



## REIMBURSEMENT POLICY STATEMENT GEORGIA MEDICAID

Policy Name		Policy Number	Effective Date
COVID-19 Vaccine Reimbursement		PY-PHARM-0074	12/18/2020
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

### **COVID-19 Vaccine Reimbursement**

## B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10/NDC code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

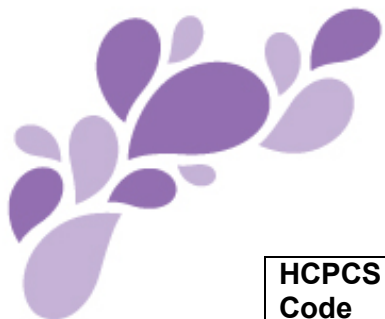
The 2019 novel coronavirus, also known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), causes the disease known as coronavirus disease 2019 (COVID-19). The Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for two vaccines for the prevention of COVID-19: Pfizer-BioTech and Moderna as of December 2020. Both vaccines are offered as a two-dose series. The EUA allows the vaccines to be widely distributed in the United States.

The Advisory Committee on Immunization Practices (ACIP) has issued interim recommendations for the use of Pfizer-BioNTech and Moderna COVID-19 vaccines for the prevention of COVID-19 in the U.S. The interim recommendations are derived from the EUA of the vaccines, other data sources, general best practice guidelines for immunization, and expert opinion. The Centers of Medicare and Medicaid Services (CMS) and State Medicaid programs have released toolkits, guidance and bulletins on coverage and reimbursement. Additional considerations will be updated as additional information become available or if additional vaccine products are authorized.

## C. Policy

This reimbursement policy outlines the reimbursement rates for COVID-19 vaccine and associated vaccine administration fees. Providers may bill CareSource through our standard claims processes.

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.



HCPSC Code	Description	Reimbursement
91300	SARSCOV2 VAC 30MCG/0.3ML IM (Pfizer-Biontech Covid-19 Vaccine)	\$0.00*
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose (Pfizer-Biontech Covid-19 Vaccine Administration – First Dose)	\$10.00
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose (Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose)	\$10.00
91301	SARSCOV2 VAC 100MCG/0.5ML IM (Moderna Covid-19 Vaccine)	\$0.00*
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose (Moderna Covid-19 Vaccine Administration – First Dose)	\$10.00
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose (Moderna Covid-19 Vaccine Administration – Second Dose)	\$10.00

\*Providers should note that the vaccine is available at no charge to providers at this time. Therefore, CareSource will pay at zero until further notice. Providers are still ask to bill the vaccine codes for data collection purposes.

Pharmacies should submit claims through their pharmacy claims platform through our pharmacy benefits manager, Express Scripts, utilizing appropriate NDC codes and POS National Council for Prescription Drug Programs (NCPDP) codes for administration. Please visit the Express Scripts Pharmacist Resource Center for additional information.



#### D. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

#### E. Related Policies/Rules

COVID-19 Vaccination Administrative Policy

#### F. Review/Revision History

DATE		ACTION
Date Issued	12/18/2020	New policy
Date Revised		
Date Effective	12/18/2020	
Date Archived		

#### G. References

1. Centers for Medicare & Medicaid Services. Toolkit on COVID-19 Vaccine: Health Insurance Issuers and Medicare Advantage Plans.
2. Centers for Medicare & Medicaid Services. Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children's Health Insurance Program, and Basic Health Program.
3. Georgia Department of Community Health. Medicaid-PeachCare Notification 01/11/2021: Outpatient Fee-For-Service Pharmacy Program Important Information.

**The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.**