

COVID-19 Vaccine Billing Frequently Asked Questions

Updated: February 8, 2021

In 2020, the Texas Department of State Health Services created the COVID-19 Vaccine Program, which allows qualifying health care facilities to enroll to become a COVID-19 vaccine provider. A small portion of nursing facilities signed up for this service.

The Texas Health and Human Services Commission (HHSC) compiled this FAQ to assist those facilities with billing questions related to administering the COVID-19 vaccine.

This FAQ document is not applicable to facilities who were vaccinated via a pharmacy or other healthcare institution or for facilities who received vaccines through the CDC's Pharmacy Partnership for Long-term Care Program. This is intended only to those small number of facilities that enrolled with the Department of State Health Services to be a vaccine provider.

Please note that the FAQs reflect a change to the email address for the HHS Claims Support team, which is now COVID_Vaccine_Reimburse@hhsc.state.tx.us.

With each update, if guidance changes from previous FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at LTCRPolicy@hhs.texas.gov.

How will COVID-19 vaccines be billed?

For Residents and Staff with Medicare, including residents and staff who are dually eligible for Medicare and Medicaid: The CARES Act includes a provision that establishes Part B coverage for COVID-19 vaccines and their administration without any cost-sharing. Because it will be covered under Part B, the COVID vaccine and its administration will not be covered under Part D, but will be included under Part C (Medicare Advantage). Medicare payment rates for COVID-19 vaccine administration will be \$28.39 to administer single-dose vaccines. For a COVID-19 vaccine requiring a series of 2 doses, the initial dose administration payment rate will be \$16.94, and the administration for the final dose in the series will be \$28.39. These rates recognize the costs involved in administering the vaccine, including the additional resources involved with required public health reporting, conducting important outreach and patient education, and spending additional time with patients answering any questions they may have about the vaccine. These rates will also be geographically adjusted.

Get the most up to date [list of billing codes, payment allowances and effective dates](#). CMS also created a [COVID-19 Vaccine Toolkit](#) that includes guidance for billing Medicare for [COVID-19 vaccine shot administration](#).

Residents will not be charged a deductible or copay for a COVID-19 vaccine.

For Residents and Staff with Medicaid only: COVID-19 vaccines and supplies are provided from the federal government free of cost. Facilities will be reimbursed for the administration of the vaccine at the same reimbursement rates provided under Medicare. For recipients that are covered by Medicaid but also covered by Medicare Part B or Part C, facilities must bill Medicare for the vaccine administration fee.

Nursing facilities seeking to be reimbursed by Medicaid for COVID vaccine administration services need to be enrolled with Texas Medicaid and Healthcare Partnership (TMHP) via TexMedConnect or Electronic Data Interchange (EDI) 837I to bill Medicaid fee for service, long-term care claims.

To request reimbursement from Medicaid for vaccine administration, facilities must contact HHSC Claims Support by emailing COVID_Vaccine_Reimburse@hhsc.state.tx.us. The Claims Support team will initiate the process to create the necessary service authorizations.

For Residents and Staff with Private Insurance: The CARES Act mandates that private insurance cover vaccine costs with no cost sharing. For both residents and staff who have private insurance, there will not be a need for secondary insurance information.

For Residents and Staff without Insurance: Providers can seek reimbursement for COVID-19 vaccine costs for uninsured residents or staff through the [COVID-19 Uninsured Program Portal](#). This portal is operated by the [Health Resources and Services Administration](#).

What is covered in the administration fee reimbursement?

The reimbursement provided from Medicare or Medicaid recognize the costs involved in administering the vaccine, including the additional resources involved with required public health reporting, conducting important outreach and patient education, and spending additional time with patients answering any questions they may have about the vaccine.

How does the billing process for the COVID-19 vaccine differ from typical billing processes?

Medicare: CMS created a [COVID-19 Vaccine Toolkit](#) that includes guidance for billing Medicare for [COVID-19 vaccine shot administration](#).

Medicaid only: As with the typical billing processes, nursing facilities seeking to bill claims to be reimbursed for COVID vaccine administration services need to be enrolled with Texas Medicaid and Healthcare Partnership (TMHP) via TexMedConnect or Electronic Data Interchange (EDI) 837I to bill Medicaid fee for service, long-term care claims. However, to request reimbursement for vaccine administration, facilities must contact HHSC Claims Support by emailing COVID_Vaccine_Reimburse@hhsc.state.tx.us. The Claims Support team will initiate the process to create the necessary service authorizations.

For two-dose COVID-19 vaccines, do providers bill after administering each dose of a vaccine or only after the final dose is given?

Medicare: CMS has separate Medicare billing codes for administration of each vaccine, broken down to first dose and second dose for the two-dose vaccine. Facilities can bill after each dose depending on the method they use for billing Medicare. CMS created a [COVID-19 Vaccine Toolkit](#) that includes guidance for billing Medicare for [COVID-19 vaccine shot administration](#). See the most up to date [list of billing codes, payment allowances and effective dates](#).

Medicaid only: To request reimbursement for vaccine administration, facilities must contact HHSC Claims Support by emailing COVID_Vaccine_Reimburse@hhsc.state.tx.us. The Claims Support team will initiate the process to create the necessary service authorizations. The service authorizations are intended for providing both vaccine doses. Once service

authorizations are created, facilities can bill claims after each vaccine dose is given using their standard Medicaid billing process.

What is the protocol for billing if the provider only provides one of the doses of a two-dose COVID-19 vaccine?

Medicare: CMS has separate Medicare billing codes for administration of each vaccine, broken down to first dose and second dose for the two-dose vaccine. Facilities bill for whichever COVID-19 vaccine and dose was administered. CMS created a [COVID-19 Vaccine Toolkit](#) that includes guidance for billing Medicare for [COVID-19 vaccine shot administration](#). See the most up to date [list of billing codes, payment allowances and effective dates](#).

Medicaid only: To request reimbursement for vaccine administration, facilities must contact HHSC Claims Support by emailing COVID_Vaccine_Reimburse@hhsc.state.tx.us. The Claims Support team will initiate the process to create the necessary service authorizations. The service authorizations are intended for providing both vaccine doses. Contact the Claims Support team to assist with reimbursement in the case that only one dose is administered.

Who pays for vaccines if staff does not have insurance?

Providers can seek reimbursement for COVID-19 vaccine costs for uninsured residents and uninsured staff through the [COVID-19 Uninsured Program Portal](#). This portal is operated by the [Health Resources and Services Administration](#).