

Billing for Vaccines in Skilled Nursing Facilities: A Guide

Coding

The Centers for Medicare and Medicaid Services and the American Medical Association (AMA) have established codes for billing vaccines.

There are two components to billing any vaccine administered: the vaccine product/ingredients and its administration.

For the most up-to-date information on specific codes, visit the following websites:

Roster Billing:

Roster billing with your MAC:

www.cms.gov/medicare/payment/covid-19/definitions

Medicare Claims Processing Manual, Chapter 6 with consolidated billing guidance:

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf

Medicare Claims Processing Manual, Chapter 18 with vaccine guidance:

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18pdf.pdf

Specific Codes

Updated COVID-19 CPT codes:

www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes

List of CPT/HCPCS codes:

www.cms.gov/medicare/regulations-guidance/physician-self-referral/list-cpt/hcpcs-codes

In skilled nursing facilities, a vaccine may be billed by the facility or the long-term care pharmacy, depending both on whether a resident is in their Part A stay as well as what vaccine is being administered.

Staff

The LTC pharmacy can procure and bill for staff vaccination but it is typically considered out of network and not covered, leaving the facility or individual staff member to cover the bill.

The facility can choose to eat the cost of the vaccine or send staff elsewhere (eg, retail pharmacy or provider office that is a part of the insured staff person's network)

For COVID-19, uninsured staff can go to CVS/Walgreens, state they are uninsured, and use the Bridge Access Program. For other pharmacies who have applied to be Bridge Access Providers with eTrueNorth, an individual has to go online and get a QR code to prove they are uninsured.

For more information,
please contact
movingneedles@paltc.org

Residents

● Influenza, pneumococcal, and COVID-19 vaccines

Influenza, pneumococcal, and COVID-19 vaccines are billed as part of **Medicare Part B**. Hepatitis B vaccine is covered under Part B only if an individual is considered to be at high risk – residents of long term care are considered high risk.

Part A Stay Resident

FACILITY

Vaccine product and administration fee must be billed by facility using roster billing on a Part B claim

PHARMACY

The LTC pharmacy is not allowed to bill directly for Part B vaccines for residents in their Part A stay

Non-Part A/Long-term Stay Resident

FACILITY

Facility can use roster billing for both the vaccine cost and the administration fee on a Part B claim

PHARMACY

Pharmacy can bill directly for both the vaccine cost and the administration fee



If the facility staff administered the vaccine, they can ask the pharmacy to bill the administration fee and provide it back to the facility. This should be written into contracts between facilities and pharmacies.

Because vaccinations are not part of the Medicare hospice benefit, hospice claims (*type of bill 81X or 82X*) for vaccine services must be billed on a separate institutional claim and must only include charges for the vaccine and their administration.

Hospice

COVID-19: For hospice patients under Part B only, include the GW modifier on COVID-19 vaccine administration claims if either of these apply:

1. The vaccine isn't related to the patient's terminal condition.
2. The attending physician administered the vaccine.

● Tdap, shingles, and RSV vaccine

Tdap, shingles, and RSV are billed through **Medicare Part D**. Hepatitis B vaccine is covered under Part D if an individual is not at high risk.

Part A Stay Resident

PHARMACY

Pharmacies must provide and bill for the cost of the vaccine product and may bill for the administration fee

Non-Part A/Long-term Stay Resident

PHARMACY

Pharmacies must provide and bill for the cost of the vaccine product and may bill for the administration fee



If the facility staff administered the vaccine, they can ask the pharmacy to bill the administration fee and provide it back to the facility. This should be written into contracts between facilities and pharmacies.



Exceptions and special circumstances

When a vaccine such as Tdap (Part D) is administered therapeutically (i.e., post exposure) instead of preventively, it is included in the Part A global bundled payment for Part A stay residents.