
COVID-19 Vaccine Payment Policy

Policy Statement

This policy documents Neighborhood Health Plan of Rhode Island's (Neighborhood) coverage and reimbursement requirements for specific services related to the COVID-19 pandemic.

Scope

This policy applies to

- Medicaid** *including Extended Family Planning (EFP)*
- INTEGRITY**
- Commercial**

Neighborhood reserves the right to implement, modify, and terminate this policy without the contractual sixty-day (60) notification that is normally required under Neighborhood contracts with in-network providers. Notification of implementation, modification, or termination of this policy will be communicated to providers via notice on Neighborhood's website located under COVID-19 Provider Guidance.

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as Interqual
- EOHHS recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Reimbursement Requirements

This policy applies to U.S. Food and Drug Administration (FDA) approved and U.S. Centers for Disease Control (CDC) recommended COVID-19 vaccines and coverage of administration of those vaccines. This applies to vaccines meeting FDA guidelines. This includes vaccines approved through



Emergency Use Authorization process. This policy applies to vaccines and administrations through the Rhode Island COVID-19 State of Emergency.

Vaccines under review through FDA Emergency Use Authorization:

- Pfizer-BioNTech COVID-19 Vaccine (2-dose regimen) – *Approved for use on December 11, 2020*
- Moderna COVID-19 Vaccine (2-dose regimen) – *Approved for use on December 19, 2020*

Claim Submission

Medicaid and Commercial

Vaccine codes will not be reimbursed at this time as all vaccines will be provided at no cost to providers through the federal government. Neighborhood is requesting that providers continue to bill vaccine CPT codes for the purposes of data collection.

Vaccine administration codes will be covered and separately reimbursed according to the codes identified in this policy.

Integrity

Per Centers for Medicare and Medicaid (CMS), providers are to bill Original Medicare for both the vaccine and the administration services for all services provided in 2020 and 2021¹. Providers should not bill Neighborhood for any Integrity members. If a claim is sent to Neighborhood, it will be denied.

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Adjustments, corrections, and reconsiderations must include the [required forms](#). All submissions must be in compliance with National Claims Standards.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Member Responsibility

In accordance with the section 3203 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Neighborhood will waive member cost share for **Commercial** plans for all FDA

¹ <https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>



Emergency Use Authorization approved and CDC recommended COVID-19 vaccines and administrations services. Providers should not collect any cost-share for the vaccine nor administration.

No member cost share should be applied to an office visit if the primary purpose of the visit is the delivery of the recommended COVID-19 immunization. Providers should not collect any cost-share for these types of visits.

Coding

CPT Code	Description
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. Pfizer-BioNTech COVID-19 Vaccine
0001A	Immunization administration by intramuscular injection of 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; Pfizer-BioNTech COVID-19 First Dose
0002A	Immunization administration by intramuscular injection of 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; Pfizer-BioNTech COVID-19 Second Dose
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 Moderna COVID-19 Vaccine
0011A	Immunization administration by intramuscular injection of 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; Moderna COVID-19 First Dose
0012A	Immunization administration by intramuscular injection of 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; Moderna COVID-19 Second Dose

Disclaimer



This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
12/11/2020	Policy Effective Date