DATE: January 7, 2021 (Updated)

SUBJECT: COVID-19 Vaccine Administration Billing Guidelines

Billing Information for COVID-19 Vaccine Administration Fees for Members 16 Years of Age and Older for the Pfizer Vaccine, and 18 Years of Age and Older for the Moderna Vaccine

Provider Qualifications
AHCCCS and its Contractors shall reimburse for the COVID-19 vaccine administration fee(s) to the following AHCCCS registered providers:

- Pharmacies obtaining the vaccine directly from the federal government; and
- The Arizona Department of Health Services (ADHS) COVID-19 On boarded providers.

This includes pharmacies when the vaccine is administered by a pharmacist or interns and technicians under the supervision of a pharmacist, who are currently licensed and certified by the Arizona State Board of Pharmacy consistent with the limitations of state law A.R.S §32-1974.

Reimbursement Rates
AHCCCS Contractors and the AHCCCS Fee-For-Service Program shall reimburse providers the following rates for the COVID-19 vaccine administration fees:

- Initial vaccine administration - $16.94
- Second vaccine administration - $28.39

Provider Claim Requirements

- COVID-19 vaccines are provided at no charge from the Federal government at this time. Therefore, when billing for the vaccine itself a cost for the vaccine greater than zero shall not be entered on the CMS 1500 claim form, in the 837P format or Pharmacy POS formats.
- Non-Pharmacy Providers must use the NPI(s) of the ordering and rendering provider on the CMS 1500 medical claim form or in the 837P format when billing for the vaccine administration fee. The ordering and rendering provider(s) must be registered with AHCCCS.
- CPT codes to be used for claims submission for COVID-19 Vaccines and Administration are specific to the vaccine being administered; therefore the NDC is not required when using the CMS 1500 medical form or the 837P format.
- Pharmacies must submit the National Provider Identifier (NPI) of the pharmacy as the ordering and rendering provider on the claim. The ordering and rendering provider(s) must be registered with AHCCCS.
- Pharmacy claims for administration of the COVID-19 vaccines may be submitted through the point-of-sale (POS) system following the guidelines from the National Council for Prescription Drug Programs (NCPDP) and as outlined below.
• Retroactive billing will be allowed for the administration of the Pfizer COVID-19 vaccination back to Dates of service 12/14/20, and for the Moderna COVID-19 vaccine administration back to Dates of service 12/18/20.

**Managed Care Organization (MCO) Requirements**
MCOs must suspend network requirements and reimburse for the COVID-19 vaccine administered by all qualified providers. AHCCCS MCO Contractors shall require providers to submit claims for reimbursement of the COVID-19 vaccine administration fee using the CMS 1500 medical form, in the 837P format or through the point-of-sale (POS) system.

**American Medical Association (AMA) Current Procedural Terminology (CPT) for Medical Claims and NDC Codes for Pharmacy Claims for COVID-19 Vaccines and Administration Fees are below:**

<table>
<thead>
<tr>
<th>CPT Vaccine Codes for Medical Claims</th>
<th>Vaccine - Procedure Name</th>
<th>Vaccine Descriptor</th>
<th>Vaccine NDC Codes for Pharmacy POS Claims</th>
<th>Minimum Dosing Interval</th>
<th>AHCCCS Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>91300</td>
<td>Pfizer-Biontech Covid-19 Vaccine</td>
<td>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.</td>
<td>59267-1000-01 vial 59267-1000-02 carton 59267-1000-03 diluent</td>
<td></td>
<td>$.00</td>
</tr>
<tr>
<td>0001A</td>
<td>Pfizer-Biontech Covid-19 Vaccine Administration First Dose</td>
<td>ADM SARS-CoV2 30MCG/0.3ML1ST</td>
<td>59267-1000-01 vial 59267-1000-02 carton 59267-1000-03 diluent</td>
<td></td>
<td>$16.94</td>
</tr>
<tr>
<td>0002A</td>
<td>Pfizer-Biontech Covid-19 Vaccine Administration Second Dose</td>
<td>ADM SARS-CoV2 30MCG/0.3ML2ND</td>
<td>59267-1000-01 vial 59267-1000-02 carton 59267-1000-03 diluent</td>
<td>21 days after the initial dose</td>
<td>$28.39</td>
</tr>
<tr>
<td>91301</td>
<td>Moderna Covid-19 Vaccine</td>
<td>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use</td>
<td>80777-0273-10 vial 80777-0273-99 carton</td>
<td></td>
<td>$.00</td>
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<tr>
<td></td>
<td>Moderna Covid-19 Vaccine Administration First Dose</td>
<td>ADM SARS-CoV2 100MCG/0.5ML1ST</td>
<td>80777-0273-10 vial</td>
<td>80777-0273-99 carton</td>
<td>$16.94</td>
</tr>
<tr>
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<tr>
<td>0011A</td>
<td>Moderna Covid-19 Vaccine Administration Second Dose</td>
<td>ADM SARS-CoV2 100MCG/0.5ML2ND</td>
<td>80777-0273-10 vial</td>
<td>80777-0273-99 carton</td>
<td>$28.39</td>
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**Billing Example 1500 - Professional Claim:**

<table>
<thead>
<tr>
<th>24. A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of Service</td>
<td>Place of Service</td>
<td>EMG</td>
<td>Procedure, Services or Supplies</td>
<td>Diagnosis Pointer</td>
<td>$ Charges</td>
<td>Days or Units</td>
<td>EPSDT/Family Planning</td>
<td>ID Qual</td>
<td>Rendering Provider</td>
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<tr>
<td>12/15/2020 - 12/15/2020</td>
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<td>N</td>
<td>91300</td>
<td>A</td>
<td>0.00</td>
<td>1</td>
<td>XX</td>
<td>123456789</td>
<td></td>
</tr>
<tr>
<td>12/15/2020 - 12/15/2020</td>
<td>11</td>
<td>N</td>
<td>0001A</td>
<td>A</td>
<td>16.94</td>
<td>1</td>
<td>XX</td>
<td>123456789</td>
<td></td>
</tr>
<tr>
<td>01/04/2021 - 01/04/2021</td>
<td>11</td>
<td>N</td>
<td>0002A</td>
<td>A</td>
<td>28.39</td>
<td>1</td>
<td>XX</td>
<td>123456789</td>
<td></td>
</tr>
</tbody>
</table>

**Pharmacy Point-of Sale Processing for COVID-19 Administration Fees**

The pharmacy must follow the NCPDP billing guidance as noted below:

Billing for reimbursement of a free product (no associated cost) including an administration fee per NCPDP guidelines:

- The submitted Transaction Code (103-A3) is a “B1” (Claim Billing).
- The submitted Prescription/Service Reference Number Qualifier (455-EM) is a “1” (Rx Billing).
- The claim pricing segment follows the prescription claim request formula.
- The Product/Service ID (407-D7) should be submitted with the correct
- Product/Service ID Qualifier (436/E1) (in this example “03” (NDC))
• Product/Service ID (407-D7) contains the NDC Number of the vaccine or other product that was administered and obtained at zero cost.
• The Days' Supply (405-D5) should be submitted with a value of “1”.
• The Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of drug product administered.
• The DUR/PPS Segment, with a “MA” (Medication Administered) in the Professional Service Code (440-E5), is submitted to identify the product was administered.
• The Incentive Amount Submitted (438-E3) is submitted to identify the pharmacy is seeking reimbursement for the administration of the product.
• The submission clarification code (420-DK)
  o Initial Dose(s): Submission Clarification Code of 2 “Other Override” - defined as “Used when authorized by the payer in business cases not currently addressed by other SCC values to indicate the first dose of a multi-dose vaccine is being administered”
  o Final Dose: Submission Clarification Code of 6 “Starter Dose” - defined as “The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment to indicate the second dose of a multi-dose vaccine is being administered”
• The administration fee amount is as follows for vaccine requiring two doses:
  o § Initial Dose: $16.94
  o § Final Dose: $28.39
• Basis of Cost Determination (423-DN) should be submitted with the value “15” (Free product or no associated cost).