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Partnering to improve health outcomes through relationships and data

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## Understanding COVID-19 Vaccine and Monoclonal Antibodies Therapy Billing

Facilitator: Michael Boyson, Senior Manager, Telligen

Thursday, January 28, 2021

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- » Today's content and answers to participants' questions reflect Telligen's best understanding based on currently available information about COVID-19 as of Wednesday, January 27, 2021.
- » However, COVID-19 is an emerging, rapidly evolving situation. Therefore, it remains critically important to continually check the CDC's most up-to-date guidance, as well as the guidance from your state/local health department. [CDC guidance for COVID-19](#) may be adapted by state ([Colorado](#), [Illinois](#), [Iowa](#) and [Oklahoma](#)) and local health departments to respond to rapidly changing local circumstances.
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State	Cumulative Doses Administered <sup>1</sup>	People Immunized with One Dose <sup>1</sup>	People Immunized with Two Doses <sup>1</sup>	Current Hospitalizations <sup>2</sup>	COVID-19 Death Rate <sup>3</sup> (deaths per 100,000 people)
Colorado	377,283	313,217	62,086	783	96
Iowa	170,607	145,642	22,429	474	141
Illinois	607,502	479,848	120,754	3,281	161
Oklahoma	287,502	247,954	37,435	1,722	79

1: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

2: [https://www.beckershospitalreview.com/public-health/number-of-covid-19-hospitalizations-state-by-state-july-15.html?origin=QualityE&utm\\_source=QualityE&utm\\_medium=email&utm\\_content=newsletter&oly\\_enc\\_id=0984i8240256H7E](https://www.beckershospitalreview.com/public-health/number-of-covid-19-hospitalizations-state-by-state-july-15.html?origin=QualityE&utm_source=QualityE&utm_medium=email&utm_content=newsletter&oly_enc_id=0984i8240256H7E)

3: [https://www.beckershospitalreview.com/public-health/us-coronavirus-deaths-by-state-july-1.html?origin=QualityE&utm\\_source=QualityE&utm\\_medium=email&utm\\_content=newsletter&oly\\_enc\\_id=0984i8240256H7E](https://www.beckershospitalreview.com/public-health/us-coronavirus-deaths-by-state-july-1.html?origin=QualityE&utm_source=QualityE&utm_medium=email&utm_content=newsletter&oly_enc_id=0984i8240256H7E)



## Objectives

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- » By the end of this session, you will be able to know how to:
  - » Enroll in Medicare to bill for COVID-19 vaccine administrations
  - » Bill for the COVID-19 vaccine
  - » Implement patient communication strategies around the COVID-19 vaccine
  - » Bill for monoclonal antibodies therapies



## Introducing Our First Speaker

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**Sierra Farleman**

Education Specialist

Novitas Solutions, Inc.







## **Enrollment for COVID-19 Vaccine Administrations**

## Enrolling in Medicare to Bill for COVID-19 Vaccine Administrations<sup>10</sup>

- » Suppliers must be enrolled to bill Medicare for COVID-19 vaccine administrations:
  - » Certain supplier types do not need to separately enroll
  - » Other supplier types will need to temporarily enroll
- » For those who need to temporarily enroll to initiate billing for COVID-19 vaccine administrations, contact the provider enrollment hotline
- » For more information, visit the CMS [Enrollment for administering COVID-19 vaccine shots](#) webpage



# Who can bill and provide?

Institutional	Non-Institutional
Hospital	Physician
Hospital Outpatient Department	Non-Physician
Skilled Nursing Facility (Part A/B) *	Clinic/Group Practice
Critical Access Hospital	Pharmacy (Part B)
End-Stage Renal Disease Facility	Mass Immunizer (roster bill only)
Home Health Agency	
Hospice	
Comprehensive Outpatient Rehabilitation Facility	
Federally Qualified Health Center **	
Rural Health Clinic ***	
Indian Health Services Facility	



## Provider Enrollment Hotline

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- » Call hotline for COVID-19 enrollment questions and/or to initiate **temporary** billing privileges
- » Ensure you have all necessary information available:
  - » Legal business name
  - » National provider identifier
  - » Tax identification number
  - » Practice location and state license, if applicable



## Provider Enrollment Hotline Telephone Numbers

Medicare Administrative Contractor	Telephone Number	Availability
National Government Services	1-888-802-3898	8:00 am – 4:00 pm CT
Novitas Solutions, Inc.	1-855-247-8428	7:30 am – 3:00 pm CT
Wisconsin Physician Services	1-844-209-2567	7:00 am – 4:00 pm CT



# Mass Immunizer

## » Definition:

- » Mass immunizers are Medicare-enrolled providers who offer flu, pneumonia, COVID-19 vaccines and monoclonal antibody infusions to many people

## » Requirements:

- » Be licensed properly in the State(s) where you operate
- » Be enrolled in the Medicare Program\*
  - To enroll solely as a Mass Immunization Roster Biller (provider specialty type 73), individuals must complete the [CMS-855I](#) and groups must complete the [CMS-855B](#)
- » Accept assignment on vaccines and their administration
- » Submit a separate roster bill claim for each vaccine to the MAC
- » Bill a MAC
- » Bill **only** flu, pneumonia, COVID-19 vaccines and mAb infusions and administration using this process



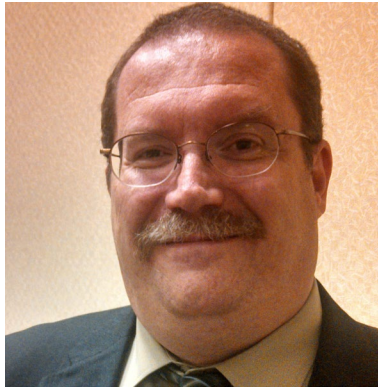
## Centralized Biller Enrollment

- » Centralized billing allows for mass immunizers to submit roster bill claims to 1 MAC:
  - » Must operate in at least 3 MAC jurisdictions
- » To become a centralized biller, please contact the **Novitas** hotline with the following information:
  - » Estimate of how many patients to whom you expect to administer the shot
  - » Approximate date of shots
  - » List of states for COVID-19 vaccination clinics
  - » Type of services you generally deliver other than preventive vaccinations
  - » If you employ nurses who will administer the COVID-19 shot or if you hired them specifically to give these shots
  - » Names/addresses of all entities operating under provider application
  - » Contact information for centralized billing program designated contact



## Introducing Our Next Speakers

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**Nathan L. Kennedy, Jr., CPC,  
CHC, CPPM, CPC-I, CPB, CPMA**  
National Government Services



**Michael Dorris**  
National Government  
Services







## **COVID-19 Vaccine Billing and Communications**

# Vaccine Billing Basics

- » Single claim
  - » One patient on one claim
- » Roster Bill
  - » Multiple patients on one claim
- » If COVID-19 vaccine doses are provided by government without a charge, only bill vaccine administration
  - » Do not include the vaccine codes on the claim if they were free to the practice
- » Submit Medicare Advantage (MA) plan beneficiaries claim to Fee-for-Service Medicare
  - » Applies to all patients enrolled in MA plan in 2020 and 2021
- » No Cost Sharing for Beneficiary is allowed so providers may not bill more than Medicare allows for the vaccine or administration



- » Mass immunizers can give flu, pneumococcal, and soon to be added COVID-19 shots, to groups of individuals (like people who live in a retirement community).
- » Mass immunizers can be a traditional provider, like a physician, or a nontraditional provider, like a drug store, public health clinic or senior center.
- » We created the mass immunizer specialty for those providers who wouldn't otherwise be eligible for Medicare enrollment.
- » Mass immunizers must submit all claims as roster billed professional claims.



## Roster Billing

- » This is a way for you to submit multiple claims for flu, pneumococcal and soon to be added COVID-19 shots. If you're enrolled as a mass immunizer, you must use roster billing.
- » You must administer the same type of shot to five or more people on the same date of service. You must bill each type of shot on a separate roster bill. You cannot combine flu, pneumococcal and COVID-19 vaccine codes on the same roster bill.
- » It's quick and easy to use roster billing for flu, pneumococcal and soon to be added COVID-19 shots.



## Centralized Billers

- » Centralized billing allows mass immunizers to send all roster bill claims for flu, pneumococcal, and soon to be added COVID-19 vaccinations to a single MAC, [Novitas](#), for payment, regardless of where you administer them.
- » Medicare makes geographic payment adjustments based on the locality where you administer the shot.
- » You must submit all centralized biller claims as professional claims on a roster bill.



- » A communication from the treating physician/practitioner requesting a diagnostic test is performed for the patient.



## Institutional Claims – Types of Bills

- » 12X Hospital Inpatient\*
- » 13X Hospital Outpatient\*
- » 22X SNF Part A stay (paid under Part B) and Inpatient Part B
- » 23X SNF Outpatient
- » 34X Home Health (Part B only)
- » \*Medicare pays separately from the DRG rate and disallows billing 11X
- » 72X Independent and Hospital-based Renal Dialysis Facility
- » 75X Comprehensive Outpatient Rehabilitation Facility
- » 81X Hospice (Non-hospital)
- » 82X Hospice (Hospital)
- » 85X Critical Access Hospital



## Submitting Part A Claims

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- » Electronic Claims
  - » Direct Data Entry
    - Option 02, Claims Attachment
    - Option 87, Roster Bill Entry
- » Paper Claims
  - » CMS-1450 (UB-04)
  - » Roster form for patients





- » Electronic Claims Options
  - » Utilize your current claim submission software and Network Service Vendor
  - » Submit claims using your provider portal
  - » Use PC-ACE billing software to submit directly to your MAC
    - Download from your MAC
- » Paper Claims
  - » Health Insurance Claim Form (CMS-1500)
  - » Roster form for patients



- » Streamlined process for submitting vaccination claims for large groups
  - » All patients have the same service
  - » Not used for single patient billing
- » Patient roster form is single modified CMS-1500 as cover document for each facility with:
  - » Patient's name, address, MBI, date of birth, and gender
  - » Date of service
  - » Beneficiary signature or stamped "Signature on File"
  - » Provider's name and identification number
  - » Control number for contractor



## Centralized Billing

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- » Allows mass immunizers to send roster bill claims to a single MAC
- » Novitas
- » Regardless of where you administer vaccination
- » Medicare makes geographic payment adjustments based on locality where administered
- » Must submit all centralized biller claims as professional claims on roster bill
- » Must operate in at least 3 MAC jurisdictions



## COVID 19 Vaccines and Administration

Code	Description	Labeler name	Vaccine/procedure name	Effective date	Dosing interval
91300*	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer	Pfizer-Biontech Covid-19 Vaccine	12/11/2020	21 days
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	12/11/2020	21 days
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	12/11/2020	21 days
91301*	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna	Moderna Covid-19 Vaccine	12/18/2020	28 days



## COVID 19 Vaccines and Administration

Code	Description	Labeler name	Vaccine/procedure name	Effective date	Dosing interval
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna	Moderna Covid-19 Vaccine Administration – First Dose	12/18/2020	28 days
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna	Moderna Covid-19 Vaccine Administration – Second Dose	12/18/2020	28 days
91302*	SARSCOV2 VAC 5X10 <sup>^</sup> 10VP.5MLIM	AstraZeneca	AstraZeneca Covid-19 Vaccine	TBD	28 days
0021A	ADM SARSCOV2 5X10 <sup>^</sup> 10VP.5ML 1	AstraZeneca	AstraZeneca Covid-19 Vaccine Administration – First Dose	TBD	28 days
0022A	ADM SARSCOV2 5X10 <sup>^</sup> 10VP.5ML 2	AstraZeneca	AstraZeneca Covid-19 Vaccine Administration – Second Dose	TBD	28 days



## Claim Information for Billing

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- » Claim should include
  - » Z23 – Encounter for immunization
  - » Proper Date of Service
  - » Proper Place of Service
  - » Applicable CPT or HCPCS code



- » Hospital
- » Hospital Outpatient Department
- » Skilled Nursing Facility
- » Critical Access Hospital
- » End-Stage Renal Dialysis Facility
- » Home Health Agency
- » Hospice
- » CORF
- » FQHC
- » Rural Health Clinic
- » Indian Health Services Facility



## Non-Institutional Provider Eligibility

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- » Physician
  - » Non-physician
  - » Clinic/Group Practice
  - » Pharmacy (Enrolled as Part B)
  - » Mass Immunizer (Roster Bill Only)
- 
- » If not one of the eligible providers, then you must enroll as a mass immunizer





- » [Who Are the MACs](#)
- » [Medicare Billing for COVID19 Vaccine Shot Administration](#)
- » [NGS COVID19 Page](#)
- » [CDC COVID19 Vaccination Communication Toolkit](#)
- » [FDA COVID19 Vaccines webpage](#)
- » [Special Edition COVID19 Vaccine Codes 12/14/2020 Pfizer-BioNtech](#)
- » [Special Edition COVID19 Vaccine Codes 12/22/2020 Moderna](#)
- » [CMS COVID19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)





# **Patient Communication Strategies Around the COVID-19 Vaccine**

## Engaging in Effective COVID-19 Vaccine Conversations

1. Start from a Place of Empathy and Understanding
2. Assume Patients Will Want to Be Vaccinated but May Not Know When to Expect It
3. Give Your Strong Recommendation
4. Listen to and Respond to Patient Questions
5. Wrapping Up the Conversation

Note: Go to the below Centers for Disease Control and Prevention web link for more details:

<https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>



## Be Alert of COVID-19 Vaccine Scams

Scammers are constantly finding new ways to take advantage of the COVID-19 pandemic to steal money and personal information.

### **Here are some tips to keep in mind:**

- » You likely will not need to pay anything out-of-pocket to get the vaccine during this public health emergency
- » You cannot pay to put your name on a list to get the vaccine
- » You cannot pay to get early access to the vaccine
- » You will not be solicited door to door to receive the vaccine

Note: See handouts from the Federal Trade Commission (FTC) to share



## Introducing Our Next Speaker

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**Ellen Berra, CPC**

Specialist Outreach & Education

WPS Government Health  
Administrators





# Monoclonal Antibodies

Billing and Payment Information

## Procedure Codes

### Payment Allowances and Effective Dates for COVID-19 Monoclonal Antibodies and their Administration during the Public Health Emergency:

Code	CPT Short Descriptor	Labeler Name	Vaccine/Procedure Name	Payment Allowance	Effective Dates
Q0239	bamlanivimab-xxxx	Eli Lilly	Injection, bamlanivimab, 700 mg	\$0.010*	11/10/2020 – TBD
M0239	bamlanivimab-xxxx infusion	Eli Lilly	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	\$309.600****	11/10/2020 – TBD
Q0243	casirivimab and imdevimab	Regeneron	Injection, casirivimab and imdevimab, 2400 mg	\$0.010*	11/21/2020 – TBD
M0243	casirivi and imdevi infusion	Regeneron	intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	\$309.600****	11/21/2020 – TBD



- » Provided free to administrators
  - » Pricing developed when administrators are required to purchase
- » Mild to moderate symptoms
- » Positive COVID-19 test
  - » Within 10 days of onset of symptoms
- » Ordered by a physician
- » Patient is at high risk of developing severe COVID-19 and/or hospitalization
- » Not for hospitalized patients receiving high oxygen flow rate or mechanical ventilation





- » Patient must meet at least one of the following:
  - » Body Mass Index (BMI)  $\geq 35$
  - » Chronic Kidney Disease
  - » Diabetes
  - » Immunosuppressive Disease
  - » Receiving Immunosuppressive treatment
  - » 65 years or older



## High Risk (continued)

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- » Are  $\geq 55$  years of age AND have
  - » Cardiovascular disease, OR
  - » Hypertension, OR
  - » Chronic obstructive pulmonary disease/other chronic respiratory disease



## High Risk (continued)

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- » Are 12 – 17 years of age AND have
  - » BMI  $\geq$ 85th percentile for their age and gender based on CDC growth charts OR
  - » Sickle cell disease, OR
  - » Congenital or acquired heart disease, OR
  - » Neurodevelopmental disorders, for example, cerebral palsy, OR
  - » A medical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), OR
  - » Asthma, reactive airway or other chronic respiratory disease that requires daily medication for control



- » Given through IV infusion
  - » Over at least one hour via pump or gravity
  - » Monitor patient for at least one hour after infusion
  - » Medication diluted
- » Bamlanivimab
  - » 700 mg
- » Casirivimab and Indevimab
  - » Given together
  - » 1200 mg each mixed
- » Patient should continue to self-isolate and use infection control measures



## Medicare Advantage Patients

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- » Submit claims to Medicare Part B
- » Section 3713 of the CARES Act
- » For 2020 and 2021 dates of service



- » Medicare Program Instructions
  - » <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>
- » Bamlanivimab Fact Sheet
  - » <http://pi.lilly.com/eua/bamlanivimab-eua-factsheet-hcp.pdf>
- » Casirivimab & Indevimab Fact Sheet
  - » <https://www.fda.gov/media/143892/download>



- » CMS Questions and Answers
  - » <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- » CARES Act
  - » <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>
- » Monoclonal Antibodies Infographic
  - » <https://www.cms.gov/files/document/covid-infographic-coverage-mono-clonal-antibody-products-treat-covid-19.pdf>



Questions?





- » Resource Guide for Understanding COVID-19 Vaccine and Monoclonal Antibodies Therapy Billing
- » [COVID-19 Vaccine Toolkit](#)
- » COVID-19 Vaccine Experiences Podcast Series
  - [Episode 1 \(Crystal & Dick Michael\)](#)



Event Date	Title	Registration link
2/2, 2:00 PM CT/ 1:00 PM MT	COVID-19 Vaccine: Reasons Not to be Afraid	Register <a href="#">here</a>
2/16, 10:00 AM CT	Oklahoma Community CONNECT Call	Register <a href="#">here</a>
2/16, 11:00 AM MT	Colorado Community CONNECT Call	Register <a href="#">here</a>
2/18, 12:00 PM CT	Iowa Community CONNECT Call	Register <a href="#">here</a>
2/18, 2:00 PM CT	Illinois Community CONNECT Call	Register <a href="#">here</a>
2/24, 8:00 AM CT/ 9:00 AM MT	Impact of COVID-19 on Chronic Disease & Behavioral Health Learning Collaborative – Part 1	Register <a href="#">here</a>



Check out the Telligen QI Connect event page: <https://www.telligenqinqio.com/events/>



# Thank You!

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