

Update on Billing and Coding Task Group

May 1, 2025



Introduction

- Billing and coding task group met at August 2024 NAIIS in-person meeting
- Identified priority areas impacting providers' ability to implement CDC vaccine recommendations and challenges with respect to payment
- Meet monthly to discuss priorities for the task group
- Tools developed/updated at www.izsummitpartners.org/naiis-workgroups/billing-coding-payment-taskgroup/.



Billing and Coding Task Group Members

- Mitchell Finkel
- Carolyn Bridges
- Mitch Rothholz
- Abby Bownas
- Lisa Foster
- Alessandra Fix
- Jon Pohlers
- Brigid Grover
- Mary Soliman
- LJ Tan
- Katheryne Murray
- Jennifer Tinney
- June Fisher
- Sri Parajuli
- Amy Walker
- Katie Pischke
- Jenny Galbraith
- Heather Richmond
- Emman Parian
- Jacqueline Doyle
- Katie Mahuron
- Becky Neudecker
- Kate Mehring
- Leena Scaria
- Eric Crumbaugh
- Elizabeth Sobczyk
- Sarah Price
- Lana Hudanick
- Carolina LeCours
- Lisa Robertson
- Thomas Acciani
- Tiffany Tate
- Erica DeWald
- Michelle Fiscus
- Carolyn Parry
- Ronald Balajadia
- Karyn Lyons



Challenges and Gaps Identified in Aug 2024

- Declines in confidence by providers that payments for vaccines and vaccine administration or dispensing fees will cover costs
 - May be leading to fewer providers offering vaccines and reducing access
 - Lack of transparency regarding costs and payments
 - Administration fees / dispensing fees vary widely
 - Clawbacks reported
- Pharmacy benefits management organizations (PBMs) increasingly lowering payments to pharmacists for vaccines and dispensing
 - Already resulting in decreased hours of operation or closing of some pharmacies
- Delays in updates to vaccine payments with new vaccines or new formulations
- Challenges with LTCF patient and staff vaccination after COVID, esp. Part A stay patients and uninsured staff
- Continued challenges with Medicare B vs D vaccines depending on setting
- Lack of CPT code for vaccine counseling for adults when no vaccine administered



Actions of Billing and Coding WG and Partners

- Updates made to pharmacy and medical billing guidance on website
- Algorithms and guidance updated to emphasize
 - Need to work with in-network providers
 - Hepatitis B vaccine now in part B
 - Contacting manufacture assistance programs
- White paper on billing and payment issues for Community Health Centers/FQHCs updated from 2017 – led by Sarah Price and NACHC and published in January 2024.
www.izsummitpartners.org/content/uploads/2024_Adult_Immunization_White_Paper_Updated.pdf.
- White paper on billing and payment issues facing LTCF for staff and residents – in progress
 - Work led by Elizabeth Sobczyk at PALT-MED
- Collecting additional data on main reasons for claims rejection
 - Jennifer Tinney and TAPI
 - Mitchell Finkel at Avalere Health
- New pilot project on NAIIS website to receive and have WG review reports of vaccine payment issues.



Jennifer Tinney – Update on Common Reasons for Claims Rejection



1. Advocate for inclusion of local health departments as in network providers
2. Monitor private/public vaccine reimbursement for all vaccines and providers.

Jennifer Tinney, TAPI
JenniferT@tapi.org



vaccine payment challenges



Medicare Part
A, B, D & who
can vaccinate
where?

(Non-traditional
billing systems
dental, LTC)



Plan specific snags
(Combo vaccines,
Preauth, coordination of
benefits, age, shared
clinical, Federal to
private)



Low margins
on private
vaccines
(Lower for NP's,
pharmacy)



New vaccine
payment lag
(ACA 1 year+,
typically 6 months
for code changes)



Limited
networks
(Few PCP's that
carry vaccines. Out
of network
payments. Even
Medicare)

a. Precaution for LAN4 does not apply to alcoholism.

b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.

c. Hematopoietic stem cell transplant

X No

Require appeals for payments. 18 months fix.

Mitchell Finkel – Updates to Medical Coding

1. Avoid Common Errors

2. Coding for Time for Vaccine Counseling

Avoiding Common Errors:

www.izsummitpartners.org/content/uploads/NAIIS_Top-10-questions_2025.pdf

CPT Scenarios:

www.izsummitpartners.org/content/uploads/CPT_ScenariosUpdate_2023.pdf/.



Avoiding Common Errors

- Updated led by Mitchell Finkel, June Fisher, and Jennifer Tinney



Top Questions for Medical Benefit Coding and Billing for Vaccines: Avoiding Common Errors

The Summit has compiled billing issues from partners and reviewed publications on adult vaccine billing to develop the following Top Questions associated with coding and billing for adult vaccines. Some pediatric vaccine billing information is also included. An [algorithm](#) describing overall vaccine coverage by insurance type, additional information on [CPT coding for vaccine counseling](#), and detailed information regarding U.S. vaccine [insurance coverage policy](#) and [reimbursement policy](#) are available.

**2. What is the CPT code for vaccine “x”?
What is the correct NDC for vaccine “x”?
How should the claims form be completed?**

A. BILLING FOR VACCINE ADMINISTRATION:

Proper Current Procedural Technology (CPT) codes for the vaccines administered, as well as for the vaccine administration service, must be used on claim forms. The vaccine CPT codes can be found on the [CDC website](#).



CPT Coding Case Scenarios

- Developed in 2021 with AMA when physician fee schedule was updated. Includes information on medical billing for prolonged visits that may include vaccine counseling.

Adult Current Procedural Terminology® Coding Case Scenarios¹



■ Background

This document provides case studies designed to help providers, who use the CMS 1500 form or the electronic equivalent, with appropriate coding and billing of vaccinations for adult patients for a range of scenarios.

Billing and coding for vaccine counseling for people 18 years and older differs from those less than 18. When a qualified healthcare provider (QHP) counsels a patient younger than 18 years of age, the counseling time is incorporated into the immunization administration code (e.g., 90460). When a QHP counsels a patient age 18 years or older, the counseling time needs to be coded separately.

In an effort to address the continuing problem of administrative burden for physicians in nearly every specialty, recent changes to the Evaluation and Management (E/M) office visit Current Procedural Terminology (CPT®)² codes (99201-99215) code descriptions and documentation standards have been approved for use by the American Medical Association (AMA) and were finalized in the 2020 Medicare Physician Fee Schedule Final Rule, effective 2021. These new codes, **effective January 1, 2021**, are designed to be more intuitive and reduce administrative burden by removing complex counting systems for history, exam and data.³ A chart of the codes prior to the change relative to the current change is provided in *Appendix 1*.



Pharmacy Billing

- Updates to pharmacy billing and algorithm led by Eric Crumbaugh.

www.izsummitpartners.org/content/uploads/NAIIS_Pharmacy-Billing.pdf.



Summary of Vaccine Coverage Through the Pharmacy

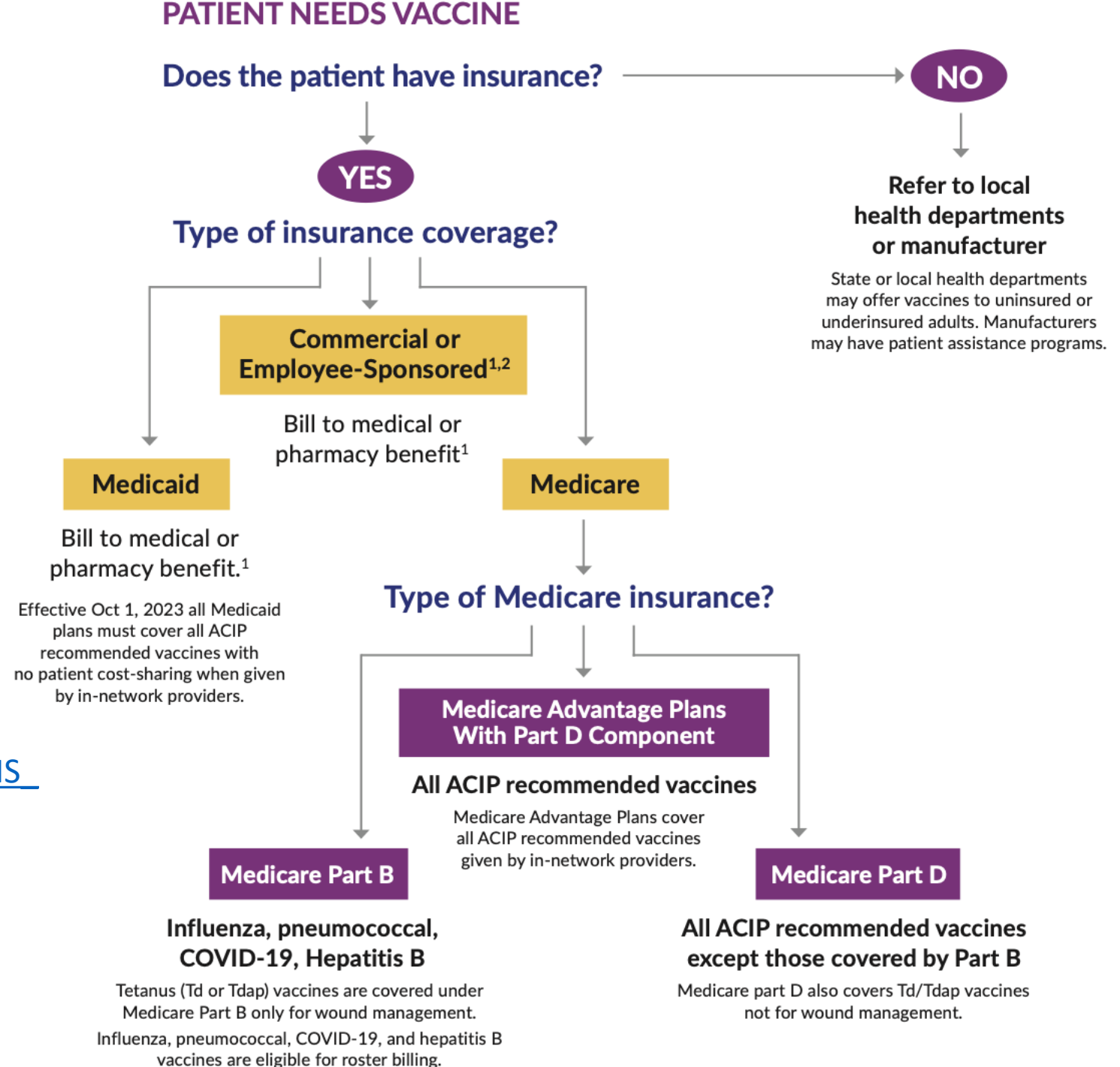
Insurer	Vaccine Type	Bill to Medical or Pharmacy Benefit	Notes
Medicare Part B	Influenza	Medical	
	Pneumococcal	Medical	
	COVID-19	Medical	
	Hepatitis B	Medical	Starting January 1, 2025, Part B will cover hepatitis B vaccination for those without a completed hepatitis B vaccination series or whose vaccination history is unknown. A physician's order will no longer be required for hepatitis B vaccination under Part B, which will facilitate roster billing by mass immunizers.
Standalone Medicare Part D Plan	All ACIP-recommended vaccines (covered with no cost-sharing to the patient) except those covered by Medicare Part B (influenza, pneumococcal, COVID-19, and hepatitis B vaccines administered by in-network providers).	Pharmacy	Medicare Part D covers ACIP-recommended vaccines not covered by Part B, including shingles vaccine, and Td/Tdap vaccines for prevention. Td/Tdap vaccine for wound management is covered by Medicare Part B.
Medicare Advantage Plans with Part D Benefits (MAPD)	All ACIP-recommended vaccines covered with no cost-sharing to the patient when administered by an in-network providers.	Pharmacy or Medical	Depending on MAPD, vaccine claims may be submitted via: <ul style="list-style-type: none"> • pharmacy claim (Part D or similar plan) • medical plan (not the traditional Part B roster billing)
State Medicaid Plans	Effective October 1, 2023, all ACIP-recommended vaccines must be covered with no cost-sharing to the patient when administered by an in-network providers.	Medical or Pharmacy	Depending on the state, the Medicaid plan may either be administered by the state (FFS) or a private plan (Managed Care). FFS and Managed Care Medicaid plans may have different policies about whether a pharmacy can bill for vaccines and vaccinations and if they are covered under the medical benefit, pharmacy benefit, or both. If vaccines are only covered under the medical benefit, pharmacists may need to be credentialed as providers (this includes FFS and Managed Care plans).
Commercial/ACA/Employee-Sponsored Plans ¹	All ACIP-recommended vaccines, with no cost-sharing for the patient when administered by in-network providers.	Medical or Pharmacy	Some plans allow vaccines to be billed as a prescription; however, some limit this benefit to medical plans only.
Selected National Health Plans			
Tricare	All ACIP-recommended vaccines, with no cost-sharing for the patient	Medical or Pharmacy	
Federal Blue Cross Blue Shield	All ACIP-recommended vaccines, with no cost-sharing for the patient	Medical or Pharmacy	

¹ ACA requirements do not apply to "grandfathered" plans and therefore covered individuals may have cost sharing for recommended vaccines.

Billing Algorithm

- Updates to remove references to COVID-19 Bridge Program, and move hepatitis B all to Part B.

www.izsummitpartners.org/content/uploads/NAIS_Vaccine-insurance-coverage-2024-2025.pdf



Vaccine Payment Challenges Reports - Pilot Project

- Provider payment challenges often reported anecdotally
- Recently, change from QIV to TIV influenza vaccine formulations, introduction of RSV vaccines, and newly approved or expanded indications for some vaccines brands further highlighted challenges with claims denials and long delays after ACIP vaccine recommendations and FDA approvals for vaccines included in existing ACIP recommendations



Report Vaccine Payment Challenges

The NAIIS Billing and Coding Work Group is seeking information regarding vaccine billing challenges experienced by providers and their organizations in order to help identify and address payment issues with vaccine providers and payers. This is a pilot project to identify specific examples of payment challenges which the NAIIS work group will review to identify ways in which we can help vaccine providers and work with all partners to reduce payment challenges.

DO NOT REPORT ANY Patient Personal Identifiers (including patient record numbers or contact information).

[Reporting Form](#)

Vaccine Payment Challenges Reports - Pilot Project

- Issues reported
 - Multiple payers/plans denying a second dose of COVID-19 vaccine for persons with eligibility for 2nd dose based on CDC clinical considerations. Payer noting that FDA PI does not include twice yearly vaccination.
 - Claims denials for hepatitis B vaccination using Part B even though CMS issued a rule in the fall that this change would take place January 1.
 - Vaccine payment by insurer is lower than purchase cost, especially when the payer does not update their contract payment amounts in a timely manner. E.g., a state Medicaid agency updates their fee schedule in July 2024. In August 2024, G9 list price increased, but the state Medicaid will not review pricing until July 2025.
 - Pneumococcal examples:
 - PCV21 not being covered by a commercial insurer.
 - Delays in paying for pneumococcal vaccine for newly recommended 50-64 age group.



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[Reporting Form](#)

Vaccine Coding and Billing Task Group

- Next Steps
 - Task group meeting during NAIIS in-person meeting in breakout session on May 14.
 - Will review activities and learnings over the year
 - Discuss which activities to prioritize in 2025-26
 - Priorities include:
 - Expanding understanding of the many systems, organizations and processes that impact the timeliness for providers to receive payment after administering vaccines in accordance with ACIP recommendations with FDA approved vaccines.
 - Developing templates for providers responding to payment issues when ACIP recommendations have been followed.
- Any NAIIS in-person attendee welcome to join breakout discussion!
 - Will include additional discussion of PBM's, reported billing and coding challenges and responses, and identification of other priority issues.

