COVID-19 Vaccine Administration Coverage and Claim Coding in Skilled Nursing Facilities

The CARES Act of 2020 includes a provision that establishes Part B coverage for COVID-19 vaccines and their administration without any cost-sharing. Because it will be covered under Part B, the COVID vaccine and its administration is not be covered under Part D. For patients enrolled in Medicare Advantage (MA) plans in 2020 and 2021, providers should submit COVID-19 vaccine administration claims to the Medicare Administrative Contractor (MAC) per the instructions for Part B services billing described below.

A physician or nonphysician practitioner order will not be required for COVID-19 immunization vaccines. Therefore, a beneficiary could receive the COVID-19 immunization vaccine upon request without a physician’s order and without physician supervision.

Under normal circumstances, under consolidated billing (CB) requirements, a SNF may either administer the vaccine directly to a resident who’s in a covered Part A stay or under arrangement pursuant to which the SNF pays an outside immunizer such as a long term care (LTC) pharmacy to administer the vaccine. In both these situations the SNF must bill Medicare.

However, during the public health emergency, CMS is allowing Medicare enrolled immunizers who are not under arrangement with the SNF to administer COVID-19 vaccine to Medicare SNF residents and bill MACs directly to get reimbursed from Medicare. For a long-term resident in a noncovered stay, either the SNF or the immunizer not under arrangement may bill for the shot.

An advantage for a SNF having external Medicare mass immunizers administer the COVID-19 vaccine is that the entity that administers the vaccine (immunizer or SNF) is also responsible for additional requirements to the Centers for Disease Control (CDC) that many SNFs may not be familiar with. For example, the CDC COVID-19 Vaccination Program Provider Requirements and Support webpage states that COVID-19 vaccination providers participating in the CDC COVID-19 Vaccination Program are required to perform a number of additional activities related to administering the COVID-19 vaccine including:

- Signing a CDC COVID-19 Vaccination Program Provider Agreement,
- Store and handle vaccines properly until they are administered,
- Report adverse events potentially related to vaccine administration to the Vaccine Adverse Event Reporting System (VAERS), and
- Report COVID-19 vaccine inventory daily into VaccineFinder.

There may also be additional state-specific legislation and regulations on using the Immunization Information Systems (IIS).

For more information on what option above is best for your building, see AHCA/NCAL’s Guidance on Accessing COVID-19 Vaccine in Long-Term Care.

For SNFs that elect to administer COVID-19 vaccine, the discussion below summarizes the key coverage and claim processing policies included in the CMS COVID-19 vaccine provider toolkit.
Submitting Medicare Claims for COVID-19 Vaccines

**Individual Claims or Roster Billing:** SNF providers have the option to submit bills for COVID-19 vaccine administration **either way.** If you use **roster billing** for institutional claims, you must administer shots to at least 5 patients on the same date. You can’t combine flu, pneumococcal, and COVID-19 shot codes on the same roster bill.

**Government Furnished Vaccine Product:** When COVID-19 vaccine is provided by the government without charge, only bill for vaccine administration. Don’t include the vaccine code on the claim when the vaccine vial was free. Check with your **MAC** for specific details.

**Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency:** On March 15, 2021, CMS is updating the Medicare payment rates for COVID-19 vaccine administration. Effective for services furnished on or after March 15, 2021, the new Medicare payment rate for administering a COVID-19 vaccine will be approximately $40 to administer each dose of a COVID-19 vaccine. This means that starting on March 15, 2021, for single dose COVID-19 vaccines, Medicare will pay approximately $40 for its administration. Starting on March 15, 2021, for COVID-19 vaccines requiring multiple doses, Medicare will pay approximately $40 for each dose in the series. This rate reflects updated information about the costs involved in administering the COVID-19 vaccine for different types of providers and suppliers, and the additional resources necessary to ensure the vaccine is administered safely and appropriately. The rate will be geographically adjusted based on where the service is furnished.

While CMS generally implements changes to Medicare payment rates for specific services through notice and comment rulemaking, the payment rate changes for these specific services are being implemented to respond quickly to new information during the COVID-19 public health emergency.

For COVID-19 vaccine administration services furnished before March 15, 2021, the Medicare payment rate for a single-dose vaccine or for the final dose in a series is $28.39. For a COVID-19 vaccine requiring a series of two or more doses, the payment rate is $16.94 for the initial dose(s) in the series and $28.39 for the final dose in the series. These rates are also geographically adjusted. These rates will also be geographically adjusted by your **MAC**.

**Beneficiary Liability:** Medicare beneficiaries pay nothing for COVID-19 vaccine shots:

- No copayment/coinsurance
- No deductible

**SNF Vaccine Administration Claim Bill Type:**

- 22X - Skilled Nursing Facility (SNF) covered Part A stay (paid under Part B) & Inpatient Part B
- 23X - SNF Outpatient

**SNF Vaccine Administration Revenue Center Codes:**

- 0771 – Preventive Care Services, Vaccine Administration
• 0636 – Pharmacy, Drugs Requiring Detailed Coding

SNF Vaccine Administration HCPCS/CPT Codes:

• CMS has posted HCPCS billing codes, short descriptors, manufacturer name, detailed description of vaccine and procedure name (e.g. cost of produce, cost of administration of first dose, and administration of second dose), federal unadjusted payment allowance, and effective date for each vaccine.
• Providers should contact their MAC for geographically adjusted rates applicable to their location.
• If your software requires you to submit the vaccine with administration, submit a nominal charge (e.g. $0.01).

SNF Vaccine Administration Condition Codes:

• A6 – 100% Payment (used for all vaccine administrations)
• 78 – New coverage not implemented by Medicare Advantage (used only when billing the Medicare fee-for-service MAC for Medicare Advantage enrollees)

SNF Vaccine Administration Diagnosis Code:

• Z23 – Encounter for Immunization

Additional CMS COVID-19 Billing Guidance:

• CMS Medicare Administrative Contractor (MAC) COVID-19 Webpages and Hotlines
• See Section BB of the CMS COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing.
• See the CMS COVID-19 Vaccine Toolkits

AHCA will disseminate further guidance from CMS as it becomes available. Questions related to this topic may be submitted to covid19@ahca.org.