

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



**Office of the Deputy Director-
Medicaid Director**

Transmittal # 21-05 (rev.)

TO: Hospital Service Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: March 5, 2021

SUBJECT: **REVISED: Hospital Services Billing Codes and Reimbursement Rates
for COVID-19 Vaccine Administration**

This transmittal supersedes Transmittal # 21-05: Hospital Services Billing Codes and Reimbursement Rates for COVID-19 Vaccine Administration, issued on February 8, 2021. This revision adds new codes for the recently approved Janssen vaccine and clarifies that the products will be added to the EAPG Never Pay List until such time that providers begin to incur costs for the vaccine. Reimbursement is not covered for the products at this time. Finally, this revision adds the emergency use authorization (EUA) date for the Moderna vaccine.

Purpose

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to vaccinations for COVID-19 in the inpatient and outpatient hospital settings. This transmittal notifies hospitals of coverage and reimbursement for COVID-19 vaccine administration.

Billing Codes & Reimbursement

The Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) have issued six new HCPCS/CPT codes for COVID-19 Vaccines. CMS only priced the administration of these services as the product is being provided for free initially.

In accordance with regulations at 42 CFR §447.15, providers may not balance bill Medicaid beneficiaries amounts additional to the amount paid by the agency plus any deductible, coinsurance or copayment required by the state plan to be paid by the beneficiary.

Hospital Outpatient

Hospital outpatient services are reimbursed by DC Medicaid by the Enhanced Ambulatory Patient Grouping (EAPG) payment method. The table below provides the estimated EAPG payment amounts, before any applicable discounting and packaging, for all COVID-19 Vaccines covered by DHCF to date.

Administration

HCPCS -CPT	Description	Labeler Name	Effective Date	E A P G	EAPG Description	Impact under EAPG	UMC Rates	NRH Rates	All Other Hospital Rates
0001A	ADM SARSCOV2 30MCG/0.3 ML 2ND	Pfizer	12/11 /2020	4 5 9	VACCINE ADMINISTR ATION	This ancillary EAPG will package when billed with a medical visit or significant procedure.	\$55.17	\$23.84	\$54.09
0002A	ADM SARSCOV2 30MCG/0.3 ML 1ST	Pfizer	12/11 /2020	4 5 9	VACCINE ADMINISTR ATION	This ancillary EAPG will package when billed with a medical visit or significant procedure.	\$55.17	\$23.84	\$54.09
0011A	ADM SARSCOV2 100MCG/0. 5ML1ST	Moderna	12/18 /2020	4 5 9	VACCINE ADMINISTR ATION	This ancillary EAPG will package when billed with a medical visit or significant procedure.	\$55.17	\$23.84	\$54.09
0012A	ADM SARSCOV2 100MCG/0. 5ML2ND	Moderna	12/18 /2020	4 5 9	VACCINE ADMINISTR ATION	This ancillary EAPG will package when billed with a medical visit or significant procedure.	\$55.17	\$23.84	\$54.09
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen	2/27/ 2021	4 5 9	VACCINE ADMINISTR ATION	This ancillary EAPG will package when billed with a medical visit or significant procedure.	\$55.17	\$23.84	\$54.09

Products

Since CMS anticipates that providers will not incur a cost for the products for vaccines initially, CMS will update the payment allowance for the products at a later date. Providers should not bill for the product if they received it for free, thus the following product codes are not covered at this time. They will be added to the EAPG Never Pay List until such time that the providers incur a cost for the product.

HCPCS-CPT	Description	Labeler Name	EAPG	EAPG Description	Hospital Rates
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer	414	LEVEL I IMMUNIZATION	Not Covered
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna	414	LEVEL I IMMUNIZATION	Not Covered
91303	SARSCOV2 VAC AD26 .5ML IM	Janssen	414	LEVEL I IMMUNIZATION	Not Covered

Hospital Inpatient

Hospital inpatient services are reimbursed by DC Medicaid by the All Patient Refined Diagnosis Related Groups (APR-DRG) payment method. Payment for both the administration and product are included in the APR-DRG payment.

For MCO Enrollees: Providers should follow instructions provided by the enrollee's MCO for billing for administration of COVID-19 vaccines. MCOs are required to reimburse providers at rates published in this transmittal. Contact the appropriate MCO for more information:

- AmeriHealth Caritas DC Provider Services: 202-408-2237 or 1-888-656-2383
- CareFirst Community Health Plan DC Provider Services: 202-821-1100
- Health Services for Children with Special Needs (HSCSN)
Provider Services: 202-467-2737/ Option #2
- MedStar Family Choice-DC Provider Services: 855-798-4244

Contact

DHCF will continue to provide updates to this information as appropriate. If you have questions, please contact Sharon Augenbaum, Reimbursement Analyst, at Sharon.augenbaum@dc.gov or 202-442-6082.

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
Medical Society of DC