



Community Health Plan of Washington Information on COVID-19

Provider Bulletin: February 1, 2021

Dear Provider:

We are providing the latest information for you regarding your work with CHPW around COVID-19. Please share this information with your clinical and administrative staff, as needed.

CHPW is ready to partner with you in any ways we can be of assistance. You are not alone... Please reach out to us if you think of anything.

UPDATED INFORMATION (as of 2/1/2021). Information is subject to change)

The information in this section reflects new or revised information since the last dated bulletin.

COVID-19 Vaccine Billing FAQ

The Washington State Health Care Authority (HCA) has adopted the Medicare rates as of 2/15/2021. CHPW will reimburse the vaccine administration using the Medicare rate for any Medicaid members who have already received or will have received a vaccination before 2/15/2021.

General information:

CHPW is using the following codes for vaccine administration. These codes were set forth by CMS and adopted by the Washington State Health Care Authority (HCA).

Vaccine Name	CPT Code	CPT Descriptor
Pfizer-Biontech COVID-19 Vaccine	91300	SARSCOV2 VAC 30MCG/0.3ML IM
	0001A	SARSCOV2 VAC 30MCG/0.3ML IM – First Dose
	0002A	SARSCOV2 VAC 30MCG/0.3ML IM – Second Dose
Moderna COVID-19 Vaccine	91301	SARSCOV2 VAC 100MCG/0.5ML IM
	0011A	SARSCOV2 VAC 100MCG/0.5ML IM – first dose
	0012A	SARSCOV2 VAC 100MCG/0.5ML IM – second dose

Codes for further vaccines (i.e. Janssen/Johnson & Johnson, AstraZeneca) will be added once other vaccines are approved for use.

- Current state: the COVID-19 vaccines have been purchased by the federal government and are being provided free of charge to providers that have enrolled in the federal COVID-19 vaccination program or the Washington State Department of Health COVID-19 Vaccination



Program. Therefore, payment to providers is only for the administration of the vaccine, not for the vaccine itself.

- Future state: if the cost of the vaccine is no longer covered by the federal government, CHPW will follow the HCA's guidance for our Medicaid and Cascade Select members and CMS guidance for our Medicare members.

Cost Share: As directed by the federal government and the Washington State Office of the Insurance Commissioner (OIC), CHPW will not require co-pays and deductibles for COVID-19 vaccines.

Apple Health (Medicaid):

- As a primary resource, the HCA has created the following guidance for providers serving individuals enrolled in Medicaid: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-covid-vaccine-policy.pdf>
- The HCA requires that providers bill for both the vaccine code and the appropriate administration code. The vaccine code is required for tracking purposes.
- Providers should bill the individual's Medicaid Managed Care Organization for the vaccine administration.
 - CHPW will accept a \$0 charge for the vaccine portion of the claim.
 - Use standard claim forms, just as would be used for any immunization.
 - Treatment of complications/reactions related to vaccine administration are covered.
- **Pharmacies:** Per the HCA, pharmacists may prescribe, administer, and bill for COVID-19 vaccine administration. Clinics billing for this service when performed by a pharmacist should follow the standard billing procedures. Pharmacists billing for this service for an individual enrolled in Medicaid must bill on a HIPAA 837 transaction using the billing taxonomy of 193200000X and include the place of service. Pharmacy technicians may administer the vaccine under the immediate supervision of a pharmacist with an ancillary utilization plan (AUP) approved by the Pharmacy Quality Assurance Commission. The pharmacist who delegates the task should be entered as the servicing provider.

Cascade Select (our Cascade Care product):

Community Health Network of Washington/ Community Health Plan of Washington will follow the same billing guidance as Medicaid for our members enrolled in Cascade Select, except for the pharmacy billing process. Pharmacies should bill their normal Point of Service (POS) billing for individuals enrolled in Cascade Select.

Medicare/Medicare Advantage:

- As a primary resource, CMS has created the following COVID-19 vaccine guidance for health care providers serving individuals enrolled in Medicare: <https://www.cms.gov/covidvax-provider>



- CMS has instructed that COVID-19 vaccine shot administration be billed to Original Medicare through your MAC. Do not bill the patient's Medicare Advantage plan.
- Medicare requires that providers only bill the administration code and not include the vaccine code. Please note that this is a different process from that set forth by the HCA for Medicaid.

Other Vaccine Questions

Is a Condition Code required, such as DE (administration) and DR/Cr (vaccine)?

- There is no specific guidance specific to the COVID vaccine on this issue. Please bill however you feel is appropriate.

What Claims forms are required?

- Health care providers should use standard claim forms just as with any other vaccine/immunization.
- Pharmacies should follow the billing guidance provided by Medicaid or Medicare as appropriate.

Is CHPW ready to receive claims for vaccine administration?

- Yes, CHPW is able to accept claims for Medicaid and Cascade Care at this time. All Medicare claims should be billed to Original Medicare, including claims for individuals enrolled in Medicare Advantage.

Monoclonal Antibody COVID-19 Infusion Billing FAQ

Both HCA and CMS have provided guidance around the use of monoclonal antibodies. This guidance applies to Apple Health (Medicaid), Cascade Select (our Cascade Care product), and Medicare.

Providers must familiarize themselves with the FDA requirements for the emergency use of COVID-19 monoclonal antibodies. The HCA's clinical policy and CMS Program Instructions, linked below, provide more information on FDA requirements and links to fact sheets.

The federal government has purchased monoclonal antibody products, which are being provided free of charge. The Washington State DOH is allocating doses to facilities that abide by their requirements. When COVID-19 monoclonal antibody doses are provided by the government without charge, providers should only bill for the administration. Providers should not include the COVID-19 monoclonal antibody codes on the claim when the product is provided for free.

Cost Share: There is no cost sharing for individuals enrolled in Medicaid, Cascade Care, or Medicare who receive COVID-19 monoclonal antibody infusion therapy products.



CHPW is using the following codes for COVID-19 monoclonal antibody treatment and administration. These codes were set forth by CMS and adopted by the Washington State Health Care Authority.

Monoclonal Antibody Name	CPT Code	CPT Descriptor
Eli Lilly and Company Antibody Bamlanivimab (LY-CoV555)	Q0239	Injection, bamlanivimab-xxxx, 700mg
	M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring
Regeneron Antibody casirivimab and imdevimab (REGN-COV2)	Q0243	Injection, casirivimab and imdevimab, 2400mg
	M0243	Intravenous infusion, casirivimab and imdevimab, includes infusion and post-administration monitoring

Apple Health (Medicaid):

- As a primary resource, the HCA has provided the *Apple Health (Medicaid) Monoclonal Antibody Treatment for COVID-19 Clinical Policy*, which includes guidance for payment and billing: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-monoclonal-antibody-treatment-COVID-19-clinical-policy.pdf>
- Providers should bill the individual’s Medicaid Managed Care Organization for the COVID-19 monoclonal antibody administration.
- HCA provides the following guidance for Medicaid and Cascade Select. CMS established modifier “PN” (Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital) to identify and pay non-excepted items and services billed on an institutional claim. For Monoclonal antibody treatment, non-excepted off-campus provider-based departments of a hospital are required to report this modifier on each claim line with a HCPCS for non-excepted items and services. As of 1/1/21 the PN modifier will trigger an EAPG payment reduction of 54 % for these claims. Providers are subject to post pay review. If it found that modifier PN should have been used at the time of billing, recoupment of payment may occur.
- When COVID-10 monoclonal antibody doses are provided by the government without change, providers should only bill for the administration. Providers should not include the COVID-19 monoclonal antibody codes on the claim when the product is provided for free.

Cascade Select (our Cascade Care product):

Community Health Network of Washington/Community Health Plan of Washington will follow the same guidance as Medicaid for our members enrolled in Cascade Select.

Medicare/Medicare Advantage:

- As a primary resource, CMS has provided the *Medicare Monoclonal Antibody COVID-19 Infusion Program Instructions*, which includes guidance for payment and billing: <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>
- Providers should submit claims to Original Medicare even for those individuals enrolled in Medicare Advantage. Please bill Original Medicare through your MAC. Do not bill the patient’s Medicare Advantage plan.
- When COVID-10 monoclonal antibody doses are provided by the government without change, providers should only bill for the administration. Providers should not include the COVID-19 monoclonal antibody codes on the claim when the product is provided for free.

TeleHealth Updates

Are there resources to support the increase in behavioral health needs due to COVID?

The [DOH publishes weekly and monthly situational reports](#) identifying the trends in behavioral health needs across the state. They highlighted the specific increase in [youth suicide risk needs](#) in December. The DOH also includes resources for providers and community members in addition to the resources listed below to support suicide screening and impacts on providers due to COVID.

- **All Patients Safe** <https://www.apsafe.uw.edu/> (Behavioral Health Institute training offering). There is detailed information on the site about the courses.
- **Provider Well-being Webinar and Podcast Series: We Make the Path by Walking** (MHTTC). The bi-monthly webinars will be Fridays and launched on 1/22. Find [more information](#) and [register here](#).
- **DOH "Coping with COVID" podcast** and blog series can be found on the [DOH BH Resources](#) page in addition to the weekly and monthly situation reports.

Are providers required to take a telehealth training to continue delivering telehealth services?

In 2020, Washington State passed SSB 6061 which makes Telemedicine training mandatory for all licensed, registered, or certified health care professionals providing telemedicine services. While allopathic and osteopathic physicians are excluded from this mandate, they are encouraged to complete such training.

Providers should take this as soon as possible, but no later than June 30, 2021 for healthcare professionals and December 31, 2021 for [those holding nursing credentials](#).

Providers must maintain this certificate in their records for reference. For more information on the new law and other requirements, see the [Washington State Telehealth Training Information](#) page [Free Online Telehealth Training Modules](#) have been developed to meet the WA State Training

requirement are available on the Northwest Regional Telehealth Resource Center (NRTRC) website. The training options include:

- Washington State Healthcare Professional Telemedicine Training developed by the Washington State Telehealth Collaborative and the Northwest Regional Telehealth Resource Center
- TeleBehavioral Health 101 Series developed by the Behavioral Health Institute (only the first module of BHI telehealth training is necessary to meet the training requirement. To support ongoing training for behavioral health, the entire 101 series will be available on demand for behavioral health providers to support their implementation).