

Centers for Medicare & Medicaid Services

Questions and Answers from Special Open Door Forum:

At-Home COVID-19 Vaccinations for Medicare Beneficiaries

June 10, 2021

1. When we bill for HCPCS Code M0201, what would the revenue code associated with that be? We are a home health agency, incidentally.
 - i. All administration codes are billed with revenue code 0771.
2. We were billing for the administration of the vaccine with HCPCS Code G0009. I just wanted to verify if that was correct.
 1. Are you saying that you're billing for the COVID-19 vaccine with the HCPCS Code G0009?
 - a. Yes
 - i. Okay. That is not the right HCPCS Code for the COVID vaccine administration. You should visit our technical coding website. Let me pull up the URL right now because it's a really good website. It's the average sales price. It's actually kind of long. I'm trying to think about the best way to do it. But if you go to Google and you type in Google, CMS COVID vaccine coding website, CMS COVID vaccine coding website, it should be - like depending on your prior search terms, it'll probably be the first or the second website. And it has a chart of all of the administration codes that are used that is available, and we have specific product coding. So, there are codes that are specific to the vaccines that you are furnishing.
3. Diagnosis Code for M0201, is it going to be the Z23 or is it a homebound code?
 - a. The Z23 can be used. It is not specifically required, unless you are attempting to rush the bill.
 - i. We are giving the COVID vaccine to patients in a foster home that places over 33. Is that eligible?
 1. Yes, it is.

- a. Documentation requirements, you said in the record. Does that mean that in their EHR document, in their chart, it just needs to state somewhere that they're homebound? Or do we need to have a little phrase that we say for the date of the immunization?
 - i. No, I don't think there's any standardized language that needs to be used. As we said, we would just expect that there would be some kind of notation in the medical record as to why the patient has difficulty leaving the house.
 - 1. Okay, so anywhere in the record, not that specific immunization encounter?
 - a. We basically had said, somewhere in the medical record. So long as it's appropriate to document. Yes.
- 4. My question is, if you've been giving the home vaccine, are you entitled to any back billing for the vaccines you've already given to patients in the home?
 - a. No. there's no retro billing for this. The effective date is June 8th.
- 5. The place of residence being a private residence or assisted living or group home, those are all allowed. We can do that, right, for the COVID vaccine?
 - a. Yes, that is correct, unless it is in like a communal area, one of those types of facilities. Like it would have to be in the individual unit that the patient is living in and not in a communal space, like a lobby or an activities area where multiple people are getting vaccinated at the same time. The additional payment amount is to account for that one-on-one monitoring that would have to occur to a single patient within their home.
 - i. Okay. So, the private residence is going to be most of them, but I think assisted living facilities is just a facility within individual rooms, so that's okay. I'm not really quite sure how the setup is with the group home. So, I'm not really clear on the group home. I'm okay with as long as a private residence and assisted living, but I don't know about the group home, place of service 14. Are you familiar with that?
 - 1. I believe we specified group home as being included in the definition of home for the purposes of billing this code... Yes that is correct.
- 6. This enhanced payment takes place as of all vaccines given June 8th and after?
 - a. Yes, that's correct.

7. If Medicare only pays the additional amount for administering the COVID vaccine in the home, if the sole purpose of the visit is to administer a COVID vaccine, how is this handled with a hospice patient who you're billing per diem? Let's say you only visit that patient once a week, typically on Fridays, and you're going to make a visit on a Monday or Tuesday because the vaccine is available. Would you have to indicate that this was an incidental visit only to administer the vaccine? Or are hospital patients excluded because they are seen as being on service with hospice?
 - a. You would not report this as a visit on that day for hospice services, if the sole purpose of the hospice is to administer vaccine. So, you would submit the claim for the vaccine and the in-home rate, but you would not report it as a visit on the hospice claim. Even though I know you get paid per diem, you still report the visits on hospice going.
8. I just wanted to confirm that pharmacists are eligible for this additional add-on payment. And if they are, whether pharmacy techs would also be able to administer at patients' home.
 - a. My understanding is that anyone that's allowed to furnish the vaccine, like if you're a pharmacy that's enrolled as a mass immunizer, you would be eligible to go to the home and furnish the vaccine and bill for the add-on payment, if again, that's the only service that you're furnishing and you're meeting all the other requirements that they have specified. We also do not have really many requirements for Medicare purposes around the kinds of professionals and qualified health professionals that need to actually do the act of furnishing the vaccine. This is very similar to our policy for furnishing flu vaccines, and it really defers to the policies at the State level. So, if the State allows pharmacists or pharmacy techs or interns or whoever, to be able to furnish the vaccine, then the pharmacy that they work for, can bill Medicare for it.
 - i. This is more of a general question, but if booster shots are given, you know, and the public health emergency is still on, would this apply to those as well?
 1. While we have indicated that the additional payment amount was established to ensure access to the COVID-19 vaccines during the public health emergency, it has not limited - we haven't limited the applicability of this payment just to the PHE, but we'll continue to evaluate the needs of Medicare beneficiaries and these policies, and we'll address them in the future as needed. So, at this point, if there is a COVID-19 booster shot that is required at this point, yes, it does look like this rate would still apply.
9. We are a hospice pharmacy in Southern California, and we started home vaccination back in March, all the way until May. We vaccinated about 200 plus patients, homebound patients. So, are we not eligible to bill any of those add-on services? And what you consider retroactive the billing date?

- a. So, this additional rate, the 35.50, is effective just starting on administrations that were from June 8th on.

- i. And you would not consider retro the billing date?

- 1. It's a really good and important question. I don't know if you or others on the phone have realized, we've actually had to adjust prices for a number of COVID-19 related services. We changed the payment rates for the actual administration from roughly \$17 for the first shot and \$28 for the second, and also changed the rates for infusing monoclonal antibodies, which during the PHE, were - and by PHE - we use acronyms, but during the public health emergency, we are paying for as under the COVID-19 vaccine benefit as well, and we had to change to those rates. We've gotten this request from a number of stakeholders for a variety of these payment rate changes to make them essentially retro to some prior time period. We're still evaluating it. It's a little bit of a complicated circumstance, both from an operational standpoint and from a policy and legal one. So, we understand that folks are interested in this, and we appreciate the comment, but there's not more - much more that we can say at this time about it. I'm sorry.

10. Is this funding available only for Medicare, or does it extend to Medicaid as well?

- a. Each state's Medicaid payment methodologies, including for vaccine administration, are described in its Medicaid State Plan. CMS has been encouraging states to consider Medicare vaccination administration payment rates when setting their rates, but states have flexibility to set their own Medicaid payment rates within broad federal parameters. You should reach out to your state for specific COVID-19 vaccination payment rates. Additional information on Medicaid coverage of COVID-19 vaccine administration is available online at <https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf>.

11. We are a roster biller only. The way I'm understanding it is, we would submit a claim for the visit, and then each claim for the patients. Is that correct? Or could we put that claim for the visit on one of the patients if they live in the same home?

- a. Roster bills, by definition, only include one CPP or HCPCS code on it. So you would need to submit one claim for the vaccine itself, and then a separate claim that would have made the add-on amount. And as my colleagues in policy stated, there should be only one per address. So, if you would have multiple beneficiaries in the same address, then you would only submit that under one of them for the add-on.

- i. So, I just select one of the household members and use them?

1. And just to add to that. This wasn't necessarily your question, but in a group home area where there may be the - where there is maybe one address, but multiple living units, there would be a - you can submit one roster bill with each of the beneficiaries on that roster bill for each of the homes at that address as well.
12. I was just wondering if you guys had any advice or recommendations in terms of how to find out or to identify these kinds of patients for a pharmacy. I'm a community pharmacy specifically. And then I also wanted to clarify, like the long-term care facilities, you mentioned that they won't qualify if there was a prior contract. Can you just clarify who the contract would be with?
 - a. I know we pretty much are assuming that a lot of providers and suppliers leverage their existing professional and clinical relationships to help identify those patients. We didn't want to be so prescriptive to make it difficult or box people in. So, we figured that the relationships that are already established with providers and suppliers would collaborate to try to identify those patients who may not be able to get out to get the vaccine elsewhere, either through their provider of relationships with doctors or clinical practices and that sort of thing.
13. The HCPCS Level II Code, the M0201 was fine. And then you have the CPT code. So, in this email that I was sent, we're doing the Janssen vaccine. So, it looks like the CPT code for that is 0031A. Does that sound right?
 - a. Yes, that's correct. That's the administration code for the Johnson & Johnson, Janssen - it's the J&J/ Janssen COVID-19 vaccine administration code.
 - i. Okay. So these are the two codes that we would need for billing?
 1. So if you're furnishing the Johnson & Johnson shot in the beneficiary's home or other location that meet the definition of the home for purposes of billing the code, and you're following the other rules, 100% yes, that would be - you would be billing this code, and you'd be billing the applicable M code that the group talked about earlier.
14. I believe you mentioned that people can just certify that they're homebound in the medical record, but then you said something about supporting clinical status. Can you just clarify that?
 - a. A physician or an allowed practitioner, does not have to certify that a patient is homebound. We just would expect that somewhere in the medical record, there is documentation that supports the reason why they're not able to get the vaccine elsewhere.
15. Representing retail pharmacy for our company, and if our pharmacists were to go out and do this in home, I'm clear on billing one homebound fee, if there's multiple folks in the home, so husband and wife, as another caller referenced. And it's only for one billable

service on that date of service. But what if that patient has normal prescription business in one of our retail stores that's picked up by a family member, and those prescriptions happen to bill on the same day that the patient is given the COVID vaccine at home. Ultimately, in that case, we're billing two services to Medicare on the same day of the service. So, is that is null and void, the home additional fee?

a. This is a circumstance where there would be like a dispensing of a self-administered drug in a retail pharmacy setting, and then the pharmacy would bill a Part D plan for payment, and then there - and then separately, on the same day, there would be something else or what - I'm just trying to understand the service that's being furnished in-person at the pharmacy.

i. Say it's testing strips for blood glucose monitor billed to Part D, and their son or daughter picks it up on that afternoon, but in the morning, the pharmacy team had visited the patient at home, and gave them the COVID shot in-home. That's my concern, is that if we have a routine and an active patient relationship and we have a family member picking up their prescriptions on a routine basis, but coincidentally, the in-home service actually marries up with that same date of service. I don't know if it would happen, but I'm just trying to understand if that DME billing to Part B looks like us billing Medicare twice on the same day of the service.

1. That really wouldn't be a service that would be provided in the home, because you're actually taking to the pharmacy. So, no, that would not be an issue.

16. I've been at home care for 15 years and now hospice, but I have a very few basic - very, very basic questions. Number one, I understood at the beginning you said, home care agencies were eligible, but say do you - I guess to say it simply, are home care agencies are eligible to provide vaccines?

a. Yes. If they're Medicare-enrolled and they are able to administer and bill vaccines, yes.

i. With that being said, we don't need any other special certification, et cetera, to provide the COVID vaccine, correct?

1. It's really a matter of the licensing and sort of what your State allows you to do, sir. Medicare does not have additional requirements beyond the State scope of practice and other licensing requirements to furnish vaccines.

a. I'll check with the Ohio Department of Health. I'm in Ohio. With that said, let's say we want to pursue this, where do we begin? Where do we obtain the vaccine doses?

i. I think that would be another question for your Ohio Department of Health and other colleagues in Ohio.

We at the Centers for Medicare do not - Medicare and Medicaid, do not control the distribution of vaccine product. We have the other responsibility of establishing the payment rates and how we pay for these services when they're administered to beneficiaries in our programs. But unfortunately, we can't answer that question.

1. Okay. And then finally, I heard some discussion about different types of vaccines having different codes. So, for example, Moderna or Pfizer, et cetera. Is that the site that you provided, the www.cms.gov/covidvax-provider, does that provide clarification on which codes to use for each type of vaccine?
 - a. Yes, it does. And if you go to that site, there's also several links to other places where like very specific coding charts are there. But, yes, you will find it if you go to that site.
 - i. And then very last question, so just to clarify, if a patient is in a current active home care episode, we can still provide and bill for the vaccine just as long as it doesn't conflict with a day that we're billing in that home health episode, correct?
 - ii. Correct.

17. Can you clarify the rate for M0201? I think I heard both \$35 and then 35.50.

- a. Yes, it's 35.50. We were just generalizing throughout the presentation probably, just saying approximately 35, but the exact amount for M0201 is \$35.50. But that also will be geographically wage adjusted.

18. We're a Medicare certified home health agency. And under the conditions of participation, I'm assuming that this is separate and distinct from that and we're exempt if we're giving vaccine to a patient in the home and it would fall under like a mass vaccination clinic, but we're just dealing independently and individually using the HCPCS codes and the CPT codes as a mass vaccinator. So, in other words, we aren't held to the same standards as what would fall underneath the conditions of participation for skilled services, correct?

- a. This is correct.
19. If a bill as an outpatient hospital, and choose not to register the patient's home is an exception, do we need to apply the PN modifier? And on that same idea with modifiers, is CF modifier required on this new code in any way, or will it be added to the list?
- a. I would submit this question to the email box. I think it's good for us to get this one in writing. I think you are accurate that in the circumstance where - keep in mind, the exception - sorry, this policy, as you know, ma'am, is a little complicated. I'm going to try and walk through all the pieces of it here. I'm going to try and walk you through a piece of it. So, the reason why you would need to, in the first place, like register an alternate location with your regional office, is so that you could bill the PO versus the PN, correct? And, however, you can still consider it a patient's home provider base and not register it, if you - if that differential doesn't matter. And in this circumstance that - I believe that there is no - and this is why I think it would be helpful for you to submit this in writing, I believe that there is no payment differential for vaccine administration or vaccine products, for that matter, although we are not paying separately for the product right now, because it's given to providers in place for free. I believe for vaccine administration, there is no payment differential, based on whether the PO or PN is used or whether sort of in a broader policy sense, Section 603 and the 603 reduction applies. And so, I think in your circumstance, that's correct, that you could bill the PN. You would not have to register it, and there would be no payment consequence in that circumstance.
 - i. And what about the cost-sharing modifier? Do we need it? Do we care?
 - 1. These codes all have no cost -sharing. Yes. Sorry, I didn't answer that first time. These codes all have no cost-sharing associated with them because they are considered vaccine administration and part of the COVID-19 vaccine benefit where there is no beneficiary cost-sharing. So the CF modifier does not need to be included.
 - a. And should not, I'm assuming then. Thank you, yes, because it won't be added to the list.
20. I just wanted to make sure that you would be sending all of us that have registered, all the links to the various codes, that's all, the HCPCS codes and the revenue codes associated with them.
- a. Yes. We'll try to get the links out, but if you did receive the announcement for today, if you scroll in the middle where like the phone numbers are in the partnership email, there are two links under that. It's at the end. So those are helpful links. And then they can take you to more helpful links as well. But we'll try to get other links out to the Listserv shortly.