Update: Billing Guidelines for COVID-19 Vaccine Administration and Related Services

November 2021

To ensure accurate claims payment, please follow the vaccine administration and billing guidelines below for all HAP and HAP Empowered lines of business.

Vaccine Billing Guidelines

Providers cannot bill for vaccines supplied by the government under the CARES Act.

Vaccine Administration Billing Guidelines for Commercial and Medicaid Members

You can submit claims for administration of COVID-19 vaccines for commercial and Medicaid members. Please use the codes below.

Manufacturer and Administration codes		
Pfizer • 0001A (1st dose) • 0002A (2nd dose) • 0003A (3rd dose) • 0004A (booster)	**Moderna** • 0011A (1st dose) • 0012A (2nd dose) • 0013A (3rd dose) • 0064A (booster)	**Janssen** • 0031A • 0034A (booster)

Vaccine Administration Billing Guidelines for Medicare Advantage Members

For 2020 and 2021 Dates of Service	For 2022 Dates of Service
We're aligned with CMS guidelines. Per CMS, submit claims for administration of all COVID-19 vaccines for MA members to the CMS Medicare Administrative Contractor (MAC) for payment. Claims will deny if submitted to HAP with direction to bill CMS.	For administration of all COVID-19 vaccines on or after January 1, 2022, submit claims to HAP using the codes outlined in the table above.
For more information, visit: Medicare Billing for COVID-19 Vaccine Shot Administration | CMS)	

Billing Guidelines for COVID-19 Related Services

For Dates of Service	Submit
Beginning with Feb. 4, 2020	COVID-19 related services with modifier CS on professional claims including outpatient, urgent, emergent, observation and inpatient services. **Important!** • The CS modifier should not be used for services not related to COVID-19. • For Medicare claims, **facilities** should **not** include the CS modifier for COVID-19 testing services.
Feb. 4 through March 31, 2020	COVID-19 related treatment services with diagnosis B97.29 on the claim.
Beginning with April 1, 2020	COVID-19 related treatment services with diagnosis U07.1.
Note: The diagnoses codes below will also be accepted if appropriate. • Z03.818 • Z20.822 (effective Jan. 1, 2021) • Z20.828	

COVID-19 Specimen Collection (99000, 99001, G2023)

Specimen collection is covered as a separate service only when no other evaluation and management service or visit related to COVID-19 testing is provided on the same date of service. To be eligible for payment, specimen collection must be reported with one of the following ICD-10-CM diagnoses:

- Z03.818
- Z20.822 (effective Jan. 1, 2021)
- Z20.828
- Z11.59 (HAP Empowered Only)

CPT 99072

On September 8, 2020, the AMA published CPT code that accounts for extra provisions to ensure patient and provider safety during a public health emergency. CMS announced on October 27 it has assigned CPT 99072. HAP is following CMS guidelines and considers it to be bundled with whatever service was provided that day and is considered informational only.

Billing Guidelines for Telehealth Services During the Public Health Emergency

Our billing requirements for telehealth services are aligned with CMS.

For Dates of Service	Billing Guidelines
On or after March 1, 2020 and for the duration of the PHE	• Bill with Place of Service (POS) equal to what it would have been had the service been furnished in-person and use modifier 95, indicating the service rendered was performed via telehealth • Traditional telehealth services professional claims should reflect the designated POS code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.
• The CR modifier is not required on telehealth services. However, consistent with current rules for telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims: – Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier – Furnished for diagnosis and treatment of an acute stroke, use G0 modifier • There are no billing changes for institutional claims. • Critical access hospital method II claims should continue to bill with modifier GT.	

We are working to enhance our systems based on the recent regulatory changes that have been published. If you believe a claim requires review, please follow HAP's appeals process.