Ohio Department of Medicaid

COVID-19 Billing Guidelines:

- Vaccine Administration
- Vaccine Counseling
- Testing
- Treatment

Amendment History

Version	Date	Modifications
1.0	2/9/2021	Initial creation
1.1	3/1/2021	Updated with new vaccine and treatment codes
1.2	3/15/2021	Updated new vaccine administration rate as of 3/15/21; added clarification for FQHCs
1.3	4/26/2021	Added podiatrists and dentists (billing on a professional claim); added new CDT codes for dentists; added NDC clarification for institutional claims
1.4	5/14/2021	Updated eligible age group for Pfizer vaccine; Updated rates for COVID-19 treatment codes M0243 and M0245
1.5	6/25/2021	Added home infusions, additional monoclonal antibody treatments, and vaccine add-on for home administration
1.6	7/20/2021	Fixed broken links, corrected revenue center code for dialysis centers
1.7	8/20/2021	Added CPT codes for administration of third dose, updated document title
1.8	10/1/2021	Added CPT codes for Pfizer booster shot and additional COVID treatments; at-home vaccine administration rate increase
1.9	11/10/2021	Added new pediatric vaccine codes, reorganized vaccine service charts
2.0	1/28/2022	Added codes for new monoclonal antibody and drug treatments; Added pharmacy instructions for oral COVID-19 treatments; added testing information; added vaccine counseling
2.1	2/4/2022	Added codes for vaccine administration.
2.2	2/22/2022	Added additional codes for monoclonal antibody treatment.

COVID-19 Vaccine Administration

The Ohio Department of Medicaid (ODM) has been working closely with the Ohio Department of Health (ODH) to provide uniform information regarding the COVID-19 vaccine and its distribution to Ohioans. These guidelines are being provided to assist eligible enrolled providers with billing for administering the vaccine to Medicaid covered individuals.

Providers of vaccine administration must enroll as an Ohio Medicaid provider to receive payment from our programs. The provider enrollment application can be completed online here: https://portal.ohmits.com/Public/Providers/Enrollment/tabId/83/Default.aspx. Questions about Ohio Medicaid provider enrollment, including checking on the status of an application, can be directed to 1-800-686-1516. After dialing this number, follow the prompts for Provider Enrollment.

Coverage for administration of the COVID-19 vaccine is similar to existing vaccine administration services billed to Medicaid. Since the federal government is covering the full cost of the COVID-19 vaccine at this time, providers will not receive Medicaid payment for the vaccine itself. While providers will not receive payment for the vaccine product, they may still be required to report it on claims. Please refer to provider-specific instructions contained in this document for claim requirements. Once federally purchased doses are exhausted and providers need to purchase the vaccine on their own, ODM will reimburse for the vaccine product in addition to the administration.

For the duration of the public health emergency (PHE), Medicaid fee-for-service (FFS) and the Medicaid managed care plans (MCPs) will cover vaccine administration services with no cost-sharing responsibility for covered individuals. For members enrolled in an MCP, vaccine administration services must be billed to the MCP. To the greatest extent possible, Medicaid's FFS and MCP programs are aligning billing requirements for vaccine administration. For questions concerning managed care claim submission, providers should contact the appropriate MCP using the contact information provided below.

For members enrolled in a MyCare Ohio Plan (MCOP), the Centers for Medicare and Medicaid Services (CMS) will process all claims for payment for vaccine administration services under Part B original Medicare. (For more information, please visit https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration)

Information concerning ODM's response to COVID-19 will continue to be updated on our website: https://medicaid.ohio.gov/COVID/ODM-Emergency-Telehealth.

Pfizer COVID-19 Vaccine Services

Unless otherwise stated:
Approved for individuals 16+ through 5/9/2021
Approved for individuals 12+ effective 5/10/2021
Approved for individuals 5-11 effective 10/29/2021

Effective Date	Procedure Code	Description	Payment rate*
12/11/2020	91300	Vaccine	$0.01
12/11/2020	0001A	Administration of first dose for individuals 12+	$16.94 (administered before 3/15/2021) $37.98 (administered 3/15/2021 or after)[2] $37.66 (administered on or after 1/1/2022)[3]
12/11/2020	0002A	Administration of second dose for individuals 12+	$28.39 (administered before 3/15/2021) $37.98 (administered 3/15/2021 or after)[2] $37.66 (administered on or after 1/1/2022)[3]
8/12/2021	0003A	Administration of third dose for individuals 12+	$37.98 $37.66 (administered on or after 1/1/2022)[3]
9/22/2021	0004A	Administration of booster dose for individuals 12+	$37.98 $37.66 (administered on or after 1/1/2022)[3]
10/29/2021	91307	Pediatric Vaccine (approved for ages 5-11)	$0.01
10/29/2021	0071A	Pediatric Vaccine (approved for ages 5-11) – Administration of first dose	$37.98 $37.66 (administered on or after 1/1/2022)[3]
10/29/2021	0072A	Pediatric Vaccine (approved for ages 5-11) – Administration of second dose	$37.98 $37.66 (administered on or after 1/1/2022)[3]

[1]Payment rate differs for ASC, FQHC, and RHC providers

[2]New rate effective in MITS as of 3/19/2021

[3]New rate effective in MITS as of 1/21/2022

Janssen (Johnson & Johnson) Vaccine Services Approved for Individuals 18+			
Effective Date	**Procedure Code**	**Description**	**Payment rate***
2/27/2021	91303	Vaccine	$0.01
2/27/2021	0031A	Administration of vaccine	$28.39 (administered before 3/15/2021) $37.98 (administered 3/15/2021 or after)[2] $37.66 (administered on or after 1/1/2022)[3]
10/20/2021	0034A	Covid-19 Vaccine Administration - Booster	$37.98 $37.66 (administered on or after 1/1/2022)[3]

[1]Payment rate differs for ASC, FQHC, and RHC providers

[2]New rate effective in MITS as of 3/19/2021

[3]New rate effective in MITS as of 1/21/2022

Moderna Vaccine Services Approved for Individuals 18+			
Effective Date	**Procedure Code**	**Description**	**Payment rate***
12/18/2020	91301	Vaccine	$0.01
12/18/2020	0011A	Administration of first dose	$16.94 (administered before 3/15/2021) $37.98 (administered 3/15/2021 or after)[2] $37.66 (administered on or after 1/1/2022)[3]
12/18/2020	0012A	Administration of second dose	$28.39 (administered before 3/15/2021) $37.98 (administered 3/15/2021 or after)[2] $37.66 (administered on or after 1/1/2022)[3]
8/12/2021	0013A	Administration of third dose	$37.98 $37.66 (administered on or after 1/1/2022)[3]
10/20/2021	91306	Moderna Covid-19 Vaccine (Low Dose)	$0.01
10/20/2021	0064A	Moderna Covid-19 Vaccine (Low Dose) Administration - Booster	$37.98 $37.66 (administered on or after 1/1/2022)[3]

[1]Payment rate differs for ASC, FQHC, and RHC providers

[2]New rate effective in MITS as of 3/19/2021

[3]New rate effective in MITS as of 1/21/2022

Additional Payment for Administering the COVID-19 Vaccine in the Patient's Home

Manufacturer	Effective Date	Procedure Code	Description	Payment rate*
Any	6/8/2021	M0201 + SY modifier (see further information below)	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home.	$33.36 (administered 6/8/2021-9/30/2021) $62.02 (administered 10/1/2021 or after)[3]

[1]Payment rate differs for ASC, FQHC, and RHC providers
[3]New rate effective in MITS as of 10/12/2021

Effective June 8, 2021, an additional payment amount for administering the COVID-19 vaccine in the home for certain patients is $33.36 per dose. For dates of service beginning October 1, 2021, the payment rate is $62.02 per dose provided in the home.

This additional payment applies to the following situations:

- The patient has difficulty leaving the home to get the vaccine
- The patient is hard-to-reach because they have a disability or face clinical, socioeconomic, or geographical barriers to getting a COVID-19 vaccine in settings other than their home.
- The patient faces challenges that significantly reduce their ability to get vaccinated outside the home, such as challenges with transportation, communication, or caregiving.

This add-on payment can only be rendered by an appropriate practitioner in the following locations, to be reported on claims using the appropriate place of service code:

POS 04 – Homeless shelter
POS 12 - Home
POS 13 – Assisted Living Facility
POS 14 – Group Home
POS 16 – Temporary Lodging
POS 33 – Custodial Care Facility

This additional payment amount for administering the COVID-19 vaccine is only payable when the sole purpose for the visit is to administer the COVID-19 vaccine. The additional payment is only made once per date of service per residence. The additional payment is payable in conjunction with each dose of a two-dose vaccine.

Managed Care

For the duration of the PHE, Medicaid FFS and managed care will cover vaccine administration at the rates set by Medicare with no cost-sharing. Medicaid managed care plans will cover vaccine administration for both in- and out-of-network providers as long as the provider is enrolled with ODM and bills in accordance with these guidelines.

As stated above, Medicare Part B is covering vaccine administration for MyCare members. More information is available on CMS' website: https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration.

In most instances, managed care billing guidelines align with those for FFS outlined in subsequent sections. Please contact the MCPs directly for claim submission questions.

Contact the MCP directly for claim submission questions:	
Buckeye	866-296-8731 https://www.buckeyehealthplan.com/providers/coronavirus-information.html
CareSource	800-488-0134 https://www.caresource.com/oh/providers/provider-portal/medicaid/
Molina	855-322-4079 https://www.molinahealthcare.com/providers/oh/medicaid/Pages/home.aspx
Paramount (MCP only)	800-891-2542 https://www.paramounthealthcare.com/services/providers/
United Health Care	800-600-9007 https://www.uhcprovider.com/en/health-plans-by-state/ohio-health-plans/oh-comm-plan-home.html?rfid=UHCCP

Professional Claims

Professional FFS claims should be submitted with the vaccine product code along with the administration code that corresponds with the vaccine provided. Since MITS cannot accept a detail on a claim with $0.00 line charges, the line detail with the vaccine code should be submitted with $.01 charge or higher; it will be reimbursed at $.01. The rate paid and procedure codes for the vaccine administration is provided in the COVID-19 Vaccine Services table above.

More information about the COVID-19 CPT vaccine and immunization codes can be found here: https://www.ama-assn.org/press-center/press-releases/ama-announces-vaccine-specific-cpt-codes-coronavirus-immunizations

Professional Claim Submission for COVID-19 Vaccine Services		
Billing provider type	**Providers of Professional Services**	**FQHCs and RHCs (FFS or claims for wraparound payments), except when furnished as part of a mass immunization**
Claim type	» Professional (Submitted via MITS portal or EDI)	» Professional (Submitted via MITS portal or EDI)
Procedure code	» CPT code for specific vaccine delivered with billed charges of $0.01 or more » CPT code for administration of the vaccine	» First detail line: T1015 encounter code and the appropriate U modifier » Second detail line: appropriate vaccine administration code » Third detail line: CPT code for specific vaccine delivered with billed charges of $0.01 or more
Modifier	» Any required modifiers based on provider contract	» Any required modifiers based on provider contract
Rendering Provider (MITS Provider Type)	» Physician (MD/DO), Psychiatrist, Ophthalmologist (20) » Physician Assistant (24) » Advanced Practice Registered Nurses: ○ Clinical Nurse Specialist (65) ○ Certified Nurse Midwife (71) ○ Certified Nurse Practitioner (72) » Pharmacist (69) » Registered Nurse (38) and Licensed Practical Nurse	» Physician (MD/DO), Psychiatrist, Ophthalmologist (20) » Physician Assistant (24) » Advanced Practice Registered Nurses: ○ Clinical Nurse Specialist (65) ○ Certified Nurse Midwife (71) ○ Certified Nurse Practitioner (72) » Pharmacist (69) » Registered Nurse

	○ Refer to provider specific materials for how this should be reflected on the claim » Dentist (30) when billing on a professional claim (see below for dental claim instructions) » Podiatrist (36) effective 4/1/2021	○ When furnished by an RN, the supervising or overseeing medical practitioner should be reported as rendering on the claim » Dentist (30) » Podiatrist (36) effective 4/1/2021
Billing (pay-to) providers (MITS Provider Type)	» Physician, Psychiatrist, Ophthalmologist (20) » Pharmacist (69) » Pharmacy (70) » Physician Assistant (24) » Advanced Practice Registered Nurses: ○ Clinical Nurse Specialist (65) ○ Certified Nurse Midwife (71) ○ Certified Nurse Practitioner (72) » Professional Medical Group (21) » Outpatient Hospital (01) » Psychiatric Hospital (02) » Ambulatory Surgery Centers (46) » Dialysis Centers (59) » Community behavioral health agencies certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) (84, 95) » Dentist (30) or Dental Group (31) billing on a professional claim (see below for dental claim instructions) » Podiatrist (36) effective 4/1/2021	» Federally Qualified Health Center (12) » Rural Health Clinic (05)

*These instructions do not apply to Medicare crossover claims. Provider-submitted crossover claims should be submitted with the information provided by Medicare on the explanation of medical benefits (EOMB).

Hospital Providers and Institutional Claims

Outpatient and Psychiatric Hospitals – Vaccine Administration

Vaccine CPT codes 91300, 91301, 91303, 91306 and 91307:

When billing the COVID-19 vaccine codes 91300, 91301, 91303, 91306, and 91307, **outpatient hospitals and psychiatric hospitals** must use Revenue Center Code (RCC) 25X or 636 with a charge of $0.01 or higher. A National Drug Code (NDC) should be reported when available, however, it is currently exempt from the NDC validation process when reported with RCC 25X or 636. Although the vaccine is obtained free of charge at this time, providers cannot bill with a zero charge because MITS will deny a detail with $0.00 charges on an outpatient claim.

Psychiatric hospitals must append modifier HE to the vaccine code. Depending on other services billed on the same date of service, payment for CPT code 91300, 91301, 91303, 91306, or 91307 will either be packaged for $0.00 or paid $0.01 from the Provider Administered Pharmaceutical Fee Schedule.

Vaccine administration CPT codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0064A, 0071A, and 0072A:

ODM will reimburse all outpatient hospitals and psychiatric hospitals for administering the COVID-19 vaccine at the listed price in the table on page 3 of this document. The vaccine administration codes should not be packaged or bundled; ODM intends to reimburse for the vaccine administration regardless if other services (E&M, Medical Visit, significant procedure, etc.) are performed on the same date of service. The payment will be capped at the lesser of billed charges or fee schedule amount.

To bypass the grouper packaging logic, ODM is requiring the vaccination administration codes to be billed using RCC 771 with modifier HE.

Ambulatory Surgery Centers – Vaccine Administration

Depending on other services billed on the same date of service, payment for CPT codes 91300, 91301, 91303, 91306, and 91307 will either be packaged for $0.00 or paid $0.01 from the Provider Administered Pharmaceutical Fee Schedule when EAPG determines separate payment is allowed. An NDC should be reported when available, however, it is currently exempt from the NDC validation process.

Vaccination Administration CPT codes 0001A, 0002A, 0003A, 0004A, 0011A,0012A, 0013A, 0031A, 0034A, 0064A, 0071A, and 0072A are reimbursed at $22.67 (through 3/14/2021) or $37.98 (as of 3/15/2021) per administration in ASCs. These are the only vaccination administration codes allowed under ASCs.

ODM cannot bypass EAPG for ASCs therefore, the Department will be paying ASCs the average rate of $22.67 through 3/14/2021 by paying EAPG 459 – Vaccine Administration – at 60.09% of the calculated EAPG rate. Effective 3/15/2021, the vaccine administration will be paid at $37.98 per administration by

paying EAPG 459 – Vaccine Administration - at 100.69% of the calculated EAPG rate. (We are utilizing the same system methodology in which EAPG 485 is currently paid to ASCs at 223% of the calculated EAPG rate).

Pharmacy Claims

Pharmacy claims should follow the National Council for Prescription Drug Plans (NCPDP) COVID-19 Vaccination Emergency Preparedness Guidance found here: https://www.ncpdp.org/NCPDP/media/pdf/NCPDP-Emergency-Preparedness-Guidance-COVID-19-Vaccines.pdf

- Medicaid FFS, through its Pharmacy Benefit Manager (PBM) Change Healthcare, can accept pharmacy claims at this time. Further instructions can be found on the ODM website here: https://pharmacy.medicaid.ohio.gov/sites/default/files/20210427_Covid_Vaccine_Admin_Fee_Update_Pharmacy_Notice.pdf#overlay-context=pharmacy-billing-information
- Medicaid managed care plan PBMs can accept pharmacy claims at this time.
- The following fields are required on the NCPDP claim submission:

Field #	NCPDP Field Name	Payer Usage	Comment
42Ø-DK	Submission Clarification Code (SCC)	RW	Required for two-dose COVID-19 vaccines. Not required for single-dose vaccines.
438-E3	Incentive Amount Submitted	RW	Required when claim is for a COVID-19 vaccine. Amount must be a non-zero value.
44Ø-E5	Professional Service Code	RW	'MA' – Medication Administration code required for all claims submitted for a COVID-19 vaccine.

The Submission Clarification Code (SCC) will be used to differentiate the Initial Dose and Final Dose:

	Initial Dose	Final Dose
Submission Clarification Code (SCC)	2 'Other Override'	6 'Starter Dose'
Incentive Amount Submitted	$37.98	$37.98
Professional Service Code	'MA'	'MA'

Submission Clarification Code value of **42** (Prescriber ID Submitted is valid and prescribing requirements have been validated) may be used to override prescriber NPI validation rules when the pharmacist is

acting as the prescriber according to federal/state guidance. In addition to Submission Clarification Code of 42, the values of 2 or 6 would also be submitted to identify the dose number.

Dental Claims

Dentists are authorized to administer COVID-19 vaccines as of March 16, 2021. The following CDT codes for vaccine administration should be used when billing these services on a dental claim.

CDT COVID-19 Vaccine Services			
Procedure Code	**Description**	**Rate**	**Effective Date**
D1701	Pfizer BioNTech Covid-19 Vaccine Administration - first dose ADM SARSCOV2 30MCG/0.3ML	$37.98	3/16/2021
D1702	Pfizer BioNTech Covid-19 Vaccine Administration - second dose ADM SARSCOV2 30MCG/0.3ML	$37.98	3/16/2021
D1703	Moderna Covid-19 Vaccine Administration - first dose ADM SARSCOV2 100MCG/0.5ML	$37.98	3/16/2021
D1704	Moderna Covid-19 Vaccine Administration - second dose ADM SARSCOV2 100MCG/0.5ML	$37.98	3/16/2021
D1707	Janssen Covid-19 Vaccine Administration - single dose ADM SARSCOV2 VAC AD26 .5ML	$37.98	3/16/2021

Instructions for Specific Program Areas

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) billing:

ODM payment for a COVID-19 vaccine furnished by an FQHC or RHC is made in accordance with Chapter 5160-28 of the Administrative Code. Except when furnished as part of a mass immunization, a vaccine administered by an FQHC or RHC practitioner is paid under the Prospective Payment System (PPS).

Payment for a vaccine done as part of a mass immunization is made separately outside of the PPS. When a vaccine is done as part of a mass immunization, please follow the policy guidance posted in Medicaid advisory letter (MAL) 655: Payment for Vaccines Furnished by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

On a claim, an FQHC or RHC must report the appropriate COVID-19 vaccine administration code plus the vaccine itself. Except when furnished by an RN, the practitioner administering the vaccine should be reported as the rendering practitioner on the claim. When furnished by an RN, the supervising/overseeing medical practitioner should be reported as the rendering practitioner on the claim.

For reporting purposes, a COVID-19 vaccine administered at a related off-site location is attributed to the particular FQHC or RHC site whose personnel provided the service.

Added 3/15/2021: In accordance with paragraph (A)(1)(a) of rule 5160-28-03.1 and section (P) of rule 5160-28-01, Ohio Medicaid will pay FQHCs under the PPS when licensed practical nurses (LPNs) and medical assistants (MAs) administer vaccines if all of the following apply:

- It is within their scope of practice
- The administration of the vaccine is being done in accordance with ORC including adhering to supervisory requirements
- An eligible practitioner of FQHC services is supervising the LPN or MA and is reported on the claim; and
- The vaccine is not part of a mass immunization.

ODM payment for a COVID-19 monoclonal antibody treatment administered by an FQHC or RHC practitioner is paid under the PPS.

Mass immunization by FQHCs and RHCs

Payment for a vaccine done as part of a mass immunization is made separately outside of the PPS. ODM generally follows Medicare's definition of mass immunization, which is any entity that gives vaccines to multiple individuals at the same location (e.g., at vaccine clinics, shopping malls, grocery stores, senior citizen homes, and health fairs) on the same date in a short time interval. Mass immunizations furnished by an FQHC or RHC may be done on-site (e.g., in an FQHC's parking lot) or off-site (e.g., at a school).

Mass immunization services should not be reported on claims submitted to ODM for FQHC or RHC visits paid under the PPS, nor should they be reported on claims for wraparound payments.

When a Medicaid recipient is enrolled in an MCP, and the vaccine is given as part of a mass immunization, the MCO is the only payer of a vaccine administered during a mass immunization.

When a Medicaid recipient is not enrolled in an MCP, and the vaccine is done as part of a mass immunization, a claim may be submitted separately as a covered non-FQHC or covered non-RHC service under an FQHC or RHC's "clinic" provider number (provider type 50).

Dialysis Centers

As set forth in Ohio Administrative Code rule 5160-13-02, covered dialysis services furnished at a dialysis center are made as an all-inclusive composite payment amount per visit. Separate payment may be made for covered professional services of a medical practitioner and for covered laboratory services and pharmaceuticals that are not directly related to dialysis treatment. The administration of a COVID-19 vaccine qualifies for Medicaid payment separately and outside of the all-inclusive composite payment amount. The appropriate COVID-19 vaccine administration and COVID-19 vaccine codes must be billed with Revenue Center Code (RCC) 771.

Home Health Services

If a vaccine is administered during a home health visit by the home health nurse, the vaccine administration is considered a task performed during the home health visit therefore, the home health agency is not able to bill separately for vaccine administration.

COVID-19 Vaccine Counseling

In accordance with section 9811 of the American Rescue Plan Act of 2021 (ARP), ODM must cover COVID-19 vaccine counseling for COVID-19 vaccine counseling visits during which no COVID-19 vaccine is injected when these visits are covered for children under age 21 as part of the EPSDT benefit. CMS has encouraged the use of coding guidance which was provided by the American Academy of Pediatrics (AAP). Based on the AAP guidance, ODM will be issuing an updated guidance to providers that claims for vaccine counseling for COVID-19 vaccines (when no vaccine is administered) should be submitted using CPT codes 99401 and 99402 when submitted with diagnosis codes Z71.85 - Encounter for immunization safety counseling and an additional encounter diagnosis code to determine the outcome. This change will be effective 2/1/2022. Since 99401 and 99402 are already covered procedures, a diagnosis code is required to identify that counseling occurred specifically for COVID-19 vaccines in order for ODM to claim 100% FMAP for pediatric COVID-19 vaccine counseling. Please align your systems to accept these changes effective 2/1/2022.

Effective 2/1/2022, ODM will change claim submission requirements for COVID-19 vaccine counseling for individuals ages 21 and under when no vaccine is administered. Providers who furnish vaccine counseling should submit claims using CPT codes 99401 or 99402 for preventative medicine counseling. Each CPT code must be submitted with diagnosis code Z71.85 - encounter for immunization safety counseling. An additional encounter diagnosis code to determine the reason for no vaccine being administered is also required on each claim. A table of appropriate encounter diagnosis codes is below:

Diagnosis code	Description
Z28.01	Immunization not carried out because of acute illness of patient
Z28.02	Immunization not carried out because of chronic illness or condition of patient
Z28.03	Immunization not carried out because of immune compromised state of patient
Z28.04	Immunization not carried out because of patient allergy to vaccine or component
Z28.09	Immunization not carried out because of other contraindication
Z28.21	Immunization not carried out because of patient refusal
Z28.82	Immunization not carried out because of caregiver refusal
Z28.83	Z28.83 Immunization not carried out due to unavailability of vaccine

For all other vaccine counseling, providers should submit claims using the appropriate vaccine administration codes and/or evaluation and management (E/M) services code in accordance with AMA CPT coding guidelines found here: https://www.ama-assn.org/practice-management/cpt/covid-19-immunization-administration-and-em-visits.

COVID-19 vaccine administration codes should not be submitted with 99401 or 99402. All COVID-19 vaccine administration codes include vaccine counseling and are not age-specific; therefore, no E/M visit codes may be additionally reported unless a separately identifiable service is performed.

COVID-19 Testing

In accordance with the American Rescue Plan Act of 2021 COVID-19 testing requirements, the Ohio Department of Medicaid (ODM) continues to cover FDA-authorized COVID-19 diagnostic tests including "home" and "point-of-care" tests. Upon further guidance from CMS to eliminate arbitrary barriers to accessing COVID-19 tests, effective January 20, 2022, ODM will begin covering FDA-authorized COVID-19 diagnostic tests without a prescription with no member cost sharing.

Professional Claims

Professional FFS claims for COVID-19 testing may be submitted for payment by entities who have received a Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver to conduct COVID-19 testing. Providers must report their CLIA information to provider enrollment before submitting claims for testing.

Laboratory procedure codes denoted as CLIA waived (QW) in the table below may be submitted on a professional claim for reimbursement with a QW modifier. For COVID-19 tests that are not CLIA waived, full CLIA certification is required to submit claims for payment.

Procedure Code	QW modifier is required (denotes CLIA Waived)	Description	Effective Date	Rate
U0001		2019-Ncov Diagnostic P	3/1/2020	$35.92
U0002	QW	Covid-19 Lab Test Non-CDC	3/1/2020	$51.31
U0003		SARS COVID 19 Highthruput	1/1/2021	$75.00
U0004		SARS COVID 19 Highthruput	1/1/2021	$75.00
U0005		Infec agen detec ampli probe	1/1/2021	$25.00
0240U	QW	Nfct DS Vir Resp RNA 3 Trgt	4/1/2021	$142.63
0241U	QW	Nfct DS Vir Resp RNA 4 Trgt	4/1/2021	$142.63
0224U		Antibody SarsCov2 Titer(s)	6/25/2020	$42.13
0225U		Nfct ds dna&rna 21 sars-cov-2	4/1/2021	$416.78
0226U		Svnt SarsCov2 Elisa Plsm srm	4/1/2021	$42.28
87635	QW	SarsCov2 Covid19 Amp Prb	4/1/2021	$51.31

87636	QW	SarsCov2 & Inf A&B Amp prb	4/1/2021	$142.63
87637	QW	SarsCov2 & Inf A&B&RSV amp prb	4/1/2021	$142.63
87426	QW	SarsCov Coronavirus AG IA	4/1/2021	$35.33
87428	QW	SarsCov & Inf Vir A&B AG IA	4/1/2021	$63.59
87811	QW	SarsCov2 Covid19 W/Optic	4/1/2021	$41.38
86328	QW	Ia Nfct A&B SarsCov2 covid19	4/10/2020	$45.23
86408		Neutrlzg Antb SarsCov2 Scr	4/1/2021	$42.13
86409		Neutrlzg Antb SarsCov2 titer	4/1/2021	$79.61
86769		SarsCov2 Covid19 Antibody	4/10/2020	$42.13
G2023		Specimen collection COVID 19	3/1/2020	$23.46
G2024		Specimen collection SNF/LAB COVID 19	3/1/2020	$25.46

Institutional Claims

COVID-19 testing codes are covered in the outpatient hospital setting and ambulatory surgery centers as indicated in the chart below. COVID-19 testing codes are reimbursed the lesser of EAPG payment or billed charges.

Procedure Code	Description	Effective Date	OPH	ASC
U0001	2019-Ncov Diagnostic P	2/4/2020	YES	NO
U0002	Covid-19 Lab Test Non-CDC	2/4/2020	YES	NO
U0003	SARS COVID 19 Highthruput	4/14/2020	YES	NO
U0004	SARS COVID 19 Highthruput	4/14/2020	YES	NO
U0005	Infec agen detec ampli probe	1/1/2021	YES	NO

0240U	Nfct DS Vir Resp RNA 3 Trgt	10/6/2020	YES	YES
0241U	Nfct DS Vir Resp RNA 4 Trgt	10/6/2020	YES	YES
0224U	Antibody SarsCov2 Titer(s)	6/25/2020	YES	NO
0225U	Nfct ds dna&rna 21 sars-cov-2	8/10/2020	YES	NO
0226U	Svnt SarsCov2 Elisa Plsm srm	8/10/2020	YES	NO
87635	SarsCov2 Covid19 Amp Prb	3/13/2020	YES	NO
87636	SarsCov2 & Inf A&B Amp prb	10/6/2020	YES	YES
87637	SarsCov2 & Inf A&B&RSV amp prb	10/6/2020	YES	YES
87426	SarsCov Coronavirus AG IA	6/25/2020	YES	NO
87428	SarsCov & Inf Vir A&B AG IA	11/10/2020	YES	YES
87811	SarsCov2 Covid19 W/Optic	10/6/2020	YES	YES
86328	Ia Nfct A&B SarsCov2 covid19	4/10/2020	YES	NO
86408	Neutrlzg Antb SarsCov2 Scr	8/10/2020	YES	NO
86409	Neutrlzg Antb SarsCov2 titer	8/10/2020	YES	NO
86769	SarsCov2 Covid19 Antibody	4/10/2020	YES	NO
G2023	Specimen collection COVID 19	3/1/2020	YES	NO

Pharmacy Claims

At Home COVID-19 Testing

COVID-19 “home” and “point-of-care” diagnostic tests are covered without a prescription, with no member cost sharing with a limit of 8 tests per month per member according to Federal guidance.

ODM has requested MCPs to work with their Pharmacy Benefit Managers to operationalize the provision of “at-home” COVID-19 diagnostic test kits through the pharmacy benefit in alignment with the Fee-For-Service guidelines. Below is an NDC listing of all currently covered tests. Fee-For-Service will reimburse ingredient cost at the lower of AWP, WAC, or U&C, plus the standard dispensing fee.

Additionally, MCPs should allow for dispensing of these items without a prescription using Submission Clarification Code value of “42” to override prescriber validation. Pharmacies should be instructed to input the Pharmacy NPI during claim submission.

COVID-19 Diagnostic Test Kits*	
NDC	**Product**
08290256082	BD VERITOR KIT SARSCOV2
11877001129	BINAXNOW KIT COVID-19
11877001133	BINAXNOW COV KIT HOME TES
11877001140	BINAXNOW COV KIT HOME TES
56964000000	ELLUME COV19 KIT HOME TES
82607066026	FLOWFLEX KIT HOME TST
82607066027	FLOWFLEX KIT TEST
82607066028	FLOWFLEX KIT TEST
82607066047	FLOWFLEX KIT TEST
08337000158	INTELISWAB KIT COVID-19
14613033937	QUICKVUE KIT SARS ANT
14613033967	QUICKVUE HOM KIT COVID-19
14613033968	QUICKVUE HOM KIT COVID-19
14613033972	QUICKVUE HOM KIT COVID-19

* For future additions to this list, please reference: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/coronavirus-covid-19-and-medical-devices.

COVID-19 Treatment Services

Professional and Institutional Claims

The following COVID-19 treatment services are available to bill on professional and institutional claim forms. Specific instructions for outpatient hospitals and ambulatory surgery centers billing on an institutional claim can be found below.

Procedure Code	Short Descriptor	Long Description	Effective Date	Payment rate
M0243	Casirivi and imdevi infusion	Intravenous infusion includes infusion and post administration monitoring	11/21/2020	$309.60 (for dates of service through 5/5/2021) $414.93 (for dates of service 5/6/2021 and after) $415.58 (for dates of service on or after 1/1/2022)
Q0243	Casirivimab and imdevimab	Injection, casirivimab and imdevimab, 2400 mg	11/21/2020	$0.01
M0239	Bamlanivimab-xxxx infusion	Intravenous infusion includes infusion and post administration monitoring	11/9/2020-4/16/2021[1]	$309.60
Q0239	Bamlanivimab-xxxx	Injection. Bamlanivimab, 700 mg	11/9/2020-4/16/2021[1]	$0.01
M0245	bamlan and etesev infusion	intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	2/9/2021	$309.60 (for dates of service through 5/5/2021)

				$414.93 (for dates of service 5/6/2021 and after) $415.58 (for dates of service on or after 1/1/2022)
Q0245	bamlanivimab and etesevima	Injection, bamlanivimab and etesevimab, 2100 mg	2/9/2021	$0.01
M0247	Soltrovimab infusion	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	5/26/2021 (this procedure code will be available to bill on 6/28/2021)	$414.93 (for dates of service through 12/31/2021) $415.58 (for dates of service on or after 1/1/2022)
Q0247	Sotrovimab	Injection, sotrovimab, 500 mg	5/26/2021 (this procedure code will be available to bill on 6/28/2021)	By report
M0240	Casiri and imdev repeat	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses	7/30/2021	$414.93 (for dates of service through 12/31/2021) $415.58 (for dates of service on or after 1/1/2022)

Q0240	Casirivi and imdevi 600mg	Injection, casirivimab and imdevimab, 600 mg	7/30/2021	$0.01
Q0244	Casirivi and imdevi 1200 mg	Injection, casirivimab and imdevimab, 1200 mg	6/03/2021	$0.01
Q0220	Tixagev and cilgav, 300mg	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended.	12/8/2021	$0.01
M0220	Tixagev and cilgav inj	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	12/8/2021	$138.97
Q0222	Bebtelovimab 175 mg	Injection, bebtelovimab, 175 mg	2/11/2022	$0.01[4]
M0222	Bebtelovimab injection	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	2/11/2022	$323.61[4]

J0248	Inj, remdesivir, 1 mg	Injection, remdesivir, 1 mg	12/23/2021	$5.56

[1]The Food and Drug Administration (FDA) revoked the emergency use authorization therefore this service is no longer covered for dates of service on or after 4/17/2021.

[3]New rate effective in MITS as of 1/21/2022

[4]New rate effective in MITS as of 2/25/2022

Outpatient hospitals and ambulatory surgery centers

Outpatient hospitals should bill COVID-19 treatment codes using Revenue Center Code (RCC) 25X or 636 with a minimum charge of $0.01. An NDC should be reported when available, however, it is currently exempt when reported with these RCCs. When determined separately payable by the grouper, these codes will reimburse according to the provider administered pharmaceutical fee schedule. The payment will be capped at the lesser of billed charges or fee schedule amount. These services are covered as a medical benefit only and are not billable by psychiatric hospitals under OPHBH.

Home Infusion Services

The following home infusion services are covered when provided by a physician, physician assistant (PA), advanced practice registered nurse (APRN), or pharmacist. These services are only reimbursable on a professional claim when rendered by these practitioners.

Home Infusions – Professional Claims				
Procedure Code	**Short Descriptor**	**Long Description**	**Effective Date**	**Payment rate**
M0221	Tixagev and cilgav inj hm	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19	12/8/2021	$231.26

		vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency		
M0223	Bebtelovimab home injection	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence. Includes a beneficiary's home that has been made provider-based to the hospital during the PHE	2/11/2022	$507.87[4]
M0241	Casiri and imdev repeat home infusion	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring in the home or residence	7/30/2021	$692.15 (for dates of service through 12/31/2021) $692.20 (for dates of service on or after 1/1/2022)
M0244	Casirivi and imdevi home infusion	Intravenous infusion, casirivimab and imdebimad included infusion and post administration monitoring in the home or residence	5/6/2021	$692.15 (for dates of service through 12/31/2021) $692.20 (for dates of service on or after 1/1/2022)
M0246	Bamlan and etesev home infusion	Intravenous infusion, bamlanivimab and estesevimab. Includes infusion and post	5/6/2021	$692.15 (for dates of service through 12/31/2021)

		administration monitoring in the home or residence		$692.20 (for dates of service on or after 1/1/2022)
M0248	sotrovimab inf, home administration	Intravenous infusion sotrovimab. Includes infusion and post administration monitoring in the home or residence	5/26/2021 (this procedure code will be available to bill on 6/28/2021)	$692.15 (for dates of service through 12/31/2021) $692.20 (for dates of service on or after 1/1/2022)[1]

[1]New rate effective in MITS as of 1/21/2022
[4]New rate effective in MITS as of 2/25/2022

Pharmacy Claims

Oral Therapeutics

- Claims paid by FFS and managed care plan PBMs for oral COVID-19 antiviral drugs will be reimbursed at the standard dispensing fee.
- The NDC of the dispensed product must be included on the claim.
- Providers are reminded that product provided free of charge should be submitted with the Basis of Cost Determination (Field 423-DN) value of "15", with an associated Ingredient Cost Submitted (Field 409-D9) of $0.00 (or as otherwise instructed by the claims processor).

Coordination of Benefits

Coordination of benefits requirements found in Ohio Administrative Code rule 5160-1-08 apply to all COVID-19 related services. Since Medicare covers the full cost of the COVID-19 vaccine and administration without cost sharing, ODM does not expect to see many crossover claims. Any provider-submitted crossover claims must include the information returned by the payer on the explanation of Medicare benefits (EOMB).

Concerning uninsured individuals, the CMS, in its December bulleting titled, "Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost-Sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program," advise that providers of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the Health Resources and Services Administration (HRSA).

Providers can find more information about these funds on HRSA's website: https://www.hrsa.gov/CovidUninsuredClaim.

Questions?

Contact medicaid@medicaid.ohio.gov or provider support at 1-800-686-1516

For more information, visit Medicaid.Ohio.gov

Are you an agency certified by the Ohio Department of Mental Health and Addiction Services?

For questions or more information, visit Bh.medicaid.ohio.gov or contact

BH-enroll@medicaid.ohio.gov.