Billing to Get More Vaccines in Arms
System Level Change

We foster community wellness and advocate for good public policy and best immunization practices.
Population
7,000,000 people
113,500 square miles
50% live in 2 urban counties
3 IHS Regions

Approximately 30% minority
4% Native American
30% Under 18
53% 19 – 64
17% Over 65

As of 2017
12.7% of people under 65 uninsured
High percentage of veterans

Visitors “Snow birds”
Mohave County: 200,000 population
80,000 winter visitors
City of Douglas: 16,000 total population
20,000 kids in the registry

Borders
International Mexico Border and 5 state borders CA, NV, UT, CO, NM
AZ Public Health Gaps (Historical)

- $0 in state funding for immunizations
- State Statute requires counties provide school immunizations at no cost. Costing County Health $1.79 million per year (public price)
- No services for adult vaccines. 317 depleted in 3 months
- Average LHD funding per person = $34 Maricopa = $3.50 (4 million residents)
Vaccine Congress I, II, III & IV

State & County Public Health
Primary Care Offices
Health Plans
Manufacturers

Set of recommendations to improve rates:

- Bill for patients accessing County clinics
- Increase reimbursement rates by 130% above vaccine purchase cost
- Train providers on vaccine business practices
What TAPI’s Centralized Billing Program Does

• Bill for vaccine, admin fee, STI treatment, Family Planning, Behavioral Health for 12 of 15 LHDs
• TAPI’s fee % is used to support:
  • Billing team
  • Contracting/partnerships with plans
  • Billing infrastructure and software
  • Technical support to LHD staff & patient education
• Claim processing, follow-up and adjudication 165+ plans per month
• Monitoring vaccine payment system
• Policy change and direct strategies
• Maintaining a healthy public/private vaccine delivery system
Adult Immunization Barriers
2018 Environmental Scan

• 1. Technology
  • Patients turned away- Need bi-directional exchange to screen adults. Not sure what patient received from pharmacy, hospital, PCP or specialist
  • Adult Schedule too complex for Standing Orders and Standing Orders too hard to update in EHR. (tech request can take 6+ months with competing priorities)
  • No adult immunization focus/reminder in standard EHRs. Costly upgrades
  • Medicare payment for pneumo limited so Standing Orders rescinded

• 2. Payment
  • Medicaid requires script for pharmacy
  • Medicaid payment tied to “medical necessity” requires physician (impacts counties)
  • Pharmacy paid lower “dispensing fee” not paid admin fee
  • Reimbursement concerns grandfathered/high deductible plans – or denied for complex patients. Plans use age related schedule for claims (LHD billing data)
  • New providers/specialists tried but lost on claims. Specialists like obgyns not contracted as PCP so not able to bill for vaccines. Many adults see specialists.
  • New vaccines given but not covered so previous vaccinators quit offering vaccines

• 3. Policy and Access to Care
  • Family Practice sending kids to pediatrics because of complex handling and storage requirements – as a result not offering adult vaccines either
  • VFA not adequate to cover all uninsured-limited to a few providers-mixed message in CHCs/LHDs patients referred from place to place
Outbreaks Impacting Payments

- Slow buy in for PH adult vaccine billing
- Gains in adult vaccine coverage started with Hep A outbreak
- Huge changes in networks, policy and payments because of COVID
- Mpox reenforced the need for keeping COVID policies in place

But...only 37% of stakeholders surveyed on 3/2023 feel vaccine payments adequately cover purchase, insurance, staff costs.
Gaps Create Missed Opportunities (2023)

Patient Factors
- Vaccine fatigue
- Few options for uninsured (317 funds exhausted in 3 months)
- Out-of-pocket cost for insured (Part D fix is amazing!)

Payment System
- Complexity of billing Part D in Medical office. Referrals decreasing
- Mass immunizers limited to flu, pneumo, covid. (LTC and catch up)
- Shrinking plan networks with wrap up of PHE
- Denials for complex patients. Plans use age range schedule for claims
  - Payment tied to “medical necessity” requires physician/records
- Specialists like OB/Gyns not contracted as PCP so not able to bill for vaccines.
- Tricare denying covid claims based on dose #

Office Factors
- Vaccine conversation fatigue
- Loss of Primary Care providers
- 30% staff vacancy/high turn over rate
What it takes to give a shot

- Contract with all health plans
- Credential site and all providers
- Contract with vaccine suppliers
- Order and pay for private vaccine supply
- Sign up for VFC
- Sign up for ASIIS
- Order VFC vaccine
- Accept shipment for vaccine/maintain cold chain
- Refrigerate vaccine
- Check refrigerator twice daily for temps
- Insure vaccine
- Schedule vaccine appointment
- Check insurance and VFC eligibility
- Gather accurate and complete insurance data
- Verify insurance coverage for private
- Check the patient record book
- Check ASIIS for shot history
- Screen patients for what’s needed and contraindications
- Council patient
- Give VIS for every vaccine
- Get parent signature on each vaccine
- Draw up vaccine
- Inject vaccine
- Band-Aid the site
- Comfort the child
- Update the parent record book
- Record correct diagnosis code to record
- Record cpt to record
- Record NDC and lot number to record
- Update EHR
- Report to ASIIS
- Inventory vaccine stock in refrigerator
- Reconcile ASIIS inventory
- Report dose by lot number and NDC to ASIIS for VFC
- Fax temp logs to VFC
- Review report cards
- Send to billing
- Electronic system all 33 boxes
- Send claim to clearinghouse and on to payers
- Receive EOB with payment or denial
- Rebill 15% of claims for denial
- Adjust actual payment in billing system
- Report payment to patient
- Record in billing system
- Bill patient directly for outstanding balance

$15-$25 Admin Fee

Payments don’t always cover vaccine purchase prices
**Moderna (Red Cap):** CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>91301</td>
<td>Moderna Covid-19 Vaccine</td>
<td>SARSCOV2 VAC</td>
<td>80777-273-10 vial NDC 80777-273-99 carton NDC</td>
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<td>ADM SARSCOV2</td>
<td>100MCG/0.5ML1ST</td>
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<td>Moderna Covid-19 Vaccine Administration – Second Dose</td>
<td>ADM SARSCOV2</td>
<td>100MCG/0.5ML2ND Dosing Interval: 28 days after dose 1</td>
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<td>0013A</td>
<td>Moderna Covid-19 Vaccine Administration – Third Dose</td>
<td>ADM SARSCOV2</td>
<td>100MCG/0.5ML3RD Dosing Interval: 28 days after dose 2</td>
<td>N/A</td>
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<td>$38.78</td>
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<td>Moderna Covid-19 Vaccine (Low Dose)</td>
<td>SARSCOV2 VAC</td>
<td>50MCG/0.25ML IM</td>
<td>$0.01</td>
<td>$0.01</td>
<td>$0.00</td>
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<td>$0.00</td>
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<tr>
<td>0094A</td>
<td>Moderna Covid-19 Vaccine Administration – Booster Dose</td>
<td>ADM SARSCOV2</td>
<td>50MCG/0.25MLBST 3 or 5 months after dose 2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$38.78</td>
<td>$75.00</td>
<td>$83.00</td>
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**Moderna Booster Codes (Blue Cap)**

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</table>

Complexity of managing 30+ codes and multiple presentations a barrier


[https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine](https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine)
Public Health
Getting Vaccines in Arms

• No patient has been turned away
• No deductibles/copays have been collected
• Counties are reimbursed about 10% above cost of vaccine + admin
• Partners work together for sustainable payment solutions
• Unrestricted public health funds used to purchase vaccine & for community health nurses

2009 – 2016: $9.4 Million
2019: $4.2 million
2021: $14 million
Billing for County Health Departments & Non-traditional Partners (Not typically Contracted)

- County Immunization Clinics
- School Districts
- Fire Departments
- National Guard
- Lab (testing to vaccine)
- Hospital systems
- Medical Volunteers

$20 million in COVID-19 Claims
Processed close to a million claims
Moving in the Right Direction

• Part D 1st dollar coverage stretches public health funding for uninsured patients
• Pharmacy administration payment vs dispensing fee
• Recent Medicaid adult vaccine payment increase
• Counseling code payments (non-administration)
• Higher revenue for offices providing routine adult vaccines
• More adult records in registries decrease non-payments
Vaccine Billing Resources
Respiratory Illness Season
Flu, COVID, RSV

Vaccines + Monoclonal
National Immunization Resources in the Works

**Adult Vaccine Billing Guides**

- Top Questions on Coding and Billing for Vaccines
- Common problem scenarios and ways to reduce errors in billing and coding
- CPT codes for vaccines, vaccination & counseling

**2023 Implementation Tools**

- Talking Points for Respiratory Illness Season
- Personalized Roadmap for Patients
- Operationalizing Fall Immunizations for providers

Provider Billing tools

COVID-19 Vaccine Billing Policy Information (12/2/2020)

COVID-19 vaccine is a Federally purchased vaccine that will be supplied to providers at no cost. The CDC will allocate vaccine to states jurisdictions based on population, and state/local health will determine provider locations that will receive initial vaccine based on high-risk groups and storage capacity. Once there is ample supply of covid-19 vaccines providers will be able to order vaccine through ADHS using ASIS.

Because the vaccine is Federally supplied there will be no upfront costs or reimbursement for the vaccine itself, but most health plans will reimburse providers for the COVID-19 vaccine administration fee.

Providers should bill the administration fee to cover staff, storage and documentation to insurance or HRSA for uninsured and should not charge patients. (Register with Optum to submit uninsured claims)

COVID-19 Vaccine Coding Information (12.07.2020)

CMS Payment Allowances for COVID-19 Vaccines & Their Administration:

<table>
<thead>
<tr>
<th>Code</th>
<th>Vaccine/ Procedure Name</th>
<th>CPT Short Description</th>
<th>Vaccine IDC &amp; Diagnosis Code</th>
<th>Payment Allowance</th>
</tr>
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<tbody>
<tr>
<td>91300</td>
<td>Pfizer-BioNTech COVID-19 Vaccine</td>
<td>SARS-CoV-2 VACCINE 30MG/0.5ML</td>
<td>90674-1000-01 - 1st dose</td>
<td>$0.01</td>
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<tr>
<td>91301</td>
<td>Pfizer-BioNTech COVID-19 Vaccine Administration - First Dose</td>
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<td>90675-1000-01 - 1st dose</td>
<td>$0.01</td>
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<tr>
<td>91302</td>
<td>Pfizer-BioNTech COVID-19 Vaccine Administration - Second Dose</td>
<td>-</td>
<td>90676-1000-01 - 2nd dose</td>
<td>$0.01</td>
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<tr>
<td>91303</td>
<td>Moderna COVID-19 Vaccine</td>
<td>SARS-CoV-2 VACCINE 100MG/0.5ML</td>
<td>90677-273-30 - 1st dose</td>
<td>$0.01</td>
</tr>
<tr>
<td>91304</td>
<td>Moderna COVID-19 Vaccine Administration - First Dose</td>
<td>-</td>
<td>90678-273-30 - 1st dose</td>
<td>$0.01</td>
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<tr>
<td>91305</td>
<td>Moderna COVID-19 Vaccine Administration - Second Dose</td>
<td>-</td>
<td>90679-273-30 - 2nd dose</td>
<td>$0.01</td>
</tr>
</tbody>
</table>

Potential Changes in Workflow for Billing Adult Federal Vaccines:
1. Federally supplied vaccine is billed at $0.01 or $0.01.
2. Bil CLIA Administration Fee Rate to all health plans public & private - $16.94 or $28.39.
3. Note - separate billing codes that are done and vaccine specific.
4. Federal vaccine administration fee is billed with an IL modifier to indicate there is no cost billed for the associated vaccine.
5. Scan NDC from box not from vial or syringe for Inventory reporting. (NDC Qualifier 94).
7. Affiliation Immunization Clinics - Bill rendering provider physician global ordering location as base of operation. Use Place of Service code 40 off-site immunization clinics.
8. Uninsured administration fee claim billed to Optum through the HRSA program. Should not bill patient out of pocket.

AZ COVID Vaccine Billing Policies:
- Providers should bill Medicare using Medicare claims.
- In-network reimbursement for flu and COVID-19 vaccine from most health plans by Executive Order (Must be registered as an AHCES provider for Medicaid plans).
- AHCES has expanded list of qualified providers to include EMS, Dentists, etc.
- Offsite Immunization clinics do not need additional state licensing BE-10-103-6 & 7.

CMS COVID-19 Vaccine Billing Policies:
- Current Medicare Providers: If you’re enrolled in Medicare under institutional or non-institutional provider types, you don’t need to take any action to administer and bill the COVID-19 shot.
- New Medicare Providers: can enroll as a "Medicare mass immunizers" through an expedited 24-hour process. The ability to easily enroll as a mass immunizer is important for some pharmacies, school, senior centers, and entities that may be non traditional providers or otherwise not eligible for Medicare enrollment.
- Mass Immunization Clinics: Section 4 of the CMS-855, the supplier need NOT list each off-site location (e.g., county fair, shopping mall). It need only list its base of operation:
  - NIP and 18% of location of standing orders physician is used as the rendering provider.
  - Place of service 60 is indicated in an offsite immunization setting.

Contact TAPI for updated guidance or billing questions
480.583.3584 or Jennifer@tapi.org

Additional Resources for Mass Immunization Clinics:
- TAPI Mass CNE: Training slides, recording, materials and handouts TAPI website.
- CDC Guidance: Mass Immunizations during a pandemic link.
No ID or insurance is required to receive a COVID-19 Vaccine and you will not be charged today. Patients who do have insurance, your insurance company will be billed.

We may be asking you to share:

Your Insurance policy Information

- Insurance reimbursement helps support the cost of these special clinics. You will not be charged for any insurance copays, deductibles or co-insurance.

Your Medicare Member Benefits (MBI) number, even if you are covered under an Advantage Plan

- If you have Medicare coverage, we need your MBI to bill Medicare
- If you are covered under an Advantage Plan, we need your MBI because Medicare requires submission of COVID-19 claims directly to Medicare and NOT to the Advantage Plan.

Social Security Number, Driver’s License Number and State of Residence

- We need this information to bill a special Federal program for the uninsured, in case your policy has lapsed or if you don’t have insurance.
- Your SSN will allow us to look up your insurance coverage, in case there are errors in your insurance information.

You will receive COVID-19 Vaccine today if you do not have insurance or can not provide the information requested.

Please help us. When registering in our system, enter all your personal and insurance information carefully. Thank you!
## Working with Health Plans

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age Range Routine/High Risk Recommended for Algorithm</th>
<th>Routine Childhood Schedule</th>
<th>Routine Adult Schedule</th>
<th>Catch up or High Risk</th>
<th><em>Notes</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>0-99</td>
<td>Birth, 2 months, 6 months</td>
<td>Up to age 65</td>
<td>Kid catch up anytime, high risk adults any age</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A &amp; B</td>
<td>18-99</td>
<td>None</td>
<td>18-65</td>
<td>Cannot be given after 8 months of age</td>
<td></td>
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<tr>
<td>Rotavirus</td>
<td>15 weeks-8 months</td>
<td>2 months, 4 months, 6 months dose series at age 2, 4, 6, 12-18 months, 4-6 years</td>
<td>None</td>
<td>Cannot be given after age 7</td>
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<tr>
<td>Diphtheria Tetanus Pertussis (DTPa)</td>
<td>2 months - 6 years</td>
<td>11-12 years</td>
<td>Every 10 years; every pregnancy; After puncture wound as treatment</td>
<td>Used for DTPa series catch up for kids over the age of 6 years</td>
<td></td>
</tr>
<tr>
<td>Tetanus Diphtheria Pertussis (Tdpa)</td>
<td>7-99 years</td>
<td>None due to Tdap</td>
<td>Every 10 years; After puncture around 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td</td>
<td>7-99 years</td>
<td>2, 4, and 6 months, followed by a booster dose* at age 12-15 months; catch up through 59 months; high risk anytime</td>
<td>18-99</td>
<td>High risk 1-2 doses</td>
<td></td>
</tr>
<tr>
<td>Hemophilus Influenza Type B (Hib)</td>
<td>0-99</td>
<td>2, 4, 6, 12-15 months; catch up through 59 months; any age for highrisk</td>
<td>65 years+</td>
<td>High risk any age</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV13, PCV15, PCV20)</td>
<td>0-99</td>
<td>2, 4, 6, 8-18 months, 4-6 years; administer the final dose on or after age 4 years and at least 6 months after the previous dose.</td>
<td>None</td>
<td>High risk if did not receive oral polio vaccine. Adult primary series or boosters given to unvaccinated adults during an outbreak. *2022 NY polio</td>
<td></td>
</tr>
<tr>
<td>Inactivated Polio (IPV)</td>
<td>0-99</td>
<td>2 doses in first season, 1 dose per year</td>
<td>Yearly</td>
<td>Not for high risk</td>
<td></td>
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<tr>
<td>Influenza IV4</td>
<td>6 months - 99 years</td>
<td>None</td>
<td>65+ Yearly</td>
<td>Not for high risk</td>
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<tr>
<td>Influenza High Dose</td>
<td>65-99 years</td>
<td>2 doses in first season, 1 dose per year</td>
<td>Yearly through age 89</td>
<td>Preferred for patients with egg allergies</td>
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<tr>
<td>Influenza LAIV</td>
<td>2-49 years</td>
<td>2 doses in first season, 1 dose per year</td>
<td>Yearly through age 89</td>
<td>Preferred for patients with egg allergies</td>
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<tr>
<td>Influenza CIV4</td>
<td>6 months-99 years</td>
<td>2 doses in first season, 1 dose per year</td>
<td>Yearly through age 89</td>
<td>Preferred for patients with egg allergies</td>
<td></td>
</tr>
<tr>
<td>Influenza RV4</td>
<td>18-99 years</td>
<td>None</td>
<td>Yearly through age 89</td>
<td>Preferred for patients with egg allergies</td>
<td></td>
</tr>
<tr>
<td>Measles Mumps Rubella (MMR)</td>
<td>Recommend 6 months - 9 years due to annual change</td>
<td>1 dose at 12 months; booster age 4-6 years</td>
<td>1 or 2 doses catch up</td>
<td>Some high risk categories; contraindicated for others due to live virus</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Anyone born before 1957 was likely exposed. This age range must be updated yearly or indicated for 6 months -99 years knowing it changes yearly. Experience annual dental due to out of date ranges in health plan systems. Typically given to babies at 12 months, but during an outbreak will...
WhyImmunize.org

- Patient Education Materials for all vaccines & ages
- Provider Trainings routine immunizations, billing & COVID-19 vaccine
- Catch up clinics
- Community Outreach
- Speaker Volunteer Program