

## – IMPORTANT INFORMATION –

# COVID-19 Vaccine Claim Submission for ND Medicaid Expansion Members

In response to the current novel Coronavirus (COVID-19) emergency situation, Sanford Health Plan is preparing for the distribution of the COVID-19 vaccine. Sanford Health Plan will support providers in the coverage of claims submitted for COVID-19 vaccines for ND Medicaid Expansion Members.

Please review the following to ensure continuity of care for members.

### BACKGROUND

- There are several COVID-19 vaccines in late-stage trials and Pfizer and Moderna have FDA emergency use authorization (EUA) authorization.
- Once FDA-authorized COVID-19 vaccines are publicly available, all ND Medicaid Expansion members, will have access to vaccinations with \$0 cost-share, including when two doses are required.
- At this time, the cost for the vaccine itself will be covered by the federal government via funding authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act. However, when applicable, providers may submit a claim for the vaccine for payment of the administration.
- Providers must be enrolled with North Dakota Medicaid to receive reimbursement for vaccine administration.
- Once the vaccine is publicly available, a list of providers who are able to administer the vaccine will be posted to [www.vaccinefinder.org](http://www.vaccinefinder.org).

### CLAIM SUBMISSION

The codes and fees are in the following table. Currently, the vaccine itself is being provided at no cost to providers and patients by the federal government, but Sanford Health Plan still requires submission of the vaccine code, to ensure the appropriate administration code is being billed for the vaccine given.

Service	Code	Modifier	CPT Short Descriptor	Labeler Name	Vaccine Name	Payment
<b>Administration</b> (Pfizer)	0001A		ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer - Biontech Covid-19 Vaccine Administration – <b>First Dose</b>	\$16.94
	0002A		ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer - Biontech Covid-19 Vaccine Administration – <b>Second Dose</b>	\$28.39
<b>Vaccine</b> (Pfizer)	91300	SL	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer	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 IM use	\$0.00
<b>Administration</b> (Moderna)	0011A		ADM SARSCOV2 100MCG/0.5ML1ST	Moderna	Moderna - Covid-19 Vaccine Administration – <b>First Dose</b>	\$16.94
	0012A		ADM SARSCOV2 100MCG/0.5ML2ND	Moderna	Moderna - Covid-19 Vaccine Administration – <b>Second Dose</b>	\$28.39
<b>Vaccine</b> (Moderna)	91301	SL	SARSCOV2 VAC 100MCB/0.5ML IM	Moderna	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 IM use.	\$0.00
<b>Administration</b> (AstraZeneca)	0021A		ADM SARSCOV2 5x1010 PARTICLES/0.5ML 1ST	AstraZeneca	AstraZeneca- Covid- 19 Vaccine Administration – <b>First Dose</b>	\$16.94
	0022A		ADM SARSCOV2 5x1010 PARTICLES/0.5ML 2ND	AstraZeneca	AstraZeneca- Covid- 19 Vaccine Administration – <b>Second Dose</b>	\$28.39

Service	Code	Modifier	CPT Short Descriptor	Labeler Name	Vaccine Name	Payment
<b>Vaccine</b> <i>(AstraZeneca)</i>	91302	SL	SARSCOV2 5x1010 PARTICLES/0.5ML IM	AstraZeneca	Severe acute respiratory syndrome cononavirus 2 (SARS-CoV-2)(coronavirus disease[COVID-19] vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage for IM use.	\$0.00

- Sanford Health Plan will align payment for pharmacy providers with pricing being used in government payments for first and second vaccine dose for administration:
  - Administration cost for two dose vaccine: first dose \$16.94 / second dose \$28.39**
  - Administration cost for a single dose vaccine: \$28.39**
- Pharmacies should administer vaccines according to manufacturers' guidance and in accordance with the CDC COVID-19 Vaccination Program Provider Agreement and State / local jurisdiction immunization program requirements.

Sanford Health Plan appreciates all providers additional efforts to ensure continuity of care for our members. Should you need any clarification regarding this notice, please contact us or call the number on the back of the member's Sanford Health Plan ID card.