

Update on Billing and Coding Summit Products

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THANK YOU TO EVERYONE WHO PARTICIPATED IN THIS TASK GROUP!

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**National
Adult and
Influenza
Immunization
Summit**

Sarah Price, NACHC, Update on Policy Issues Providing Vaccinations in FQHCs

Strategies to Address Policy Barriers to Adult Immunizations in Federally Qualified Health Centers



SEPTEMBER 2019

Jennifer Tinney, The Arizona Partnership for Immunization

Algorithm to provide overview of vaccine coverage by insurance type

www.izsummitpartners.org/content/uploads/NAIIS_vaccine-insurance-coverage_2023.pdf



Insurance Coverage of Adult Immunizations

Patients and providers should confirm which providers are in-network providers for vaccinations covered by their insurance plan.

PATIENT NEEDS VACCINE

Does the patient have insurance?

YES

Type of insurance coverage?

Commercial or Employee-Sponsored^{1,2}

Bill to medical or pharmacy benefit¹

Medicaid
Bill to medical or pharmacy benefit.¹

Effective Oct 1, 2023 all Medicaid plans must cover all ACIP recommended vaccines with no patient cost-sharing.

Medicare

Type of Medicare insurance?

Medicare Advantage Plans With Part D Component

All ACIP recommended vaccines

Medicare Advantage Plans cover all ACIP recommended vaccines given by in-network providers.

Medicare Part B

Influenza, pneumococcal, COVID-19, Hepatitis B

Tetanus (Td or Tdap) vaccines are covered under Medicare Part B only for wound management.
Hepatitis B vaccines are covered by Medicare Part B for patients at intermediate to high-risk of hepatitis B.
Only influenza, pneumococcal and COVID-19 vaccines are eligible for roster billing.

Medicare Part D

All ACIP recommended vaccines except those covered by Part B

Medicare part D also covers Td/Tdap vaccines not for wound management and hepatitis B for people at low risk of hepatitis B.

COVID-19 vaccine?

YES

CDC Bridge Program (vaccines.gov)

CDC Bridge Program provides COVID-19 at no-cost to uninsured/underinsured patients. Check Vaccines.gov for locations.

NO

Refer to local health departments or manufacturer

State or local health departments may offer vaccines to uninsured or underinsured adults. Manufacturers may have patient assistance programs.

¹ Some health insurance plans will only cover vaccines through the medical benefit. Some allow pharmacies to bill vaccines through the medical benefit.

² The Affordable Care Act (ACA) requires commercial and employee-sponsored plans to cover all ACIP-recommended vaccines administered by "in-network" providers.

June Fisher, Sanofi, and Mitchell Finkel, Avalere

Sections:

- Introduction with resources
- Coding plus examples
- Billing plus examples
- Medicare and Medicaid issues
- Private insurance issues
- Referrals
- Vaccine billing during care for pregnancy

Current page NOT YET UPDATED.

Pdf will be sent to NAIIS members pending webpage update. Old version:

www.izsummitpartners.org/naais-workgroups/access-provider-workgroup/coding-and-billing/top-questions/.



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](#) are available.

The below billing guidance applies to systems that are processed via outpatient medical benefit systems (e.g., CMS 1500 form). Contact [CMS \(Centers for Medicare and Medicaid Services\)](#) and medical societies for additional questions. For other billing [e.g., pharmacy, [Federally Qualified Healthcare Center \(FQHC\)](#)], see additional resources at <https://www.izsummitpartners.org/naais-workgroups/access-provider-workgroup/coding-and-billing/>.

For adults without insurance, consider checking with health departments about which vaccines may be available. Many vaccine manufacturers also have patient assistance programs for uninsured adults; contact the vaccine manufacturer directly about options for getting vaccine doses for uninsured patients.

For patients with insurance, vaccines should mostly be covered by insurance with no out-of-pocket costs if given by an in-network provider. Verification with insurers is recommended.

CODING

2. What is the CPT code for vaccine “x”? What is the correct NDC for vaccine “x”? Is the NDC necessary and, if so, which NDC should be used – the outer carton NDC or individual vial/syringe NDC? 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.

i. Coding for Vaccine Administration Codes When Administering to Patients 19 years of Age and Older or if Qualified Counseling is Not Provided Prior to the Administration of Vaccine to Patients 18 Years of Age or Younger

An initial vaccine administration code must be reported, regardless of vaccine administration method.

- **90471** – Used for any immunization administration (for vaccines that are not orally or nasally administered)
- **90473** – Used for vaccines that are administered orally or nasally
- **90480** – Used for COVID-19 vaccine administration (NEW as of August 14, 2023)

These initial administration codes (CPT 90471, and 90473) cannot be billed together on the same date of service and cannot be billed more than once per day. CPT 90480 can be used for COVID-19 vaccine

Eric Crumbaugh, Dynavax

Pharmacy-specific information
on vaccine billing and coding
process and by insurance type

Web page NOT YET UPDATED.
Pdf will be sent to NAIIS members
pending webpage update. Will be
included in resources section at
www.izsummitpartners.org/2023-naiis-august-2/. and a planned
update on Billing and Coding
resources page
www.izsummitpartners.org/naiis-workgroups/access-provider-workgroup/coding-and-billing/.



NAIIS Billing and Coding of Vaccines in the Pharmacy

PROCESS FOR PHARMACY BILLING

A pharmacy claim (prescription) is submitted in real time through the pharmacy management system. The National Council for Prescription Drug Programs (NCPDP) creates and promotes the electronic transfer of data related to medications, supplies, and services within the health care system through the development of standards and industry guidance. The National Drug Code (NDC) is a unique identifier for a specific drug.

Claims for prescriptions are submitted and electronically populated with the NDC and NCPDP fields, and a response is received instantly (in real time) from the pharmacy benefit manager (PBM). The response from the PBM includes patient/plan eligibility, if the drug is covered, as well as the amount to be paid for the claim, including patient copay.

When vaccines are billed to a pharmacy plan in the

by state. In states that do not allow pharmacists to prescribe immunizations, the pharmacist must have a protocol or collaborative practice agreement with a prescriber. This is an important consideration since some plans may require both the prescriber and provider administering the vaccine be “in network” providers.

Medicare Part B allows a pharmacy to be designated a “mass immunizer.” To become a mass immunizer, the pharmacy must [apply for](#) and receive a Provider Transaction Access Number (PTAN) from Medicare, which it uses to “roster bill” vaccine claims. Currently, vaccines eligible for roster billing by mass immunizers are influenza, pneumococcal, and COVID-19 vaccines. Hepatitis B vaccines are covered by Medicare Part D for prevention among people at low risk of hepatitis B and by Part D for people at intermediate or high risk. Hepatitis B vaccine is not eligible for roster billing.

Vaccine Counseling Coverage Through Pharmacy

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 ¹	Medical	An order from a Medicare provider (pharmacists are not recognized as providers by CMS definition) is required for hepatitis B vaccine claim processing. Hepatitis B vaccine is not eligible for roster billing
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 for intermediate or high risk persons ²)	Pharmacy	Hepatitis B is covered by Part B for people at intermediate or high risk of hepatitis B; otherwise bill Part D. Medicare Part D covers Td/Tdap for prevention, but not for wound management.
Medicare Advantage Plans with Part D Benefits (MAPD)	All ACIP-recommended vaccines covered with no cost-sharing to the patient	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)

Pharmacy Management Systems

Pharmacy benefit manager (PBM) reimbursement for brand-name prescriptions (which includes all vaccines) is generally based on a percentage of the average wholesale price (AWP) plus a dispensing fee. Most pharmacy plans that cover vaccines also pay an administration fee as part of the prescription claim submitted to the PBM. The payment amount for the administration fee varies by plan and may be paid instead of or in addition to a dispensing fee.

Pharmacists should review their contract rates for vaccines to ensure they include an administration fee for all vaccines. Below are the National Council for Prescription Drug Programs (NCPDP) fields that must be populated on a prescription claim for a vaccination to qualify for the administration fee. Please note that these NCPDP field codes should only be included on claims that cover both dispensing and administration of covered vaccines.

NCPDP Field*	Field Description	Code To Be Submitted
438	Incentive amount submitted	Dollar amount of administration fee associated with vaccine
439	Reason for service code	PH: Preventative Health
440	Professional service code	MA: Medication Administered
441	Result of service code	3N: Medication Administered

*Check with the pharmacy software vendor for the exact location of the field (normally located with the drug utilization review and override codes)

Provides information on vaccine billing and coding when vaccine counseling is provided. Some information also included in Top Questions document.

Adult Current Procedural Terminology® Coding Case Scenarios¹

National Adult
and Influenza
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■ Background

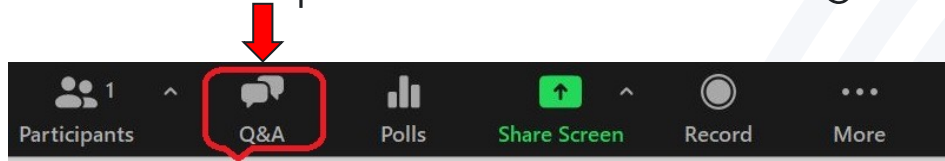
This document provides case studies designed to help providers, who use the CMS 1500 form or the electronic equivalent, with appropriate coding and billing of vaccinations for adult patients for a range of scenarios.

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.

Web page NOT YET UPDATED. Pdf will be sent to NAIIS members pending webpage update. Will be updated at www.izsummitpartners.org/content/uploads/2020/11/naiis-cpt-code-scenarios.pdf.

Q & A

- Please submit questions to the Q&A Box



- If you are only connected to the webinar by phone, you may raise your hand and you will be allowed to ask your question



Thanks!

Any questions?

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