## COVID-19 Community-Based Testing & Vaccination Billing Guide

### Policy

This policy is retroactive to March 1, 2020 (New Uninsured Aid Category – "COVID-19 Temporary," only retroactive back to March 18, 2020). This billing guide will be updated as new information becomes available.

This billing guide was created to assist providers to understand what COVID-19 services are covered by Nevada Medicaid (including Nevada Check Up) for only mass community-based testing and vaccination events such as what is conducted via a public health preparedness Point of Dispensing (POD) event with a high throughput of patients. At these mass community-based testing and vaccination events, Nevada Medicaid covers:
- COVID-19 assessments,
- COVID-19 diagnostic and serology antibody testing, and
- COVID-19 vaccines.

Community-based testing and vaccination is currently being conducted via drive-thru methods. However, community-based testing and vaccination can be conducted through clinics or other methods that are deemed appropriate within a community for the sole purpose of mass testing and vaccinating only with a high throughput of patients.

All medical providers, clinics, outpatient hospitals, laboratories, and other providers conducting community-based testing and vaccination events must be enrolled into Nevada Medicaid in order to seek reimbursement. Web Announcement #2389 gives details on urgent enrollment for providers that are not currently enrolled in Nevada Medicaid and wish to do so for the COVID-19 vaccine administration fee.

The Centers for Medicare and Medicaid Services (CMS) has removed the physician-order requirement during the COVID-19 public health emergency. This allowance is permittable only if it is intended to avoid COVID-19 transmission. CMS explains that these changes will permit States to cover:
- COVID-19 tests not ordered by a physician,
- COVID-19 tests administered in certain "non-office settings" intended to maximize physical distancing, like "parking lots" or "other temporary outdoor locations," and
- Laboratories processing of COVID-19 tests that the Food and Drug Administration (FDA) has authorized for home use, where patients self-collect in alternative locations (such as at home).

Nevada Medicaid policies are published in the Medicaid Services Manual (MSM) which is located on the Division of Health Care Financing and Policy website at http://dhcfp.nv.gov (select "Manuals" from the "Resources" webpage). Chapters related to community-based testing and vaccinations include:
- MSM 100 – Medicaid Program
- MSM 600 – Physician Services
- MSM 800 – Laboratory Services
- MSM 1200 – Prescribed Drugs.

Please see the COVID-19 General Billing Guide for specific instructions on general COVID-19 billing guidance. All billing guides can be found at: https://www.medicaid.nv.gov/providers/BillingInfo.aspx.

Please continue to watch for new COVID-19 Web Announcements at: https://www.medicaid.nv.gov. These Web Announcements can be sorted by category including COVID-19.

All CMS blanket waivers can be found at: https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf.

## COVID-19 Community-Based Testing & Vaccination Billing Guide

All Nevada approved CMS waivers can be found at: http://dhcfp.nv.gov/covid19/ or at https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html.

### Fee Schedule

Fee-for-Service (FFS) rates are available on the Provider Web Portal at https://www.medicaid.nv.gov through the "Search Fee Schedule" function, which is listed under "Featured Links" on the left side of the webpage.

Please contact the Managed Care Organizations (MCOs) for their fee schedules.  The MCOs include:
- Anthem Blue Cross Blue Shield Healthcare Solutions
  - https://mediproviders.anthem.com/nv/Pages/home.aspx
  - (844) 396-2330
- Health Plan of Nevada
  - www.myhpnmedicaid.com/Provider
  - (800) 745-7065
- Molina Healthcare of Nevada
  - www.molinahealthcare.com/members/nv/en-us/health-care-professionals/home.aspx
  - (833) 685-2109
- SilverSummit Healthplan
  - www.silversummithealthplan.com/providers.html
  - (844) 366-2880

Specific COVID-19 reimbursement rates will also be published in Web Announcements.

### Medicaid Eligibility

Reimbursement from Nevada Medicaid is contingent on recipient eligibility.  Nevada Medicaid recipients are issued a plastic insurance card upon approval for benefits.  The card is issued with their full eleven-digit billing number, last name, first name, sex, and date of birth.  The card does not identify the category of eligibility, nor does it carry photographic or other individual identifying information, and it does not guarantee eligibility for benefits.  Newly approved Medicaid recipients may present a Notice of Decision from the Division of Welfare and Supportive Services as proof of eligibility.  Therefore, recipients may come to a community-based testing event with their insurance card, without their insurance card, or with a letter indicating their eligibility.

Medicaid eligibility is determined on a month-to-month basis.  Providers must always verify recipient eligibility prior to providing services, as well as the identification of the individual through a driver's license, Social Security card, or photo identification.  Before services are rendered, providers must check the individual's eligibility via the Nevada Medicaid Electronic Verification System (EVS), by phone using the Automated Response System (ARS), or by using a swipe card vendor.  If the individual does not have their Medicaid insurance card physically present, the provider can still look up eligibility with proper identification. The EVS secure Provider Web Portal and user manual can be found at: https://www.medicaid.nv.gov.

Services for COVID-19 are covered under the following eligibility groups:
- FFS – Medicaid Fee-For-Service
- MCO – Managed Care Organization
- FFS / QMB – Medicaid Fee-For-Service and Qualified Medicare Beneficiary
- New Uninsured Aid Category named "COVID-19 Temporary"

Web Announcements will be posted if any new COVID-19 eligibility categories are approved by CMS. Nevada Medicaid Web Announcements are posted at https://www.medicaid.nv.gov.

## COVID-19 Community-Based Testing & Vaccination Billing Guide

### NEW UNINSURED AID CATEGORY – "COVID-19 TEMPORARY"
This aid category is only available from March 18, 2020 to the end of the public health emergency. In order to be eligible, the individual must meet the definition of "uninsured individual" and are not covered by another health plan such as a federal health care program (including Nevada Check Up, Medicare, TRICARE, VA, federal employee health plan), group health plan or health insurance coverage offered by a health insurance issuer including a qualified health plan through an Exchange, employer-sponsored health insurance, retiree health plans, or COBRA continuation coverage.

A person who is eligible for this New Uninsured Aid Category may not already be enrolled in Nevada Medicaid. Services can be provided to an individual, but the individual will need to be referred to the Nevada DWSS to screen for eligibility and complete their enrollment. The provider takes on the risk of no reimbursement if they provide services to a person who is not enrolled in Nevada Medicaid.

In order to submit claims for which eligibility was determined after the date of service within the required time frame, providers should query the EVS every 30 days until the determination of eligibility is obtained.

### EMERGENCY MEDICAID ONLY (EMO)
Non-citizens are not eligible for COVID-19 services through Nevada Medicaid at community-based testing or vaccination events.

### HRSA COVID-19 UNINSURED PROGRAM
The Health Resources and Services Administration (HRSA) will no longer accept claims due to lack of sufficient funds. For more information on this program, please visit www.hrsa.gov/coviduninsuredclaim.

## Prior Authorization & Limitations

### PRIOR AUTHORIZATION
Nevada Medicaid (FFS and MCO) does not require prior authorization for COVID-19 evaluation and management (E/M) services (assessments), diagnostic testing, serology antibody testing, or COVID-19 vaccines.

### LIMITATIONS
The following are the service limitations from each of the MCOs for COVID-19 diagnostic testing and serology antibody testing:
- Anthem Blue Cross Blue Shield Healthcare Solutions
  - No limitations
- Health Plan of Nevada
  - No limitations
- Molina Healthcare of Nevada
  - No limitations
- SilverSummit Healthplan
  - Limited to one test per day (one total per day, not one of each per day)

Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits, and other terms and conditions set forth by the benefit program.

## COVID-19 Community-Based Testing & Vaccination Billing Guide

### Covered Services

**FFS, MCO, FFS/QMB**

Nevada Medicaid covers COVID-19 E/M assessments, diagnostic and serology testing, and vaccination administration at community-based testing and vaccination events. For Medicaid recipients that have both Medicaid and Medicare coverage, the COVID-19 vaccine administration fee will only be covered through Medicare and cannot be billed to Nevada Medicaid.

**NEW UNINSURED AID CATEGORY – "COVID-19 TEMPORARY"**

Services are limited to:
- E/M assessments,
- Diagnostic and serology antibody testing, and
- Chest X-ray services.
- This does not include any coverage for COVID-19 treatment or COVID-19 vaccine administration.

### Billing Information

Below are the covered ICD-10, E/M, laboratory, and vaccination codes along with appropriate provider types (PTs) that would be used for a community-based testing or vaccination event.

The following PTs can conduct COVID-19 E/M assessments, diagnostic and serology antibody testing, and vaccinations through mass community-based events:
- PT 12 – Hospital, Outpatient
- PT 17 Specialty 174 – Public Health Clinic
- PT 17 Specialty 195 – Community Health Clinic, Nevada Division of Public and Behavioral Health
- PT 20 – Physician, M.D. / Osteopath, D.O.
- PT 24 – Advanced Practice Registered Nurse
- PT 77 – Physician's Assistant

Other PTs may include:
- PT 17 Specialty 180 – Rural Health Clinic
- PT 17 Specialty 181 – Federally Qualified Health Center
- PT 47 – Indian Health Service and Tribal Clinic

**ICD-10 CODES**

The following ICD-10 codes are directly related to COVID-19. These lists may not be all-inclusive.

| Diagnosis Codes | Description |
|---|---|
| U07.1 | Virus identified is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing |
| Z71.1 | Person with feared health complaint in whom no diagnosis is made |

The following are ICD-10 diagnosis codes that may be helpful for reporting encounters related to possible COVID-19 exposure. Additional coding guidance can be found in the ICD-10-CM coding guidance at: https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf and https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf.

## COVID-19 Community-Based Testing & Vaccination Billing Guide

| Diagnosis Codes | Description |
|---|---|
| Z03.818 | Encounter for observation for suspected exposure to other biological agents ruled out |
| Z20.828 | Contact with and (suspected) exposure to other viral communicable diseases |
| Z11.59 | Encounter for screening for other viral diseases |

### EVALUATION / MANAGEMENT (E/M)

The provider conducting the assessment, collecting the specimen for the COVID-19 diagnostic or serology antibody test, conducting a point of care "rapid test", or administering a COVID-19 vaccine can bill Nevada Medicaid for an E/M visit. Services conducted must be within the providers scope of practice. Providers must still follow Current Procedural Terminology (CPT) guidelines on appropriate E/M codes to bill.

If only a COVID-19 test or vaccine is being conducted, the lowest E/M CPT code would be the most appropriate; example – Per CMS, 99211 will be excepted for all patients and not just established ones. This list may not be all-inclusive.

| CPT Codes | Description |
|---|---|
| 99202 | Office / Outpatient Visit New Patient – 15 - 29 minutes |
| 99203 | Office / Outpatient Visit New Patient – 30 - 44 minutes |
| 99204 | Office / Outpatient Visit New Patient – 45 - 59 minutes |
| 99205 | Office / Outpatient Visit New Patient – 60 - 74 minutes |
| 99211 | Office / Outpatient Visit Established Patient – Minimal Presenting Problem |
| 99212 | Office / Outpatient Visit Established Patient – 10 - 19 minutes |
| 99213 | Office / Outpatient Visit Established Patient – 20 - 29 minutes |
| 99214 | Office / Outpatient Visit Established Patient – 30 - 39 minutes |
| 99215 | Office / Outpatient Visit Established Patient – 40 - 54 minutes |

Encounter-based PTs such as the following can also conduct E/M assessments:
- PT 17 Specialty 180 – Rural Health Clinic
- PT 17 Specialty 181 – Federally Qualified Health Center
- PT 47 – Indian Health Service and Tribal Clinic

These PTs would use an Encounter Code and not an E/M code:
- G0466 – New Patient Medical Visit
- G0467 – Established Patient Medical Visit
- T1015 – Clinic Visit / Encounter

### TESTING

For COVID-19 diagnostic testing, Medicaid recipients can be tested if they are symptomatic or asymptomatic, in accordance with the technical bulletin from the Nevada Division of Public and Behavioral Health (DPBH), State Medical Officer and under recent guidance released by the CMS. Technical bulletins from the DPBH can be found at: http://dpbh.nv.gov/Resources/Technical_Bulletins-New/.

The COVID-19 diagnostic and serology antibody laboratory testing codes are available for the following enrolled PTs:
- PT 12 – Hospital, Outpatient
- PT 43 – Laboratory

## COVID-19 Community-Based Testing & Vaccination Billing Guide

The following PTs can also conduct a COVID-19 point of care "rapid test" with an appropriate Certified Laboratory Improvement Amendments (CLIA) Waiver. These providers may also collect the specimen and send to a PT 43 Laboratory for analysis instead.

- PT 12 – Hospital, Outpatient
- PT 17 Specialty 174 – Public Health Clinic
- PT 17 Specialty 180 – Rural Health Clinic
- PT 17 Specialty 181 – Federally Qualified Health Center
- PT 17 Specialty 195 – Community Health Clinic, State Health Division
- PT 20 – Physician, M.D. / Osteopath, D.O.
- PT 24 – Advanced Practice Registered Nurse
- PT 47 – Indian Health Service and Tribal Clinic
- PT 77 – Physician's Assistant

**Please Note** – Any point of care "rapid test" for COVID-19 that is conducted by a PT that is reimbursed an encounter-based rate will not be reimbursed separately outside of their current rate. All providers must follow current policy outlined in their MSM for laboratory services.

**Pharmacies**
Pharmacies are providing COVID-19 rapid tests. However, Nevada Medicaid is currently not able to reimburse pharmacies for these testing services. Therefore, if a recipient desires to utilize a pharmacy for a COVID-19 test, the recipient may be asked to pay cash for these testing services. It is best to refer a recipient to a provider that can bill Nevada Medicaid for this service.

**COVID-19 Diagnostic Testing**

| CPT/HCPCS Codes | Description | Retroactive Date |
|---|---|---|
| U0001 | CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel | 3/1/2020 |
| U0002* | 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC | 3/1/2020 |
| U0003 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R | 3/1/2020 |
| U0004 | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R | 3/1/2020 |
| 87426* | Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])<br><br>Note: Code 87426 is a child code under 87301. Therefore, do not bill 87426 with 87301. | 6/25/2020 |
| 87635* | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique | 3/1/2020 |

## COVID-19 Community-Based Testing & Vaccination Billing Guide

| 87636* | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique | 10/6/2020 |
|---|---|---|
| 87637* | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique | 10/6/2020 |
| 87811* | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) | 10/6/2020 |
| 87428* | Infectious agent antigen detection by immunoassay technique, severe acute respiratory syndrome coronavirus and influenza virus types A and B | 11/10/2020 |

\* Point of Care "Rapid Tests."  Enter modifier QW when billing for laboratory CLIA waived tests that are granted waived status under CLIA from CMS.

**COVID-19 Serology Antibody Testing**

| CPT Codes | Description | Retroactive Date |
|---|---|---|
| 86328* | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Corona-virus disease [COVID-19]) – Antibody testing using single step method | 3/1/2020 |
| 86413 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative | 9/8/2020 |
| 86769 | Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) – Multi-step method | 3/1/2020 |

\* Point of Care "Rapid Tests."  Enter modifier QW when billing for laboratory CLIA waived tests that are granted waived status under CLIA from CMS.

**COVID-19 VACCINES**
Nevada's Declaration of Emergency for COVID-19 was terminated effective May 20, 2022.  Therefore, Emergency Directive 011 was terminated and Podiatrists, Dentists and Dental Hygienists are no longer authorized to vaccinate against COVID-19 at a Point of Dispensing event.

The FDA authorized several COVID-19 vaccines for Emergency Use Authorization (EUA) and now FDA approval.  A list of these COVID-19 vaccines can be found at https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies.  The COVID-19 vaccine is covered by Nevada Medicaid as a preventative services benefit.  The COVID-19 vaccine will be provided at no-cost to providers by the federal government.  Providers may not bill Nevada Medicaid for the vaccine itself but may bill for the vaccine administration fee only.  Providers may not charge Nevada Medicaid recipients for the vaccine or the vaccine administration fee as this is a covered service.

The COVID-19 vaccine will not be distributed through the Vaccines for Children Program and instead will only be distributed through the current federal distribution process.

Nevada Medicaid will only reimburse providers for the vaccine administration fee for the ages that have been authorized by the FDA.  Claims submitted on recipients below these licensed ages will be denied.

Do not use vaccine administration CPT codes 90460, 90461, 90471, 90472, 90473 or 90474 for the administration of any COVID-19 vaccine.  Use the codes outlined in the table below as they were developed specifically for COVID-19.  If providers have administered a COVID-19 vaccine to a Nevada Medicaid recipient, please submit the claim to prevent denials for timeliness.

For Medicaid recipients that have both Medicaid and Medicare coverage, the COVID-19 vaccine administration fee will only be covered through Medicare and cannot be billed to Nevada Medicaid.

## COVID-19 Community-Based Testing & Vaccination Billing Guide

All Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), Nevada Emergency Directive 011, and Nevada Medicaid policies apply on which providers can vaccinate and be reimbursed for the COVID-19 vaccine administration fee.  The following PTs will be able to bill Nevada Medicaid for the COVID-19 vaccine administration fee at community-based mass vaccinating events.

- PT 12 – Hospital, Outpatient
- PT 17 Specialty 174 – Public Health Clinic
- PT 17 Specialty 195 – Community Health Clinic, State Health Division
- PT 20 – Physician, M.D. / Osteopath, D.O.
- PT 24 – Advanced Practice Registered Nurse
- PT 28 – Pharmacy
- PT 77 – Physician's Assistant

All encounter-based providers must bill using their encounter code and the COVID-19 vaccine administration codes.  The claim will pay according to the established encounter rate and the vaccine administration code will pay at $0 as the service is included in the encounter reimbursement.  This will allow the DHCFP to track the COVID-19 vaccines administered for federal reporting purposes.

On March 25, 2021, the DHCFP was approved by CMS to reimburse allowable providers listed above at 100% of the Nevada geographically-adjusted Medicare rate for the COVID-19 vaccine administration fee.  These rates will be posted in a Web Announcement located at
https://www.medicaid.nv.gov/providers/newsannounce/default.aspx.

Medical providers must bill each vaccine administered with the following:
- Vaccine CPT code with National Drug Code (NDC) billed at $0.01,
- Vaccine administration CPT code and bill with usual and customary charge.

| COVID-19 Vaccine CPT Code(s) | | Vaccine Administration CPT Code(s) | Vaccine Name | Dosing Intervals | Emergency Use Authorization (EUA) Effective Date |
|---|---|---|---|---|---|
| 91300 $0.01 | 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.  Report 91300 with administration codes 0001A, 0002A or 0004A. | 0001A (1st dose)  0002A (2nd dose)  0003A (3rd dose)  0004A (Booster) | Pfizer BioNTech COVID-19 Vaccine (Purple Cap) | Refer to FDA/CDC guidance | 12/11/2020  12/11/2020  8/12/2021  9/22/2021 |
| 91301 $0.01 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 | 0011A (1st dose)  0012A (2nd dose)  0013A (3rd dose) | Moderna COVID-19 Vaccine (Red Cap) | Refer to FDA/CDC guidance | 12/18/2020  12/18/2020  8/12/2021 |

**COVID-19 Community-Based Testing & Vaccination Billing Guide**

| | | | | | |
|---|---|---|---|---|---|
| | mcg/0.5mL dosage, for intramuscular use.<br><br>Report 91301 with administration codes 0011A, 0012A or 0013A. | | | | |
| 91303<br><br>$0.01 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 viral particles/0.5mL dosage, for intramuscular use.<br><br>Report 91303 with administration codes 0031A or 0034A. | 0031A (Single Dose)<br><br>0034A (Booster) | Janssen COVID-19 Vaccine | Refer to FDA/CDC guidance | 2/27/2021<br><br><br>10/20/2021 |
| 91304<br><br>$0.01 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use.<br><br>Report 91304 with administration codes 0041A or 0042A. | 0041A (1st dose)<br><br>0042A (2nd dose) | Novavax COVID-19 Vaccine, Adjuvanted (Aged 18 yrs and older) | Refer to FDA/CDC guidance | 7/13/2022<br><br>7/13/2022 |
| 91305<br><br>$0.01 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use.<br><br>Report 91305 with administration codes 0051A, 0052A, 0053A or 0054A. | 0051A (1st dose)<br><br>0052A (2nd dose)<br><br>0053A (3rd dose)<br><br>0054A (4th dose) | Pfizer-BioNTech COVID-19 Vaccine Pre-Diluted (Gray Cap) | Refer to FDA/CDC guidance | 1/3/2022<br><br>1/3/2022<br><br>1/3/2022<br><br>1/3/2022 |
| 91306<br><br>$0.01 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 | 0064A (Low Dose Booster) | Moderna COVID-19 Vaccine (Red Cap) (Low Dose) | Refer to FDA/CDC guidance | 10/20/2021 |

| | | | | | |
|---|---|---|---|---|---|
| | mL dosage, for intramuscular use.<br><br>Report 91306 with administration code 0064A. | | | | |
| 91307<br><br>$0.01 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use.<br><br>Report 91307 with administration codes 0071A, 0072A or 0073A. | 0071A (1st dose)<br><br>0072A (2nd dose)<br><br>0073A (3rd dose)<br><br>0074A (4th dose) | Pfizer BioNTech COVID-19 Pediatric Vaccine (Orange Cap) | Refer to FDA/CDC guidance | 10/29/2021<br><br>10/29/2021<br><br>1/3/2022<br><br>5/17/2022 |
| 91308<br><br>$0.01 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use.<br><br>Report 91308 with administration codes 0081A, 0082A or 0083A. | 0081A<br><br>0082A<br><br>0083A | Pfizer BioNTech COVID-19 Pediatric Vaccine (Aged 6 mo – 4 yrs) (Maroon Cap) | Refer to FDA/CDC guidance | 6/17/2022<br><br>6/17/2022<br><br>6/17/2022 |
| 91309<br><br>$0.01 | Severe acute respiratory syndrome coronavirus 2 (SARS - CoV -2) (coronavirus disease [COVID -19]) vaccine, mRNA - LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use.<br><br>Report 91309 with administration codes 0091A, 0092A, 0093A or 0094A. | 0091A (1st dose)<br><br>0092A (2nd dose)<br><br>0093A (3rd dose)<br><br>0094A (Booster) | Moderna COVID-19 Vaccine (Blue Cap) 50MCG/0.5ML (Booster) | Refer to FDA/CDC guidance | 6/17/2022<br><br>6/17/2022<br><br>6/17/2022<br><br>3/29/2022 |
| 91311<br><br>$0.01 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 25 mcg/0.25 | 0111A (1st dose)<br><br>0112A (2nd dose)<br><br>0113A (3rd dose) | Moderna COVID-19 Pediatric Vaccine (Aged 6 mo – 5 yrs) | Refer to FDA/CDC guidance | 6/17/2022<br><br>6/17/2022<br><br>6/17/2022 |

**COVID-19 Community-Based Testing & Vaccination Billing Guide**

| | mL dosage, for intramuscular use.<br><br>Report 91311 with administration codes 0111A, 0112A or 0113A. | | (Blue Cap with Magenta Border) | | |
|---|---|---|---|---|---|

**Pharmacy Claims**

When submitting a claim for the COVID-19 vaccine through Point-of-Sale (POS), submission should include the NCPDP fields and submission clarification codes as depicted below and follow recommended guidance.

Guidance prior to March 15, 2021:

| NCPDP Field Name | NCPDP Field Number | First Dose 2020/2021 | Second Dose 2020/2021 | Single Dose 2021 |
|---|---|---|---|---|
| **Professional Service Code (DUR-PPS)** | 440-E5 | MA = Medication Administration | MA = Medication Administration | MA = Medication Administration |
| **Day Supply** | 405-D5 | 1-Day | 1-Day | 1-Day |
| **Submission Clarification Code (SCC)** | 420-DK | 2 = Other Override | 6 = Starter Dose | NA |
| **Ingredient Cost Submitted** | 409-D9 | $0.01 | $0.01 | $0.01 |
| **Dispensing Fee Submitted** | 412-DC | $0.00 | $0.00 | $0.00 |
| **Basis of Cost Determination** | 423-DN | 15 = Free Product | 15 = Free Product | 15 = Free Product |
| **Incentive Amount Submitted** | 438-E3 | $17.02 / $17.25 | $28.53 / $25.56 | $28.56 |
| **Product / Service ID / NDC** | 407-D7 | EUA Approved NDC | EUA Approved NDC | EUA Approved NDC |
| **Fill Number** | 403-D3 | 00 | 01 | 00 |

Guidance effective March 15, 2021, through December 31, 2021:

| NCPDP Field Name | NCPDP Field Number | First Dose / Single Dose | Second Dose | Third Dose | Booster Dose |
|---|---|---|---|---|---|
| **Professional Service Code (DUR-PPS)** | 440-E5 | MA = Medication Administration | MA = Medication Administration | MA = Medication Administration | MA = Medication Administration |
| **Day Supply** | 405-D5 | 1-Day | 1-Day | 1-Day | 1-Day |
| **Submission Clarification Code (SCC)** | 420-DK | 2 = Other Override | 6 = Starter Dose | NA | 10 = Meets Plan Limitations |
| **Ingredient Cost Submitted** | 409-D9 | $0.01 | $0.01 | $0.01 | $0.01 |
| **Dispensing Fee Submitted** | 412-DC | $0.00 | $0.00 | $0.00 | $0.00 |
| **Basis of Cost Determination** | 423-DN | 15 = Free Product | 15 = Free Product | 15 = Free Product | 15 = Free Product |
| **Incentive Amount Submitted** | 438-E3 | $40.44 | $40.44 | $40.44 | $40.44 |
| **Product / Service ID / NDC** | 407-D7 | EUA Approved NDC | EUA Approved NDC | EUA Approved NDC | EUA Approved NDC |
| **Fill Number** | 403-D3 | 00 | 01 | 02 | 03 |

## COVID-19 Community-Based Testing & Vaccination Billing Guide

Guidance effective January 1, 2022:

| NCPDP Field Name | NCPDP Field Number | First Dose / Single Dose | Second Dose | Third Dose | Booster Dose |
|---|---|---|---|---|---|
| **Professional Service Code (DUR-PPS)** | 440-E5 | MA = Medication Administration | MA = Medication Administration | MA = Medication Administration | MA = Medication Administration |
| **Day Supply** | 405-D5 | 1-Day | 1-Day | 1-Day | 1-Day |
| **Submission Clarification Code (SCC)** | 420-DK | 2 = Other Override | 6 = Starter Dose | NA | 10 = Meets Plan Limitations |
| **Ingredient Cost Submitted** | 409-D9 | $0.01 | $0.01 | $0.01 | $0.01 |
| **Dispensing Fee Submitted** | 412-DC | $0.00 | $0.00 | $0.00 | $0.00 |
| **Basis of Cost Determination** | 423-DN | 15 = Free Product | 15 = Free Product | 15 = Free Product | 15 = Free Product |
| **Incentive Amount Submitted** | 438-E3 | $40.11 | $40.11 | $40.11 | $40.11 |
| **Product / Service ID / NDC** | 407-D7 | EUA Approved NDC | EUA Approved NDC | EUA Approved NDC | EUA Approved NDC |
| **Fill Number** | 403-D3 | 00 | 01 | 02 | 03 |

**Nevada Medicaid Enrollment**
Any provider that is vaccinating Medicaid recipients with a COVID-19 vaccine must enroll into Nevada Medicaid in order to seek vaccine administration fee reimbursement. If the provider is already enrolled in one of the allowable PTs listed above, they can submit claims for reimbursement.

If a provider wishes to enroll into Nevada Medicaid for COVID-19 vaccination purposes, an initial application is required. Please include an attachment that indicates the reason for enrollment is to administer the COVID-19 vaccine. Once the enrollment request is submitted, please email nv.providerapps@dxc.com to request expedited enrollment. Include your National Provider Identifier (NPI) in the email and title the subject line COVID-19 Vaccination Enrollment. See Web Announcement #2389.

**COVID-19 Vaccine Distribution to Providers**
All providers that would like to receive the COVID-19 vaccine to vaccinate Medicaid recipients, must enroll with the Nevada State Immunization Program. All COVID-19 vaccines will be ordered and distributed through the Nevada State Immunization Program. To enroll in the COVID-19 vaccine program, please send an email stating your interest to DPBHCOVID19VAX@health.nv.gov. COVID-19 vaccines must be stored in stand-alone refrigerators and stand-alone freezers with digital temperature monitoring. Digital data loggers must be certified calibrated and able to generate a report with daily maximum/minimum temperatures and alarm settings.

For more information on requirements of the Nevada State Immunization Program regarding the COVID-19 vaccine, go to http://dpbh.nv.gov/Programs/Immunization/COVID/COVID_Vaccine/.

**Nevada WebIZ**
Per NRS 439.265 and NAC 439.870 - 897, all vaccines administered in Nevada must be recorded in Nevada WebIZ, unless the patient chooses to opt-out of inclusion in the system.

Many COVID-19 vaccines require a two (2) dose series. Vaccinating providers should document patient contact information, including mobile phone number and/or email address to facilitate 2nd dose reminders.

COVID-19 vaccinations should be documented in Nevada WebIZ within 24 hours, but not later than 72 hours, of administration.

## COVID-19 Community-Based Testing & Vaccination Billing Guide

Please contact the Nevada WebIZ Help Desk at izit@health.nv.gov or (775) 684-5954 for assistance and information on how to begin using Nevada WebIZ.

### Non-Covered Services

Nevada Medicaid will only reimburse for the E/M assessments, COVID-19 diagnostic tests, and COVID-19 serology antibody tests at community-based testing events.  The following are not billable under COVID-19 community-based testing:

- Drive-thru ancillary costs such as staffing, supplies, travel, etc.