

Reimbursement for Administration of COVID-19 Vaccine(s)—What We Know (continued)

How is COVID-19 vaccine administration reimbursed?

Reimbursement rates for COVID-19 vaccine administration and related services depend on the patient’s insurance and whether the claim is billed to the insurer as a medical claim under the **medical benefit** or as a pharmacy claim under the **pharmacy benefit**.

While CMS has published reimbursement rates for Medicare patients, states set administration reimbursement rates for Medicaid patients, and private insurance plans set these rates for their covered patients. CMS [announced](#) on March 15, 2021, that it will be increasing the reimbursement rate and creating one standard rate for each COVID-19 vaccine administration for Medicare beneficiaries. As of April 1, 2021, CMS will pay 100% for COVID-19 vaccine administration under state-determined Medicaid rates and intends to work with states to increase reimbursement rates. CMS expects private plans to continue to ensure that their rates are “reasonable,” in comparison with prevailing market rates.

What are Medicare reimbursement rates for COVID-19 vaccine administration?

As of March 15, 2021, there is **one standard Medicare reimbursement rate for the administration of single- and multiple-dose COVID-19 vaccines**. The standard rate of reimbursement for COVID-19 vaccine administration to Medicare beneficiaries is \$40, which is roughly double the original rate. Table 1 contains CMS-approved COVID-19 vaccine **administration rates** for the Medicare program. The exact payment rate will continue to be geographically adjusted based on where the services are furnished.

Table 1: Medicare COVID-19 Vaccine Administration Rates

Single Dose	Multiple Doses
\$40	First: \$40
	Second: \$40
	Additional: \$40

*Costs are [geographically adjusted](#).

Can I receive additional reimbursement for COVID-19 vaccines administered at a patient’s home?

Yes. Effective June 8, 2021, CMS will [pay an additional \\$35 for administering the COVID-19 vaccine in the home for certain Medicare patients that have difficulty leaving the home](#) or are otherwise hard-to-reach. Whether the additional payment is applied will depend on the patient situation and the type of location for administration. CMS outlines examples of patient situations and locations in their reference guide, [“Medicare Payment for COVID-19 Vaccine Administration in the Home.”](#)



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Examples of locations eligible for additional payment for at-home Covid-19 vaccine administration:

- A private residence.
- Temporary lodging (E.g., 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.
- A communal space of a multi-unit living arrangement.

Examples of locations not eligible for additional payment for at-home COVID-19 vaccine administration:

- 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 that program.

Table 2: COVID-19 Vaccine At-Home Administration Rates Per Dose For a Single Medicare Beneficiary

Administration Rate Per Dose	Additional At-Home Administration Rate	Total
\$40	\$35	\$75

*Costs are geographically adjusted.

It is important to note the purpose of the visit must be to administer the COVID-19 vaccine. If another Medicare service is provided in the same location on the same date, the additional amount will not be reimbursed.

Will I get reimbursed the additional in-home administration rate for each Medicare beneficiary I vaccinate in a single household or communal space in a group living setting?

Vaccine providers can receive the additional at-home administration rate up to five times for vaccine administration services provided to Medicare beneficiaries on the same day in the same home or communal setting; **but only when fewer than 10 Medicare beneficiaries receive the vaccine**. CMS provided the following examples to explain how this fee structure can be applied:

Scenario 1
<i>The pharmacist administers a COVID-19 vaccine to nine Medicare beneficiaries on the same date in the same home.</i>
9 x \$40 (for each administered dose) + 5 x \$35 (for in-home administration) = \$535



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Scenario 2

The pharmacist administers a COVID-19 vaccine to twelve Medicare beneficiaries on the same date in the same communal space of a group home setting.

$12 \times \$40$ (for each administered dose) + $1 \times \$35$ (for in-home administration) = \$515

**Note that the number of beneficiaries being vaccinated in this example exceeds the threshold of fewer than 10 Medicare beneficiaries so no additional in-home administration fees are permitted.*

Scenario 3

The pharmacist administers a COVID-19 vaccine to five Medicare beneficiaries on the same date in a communal space of a group home setting and to three Medicare beneficiaries in their individual rooms on the same date.

$8 \times \$40$ (For each administered dose) + $5 \times \$35$ (for in-home administration in communal space) + $3 \times \$35$ (for in-home administration in individual rooms) = \$600

Note: The above reimbursement rates were put into effect on August 24, 2021. Previously, the in-home vaccine administration rate was only applied once per visit to an eligible location on the same date.

How do I bill the in-home vaccine administration rate?

- To bill the in-home vaccine administration rate, the Healthcare Common Procedure Coding System (HCPCS) Level II code **M0201** should be billed in addition to the Current Procedural Terminology (CPT) code for the product and dose-specific COVID-19 vaccine administration.
- For roster billing, two roster bills will generally need to be submitted—one with the appropriate product and administration CPT code(s) and one with the HCPCS Level II code (M0201).
- 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 (e.g., an apartment in an apartment complex or a unit in an assisted living facility or group home).
- **The patient's clinical status or the barriers they face to getting the vaccine outside of the home must be documented.**

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How Pharmacists Can Be Positioned for Reimbursement as a COVID-19 Vaccine Provider

1) Obtain a Type 1 (Individual) NPI Number

To be reimbursed as a COVID-19 vaccine provider, pharmacists who do not have a Type 1 (individual) NPI should [apply for a number](#). Pharmacy reimbursement claims for COVID-19 vaccines must include two NPI numbers:

- A **Type 1 (Individual) NPI number** unique to the **provider** who has ordered/prescribed the vaccine; pharmacists ordering/prescribing the vaccine will need a Type 1 NPI number when submitting a claim, but if the pharmacist has not ordered/prescribed the vaccine, use the NPI for the provider who did so.
- A **Type 2 (Provider Organization) NPI number** for the **pharmacy** responsible for providing the vaccine; the majority of pharmacy locations will already have this NPI number in place.

2) Meet Payer Enrollment Requirements

Enrollment requirements will vary depending on whether the payer is Medicare, Medicaid, or a private sector health plan. Pharmacies should also prepare to enroll and seek reimbursement for services provided to uninsured individuals or individuals whose insurance does not cover the COVID-19 vaccine through the HRSA Provider Relief Fund. Detailed below are steps that pharmacies can take to enroll for COVID-19 vaccine reimbursement.

Medicare Enrollment

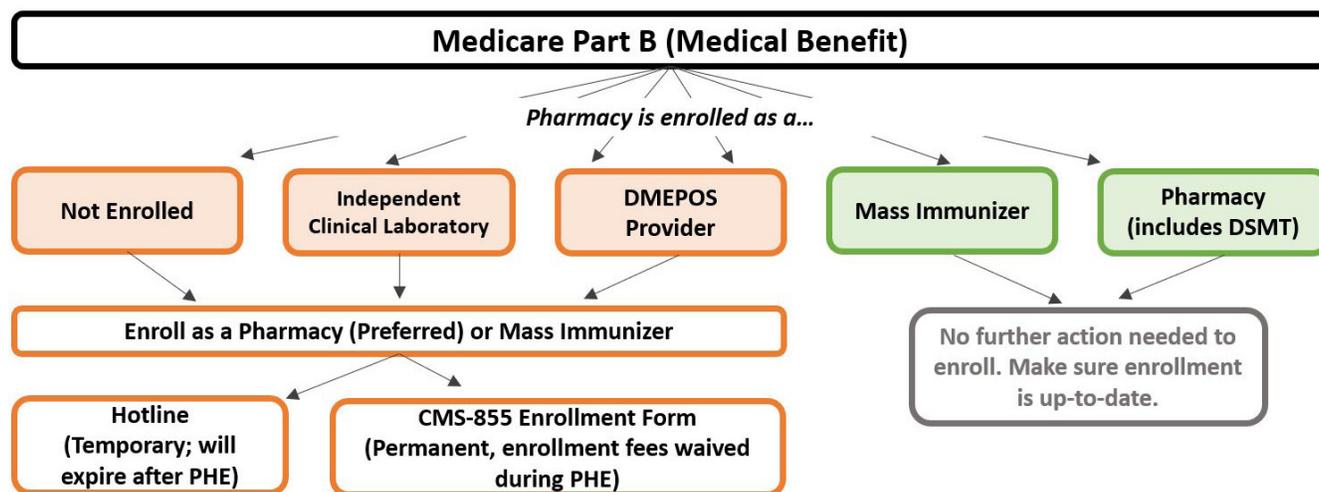
Medicare pays for COVID-19 vaccine administration as a medical benefit under Medicare Part B. Pharmacies must be enrolled in Medicare Part B under one of two CMS-recognized categories to be reimbursed for pharmacy-provided vaccines. These categories are the **Pharmacy category (preferred)** or the **Mass Immunizer category**. Medicare will assign a provider transaction access number (PTAN)—Pharmacy PTAN or Mass Immunizer PTAN—that the pharmacy will use to bill for COVID-19 vaccine administration.

As outlined in Figure 1, pharmacies that are not enrolled in Medicare or currently enrolled as a durable medical equipment, prosthetics/orthotics, and supplies (DMEPOS) provider or an independent clinical laboratory will need to ALSO enroll as either a pharmacy (preferred) or a mass immunizer to obtain a new PTAN that can be used to bill for administration of COVID-19 vaccines. A short summary of the available Medicare enrollment categories for pharmacies is listed below:

- **Independent Clinical Laboratory:** Assigned PTAN is used to bill COVID-19 tests (and influenza and RSV when administered concurrently with a COVID-19 test).
- **DMEPOS Provider:** Assigned PTAN is used to bill durable medical equipment (DME) only.
- **Mass Immunizer:** Assigned PTAN is used to roster bill for Medicare Part B vaccines (COVID-19, influenza, and pneumococcal).
- **Pharmacy (Preferred):** Assigned PTAN is used to bill for administration of COVID-19 vaccines on an individual claim basis (as well as influenza and pneumococcal vaccines), and for pharmacies that provide accredited Diabetes Self-Management Training (DSMT) services. This method may be preferred in the long term because of the potential to consolidate billing for various pharmacy-provided patient care services under one PTAN.

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Figure 1: Medicare Part B Enrollment Overview



How can a pharmacy enroll as a Pharmacy or Mass Immunizer under Medicare?

Pharmacies can enroll in Medicare (Figure 1) via an expedited 24-hour hotline process or through the submission of an 855B application. Regional Medicare Administrative Contractors (MACs) handle the enrollment process and claims processing for Medicare Part B claims. The application fee to enroll in Medicare Part B is waived during the PHE. If a provider decides to enroll via the hotline process, that enrollment is considered temporary and only in effect during the PHE. Following the end of the PHE, CMS and the MACs will work with providers that enrolled via the hotline to convert them to a permanent enrollment through the submission of a [CMS-855B application](#). CMS will continue to share approved Medicare provider information with states to assist with Medicaid provider enrollment efforts.

To enroll via the 24-hour hotline (temporary):

1. Call your MAC-specific [enrollment hotline](#).
2. Provide the valid Legal Business Name (LBN), National Provider Identifier (NPI), Tax Identification Number (TIN), practice location, and state license, if applicable. Pharmacies can enroll in Medicare Part B either in the Pharmacy category (preferred) or the Mass Immunization (Roster Billing Only) category to bill for COVID-19 vaccine administration.
3. A letter of approval will be sent within 24 hours if all the required information is provided.
4. For more information, visit [CMS's Enrollment FAQ page](#).



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To enroll via the 855B application (permanent):

Review and complete the [CMS-855B application form](#). Pharmacies can enroll as a Pharmacy (preferred) or as a Mass Immunization (Roster Biller Only) on the CMS-855B application form. Enrolling via the 855B application may take longer, but it results in permanent enrollment in Medicare. In comparison, the 24-hour hotline results in enrollment only during the period of the PHE; if originally signed up through the hotline process, the pharmacy will have the option to work with the MAC to enroll permanently at a later time, and there may be an enrollment fee then.

Who can enroll as a centralized biller in Medicare, and how does this enrollment work?

If a pharmacy organization is enrolled in the Mass Immunization (Roster Biller Only) category and operates in at least three [MAC jurisdictions](#), there is an option to enroll as a [centralized biller](#). Centralized billing allows the mass immunizer to send all roster bill claims to a single MAC, [Novitas](#), for payment, regardless of where the vaccine(s) are administered. The pharmacy organization must get prior approval from Novitas to centralize bill and submit all centralized biller claims as professional claims on a roster bill. Medicare makes geographic payment adjustments based on the locality where the vaccine is administered.

To become a centralized biller, call Novitas at 1-855-247-8428 with this information:

- Estimate of how many patients are expected to receive the COVID-19 vaccine
- Anticipated timeframe to administer vaccine(s)
- List of states for COVID-19 vaccination clinics
- Type of services generally delivered other than preventive vaccinations, if any
- Names and addresses of all entities operating under provider application
- Contact information for the centralized billing program's designated contact

State Medicaid and Private Sector Plan Enrollment

State Medicaid and private sector plans vary in whether COVID-19 vaccines are paid through the medical benefit or the pharmacy benefit, and these plans are required to reimburse in-network and out-of-network vaccine providers for COVID-19 vaccine administration. This is a unique requirement specific to COVID-19 vaccines and preventive services.

If the pharmacy is not enrolled as a network provider with a state Medicaid or private sector plan, claims for COVID-19 vaccine administration can be submitted as an out-of-network claim. Enrollment as a network provider is plan specific. It is recommended that pharmacies contact plans to start the enrollment process now as it can take several months or more to complete the credentialing and contracting requirements. This will position the pharmacy in the long term not only for COVID-19 vaccine administration payment but also for other patient care services.

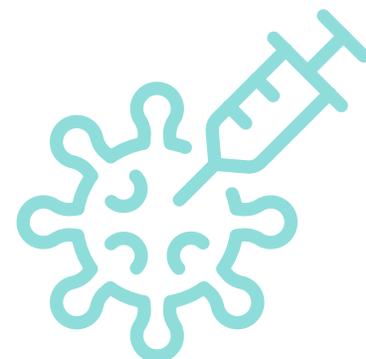
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HRSA Enrollment

Pharmacies can be reimbursed for the provision of COVID-19 services, including vaccine administration, testing, and treatment, to uninsured individuals through the [HRSA COVID-19 Uninsured Program](#). To participate, pharmacies must follow several steps to enroll in the program.

In addition, HRSA's new [COVID-19 Coverage Assistance Fund](#) allows pharmacists to collect reimbursement for individuals who have insurance but whose insurance does not cover COVID-19 vaccine administration or imposes patient cost sharing.

Reference step-by-step enrollment instructions for pharmacies to avoid delays in enrollment and reimbursement in APhA's "HRSA COVID-19 Uninsured Program and Coverage Assistance Fund" in the [Know the Facts: COVID-19 resource library](#).



3) Contract with a Medical Intermediary Organization

A medical intermediary is a company that serves as a connection between a pharmacy and a health plan for transmission of claims that are paid as medical benefit claims (for pharmacists practicing in physician offices and clinics, the companies are referred to as medical clearinghouses). The medical intermediary will receive a claim from a pharmacy and then populate it with additional required data elements for a medical claim. Because COVID-19 vaccine is being paid under the medical benefit in Medicare and some Medicaid and private sector plans, a medical intermediary is needed for COVID-19 vaccine claims submission. Pharmacies that are billing Medicare Part B vaccines, such as influenza and pneumococcal vaccine, should already have a contract(s) with a medical intermediary. Common medical intermediary organizations used by pharmacies include Omnisys, Change Health Care, EBS, and FDS. Pharmacies can contact these organizations for more information to determine which organization best meets their needs.

Reimbursement Pathways for COVID-19 Vaccine Administration

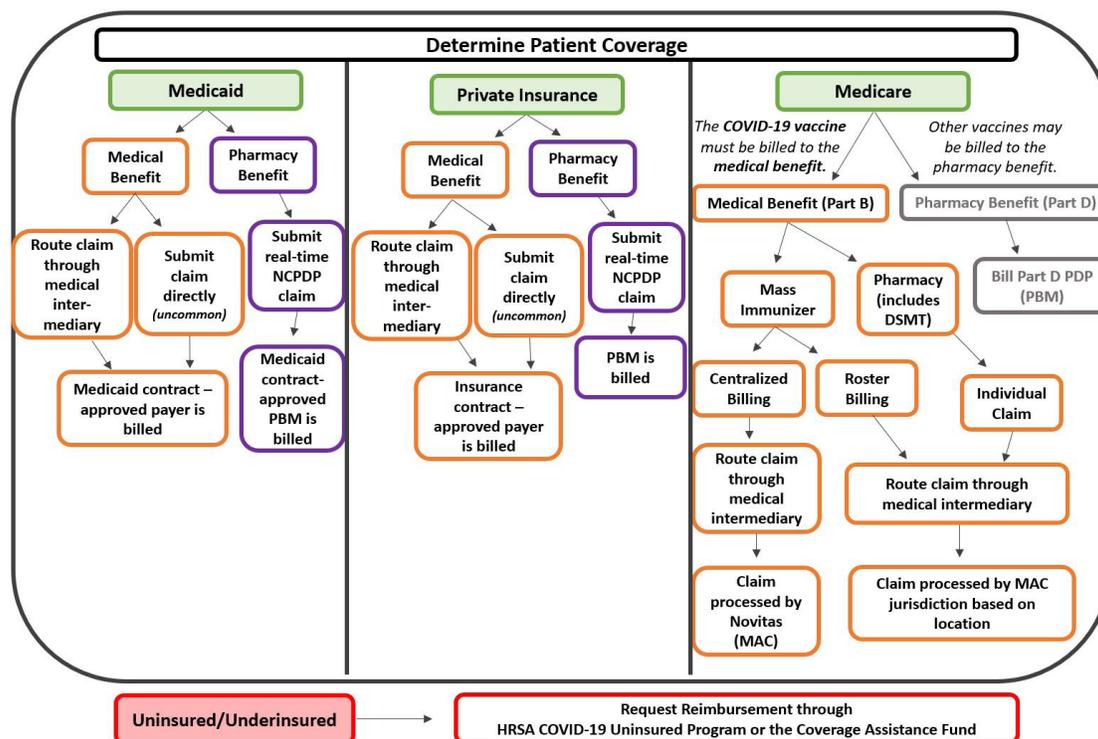
Federal requirements mandate that there are no patient out-of-pocket costs, for both in-network and out-of-network coverage of COVID-19 vaccine. Also, according to the terms of federal and state vaccine provider agreements, no provider can turn a patient away specifically due to concerns over vaccine administration reimbursement.

Reimbursement for COVID-19 vaccine is dependent on the patient's insurance coverage and whether the claim is paid through the medical benefit or pharmacy benefit. If a patient is uninsured or underinsured, providers can obtain coverage through the HRSA COVID-19 Uninsured Program or the Coverage Assistance Fund respectively. Both programs function like a medical benefit. An overview of potential payment pathways by insurer type is shown in Figure 2. Additional information about medical benefit and pharmacy benefit claims for COVID-19 vaccine is detailed in the following sections.



Reimbursement for Administration of COVID-19 Vaccine(s)—What We Know (continued)

Figure 2: Potential Payment Pathways for COVID-19 Vaccine Administration



Claims Submission for COVID-19 Vaccine Administration

Pharmacy software systems are built on National Council for Prescription Drug Program (NCPDP) standards. All COVID-19 vaccine claims originating from a pharmacy will use standardized data elements outlined in NCPDP [emergency guidance](#). Table 3 lists required data elements for claim submission. The NCPDP claim format can be used to submit reimbursement to a pharmacy benefit manager (PBM) as a pharmacy benefit claim or to a medical intermediary organization, where it will be converted from a pharmacy to a medical benefit claim.

It is important to note that the NCPDP guidance outlines claim information needed for both a **single-dose** and a **two-dose** series of COVID-19 vaccine. For a two-dose vaccine (Pfizer-BioNTech and Moderna), the submission clarification codes (SCC) are critical for distinguishing between the first and the second administration of the vaccine.

Additional doses are defined as an additional dose of the Moderna or Pfizer-BioNTech COVID-19 vaccines given to [moderately or severely immunocompromised patients](#) a minimum of 28 days after the last dose of vaccine administered. Claims for additional doses administered should include a SCC value of 7, which indicates the dose is “Medically Necessary.” If the vaccine product administered as an additional dose differs from the product administered to the patient previously, claims should not be rejected due to manufacture preference or therapeutic interchange. **Booster doses** are defined as a dose given to a fully vaccinated patient based on a specified timeline due to waning immunity. Claims for booster doses should include a SCC value of 10, which indicates the dose “Meets Plan Limitations.” It is important to note that pharmacists are responsible for clinical decision making when ordering and billing for an additional or booster doses of COVID-19 vaccine.



Reimbursement for Administration of COVID-19 Vaccine(s)—What We Know (continued)

If a different formulation of COVID-19 vaccine is given after the primary vaccine series, the different NDC will identify the product administered as a distinct product. NCPDP discourages claims rejections at the point-of-sale for therapeutic duplication based on prior claims for a different vaccine product NDC.

It is important to note that pharmacists are responsible for clinical decision making, which includes obtaining an accurate patient history, when ordering and billing for an additional dose of COVID-19 vaccine.

Table 3: NCPDP Claim Format

Type of Vaccine	Data Elements
Single-Dose COVID-19 Vaccine	<ul style="list-style-type: none"> • Quantity Dispensed: Use actual liquid volume (e.g., 0.3mL) • NDC for the vaccine product • Days Supply: 1 • Professional Service Code: “MA” • Incentive Amount Submitted: Submitted to identify the pharmacy is seeking reimbursement for administration of the product • Ingredient Cost: \$0.00 (some payers may require \$0.01 to be entered) • Gross Amount Due: Submitted to include “incentive amount submitted: for the vaccine administration fee and zero cost of the vaccine” • Basis of Cost: 15 (no cost) • Submission Clarification Code: None; some payers may require the use of either a 2 or 6
Two-Dose COVID-19 Vaccine	<ul style="list-style-type: none"> • Include same data elements as one-dose vaccine (above) AND • Submission Clarification Code: <ul style="list-style-type: none"> > First Dose: SCC code of “2” > Second Dose: SCC code of “6”
Additional Dose of COVID-19 Vaccine	<ul style="list-style-type: none"> • Include same data elements as two-dose vaccine (above) AND • Submission Clarification Code: <ul style="list-style-type: none"> > Additional Dose: SCC code of “7”
Booster Dose of COVID-19 Vaccine	<ul style="list-style-type: none"> • Include same data elements as two-dose vaccine (above) AND • Submission Clarification Code: <ul style="list-style-type: none"> > Booster Dose: SCC code of “10”

How do I know if the COVID-19 vaccine is covered under the patient’s pharmacy benefit or the medical benefit?

For Medicare patients, the COVID-19 vaccine is covered exclusively under the patient’s medical benefit (Medicare Part B) and pharmacists should bill a beneficiary’s Medicare number on their original [Red, White and Blue \(RWB\) Medicare card](#).

For Medicare beneficiaries, or Medicare Advantage enrollees, who cannot find or do not bring their original RWB Medicare cards to their vaccination appointment, pharmacists can use a beneficiary’s first name, last name, date of birth, and Social Security Number to look up a beneficiary’s Medicare Beneficiary Identifier (MBI) in their regional MAC’s secure portal to file claims for vaccine administration.



Reimbursement for Administration of COVID-19 Vaccine(s)—What We Know (continued)

When billing Medicaid or a private plan, it can vary whether COVID-19 vaccine administration is covered under the pharmacy or medical benefit. Until this is clearer, it is a good idea to proactively collect both pharmacy and medical benefit coverage information from patients or run a test claim. Collecting the patient’s Social Security Number is another step the pharmacy can take in case the patient is uninsured at the time of service or the patient’s insurance doesn’t cover COVID-19 vaccine, and the claim needs to be submitted to the HRSA Provider Relief Fund.

Medical Benefit Claims Reimbursement

When COVID-19 vaccine administration is covered under the medical benefit, the claim will be transmitted to the pharmacy’s medical intermediary for processing. Before COVID-19 billing, medical intermediary and pharmacy representatives should discuss the data needed to submit COVID-19 vaccine medical claims to various payers, including data needed for out-of-network billing. Common data elements needed to submit a medical claim include:

- ICD-10 code(s)
- Point-of-service code
- NPI for ordering provider
- NPI for rendering provider
- CPT code(s)
- Usual and customary (U&C) charge

When a medical claim is submitted by the pharmacy to the medical intermediary, an appropriate CPT code is assigned to the claim. Pharmacists should be familiar with these codes. The American Medical Association (AMA) announced vaccine-specific current procedural terminology (CPT) codes for the COVID-19 vaccine **product(s)** and **administration** (Table 4). The CPT codes are unique to each vaccine product and corresponding dose administered in the required vaccine schedule. These codes become effective when a COVID-19 vaccine is issued an EUA or approval from the FDA. For more information, refer to AMA’s [COVID-19 CPT coding and guidance](#).

Table 4: COVID-19 Vaccine-Specific Current Procedural Terminology (CPT) Codes

Vaccine Product Codes		
Cat I CPT Code	Vaccine Manufacturer	Description
91300	Pfizer-BioNTech	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
91301	ModernaTX USA	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



Reimbursement for Administration of COVID-19 Vaccine(s)—What We Know (continued)

Vaccine Product Codes <small>(continued)</small>		
Cat I CPT Code	Vaccine Manufacturer	Description
91302	AstraZeneca/Oxford	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
91303	Janssen	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use
Vaccine Administration Codes		
Cat I CPT Code	Vaccine Manufacturer	Description
0001A	Pfizer-BioNTech	Immunization administration by intramuscular injection of 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; first dose
0002A	Pfizer-BioNTech	Second dose
0003A	Pfizer-BioNTech	Additional dose
0004A	Pfizer-BioNTech	Booster dose
0011A	ModernaTX USA	Immunization administration by intramuscular injection of 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; first dose
0012A	ModernaTX USA	Second dose
0013A	ModernaTX USA	Additional dose
0021A	AstraZeneca/Oxford	Immunization administration by intramuscular injection of 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; first dose
0022A	AstraZeneca/Oxford	Second dose
0031A	Janssen	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, single dose



Reimbursement for Administration of COVID-19 Vaccine(s)—What We Know (continued)

CMS is working collaboratively with AMA and has adopted this coding structure for medical claims submitted under Medicare Part B. CMS has published information regarding [coding for COVID-19 vaccines](#) with a [list](#) of these codes that includes Medicare payment allowances and effective dates. Note that there will be slight regional MAC variation in these payment rates for COVID-19 vaccine administration. Check with your local MAC for exact payment rates.

For Medicare Advantage plans, if the cost of the COVID-19 vaccine(s) exceeds \$13 (the Medicare Advantage plan cost threshold for a single service), “Medicare beneficiaries enrolled in MA plans will receive coverage of the COVID-19 vaccine and its administration through the Medicare FFS program,” CMS [stated](#).² COVID vaccine for MA beneficiaries will be billed to the regional MAC in this case.

Therefore, it is important that patients with a Medicare Advantage plan provide their [Red, White, and Blue Medicare card](#) rather than their Medicare Advantage card because all claims must be billed as fee-for-service. As stated above, for Medicare Advantage enrollees who cannot find or do not bring their original RWB Medicare cards to their vaccination appointment, pharmacists can use a Medicare Advantage enrollee’s first name, last name, date of birth, and Social Security Number to look up beneficiaries’ Medicare Beneficiary Identifier (MBI) in their [regional MAC’s secure portal](#) to file claims for vaccine administration.

Providers administering the vaccine to uninsured or underinsured individuals can be reimbursed through two programs administered by HRSA. Both programs function like a medical benefit and require separate enrollment, as detailed above and in the APhA resource noted below.

Pharmacies can bill for reimbursement from the [HRSA COVID-19 Uninsured Program](#) for services provided to eligible patients within the last 12 months. Pharmacies can bill for reimbursement from the [COVID-19 Coverage Assistance Fund](#) for COVID-19 vaccine administration services provided since December 14, 2020. For more information, reference APhA’s “HRSA COVID-19 Uninsured Program and Coverage Assistance Fund” in the [Know the Facts: COVID-19 resource library](#).

Pharmacy Benefit Claims Reimbursement

When COVID-19 vaccine administration is covered under the pharmacy benefit, the claim is submitted to a PBM for reimbursement. If COVID-19 vaccine administration is covered under the medical benefit, the claim rejection will notify the pharmacy.

Key Takeaways

- Patients should not have any out-of-pocket costs for receiving a COVID-19 vaccine per federal mandate.
- To be reimbursed as a COVID-19 vaccine provider, pharmacists who do not have a Type 1 (individual) NPI should apply for a number. Pharmacy reimbursement claims for COVID-19 vaccines must include two NPI numbers, a Type 1 (individual) NPI number unique to the provider who has ordered/prescribed the vaccine and a Type 2 (Provider Organization) NPI number for the pharmacy responsible for providing the vaccine.

Continues.

Reimbursement for Administration of COVID-19 Vaccine(s)—What We Know (continued)

Key Takeaways Continued.

- Pharmacies may have multiple PTANs depending on their Medicare enrollments, so it is important to use the appropriate PTAN when submitting claims. The pharmacy should use the PTAN assigned during enrollment as a Pharmacy or Mass Immunizer when submitting a COVID-19 vaccine claim.
- Collect the patient's medical card, pharmacy benefit card, and Social Security Number to enable claims billing for medical or pharmacy claims or to seek reimbursement from the HRSA Provider Relief Fund or Coverage Assistance Fund.
- Medicare patients, including patients with a Medicare Advantage plan, should be advised to provide their Red, White, and Blue Medicare card because all claims must be billed as fee-for-service.
- For Medicare and Medicare Advantage enrollees who do not have their original Red, White, and Blue Medicare card, pharmacists can use the beneficiary's first name, last name, date of birth, and Social Security Number to look up beneficiaries' Medicare Beneficiary Identifier (MBI) in their regional MAC's secure portal to file claims for vaccine administration.
- If the pharmacy is not enrolled as a network provider with a state Medicaid or private sector plan, claims for COVID-19 vaccine administration can be submitted as an out-of-network claim.
- Pharmacies must contract with a medical intermediary to process claims for Medicare and those Medicaid and private payers that reimburse for COVID-19 vaccination services under the medical benefit. It is important for pharmacies to work with medical intermediaries on the data elements required to bill medical benefit claims to various payers.
- With the rapid evolution of COVID-19 vaccine billing, there is currently some variability in the coding required by various PBMs for billing pharmacy benefit claims.
- Having issues with billing for COVID-19 vaccines? Report issues you encounter with either medical benefit or prescription benefit claims using this [tool](#). These reports will be monitored and aggregated to identify systematic issues facing pharmacies across the country as they serve their patients and communities.

APhA will continue to collect information and update this guidance as new information related to successful processing of COVID-19 vaccine claims becomes available, through both the medical benefit and the pharmacy benefit.

Reference

- ¹ www.cms.gov/files/document/covid-vax-ifc-4.pdf

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