



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Medical Services

Bill J. Crouch
Cabinet Secretary

Cynthia E. Beane
Commissioner

MEMORANDUM

TO: WV Medicaid Providers

FROM: Cynthia Beane, MSW, LCSW
Commissioner

DATE: January 11, 2021

RE: **Medicaid COVID-19 Vaccine Billing Guidelines**

Due to the World Health Organization declaring Coronavirus disease (COVID-19) a pandemic, the West Virginia Bureau for Medical Services (BMS) is providing a Billing Guideline for COVID-19 vaccinations for fee-for-service Members. Members belonging to a Managed Care Organization (MCO) should be billed to the appropriate MCO.

Vaccine Codes pay at \$0 (these are provided free of charge by the federal government) with the administration codes paying first dose at \$16.94 and second dose at \$28.39.

COVID-19 vaccines may only be billed to WV Medicaid for members who meet the age requirements from the drug trials of a given manufacturer. The minimum age for the Pfizer vaccine is 16 years and the minimum age for the Moderna vaccine is 18 years.

Each of these vaccines requires a two-dose regimen. Each injection of the two-dose regimen MUST be from the same manufacturer.

The second injection of the two-dose regimen of the Pfizer vaccine must be given no earlier than 21 days from the first injection of the Pfizer vaccine.

The second injection of the two-dose regimen of the Moderna vaccine must be given no earlier than 28 days from the first injection of the Moderna vaccine.

A WV Medicaid member may only receive one (1) two-dose regimen of COVID-19 vaccine every 180 days and must wait 180 days from the second injection of a two-dose regimen to begin another two-dose vaccine regimen.

The vaccine code and administration code for medical claims must be billed on the HCFA-1500 form.

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	Dosing Interval and Dose
91300	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	0001A (1 st dose) 0002A (2 nd dose)	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	21 days 0.3 ml
91301	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	0011A (1 st dose) 0012A (2 nd dose)	Moderna, Inc	Moderna COVID-19 Vaccine	28 days 0.5 ml

For uninsured individuals, claims should be submitted to:

COVID19 HRSA Uninsured Testing and Treatment Fund
 UnitedHealth Group
 Attention: CARES Act Provider Relief Fund
 PO Box 31376, Salt Lake City, UT 84131-0376

WV Medicaid has developed the following guidance for the processing of COVID-19 vaccine pharmacy POS (point-of-sale) claims:

- The Day(s) Supply submitted should = 1 (one) day.
- The COVID-19 vaccine second fill in a two-dose regimen within a given six (6) month period must be from the same manufacturer as the initial fill. Only one (1) COVID-19 dosing regimen is allowed every 6 months.
- A warning message will be sent to the pharmacy if the manufacturer of a COVID-19 vaccine claim submitted from 181-360 days after the most recently submitted COVID-19 vaccine claim is different than the manufacturer of that previous claim.

COVID-19 VACCINE NDC'S

<u>Manufacturer</u>	<u>NDC Key</u>
Pfizer	59267100001; 59267100002; and 59267100003
Moderna	80777027310; and 80777027399

REQUIRED NCPDP FIELDS TO USE FOR COVID-19 CLAIMS PROCESSING

405-D5 Days Supply – Value must = 1 for a COVID-19 vaccine.

423-DN Basis Of Cost Determination – Value must = 15 for a COVID-19 vaccine.

438-E3 Incentive Amount Submitted – Value must be > than 0.00 for a COVID-19 vaccine.

New field in Response pricing segment (response to the pharmacy):

521-FL Incentive Amount Paid - will equal Total Paid if claim pays.

WV MEDICAID PHARMACY POS COVID-19 EDITS/RULES

Edit 7533 - M/I Basis of Cost Determination = DENY

- If claim is for a COVID-19 vaccine, then Basis of Cost Determination value must be 15 (Free Product).

Edit 7534 - M/I Incentive Amount Submitted = DENY

- If claim is for a COVID-19 vaccine, then value must be > 0.00.

Edit 7535 - Labeler doesn't match original vaccine = DENY

- The COVID-19 vaccine second fill in a two-dose regimen within a given six (6) month period must be from the same manufacturer as the initial fill. Only one (1) COVID-19 dosing regimen is allowed every 6 months.

Edit 7536 - Labeler doesn't match original vaccine = WARN (Informational only)

- The vaccine manufacturer of a COVID-19 vaccine claim submitted from 181 to 360 days after the second fill in a two-dose regimen does not match the manufacturer of the vaccine used in the most recent two-dose regimen.

Edit 7537 - Vaccine scheduled too early = DENY

- COVID-19 vaccine claim for the second fill in the two-dose regimen is being billed too early based on the date of the initial fill of the two-dose regimen.
- For Pfizer COVID-19 vaccine: Second fill must be no earlier than 21 days from the first fill.
- For Moderna COVID-19 vaccine: Second fill must be given at least 28 days from the first fill.

Edit 7538 – This edit is a warning edit and is informational only

- This edit informs the pharmacy of the due date of the second fill of a given two-dose vaccine regimen, based on the manufacturer used for the first fill of the two-dose regimen.

Edit 7246- DUR PG SEV 2 Not Safe During Pregnancy = WARN

- Since there are currently no data on the safety of COVID-19 vaccines in pregnant women, this edit will fire in a warning status on COVID-19 vaccine claims for female WV Medicaid members who have an unknown pregnancy status.