

COVID-19

VACCINE TOOLKIT FOR MEDICAL PRACTICES



California continues to vaccinate residents against SARS-coV-2, the virus that causes COVID-19. The California Medical Association (CMA) compiled this toolkit to provide answers to frequently asked physician questions about the COVID-19 vaccine.

This document will be updated frequently with the latest information. If you have questions that you would like CMA to find answers to about the administration of the vaccine, please email us at economicservices@cmadocs.org.

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COVID-19 Vaccine Coverage Requirements and Payment Guidance

CPT guidance

Beginning August 14, 2023, the CPT Editorial panel has streamlined the reporting of the COVID-19 vaccine and administration codes by consolidating the 50 previous codes into only 6 vaccine product codes and 1 administration code. On September 11, 2023, the Food and Drug Administration amended the emergency use authorization (EUA) for the new monovalent vaccine products from Pfizer, CPT codes 91318-91320, and codes 91321 and 91322 were approved for the new monovalent vaccine products from Moderna. Vaccine code 91304, which represents the Novavax COVID-19 vaccine product, will continue to remain active. In addition, a single new vaccine administration code (90480) was approved for reporting the administration of any COVID-19 vaccine for any patient (pediatric or adult). These CPT codes report the actual work of administering the vaccine, in addition to all necessary counseling provided to patients or caregivers and updating the electronic record. Since the federal

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government no longer supplies the vaccine itself, physicians must now bill for the vaccine in addition to the administration in order to be reimbursed.

Manufacturer	National Drug Code	Vaccine Serum Code	Administration Code
Pfizer Age 6 months-4 yrs.	59267-4315-2 59267-4315-02	91318	90480 (Administration for any patient- pediatric or adult)
Pfizer Age 5 yrs-11 yrs.	59267-4331-2 59267-4331-02	91319	
Pfizer Age 12+ yrs.	0069-2392-10 00069-2392-10 0069-2362-10 00069-2362-10	91320	
Moderna Age 6 months-11 yrs.	80777-287-92 80777-0287-92	91321	
Moderna Age 12+ yrs.	80777-102-93 80777-0102-93 80777-102-96 80777-0102-96 80777-102-95 80777-0102-95	91322	
Novavax Age 12 years and older.	80631-105-02 80631-0105-02	91304	

All existing CPT codes that describe COVID-19 vaccine products and associated administration codes that end in "A," for products that are no longer covered under an existing Emergency Use Authorization (EUA) or Biologics License Application (BLA) from the US Food and Drug Administration (FDA), were deleted effective November 1, 2023. This includes the following COVID-19 vaccine product & vaccine administration codes:

- + **Admin:** 0001A-0004A, 0011A-0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A-0054A, 0064A, 0071A-0074A, 0081A-0083A, 0091A-0094A, 0104A, 0111A-0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A-0174A
- + **Product:** 91300-91303, 91305-91317

CPT Appendix Q, which previously detailed information regarding the COVID-19 vaccine and administration codes, will also be deleted effective November 1, 2023. More information regarding the COVID-19 vaccines and administration is available on the [AMA website](#) or the [CMS website](#).

Reimbursement and Billing Information

To help physicians understand the guidance on COVID-19 vaccine administration reimbursement, CMA has compiled information from both federal and state regulators. This section includes information on billing and reimbursement of administering COVID-19 vaccines.

The federal government is no longer purchasing COVID-19 vaccines, ending the Centers for Disease Control (CDC) COVID-19 Vaccine Program. Providers can now purchase the updated COVID-19 vaccines through the commercial marketplace.

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For individuals with most types of private insurance, COVID-19 vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are a preventive health service and will be fully covered without a co-pay when provided by an in-network provider. Currently, COVID-19 vaccinations are covered under Medicare Part B without cost sharing, and this will continue. Medicare Advantage plans must also cover COVID-19 vaccinations in-network without cost sharing. Medicaid will continue to cover COVID-19 vaccinations without a co-pay or cost sharing through September 30, 2024, and will generally cover ACIP-recommended vaccines for most beneficiaries thereafter. After that, FDA-approved COVID-19 vaccinations for adults administered in accordance with any category of ACIP recommendation will be covered without cost sharing as part of the Inflation Reduction Act (IRA) required adult vaccination coverage.

Until public funding expired on April 5, 2022, the Health Resources & Services Administration (HRSA) COVID-19 Uninsured program provided reimbursement to health care providers for the administering of COVID-19 vaccines to uninsured individuals. Currently, people without health insurance or whose insurance does not cover the vaccine will still have access to COVID-19 vaccines at no cost through the CDC Bridge Access Program. This program is designed to provide vaccines through local health care providers, health centers and select pharmacies. Uninsured children will also be able to access vaccinations through the Vaccines for Children program, which offers them at no cost to eligible kids through a national network of participating health care providers. To qualify, one must be under the age of 18, American Indian or Alaska Native, Medicaid-eligible, or be under-insured or uninsured, according to the CDC.

Medicare

MEDICARE FFS

Medicare beneficiaries continue to have access to the vaccine with no patient cost sharing through Medicare Part B. The reimbursement rate includes the costs involved in administering the vaccine, including the additional resources involved with required public health reporting, conducting outreach and patient education, and spending additional time with patients answering any questions they may have (counseling) about the vaccine. These rates are geographically adjusted.

Medicare no longer pays for these CPT Codes as of September 12, 2023: 91312, 91313, 91314, 91315, 91316, 91317, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, and 0174A.

Non-participating physicians will also be reimbursed at Medicare rates, however, to be eligible for reimbursement, physicians must have Medicare billing privileges. Physicians with questions regarding enrollment with Medicare should contact Noridian, Medicare Administrative Contactor, at (855)-609-9960 or visit the [Noridian website](#).

MEDICARE FFS SUMMARY

PATIENT COST SHARING – Not permitted.

CLAIM SUBMISSION – Claims should be submitted directly to Noridian, the Medicare Administrative Contractor, under the patient's Medicare Beneficiary Identification number indicated on their original Medicare ID card.

REIMBURSEMENT RATE (ADMINISTRATION) – \$40 for each dose approved (90480).

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REIMBURSEMENT RATE (VACCINE) – National payment allowances, effective for claims with dates of service 9/11/23 and after (subject to geographic payment adjustment).

91318 - \$65.36	91319 - \$87.78
91320 - \$131.10	91321 - \$145.92
91322 - \$145.92	91304 - \$148.20

For more information, visit [CMS.gov/Vaccine Pricing](https://www.cms.gov/VaccinePricing) or the [CMS Medicare Part B Drug ASP/Vaccine Pricing](https://www.cms.gov/Medicare/PartBDrugASP/VaccinePricing).

MEDICARE ADVANTAGE

For dates of service on or after January 1, 2022, through September 10, 2023

CMS has advised that claims for Medicare Advantage enrollees will be submitted directly to the Medicare Advantage Plan for processing and reimbursement.

MEDICARE ADVANTAGE SUMMARY (PRIOR TO SEPTEMBER 11, 2023)

PATIENT COST SHARING

- + For dates of service through the end of the federal public health emergency (PHE) on May 11, cost-sharing is not permitted regardless of the provider's network status.
- + For dates of service after the end of the PHE on May 11, MA beneficiaries do not have any cost-sharing for a COVID-19 vaccination if they receive their vaccinations from an in-network provider.

CLAIM SUBMISSION – Claims should be submitted directly to the Medicare Advantage Plan for processing and reimbursement. Because the federal government is supplying the vaccine itself at no cost, physicians should not bill for the vaccine itself. Claims should include the vaccine administration CPT codes only.

REIMBURSEMENT RATE (ADMINISTRATION) – In-network physicians will be reimbursed at their contracted rate. Out-of-network physicians must be reimbursed at a "reasonable rate," which CMS guidance suggests is the Medicare rate for COVID-19 vaccine administration. Physicians seeking specific billing or reimbursement guidance should visit the plans websites.

For more information, visit the [CMS COVID-19 Vaccine Toolkit](#).

For dates of service after September 10, 2023

MEDICARE ADVANTAGE SUMMARY (AFTER SEPTEMBER 10, 2023)

PATIENT COST SHARING - For dates of service after September 10, 2023, MA beneficiaries do not have any cost-sharing for a COVID-19 vaccination if they receive their vaccinations from an in-network provider.

CLAIM SUBMISSION – Claims should be submitted directly to the Medicare Advantage Plan for processing and reimbursement. Because the federal government is no longer supplying the vaccine at no cost, physicians should bill for both the vaccine and the vaccine administration CPT codes.

REIMBURSEMENT RATE (ADMINISTRATION) – In-network physicians will be reimbursed at their contracted rate. Out-of-network physicians must be reimbursed at the Medicare participating provider rate. Physicians seeking specific billing or reimbursement guidance should visit the plan websites.

For more information, visit the [CMS COVID-19 Vaccine Toolkit](#).

Medi-Cal Fee-For-Service and Medi-Cal Managed Care

The California Department of Health Care Services (DHCS) announced it will continue to follow Medicare policy and reimbursing physicians for COVID-19 vaccine administration at Medicare rates. DHCS will continue to carve out the COVID-19 vaccine administration reimbursement from the Medi-Cal managed care system and reimburse under the fee-for-service (FFS) delivery system for both medical and pharmacy claims until at least December 31, 2024.

Effective for dates of service on or after September 11, 2023, the administration fee for the commercialized COVID-19 vaccines is reimbursable as a medical benefit under Medi-Cal.

- For enrollees 18 years of age and younger, COVID-19 vaccines are covered under the Vaccines for Children (VFC) program. **Providers must obtain the vaccine for these recipients through the VFC program.** The administration fee is reimbursable, but the cost of the vaccine is not.
- For all other enrollees, providers must purchase through the commercial marketplace. The cost of the vaccine and associated administration fee are reimbursable.

For more information, see the [DHCS policy update](#).

To avoid delays and denials in payment, physicians will need to ensure claims for COVID-19 vaccines are submitted to Medi-Cal FFS rather than the Medi-Cal managed care plans. Physicians should follow the Provider Manual for Medi-Cal FFS billing and submit claims with the patient's Medi-Cal Benefit Identification Card (BIC) number rather than the Medi-Cal managed care ID number. The FFS system will only recognize the patient's Medi-Cal BIC number. Practices can obtain the Mcal FFS BIC ID number with the patient's name and social security number through the online [Automated Eligibility Verification System](#) (AEVS) or by calling (800) 456-AEVS (2387).

Federally qualified health centers (FQHCs), rural health clinics (RHCs) and Tribal 638 clinics are able to bill for COVID-19 vaccine administration outside of their current Prospective Payment System or All-Inclusive Rate.

DHCS obtained [federal approval](#) to cover the cost of vaccine administration for Medi-Cal beneficiaries who are in restricted scope coverage, enrollees of the Family Planning, Access, Care, and Treatment (Family PACT) program, and the COVID-19 uninsured population. With the exception of the COVID-19 uninsured group, this [coverage period continues](#) through the end of the first calendar quarter that starts one year after the end of the PHE. Coverage for the COVID-19 uninsured group ended when the PHE ended on May 11, 2023.

MEDI-CAL SUMMARY

PATIENT COST SHARING – Not permitted

CLAIM SUBMISSION - Medi-Cal FFS and Medi-Cal managed care claims should be submitted directly to Medi-Cal FFS with the patient's Medi-Cal FFS BIC ID number, rather than the Medi-Cal managed care plan ID number.

BILLING – Physicians should bill for both the vaccine and vaccine administration CPT codes.

REIMBURSEMENT RATE (ADMINISTRATION) – \$40 for each dose approved. For vaccine-only encounters, FQHCs, RHCs and Tribal RHCs will be reimbursed at 100% of the Medicare rates. For more information, click [here](#).

Commercial Plans Regulated by the Department of Managed Health Care

Under CMA-sponsored legislation (SB 510, 2021), health plans are required to reimburse physicians for COVID-19 vaccine and vaccination administration services at either the contracted rate agreed to by the plan and the provider, if there was an agreed upon rate prior to the pandemic, or if there isn't an agreed upon rate, then at an amount that is reasonable. During the PHE, DMHC [guidance](#) defined "an amount that is reasonable" as at least 125% of the amount Medicare reimburses on a fee-for-service basis in that geographic area.

Per the same DMHC guidance, beginning six months after the federal PHE expires, the "amount that is reasonable" for out-of-network reimbursement for COVID-19 vaccines is at least 100% of the amount Medicare reimburses on a fee-for-service basis in the geographic area.

SB 510 also prohibits health plans from imposing any utilization management requirements. Cost sharing was also prohibited during the PHE. However, as of November 11, 2023, plans can impose cost sharing for out-of-network services. For more on cost sharing post PHE, see below.

Health plans are required to cover vaccine administration even if the employer, such as a health facility, chooses to administer the vaccine to its employees.

DMHC SUMMARY

PATIENT COST SHARING

+ Health insurers are required to continue to cover COVID-19 testing, vaccines, therapeutics, and related health care benefits from an in-network provider without out-of-pocket cost permanently. Beginning six months after the end of the PHE (November 11, 2023), services provided by out-of-network physicians are subject to cost-sharing.

CLAIM SUBMISSION – Bill plan or delegated group as you normally would, unless notified otherwise by plan/delegated group.

BILLING – Because the federal government is no longer supplying the vaccine, physicians should bill for the vaccine and vaccine administration CPT codes.

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REIMBURSEMENT RATES (ADMINISTRATION) – In-network physicians will be reimbursed at their contracted rate. Per DMHC guidance, out-of-network physicians will be reimbursed based on the following:

- + For dates of service through November 10, 2023, health plans must reimburse in an amount that is at least 125% of the Medicare fee-for-service amount in that geographic area.
- + Beginning November 11, 2023, health plans must reimburse an amount that is at least 100% of the Medicare fee-for-service amount in that geographic area.

The insurer is responsible for reimbursing the provider for the lost patient cost-sharing, where applicable.

Aetna

- + Aetna is assuming financial responsibility for the new COVID-19 vaccine and vaccine administration services for all commercial enrollees, including those with capitated delegated groups (unless otherwise negotiated).

Anthem Blue Cross

- + Bill plan or delegated group as you normally would, unless notified otherwise by plan/delegated group.

Blue Shield of California

- + For Commercial HMO and PPO, Blue Shield is assuming financial responsibility for the COVID-19 vaccine and vaccine administration services including those with capitated delegated groups.

Cigna

- + Bill plan or delegated group as you normally would, unless notified otherwise by plan/delegated group.

Health Net

- + Health Net is assuming financial responsibility for the new COVID-19 vaccine and vaccine administration services for all commercial enrollees, including those with capitated delegated groups (unless otherwise negotiated).

UnitedHealthcare

- + Bill plan or delegated group as you normally would, unless notified otherwise by plan/delegated group.

Insurers Regulated by the California Department of Insurance

Under CMA-sponsored legislation (SB 510, 2021), insurers are required to reimburse providers for COVID-19 vaccine and vaccination administration services at either the contracted rate agreed to by the insurer and the provider, if there was an agreed upon rate prior to the pandemic, or if there isn't an agreed upon rate, then at an amount that is reasonable. Guidance issued by CMS suggests that an example of "reasonable" reimbursement for COVID-19 vaccine administration for non-contracted physicians would be the Medicare reimbursement rate.

SB 510 also prohibits health plans from imposing any utilization management requirements. Cost sharing was also prohibited during the PHE. For more on cost sharing post PHE, see below.

CDI SUMMARY

PATIENT COST SHARING –

- + Health insurers are required to continue to cover COVID-19 testing, vaccines, therapeutics, and related health care benefits from an in-network provider without cost-sharing permanently.
- + Beginning six months after the end of the PHE (November 11, 2023) services provided by out-of-network physicians are subject to cost-sharing. See [CDI](#) fact sheet for more information.

CLAIM SUBMISSION – Bill insurer as you normally would.

BILLING – Because the federal government is no longer supplying the vaccine, physicians should bill for the vaccine and vaccine administration CPT codes.

REIMBURSEMENT RATES – In-network physicians will be reimbursed at their contracted rate. Out-of-network physicians must be reimbursed at "an amount that is reasonable, as determined in comparison to prevailing market rates for such items or services in the geographic region in which the item or service is rendered." While CDI did not provide specific guidance on what constitutes a "reasonable" amount, CMS guidance suggests the Medicare reimbursement rate for COVID-19 vaccine administration is reasonable.

ERISA plans

Prior to the end of the PHE, the CARES Act required self-funded plans to cover the administration of COVID-19 vaccines with no cost share (copayment, coinsurance or deductible) for in- or out-of-network physicians during the national public health emergency. With the end of the PHE on May 11, 2023, self-funded plans may impose [cost sharing](#) for services provided by out-of-network physicians.

Uninsured Patients

In April 2023, the U.S. Department of Health and Human Services (HHS) announced the 'HHS Bridge Access Program For COVID-19 Vaccines and Treatments Program' to maintain access to COVID-19 vaccines for millions of uninsured Americans. CDC has leveraged an established network of state and local immunization programs to distribute updated COVID-19 vaccines through participating community-based providers, including local health departments and Health Resources and Services Administration (HRSA)-supported health centers. CDC has also modified existing Increasing Community Access to Testing (ICATT) program contracts with CVS, Walgreens, and eTrueNorth to offer vaccination services in areas with low vaccination coverage and access. As a result, CDC has contracted with more than 20,000 retail pharmacy locations nationwide to provide cost-free COVID-19 vaccines to people without insurance, or whose insurance requires a co-pay for in-network coverage. CDC will additionally ship and fund administration of vaccines to public health providers designated by state and local health departments – which could include more than 1,400 HRSA-supported health centers and 12,000 other vaccine providers. The Bridge Access Program is temporary and scheduled to end in December 2024. For more information on the Bridge Access Program, visit the [CDC website](#).