HIGHMARK HEALTH OPTIONS

Medical Policy

COVID-19 Vaccine and Monoclonal Antibody 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.

Rollout and distribution of the vaccines have been determined by each state, and the Centers for Disease Control (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.

VACCINE 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. For Medicaid members dually enrolled in Medicare, Medicare is the primary payer.

When providers file COVID-19 vaccine-related claims with Highmark Health Options during the public health emergency, the system will deny the vaccine line of the claim and pay on the administration code only.

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. Please refer to the Centers for Medicare & Medicaid Services (CMS) website for a comprehensive list of vaccine and administration procedure codes.

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.

PHARMACY PROVIDERS

Under the authority of the PREP Act, Delaware pharmacists are permitted to be the prescriber for the COVID-19 vaccine on the pharmacy claim. Pharmacy providers must bill COVID vaccines as a pharmacy benefit.

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, depending on the vaccine type provided.
- Submit the appropriate Vaccine Administration CPT Code, 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, depending on the vaccine type provided.
- Submit the appropriate Vaccine Administration CPT Code, depending on the vaccine type provided.

SCHOOL-BASED WELLNESS CENTER (SBWC) CLAIMS

- COVID-19 vaccine administration qualifies as a SBWC “visit” and is eligible for the applicable visit rate. SBWC providers must provide the vaccine code and vaccine administration code on the claim/encounter.
- A SBWC visit that includes a medical component and a COVID-19 vaccination is reimbursed as a single visit, eligible for a single visit rate.

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.

Procedure Code	Description
60 – Mass Immunization	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.

MONOCLONAL ANTIBODY COVERAGE

During the Public Health Emergency (PHE), the federal government will pay for the cost of the monoclonal antibody drug. Additional costs associated with administering the drug (e.g. provider cost) are covered for Highmark Health Options members. For Medicaid members dually enrolled in Medicare, Medicare is the primary payer.

Providers should submit drug administration claims to Highmark Health Options. Tocilizumab may only be administered in an inpatient hospital setting and should be billed in accordance with inpatient hospital billing procedures. Due to the ever-changing nature of the pandemic, the Federal Drug Administration (FDA) has revised emergency use authorizations to limit the use of certain monoclonal antibody treatments when the patient is likely to have been infected with or exposed to a variant that is susceptible to these treatments. Please refer to the CMS website for the most updated coverage and codes: https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies .

At this time Sotrovimab is not covered.

Please note that for COVID-19 monoclonal antibody drug, the charge will need to be entered as $0.01. However, these treatments are provided at no charge from the federal government and there will be no payment on the drug code itself. Highmark Health Options will only make payment on the antibody administration code. Monoclonal antibody procedure codes and administration fee codes must be billed together on the same claim. Refer to the Centers for Medicare & Medicaid Services (CMS) website for a comprehensive list of monoclonal antibody and administration procedure codes.
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Reference

CMS. (2022). COVID-19 Vaccines and Monoclonal Antibodies | CMS. CMS.Gov. https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies
State of Delaware. (2022). DMMA COVID 19 Guidance. Dhss.Delaware.Gov. https://dhss.delaware.gov/dmma/files/covid19_vaccine_info_for_providers.pdf