Billing Guidelines for COVID-19 Related Services and Vaccine Administration

January 28, 2021

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

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	

Vaccine Billing Guidelines

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

Vaccine Administration Billing Guidelines for 2020 and 2021: Commercial and Medicaid

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

Manufacturer	Administration Codes
Pfizer	• 0001A (1st dose) • 0002A (2nd dose)
Moderna	• 0011A (1st dose) • 0012A (2nd dose)

Vaccine Administration Billing Guidelines for 2020 and 2021: Medicare Advantage

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 more information, visit: cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration.

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. **Claims originally paid in error will be reprocessed**.

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.