



Provider Type 22 Dentist: COVID-19 Vaccination Administration Claim Reimbursement Guide

Policy

This policy is retroactive to January 14, 2021 for Provider Type (PT) 22 Dentist. The COVID-19 vaccine is covered by Nevada Medicaid as a preventative services medical benefit and not a dental benefit. The Division of Health Care Financing and Policy (DHCFP) was approved by the Centers for Medicare and Medicaid Services (CMS) and the Governor's Emergency Directive 011 to allow Dentists and Dental Hygienists (under the supervision of a dentist) to vaccinate patients in an office setting. The COVID-19 vaccine will be provided at no-cost to providers by the federal government and will be distributed through the current federal distribution process.

Providers may not bill Nevada Medicaid for the vaccine itself but may only bill for the vaccine administration fee. Providers may not charge Nevada Medicaid recipients for the vaccine or the vaccine administration fee as this is a covered service. Nevada Medicaid will only reimburse providers for the vaccine administration fee for the ages that have been approved per their Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration (FDA). Claims submitted on recipients below these EUA ages will be denied. All EUA and FDA approved 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>.

Provider Enrollment

Providers must be enrolled into Nevada Medicaid to seek reimbursement for the COVID-19 vaccine administration fee. [Web Announcement #2389](#) gives details on urgent enrollment for providers that are not currently enrolled in Nevada Medicaid and wish to do so to claim reimbursement for the COVID-19 vaccine administration fee. 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.

Medicaid Eligibility

Reimbursement from Nevada Medicaid is contingent upon recipient 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. [EVS User Manual](#).

Fee Schedule

On March 25, 2021, DHCFP was approved by CMS to reimburse allowable providers 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>. For Medicaid recipients that have both Medicaid and Medicare coverage, the COVID-19 vaccine administration reimbursement will only be covered through Medicare and cannot be billed to Nevada Medicaid.

Reimbursement

COVID-19 vaccinations are covered by the Managed Care Organizations (MCOs) and Medicaid Fee-For-Service (FFS). There are no prior authorization requirements.

Dentists and Dental Hygienists will not submit COVID-19 vaccine administration claims to LIBERTY Dental Plan because the vaccine is not a dental benefit. PT 22s will submit claims for the vaccine administration fee via a CMS-1500 claim form and not an ADA form. Paper forms are available for purchase online (Amazon and Quill). CMS' instructions for filling out the form can be accessed at:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>.



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Providers must bill Nevada Medicaid FFS or the recipient's identified Managed Care plan for the vaccine administration fee reimbursement. FFS claims cannot be submitted on paper and must be submitted electronically via the [EVS secure Provider Web Portal](#). Managed Care claims will be accepted by the applicable Managed Care Organization (MCO) and may be submitted on paper or electronically. Providers should access EVS to confirm a recipient's eligibility and FFS or MCO enrollment.

Directions regarding claim submission for these eligibility groups are listed below.

Medicaid FFS

FFS claims must be submitted electronically through the EVS secure Provider Web Portal. For information about submitting claims, providers should review [Chapter 3: Claims](#) of the EVS User Manual, which provides a step-by-step guide on how to submit and view claim submissions.

Providers must bill each vaccine administered including the following information:

- Vaccine CPT code with National Drug Code (NDC) billed at \$0.01,
- Vaccine administration CPT code and 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, 0003A or 0004A.	0001A (1 st dose) 0002A (2 nd dose) 0003A (3 rd 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 mcg/0.5mL dosage, for intramuscular use. Report 91301 with administration codes 0011A, 0012A or 0013A.	0011A (1 st dose) 0012A (2 nd dose) 0013A (3 rd dose)	Moderna COVID-19 Vaccine	Refer to FDA/CDC guidance	12/18/2020 12/18/2020 8/12/2021
91303 \$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 ¹⁰ viral particles/0.5mL dosage, for intramuscular use.	0031A (Single Dose) 0034A (Booster)	Janssen COVID-19 Vaccine	Refer to FDA/CDC guidance	2/27/2021 10/20/2021



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	Report 91303 with administration codes 0031A or 0034A.				
91305 \$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. Report 91305 with administration codes 0051A, 0052A, 0053A or 0054A.	0051A (1 st dose) 0052A (2 nd dose) 0053A (3 rd dose) 0054A (4 th dose)	Pfizer-BioNTech COVID-19 Vaccine Pre-Diluted (Gray Cap)	Refer to FDA/CDC guidance	1/3/2022 1/3/2022 1/3/2022 1/3/2022
91306 \$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 mL dosage, for intramuscular use. Report 91306 with administration code 0064A.	0064A (Low Dose Booster)	Moderna COVID-19 Vaccine (Low Dose)	Refer to FDA/CDC guidance	10/20/2021
91307 \$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. Report 91307 with administration codes 0071A, 0072A or 0073A.	0071A (1 st dose) 0072A (2 nd dose) 0073A (3 rd dose)	Pfizer BioNTech COVID-19 Pediatric Vaccine (Orange Cap)	Refer to FDA/CDC guidance	10/29/2021 10/29/2021 1/3/2022



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Managed Care Organizations

- Anthem Blue Cross Blue Shield Healthcare Solutions
<https://mediproviders.anthem.com/nv/Pages/home.aspx>
(844) 396-2330

Instructions to submit electronic or paper claims are listed in Anthem Blue Cross Blue Shield Healthcare Solutions' [Provider Manual, Pages 102-105](#)

- Health Plan of Nevada
www.myhpnmedicaid.com/Provider
(800) 745-7065

Providers should reference the Claims chapter of the [Provider Summary Guide](#). Electronic claims will need to be submitted through the Optuminsight clearinghouse (page 8) with Payor ID 76342. Although the health plan has one contracted clearinghouse, providers may coordinate with their clearinghouse to transmit electronic claims and encounter data to OptumInsight. Providers may contact the MCO to discuss options for submitting attachments with electronic claims.

Paper claims may be submitted to:
Health Plan of Nevada, Inc.
Attention: Claims
P. O. Box 15645
Las Vegas, NV 89114-5645

- Molina Healthcare of Nevada
www.molinahealthcare.com/members/nv/en-us/health-care-professionals/home.aspx
(833) 685-2103

Molina offers a direct submit/web-based claims option through Availity. This functionality is available via the provider portal on the Molina website. There is no charge to participating providers for submitting claims through the Availity tools. Availity supports keyed entry of claims on the portal and supports secure transfer/upload of batch claim files from most practice management systems. You must register with Availity to use the service and add Molina as one of your payers. If you are not currently registered with Availity, please visit www.availity.com to get connected.

Paper claims may be submitted to:
Molina Healthcare of Nevada, Inc.
PO BOX 22666
Long Beach, CA 90801

- SilverSummit Healthplan
www.silversummithealthplan.com/providers.html
(844) 366-2880

Providers can submit EDI/electronically through a clearinghouse. SilverSummit Healthplan's Payor ID is 68069 and clearinghouse vendors include Availity, Change Healthcare (formerly Emdeon) and McKesson.

Paper claims may be submitted to:
SilverSummit Healthplan
Attn: Claims Department
PO Box 5090
Farmington MO 63640-5090