

COVID-19 Vaccine Coverage and Claims Information for Providers

Revised May 21, 2021: This guidance has been revised to include guidelines from the Delaware Division of Medicaid and Medical Assistance (DMMA). Updates are anticipated on an as needed basis.

The Food and Drug Administration (FDA) granted emergency authorized use (EAU) of the COVID-19 vaccines on these dates:

- Dec. 11, 2020, for the Pfizer-BioNTech vaccine
- Dec. 18, 2020, for the Moderna vaccine
- Feb. 27, 2021, for the single-dose COVID-19 vaccine developed by the Janssen Pharmaceutical Companies of Johnson & Johnson.

Rollout and distribution of the vaccines have been determined by each state, and the CDC has helped to set those guidelines. In most states, the vaccines were first given to frontline workers (e.g., first responders, health care workers), then other individuals deemed “high-risk,” and lastly to the general population.

Coverage

During the Public Health Emergency (PHE), the federal government will pay for the cost of the COVID-19 vaccine for all individuals. Additional costs associated with administering the vaccine (e.g., vaccine supplies, storage, and provider costs) are covered for Highmark Health Options members.

Providers should submit vaccine administration claims to Highmark Health Options. See the following tables for coding guidance. If providers file vaccine-related claims with Highmark Health Options during the public health emergency, then the system will deny the claim.

Please note that for COVID-19 vaccines, the charge will need to be entered as \$0.01. However, these vaccines are provided at no charge from the federal government and there will be no payment on the vaccine code itself. Highmark Health Options will only make payment on the vaccine administration code. **Vaccine procedure codes and administration fee codes must be billed together on the same claim based on the following:**

Vaccine Code	Description	Vaccine Administration Codes	Vaccine Manufacturer	FDA EUA Approval Date
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	0001A (first dose) 0002A (second dose)	Pfizer-BioNTech	Dec. 11, 2020 Approved for children age 12 and older.

91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	0011A (first dose) 0012A (second dose)	Moderna, Inc	Dec. 18, 2020 Approved for adults age 18 and older.
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use	0021A (first dose) 0022A (second dose)	AstraZeneca	Not yet approved. Code not active.
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine for intramuscular use	0031A (single dose)	Johnson & Johnson (Janssen)	Feb. 27, 2021
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, 5 mcg/0.5mL for dosage, for intramuscular use	0041A (first dose) 0042A (second dose)	Novavax	Not yet approved. Code not active.

Out-of-Network Provider

Highmark Health Options will cover vaccine administration fees for out-of-network (OON) providers during the state of Delaware PHE. Current federal and state regulations prohibit any provider from balance billing patients for the COVID-19 vaccine.

Non-pharmacy providers

All non-pharmacy providers submitting claims for the administration fee for COVID-19 vaccines must use the CMS 1500 claim form or the 837P format.

Federally Qualified Health Centers (FQHC) Claims

Providers must bill using an FQHC HCPCS (Healthcare Common Procedure Coding System) “G” visit payment code for each payable encounter visit, along with a HCPCS code for each service provided. Claims must be submitted with the correct Place of Service (POS).

FQHC providers must provide the vaccine code and vaccine administration code on each claim and encounter. FQHC services will be billed per medical encounter. Claims are limited to one all-inclusive encounter per day, to include all services received by an eligible recipient on a single day or relevant to the encounter. The exception allows two encounters to be billed in one day, if one encounter is a medical visit and the second encounter is a mental health visit.

Procedure Code	Description
G0466	FQHC visit, new patient
G0467	FQHC visit, established patient

G0468	FQHC visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV)
G0469	FQHC visit, mental health, new patient
G0470	FQHC visit, mental health, established patient

FQHC Vaccination administration only, claims submission process

- Submit with the appropriate FQHC Encounter Visit “G” Code (see previous chart) along with a **U4** Informational Modifier at the end.
- Submit with the appropriate Qualifying Visit 90000 series CPT service code.
- Submit with the appropriate Vaccine CPT Code 91300, 91301, or 91303, depending on the vaccine type provided.
- Submit the appropriate Vaccine Administration CPT Code 0001A, 0002A, 0011A, 0012A, or 0031A, depending on the vaccine type provided.

U4 Modifier (FQHC Only)

This modifier indicates that on the date of service only the COVID-19 vaccine was the only service administered. If other services were performed on the same date, there should be no modifier.

FQHC Vaccination when other medical/dental/behavioral health services are provided on the same date; claims submission process

- Submit with the appropriate FQHC Encounter Visit “G” Code (see previous chart), **do not include U4** Informational Modifier at the end.
- Submit with the appropriate Qualifying Visit 90000 series CPT service code
- Submit with the appropriate Vaccine CPT Code 91300, 91301, or 91303, depending on the vaccine type provided.
- Submit the appropriate Vaccine Administration CPT Code 0001A, 0002A, 0011A, 0012A, or 0031A, depending on the vaccine type provided.

School-Based Wellness Center (SBWC) Claims

Procedure Code	Description
T1015	Identifies an all-inclusive SBWC visit

Place of Service Code (POS) 60 – Mass Immunization Center

The Place of Service **Code 60** Mass Immunization Center is a location where providers administer COVID-19 vaccinations and submitted on all claims in place of a provider’s customary POS.

Place of Service Code	Place of Service Descriptions
60 – Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims or paper claims or using the roster billing method. This generally takes place in a mass immunization setting, e.g., public health center, pharmacy, shopping mall, church, physician office.