration for patients covered by private insurance or Medicaid should contact the respective health plan or state Medicaid agency. People without health insurance or whose insurance does not provide coverage of the vaccine can also get COVID-19 vaccine at no cost. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the [Provider Relief Fund](#). (For IHS, Non-Beneficiaries ONLY)

Regardless of who the Payer is, there are several regulations that apply to everyone. CMS treats vaccines and antibody treatments in the same manner, with the exception of the reimbursement amounts. So if CMS has restrictions, waivers, etc. for the COVID vaccination, the same applies for the infusion of the treatment as well, at a minimum.

**Documentation:**

CMS expects that health care providers will maintain appropriate medical documentation that supports the medical necessity of the service. This includes documentation that supports that the terms of the applicable emergency use authorization (EUA) are met, including that it is being used for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) for a patient that is at high risk for progressing to severe COVID-19 and/or hospitalization. The documentation should also include the name of the practitioner who ordered or made the decision to administer the infusion, even in cases where claims for these services are submitted on roster bills.

**Coding:**

For the Vaccination, we cannot bill for the drug itself, only the administration, but the Drug and Administration should be documented/coded.

For the Pfizer, the drug itself should be coded as 91300. For the administration, use code 0001A for the injection (1st dose), and 0002A for the 2nd dose.

For the Moderna, the drug itself should be coded as 91301. For the administration, use code 0011A for the 1st, and 0012A for the second Administration.

For Janssen/Johnson & Johnson, the drug itself should be coded as 91303. For the single dose administration, use code 0031A.

For the Antibody Treatment, IHS cannot bill for the drug itself, only the administration.

For Eli Lilly, Bamlanivimab, use Q0239 for coding of the drug. Bill M0239 for the infusion (estimated one hour).

For Regeneron Casirivimab/Imdevimab, use Q0243 for coding of the drug. Bill M0243 for the infusion (estimated one hour).

**For Medicare Billing:**

The CARES Act includes a provision that establishes **Part B coverage** for COVID-19 vaccines and their administration without any cost-sharing. Because it will be covered under Part B, the COVID vaccine and its administration will not be covered under Part D. New: 4/10/20

For the Vaccination, IHS cannot bill for the drug itself, only the administration. **DO NOT INCLUDE THE DRUG ON THE CLAIM UNLESS A PAYER HAS SPECIFIC REQUIREMENTS.**

For the Pfizer, **if IHS were to pay for the drug**, IHS would bill using 91300 (at average wholesale price (AWP)). Bill using 0001A for the injection (1st dose), and 0002A for the 2nd dose. Medicare will pay 16.94 for the first, 28.39 for the second. Soon to be updated to \$40.00 per administration.

For the Moderna, if IHS were to pay for the drug, IHS would bill using 91301 (at AWP). Bill using 0011A for the injection (1<sup>st</sup> dose), and 0012A for the second dose.

For Medicare, you can bill on a CMS 1500 or UB.

For the Antibody Treatment, we cannot bill for the drug itself, only the administration. During the COVID-19 public health emergency (PHE), Medicare will cover and pay for these infusions (when furnished consistent with their respective EUAs) the same way it covers and pays for COVID-19 vaccines.

For Eli Lilly, Bamlanivimab, we use Q0239 if we were to bill for the drug (at AWP) which we are not. We bill M0239 for the infusion (estimated one hour).

For Regeneron Casirivimab/Imdevimab, we use Q0243 if we were to bill for the drug (at AWP) which we are not. We bill M0243 for the infusion (estimated one hour).

Medicare will pay \$309 for the infusion.

**For Medicare Part C Plans**, you bill NOVITAS, not the plan. We have to figure out how RPMS will handle this. Health care providers who provide these services to enrollees in a **Medicare Advantage Plan** should submit claims for monoclonal antibodies to treat COVID-19 that are covered by Part B in accordance with Section 3713 of the CARES Act to **Original Medicare** for all patients enrolled in Medicare Advantage in 2020 and 2021.

**For Private Insurance,**

Bill using the Same Codes as if you were billing Medicare. You may have to work with Individual Insurance Companies that may have specific requirements. You cannot bill for the DRUG.

**For Medicaid**

Work with the individual States to see if they have specific requirements.

**For Veterans Administration**

Bill using the codes above, **Administration only**, and bill the VA in the same manner you bill them for any services. Bill on a CMS-1500, and bill itemized.

## **Non-Beneficiaries**

Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the [Provider Relief Fund](#). (For IHS, Non-Beneficiaries ONLY)

As stated above, we cannot bill any individual for these services.

## **07/08/21 Updated – Additional payment for COVID Vaccination Administered in Patient’s Home**

**Effective June 8, 2021, in addition to the current payment amount, Medicare will pay an additional amount of \$35 per dose for administering the Coronavirus disease 2019 (COVID-19) vaccine in the home for certain Medicare patients that have difficulties leaving their homes or are hard-to-reach.**

Medicare will pay the \$35 amount in addition to the standard administration amount (approximately \$40 per dose), for a total payment of approximately \$75 for a single-dose vaccine or \$150 for both doses of a 2-dose vaccine. CMS also geographically adjusts the additional amount and administration rate based on where providers administer the vaccine.

### **When Can I Get the Additional In-Home Payment for Administering the COVID-19 Vaccine?**

You can get the additional payment for administering the COVID-19 vaccine in Medicare patients’ homes when either of these situations applies:

- The patient has difficulty leaving the home to get the vaccine, which could mean any of these:
  - They have a condition, due to an illness or injury, that restricts their ability to leave home without a supportive device or help from a paid or unpaid caregiver
  - They have a condition that makes them more susceptible to contracting a pandemic disease like COVID-19
  - They are generally unable to leave the home, and if they do leave home it requires a considerable and taxing effort
- The patient is hard-to-reach because they have a disability or face clinical, socioeconomic, or geographical barriers to getting a COVID-19 vaccine in settings other than their home. These patients face challenges that significantly reduce their ability to get vaccinated outside the home, such as challenges with transportation, communication, or caregiving.

### **Examples of Locations for Administration that qualify for the Additional In-Home Payment**

- A private residence
- Temporary lodging (for example, a hotel or motel, campground, hostel, or homeless shelter)
- An apartment in an apartment complex or a unit in an assisted living facility or group home

- A Medicare patient's home that's made provider-based to a hospital during the COVID-19 public health emergency

### **Examples of Locations for Administration Payment that DO NOT qualify for the Additional In-Home Payment**

- Communal space of a multi-unit living arrangement
- Inpatient Hospital, Medicare skilled nursing facility, or Medicaid nursing facility
- Outpatient Hospital, Physician Office, or Clinic
- Patient Assisted living facility participating in the CDC's Pharmacy Partnership for Long-Term Care Program when their residents are vaccinated through this program

### **Other Restrictions that may apply**

Medicare only pays the additional amount for administering the COVID-19 vaccine in the home if the sole purpose of the visit is to administer a COVID-19 vaccine.

Medicare doesn't pay the additional amount if you provide another Medicare service in the same home on the same date. In those situations, Medicare pays approximately \$40 per dose for administering the COVID-19 vaccine.

If you administer the COVID-19 vaccine to more than 1 Medicare patient in a single home on the same day, Medicare pays: The additional payment amount of approximately \$35 only once per date of service in that home. Approximately \$40 to administer each dose of the COVID-19 vaccine.

### **Documentation:**

Unlike the requirements under the Medicare home health benefit, you or another allowed practitioner don't need to certify that the Medicare patient is homebound, but you must document in the patient's medical record their clinical status or the barriers they face to getting the vaccine outside the home.

### **Coding:**

**DO** use the appropriate Current Procedural Terminology (CPT) code for the product and dose-specific COVID-19 vaccine administration

**DO** use the Healthcare Common Procedure Coding System (HCPCS) Level II code **M0201** for the additional payment amount for administering the COVID-19 vaccine in the home

**Billing:**

**DO** bill for the additional in-home payment amount if the sole purpose of the visit is to administer a COVID-19 vaccine.

**DO** bill additional payment amount only once per home per date of service.

**DON'T** bill for the additional amount more than once if you administer the COVID-19 vaccine to more than 1 Medicare patient in a single home on the same day.

**DON'T** bill for the additional amount if you provide and bill Medicare for another service in the same home on the same date.

**DO** bill for each dose administered using the appropriate CPT code for the product (at this time, we do not bill for the product) and dose-specific COVID-19 vaccine administration

**Roster Billing:**

If you submit roster bills for administering the COVID-19 vaccine in the home, **you must submit 2 roster bills:**

- A roster bill containing the appropriate CPT code for the product and dose-specific COVID-19 vaccine administration Code
- A second roster bill containing the HCPCS Level II code (M0201) for the additional in-home payment amount

You may submit a single set of roster bills (one containing M0201 and another containing the appropriate CPT code) for multiple Medicare patients who get the COVID-19 vaccine in their individual units of a multi-unit living arrangement.

This useful infographic is now on the CMS website: <https://www.cms.gov/files/document/vaccine-home.pdf>

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