



COVID-19 General Billing Guide

Policy

This policy is retroactive to March 1, 2020 (New Uninsured Aid Category – “COVID-19 Temporary,” only retroactive back to March 18, 2020). This billing guide will be updated as new information becomes available.

This billing guide was created to assist providers to understand what COVID-19 services are covered by Nevada Medicaid (including Nevada Check Up). Nevada Medicaid covers at a minimum the following services:

- COVID-19 assessments,
- COVID-19 diagnostic and serology antibody testing,
- Chest X-rays,
- COVID-19 vaccines,
- Medically necessary services for treatment, and
- Other services for COVID-19 are based upon medical necessity.

All medical providers, clinics, outpatient hospitals, laboratories, radiology and non-invasive diagnostic centers, and other providers conducting COVID-19 services must be enrolled into Nevada Medicaid in order to seek reimbursement. [Web Announcement #2389](#) gives details on urgent enrollment for providers that are not currently enrolled in Nevada Medicaid and wish to do so for the COVID-19 vaccine administration fee reimbursement.

The Centers for Medicare and Medicaid Services (CMS) has removed the physician-order requirement during the COVID-19 public health emergency. This allowance is permissible only if it is intended to avoid COVID-19 transmission. CMS explains that these changes will permit States to cover:

- COVID-19 tests not ordered by a physician,
- COVID-19 tests administered in certain “non-office settings” intended to maximize physical distancing, like “parking lots” or “other temporary outdoor locations,” and
- Laboratories processing of COVID-19 tests that the Food and Drug Administration (FDA) has authorized for home use, where patients self-collect in alternative locations (such as at home).

Nevada Medicaid policies are published in the Medicaid Services Manual (MSM) which is located on the Division of Health Care Financing and Policy (DHCFP) website at <http://dhcfp.nv.gov> (select “Manuals” from the “Resources” webpage). Chapters related to COVID-19 services include:

- MSM 100 – Medicaid Program
- MSM 200 – Hospital Services
- MSM 300 – Radiology Services
- MSM 500 – Nursing Facilities
- MSM 600 – Physician Services
- MSM 800 – Laboratory Services
- MSM 1200 – Prescribed Drugs
- And other chapters for medically necessary services.

Please see the [COVID-19 Community-Based Testing & Vaccination Billing Guide](#) for specific instructions on mass community-based testing and vaccination events that are occurring in parking lots, other outdoor locations, etc. All billing guides can be found at: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.

Please continue to watch for new COVID-19 Web Announcements at: <https://www.medicaid.nv.gov>. These Web Announcements can be sorted by category including COVID-19.



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All CMS blanket waivers can be found at: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>.

All Nevada approved CMS waivers can be found at: <http://dhcfp.nv.gov/covid19/> or at <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html>.

Fee Schedule

Fee-For-Service (FFS) rates are available on the Provider Web Portal at <https://medicaid.nv.gov> through the "Search Fee Schedule" function, which is listed under "Featured Links" on the left side of the webpage.

Please contact the Managed Care Organizations (MCOs) for their fee schedules. The MCOs include:

- Anthem Blue Cross Blue Shield Healthcare Solutions
 - <https://medproviders.anthem.com/nv/Pages/home.aspx>
 - (844) 396-2330
- Health Plan of Nevada
 - www.myhpnmedicaid.com/Provider
 - (800) 745-7065
- SilverSummit Healthplan
 - www.silversummithealthplan.com/providers.html
 - (844) 366-2880

Specific COVID-19 reimbursement rates will also be published in Web Announcements.

Medicaid Eligibility

Reimbursement from Nevada Medicaid is contingent upon recipient eligibility. Nevada Medicaid recipients are issued a plastic insurance card upon approval for benefits. The card is issued with their full eleven-digit billing number, last name, first name, sex, and date of birth. The card does not identify the category of eligibility, nor does it carry photographic or other individual identifying information, and it does not guarantee eligibility for benefits. Newly approved Medicaid recipients may present a Notice of Decision from the Nevada Division of Welfare and Supportive Services (DWSS) as proof of eligibility. Therefore, recipients may come to a provider with their insurance card, without their insurance card, or with a letter indicating their eligibility.

Medicaid eligibility is determined on a month-to-month basis. Providers must always verify recipient eligibility prior to providing services, as well as the identification of the individual through a driver's license, Social Security card, or photo identification. Before services are rendered, providers must check the individual's eligibility via the Nevada Medicaid Electronic Verification System (EVS), by phone using the Automated Response System (ARS), or by using a swipe card vendor. If the individual does not have their Medicaid insurance card physically present, the provider can still look up eligibility with proper identification. The EVS secure Provider Web Portal and User Manual can be found at: <https://www.medicaid.nv.gov>.

Services for COVID-19 are covered under the following eligibility groups:

- FFS – Medicaid Fee-For-Service
- MCO – Managed Care Organization
- FFS / QMB – Medicaid Fee-For-Service and Qualified Medicare Beneficiary
- EMO – Emergency Medicaid Only – ONLY if the situation meets the definition of an emergency service per 42 CFR 440.255 "Limited Services Available to Aliens." This policy is also described in MSM 200, Attachment A, Policy # 02-02
- New Uninsured Aid Category named "COVID-19 Temporary"



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Web announcements will be posted if any new COVID-19 eligibility categories are approved by CMS. Nevada Medicaid Web Announcements are posted at <https://www.medicaid.nv.gov>.

NEW UNINSURED AID CATEGORY – “COVID-19 TEMPORARY”

This aid category is only available from March 18, 2020 to the end of the public health emergency. In order to be eligible, the individual must meet the definition of “uninsured individual” and are not covered by another health plan such as a federal health care program (including Nevada Check Up, Medicare, TRICARE, VA, federal employee health plan), group health plan or health insurance coverage offered by a health insurance issuer including a qualified health plan through an Exchange, employer-sponsored health insurance, retiree health plans, or COBRA continuation coverage.

A person who is eligible for this New Uninsured Aid Category may not already be enrolled in Nevada Medicaid. Services can be provided to an individual, but the individual will need to be referred to the Nevada DWSS to screen for eligibility and complete their enrollment. The provider takes on the risk of no reimbursement if they provide services to a person who is not enrolled in Nevada Medicaid.

In order to submit claims for which eligibility was determined after the date of service within the required time frame, providers should query the EVS every 30 days until the determination of eligibility is obtained.

EMERGENCY MEDICAID ONLY (EMO)

Non-citizens are not eligible for COVID-19 services unless care and services are necessary for the treatment after a sudden onset of an emergency condition. As defined in 42 CFR 440.255, an emergency condition means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- 1) Placing the person’s health in serious jeopardy,
- 2) Serious impairment to bodily functions, or
- 3) Serious dysfunction of any bodily organ or part.

HRSA COVID-19 UNINSURED PROGRAM

The Health Resources and Services Administration (HRSA) will provide claims reimbursement to health care providers generally at Medicare rates for testing, vaccinating, and treating uninsured individuals. For more information on this program, please visit <https://www.hrsa.gov/coviduninsuredclaim>.

Prior Authorization & Limitations

PRIOR AUTHORIZATION

Nevada Medicaid (FFS and MCO) does not require prior authorization for COVID-19 services related to evaluation and management (E/M) assessments, diagnostic testing, serology antibody testing, chest X-rays, medically necessary treatment, or COVID-19 vaccines.

CMS has also waived the following authorization requirements for Nevada Medicaid to the end of the public health emergency:

- Extend pre-existing authorizations for which a recipient has previously received prior authorization.
- Waive prior authorization requirements related to COVID-19 testing (Nevada Medicaid has none for testing) or treatment in FFS or at the Directors discretion.



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LIMITATIONS

The following are the service limitations from each of the MCOs for COVID-19 diagnostic testing and serology antibody testing:

- Anthem Blue Cross Blue Shield Healthcare Solutions
 - No limitations
- Health Plan of Nevada
 - No limitations
- SilverSummit Healthplan
 - Limited to one test per day (one total per day, not one of each per day)

All other services follow the limitations that are already outlined for each service in FFS and MCO coverage.

Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits, and other terms and conditions set forth by the benefit program.

Covered Services

FFS, MCO, FFS/QMB

All COVID-19 services (E/M assessments, diagnostic and serology testing, chest X-rays, medically necessary treatment, vaccines) are covered under FFS and MCO. Additional medically necessary services may include, but are not limited to:

- Behavioral Health
- Durable Medical Equipment and Supplies
- Emergency Transportation
- Home Health
- Hospice
- Hospital care
 - inpatient and outpatient services / rehabilitation and long-term acute care
- Non-Emergency Transportation
- Pharmacy
- Physician Services
- Radiology
- Nursing Facilities
- Telehealth
- Therapies, or
- Other medically necessary services related to COVID-19.

For Medicaid recipients that have both Medicaid and Medicare coverage, the COVID-19 vaccine administration reimbursement will only be covered through Medicare and cannot be billed to Nevada Medicaid.

NEW UNINSURED AID CATEGORY – “COVID-19 TEMPORARY”

Services are limited to:

- E/M assessments,
- Diagnostic and serology antibody testing, and
- Chest X-ray services.
- This does not include any coverage for COVID-19 treatment or COVID-19 vaccine administration.



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Billing Information

Below are the covered ICD-10, E/M, laboratory, chest X-ray codes, and vaccination codes, along with appropriate provider types (PTs).

ICD-10 CODES

The following ICD-10 codes are directly related to COVID-19.

Diagnosis Codes	Description
U07.1	Virus identified is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing
Z71.1	Person with feared health complaint in whom no diagnosis is made

The following are ICD-10 diagnosis codes that may be helpful for reporting encounters related to possible COVID-19 exposure. Additional coding guidance can be found in the ICD-10-CM coding guidance at: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf> and <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>.

Diagnosis Codes	Description
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z11.59	Encounter for screening for other viral diseases

EVALUATION / MANAGEMENT (E/M)

The provider conducting the assessment, collecting the specimen for the COVID-19 diagnostic or serology antibody test, conducting a point of care “rapid test”, administering a COVID-19 vaccine, or conducting other services that fall within an E/M visit can bill Nevada Medicaid for an E/M visit. Services conducted must be within the providers scope of practice. Providers must still follow Current Procedural Terminology (CPT) guidelines on appropriate E/M codes to bill.

CPT Codes	Description
99201	Office / Outpatient Visit New Patient – 10 minutes
99202	Office / Outpatient Visit New Patient – 20 minutes
99203	Office / Outpatient Visit New Patient – 30 minutes
99204	Office / Outpatient Visit New Patient – 45 minutes
99205	Office / Outpatient Visit New Patient – 60 minutes
99211	Office / Outpatient Visit Established Patient – 5 minutes
99212	Office / Outpatient Visit Established Patient – 10 minutes
99213	Office / Outpatient Visit Established Patient – 15 minutes
99214	Office / Outpatient Visit Established Patient – 25 minutes
99215	Office / Outpatient Visit Established Patient – 40 minutes
99281	Emergency Department Visit – Limited or Minor
99282	Emergency Department Visit – Low Complexity
99283	Emergency Department Visit – Moderate Complexity
99284	Emergency Department Visit – Moderate Complexity
99285	Emergency Department Visit – High Complexity
99341	Home Visit New Patient – 20 minutes
99342	Home Visit New Patient – 30 minutes
99343	Home Visit New Patient – 45 minutes



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99344	Home Visit New Patient – 60 minutes
99345	Home Visit New Patient – 75 minutes
99347	Home Visit Established Patient – 15 minutes
99348	Home Visit Established Patient – 25 minutes
99349	Home Visit Established Patient – 40 minutes
99350	Home Visit Established Patient – 60 minutes
G0466*	New Patient Medical Visit
G0467*	Established Patient Medical Visit
T1015*	Clinic Visit / Encounter
T1040*	Certified Community Behavioral Health Center

* These are encounter codes for PT 17 Specialty 180 Rural Health Clinics, PT 17 Specialty 181 Federally Qualified Health Centers, PT 47 Indian Health Services and Tribal Clinics, PT 17 Specialty 188 Certified Community Behavioral Health Center. These clinics bill via encounter codes and not CPT codes.

Please Note – Community Paramedicine providers (PT 32 Specialty 249) cannot provide services to the New Uninsured Aid Category – “COVID-19 Temporary.” This PT only provides services to recipients who have a plan of care in place.

TESTING

For COVID-19 diagnostic testing, Medicaid recipients can be tested if they are symptomatic or asymptomatic, in accordance with the technical bulletin from the Nevada Division of Public and Behavioral Health (DPBH), State Medical Officer and under recent guidance released by CMS. Technical bulletins from the DPBH can be found at: http://dpbh.nv.gov/Resources/Technical_Bulletins-New/.

The COVID-19 diagnostic and serology antibody laboratory testing codes are available for the following PTs:

- PT 12 – Hospital, Outpatient
- PT 43 – Laboratory

The following PTs can also conduct a COVID-19 point of care “rapid test” with an appropriate CLIA Waiver. These providers may also collect the specimen and send to a PT 43 Laboratory for analysis instead.

- PT 12 – Hospital, Outpatient
- PT 17 – Specialty 166 – Family Planning
- PT 17 – Specialty 174 – Public Health Clinic
- PT 17 – Specialty 179 – School Based Health Center
- PT 17 – Specialty 180 – Rural Health Clinic
- PT 17 – Specialty 181 – Federally Qualified Health Center
- PT 17 – Specialty 182 – Indian Health Services, Non-Tribal
- PT 17 – Specialty 188 – Certified Community Behavioral Health Center
- PT 17 – Specialty 195 – Community Health Clinic, State Health Division
- PT 17 – Specialty 198 – HIV
- PT 20 – Physician, M.D. / Osteopath, D.O.
- PT 24 – Advanced Practice Registered Nurse
- PT 32 – Specialty 249 – Community Paramedicine
- PT 47 – Indian Health Service and Tribal Clinic
- PT 60 – School Health Services (effective 4/12/2021)
- PT 74 – Certified Nurse Midwife
- PT 77 – Physician’s Assistant

All inpatient facilities must follow current policy outlined in their assigned MSM for laboratory services.



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Please Note – Any point of care “rapid test” for COVID-19 that is conducted by a PT that is reimbursed an encounter-based rate or per diem rate will not be reimbursed separately outside of their current rate. All providers must follow current policy outlined in their MSM for laboratory services.

Pharmacies

Pharmacies are providing COVID-19 rapid tests. However, Nevada Medicaid is currently not able to reimburse pharmacies for these testing services. Therefore, if a recipient desires to utilize a pharmacy for a COVID-19 test, the recipient may be asked to pay cash for these testing services. It is best to refer a recipient to a provider that can bill Nevada Medicaid for this service.

COVID-19 Diagnostic Testing

CPT/HCPCS Codes	Description	Retroactive Date
U0001	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	3/1/2020
U0002**	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC	3/1/2020
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	3/1/2020
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	3/1/2020
87426**	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) Note: Code 87426 is a child code under 87301. Therefore, do not bill 87426 with 87301.	6/25/2020
87635**	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	3/1/2020
87636	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10/6/2020
87637	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	10/6/2020
87811**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	10/6/2020
87428	Infectious agent antigen detection by immunoassay technique, severe acute respiratory syndrome coronavirus and influenza virus types A and B	11/10/2020

** Point of Care “Rapid Tests”



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COVID-19 Serology Antibody Testing

CPT Codes	Description	Retroactive Date
86328**	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) – Antibody testing using single step method	3/1/2020
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	9/8/2020
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) – Multi-step method	3/1/2020

** Point of Care “Rapid Tests”

CHEST X-RAYS

Chest X-rays are a covered benefit for COVID-19 diagnostic services. This includes the following PTs:

- PT 12 – Hospital, Outpatient
- PT 20 – Physician, M.D. / Osteopath, D.O.
- PT 24 – Advanced Practice Registered Nurse
- PT 27 – Radiology and Non-Invasive Diagnostic Centers
- PT 77 – Physician’s Assistant

The following CPT codes are available for reimbursement of chest X-rays to assist in the diagnostic process.

CPT Codes	Description
71045	X-ray exam chest 1 view
71046	X-ray exam chest 2 views
71047	X-ray exam chest 3 views
71048	X-ray exam chest 4+ views

COVID-19 VACCINES

The FDA authorized several COVID-19 vaccines for Emergency Use Authorization (EUA) and now FDA approval. A list of these COVID-19 vaccines can be found at <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>. The COVID-19 vaccine is covered by Nevada Medicaid as a preventative services benefit. The COVID-19 vaccine will be provided at no-cost to providers by the federal government. Providers may not bill Nevada Medicaid for the vaccine itself but may bill for the vaccine administration fee only. Providers may not charge Nevada Medicaid recipients for the vaccine or the vaccine administration fee as this is a covered service.

The COVID-19 vaccine will not be distributed through the Vaccines for Children Program and instead will only be distributed through the current federal distribution process.

Nevada Medicaid will only reimburse providers for the vaccine administration fee for the ages that have been authorized by the FDA. Claims submitted on recipients below these licensed ages will be denied.

Do not use vaccine administration CPT codes 90460, 90461, 90471, 90472, 90473 or 90474 for the administration of any COVID-19 vaccine. Use the codes outlined in the table below as they were developed specifically for COVID-19. If providers have administered a COVID-19 vaccine to a Nevada Medicaid recipient, please submit the claim to prevent denials for timeliness.

For Medicaid recipients that have both Medicare and Medicaid coverage, the COVID-19 vaccine administration fee will only be covered through Medicare and cannot be billed to Nevada Medicaid.



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All Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), Nevada Emergency Directive 011 , and Nevada Medicaid policies apply on which providers can vaccinate and be reimbursed for the COVID-19 vaccine administration fee. The following PTs will be able to bill Nevada Medicaid for the COVID-19 vaccine administration fee.

- PT 12 – Hospital, Outpatient
- PT 17 Specialty 166 – Family Planning
- PT 17 Specialty 174 – Public Health Clinic
- PT 17 Specialty 179 – School-Based Health Centers
- PT 17 Specialty 195 – Community Health Clinic, State Health Division
- PT 17 Specialty 198 – HIV Clinic
- PT 20 – Physician, M.D., Osteopath, D.O.
- PT 22 – Dentist (effective starting 1/14/2021 during PHE only)
- PT 24 – Advanced Practice Registered Nurse
- PT 28 – Pharmacy
- PT 32 Specialty 249 – Community Paramedicine
- PT 60 – School Health Services
- PT 74 – Nurse Midwife
- PT 77 – Physician’s Assistant

All encounter-based providers must bill using their encounter code and the COVID-19 vaccine administration codes. The claim will pay according to the established encounter rate and the vaccine administration code will pay at \$0 as the service is included in the encounter reimbursement. This will allow the DHCFP to track the COVID-19 vaccines administered for federal reporting purposes.

On 3/25/2021, the DHCFP was approved by CMS to reimburse allowable providers listed above at 100% of the Nevada geographically-adjusted rate for the COVID-19 vaccine administration fee. These rates will be posted in a Web Announcement located at <https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>.

Medical providers must bill each vaccine administered with the following:

- Vaccine CPT code with National Drug Code (NDC) billed at \$0.01,
- Vaccine administration CPT code and bill with usual and customary charge.

Effective 6/8/2021, providers may also bill Nevada Medicaid for M0201 when vaccinating a recipient against COVID-19 in the recipient’s home. When vaccinating a recipient in their home, the provider may bill Nevada Medicaid with the appropriate E/M code for the visit, vaccine CPT code, vaccination administration CPT code, and M0201.

COVID-19 Vaccine CPT Code(s)		Vaccine Administration CPT Code(s)	Vaccine Name	Dosing Intervals	Emergency Use Authorization (EUA) Effective Date
91300 \$0.01	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,	0001A (1 st dose) 0002A (2 nd dose) 0003A (3 rd dose)	Pfizer BioNTech COVID-19 Vaccine	21 days	12/11/2020 3 rd dose FDA approved on 8/12/2021



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	diluent reconstituted, for intramuscular use. Report 91300 with administration codes 0001A or 0002A.				
91301 \$0.01	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 intramuscular use. Report 91301 with administration codes 0011A, or 0012A.	0011A (1 st dose) 0012A (2 nd dose) 0013A (3 rd dose)	Moderna COVID-19 Vaccine	28 days	12/18/2020 3 rd dose EUA on 8/12/2021
91303 \$0.01	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 vector, preservative free, 5x10 viral particles/0.5mL dosage, for intramuscular use. Report 91303 with administration code 0031A	0031A (Single Dose)	Janssen COVID-19 Vaccine	NA	2/27/2021
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed in the patient's home.				6/8/2021



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Pharmacy Claims

When submitting a claim for the COVID-19 vaccine through Point-of-Sale (POS), submission should include the NCPDP fields and Submission Clarification Codes as depicted below and follow recommended guidance. See [Web Announcement #2382](#).

Guidance prior to March 15, 2021:

NCPDP Field Name	NCPDP Field Number	First Dose 2020 / 2021	Second Dose 2020 / 2021	Single Dose 2021
Professional Service Code (DUR-PPS)	440-E5	MA = Medication Administration	MA = Medication Administration	MA = Medication Administration
Day Supply	405-D5	1-Day	1-Day	1-Day
Submission Clarification Code (SCC)	420-DK	2 = Other Override	6 = Starter Dose	NA
Ingredient Cost Submitted	409-D9	\$0.01	\$0.01	\$0.01
Dispensing Fee Submitted	412-DC	\$0.00	\$0.00	\$0.00
Basis of Cost Determination	423-DN	15 = Free Product	15 = Free Product	15 = Free Product
Incentive Amount Submitted	438-E3	\$17.02 / \$17.25	\$28.53 / \$25.56	\$28.56
Product / Service ID / NDC	407-D7	EUA Approved NDC	EUA Approved NDC	EUA Approved NDC
Fill Number	403-D3	00	01	00

Guidance effective March 15, 2021, and after:

NCPDP Field Name	NCPDP Field Number	First Dose	Second Dose	Third Dose	Single Dose
Professional Service Code (DUR-PPS)	440-E5	MA = Medication Administration	MA = Medication Administration	MA = Medication Administration	MA = Medication Administration
Day Supply	405-D5	1-Day	1-Day	1-Day	1-Day
Submission Clarification Code (SCC)	420-DK	2 = Other Override	6 = Starter Dose	NA	NA
Ingredient Cost Submitted	409-D9	\$0.01	\$0.01	\$0.01	\$0.01
Dispensing Fee Submitted	412-DC	\$0.00	\$0.00	\$0.00	\$0.00
Basis of Cost Determination	423-DN	15 = Free Product	15 = Free Product	15 = Free Product	15 = Free Product
Incentive Amount Submitted	438-E3	\$40.44	\$40.44	\$40.44	\$40.44
Product / Service ID / NDC	407-D7	EUA Approved NDC	EUA Approved NDC	EUA Approved NDC	EUA Approved NDC
Fill Number	403-D3	00	01	02	00



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Dental Claims

The COVID-19 vaccine is covered by Nevada Medicaid as a preventative services medical benefit and not a dental benefit. The DHCFP was approved by CMS and the Governor's Emergency Directive to allow Dentists and Dental Hygienists to vaccinate their patients in the office setting.

PT 22 Dentists will not submit COVID-19 vaccine administration claims to LIBERTY Dental because the vaccine is not a dental benefit. Dentists and Dental Hygienists are allowed to bill Nevada Medicaid FFS or the recipient's identified Managed Care plan for the vaccine administration fee. PT 22 Dentists will submit claims for the vaccine administration fee via a CMS-1500 claim form and not an ADA form. FFS claims cannot be submitted on paper and must be submitted electronically via the Medicaid Provider Portal. Managed Care claims will be accepted by the applicable managed care organization and may be submitted on paper or electronically. For additional details for PT 22 Dentists claims, please see the [Provider Type 22 Dentist: COVID-19 Vaccination Administration Claim Reimbursement Guide](#) that is also located at <https://www.medicaid.nv.gov/providers/BillingInfo.aspx> with the COVID-19 Billing Guides.

PT 17 Specialty 181 – Federally Qualified Health Centers with established dental encounters: All encounter-based providers must bill using their encounter code and the COVID-19 vaccine administration codes. The claim will pay according to the established encounter rate and the vaccine administration code will pay at \$0 as the service is included in the encounter reimbursement. This will allow the DHCFP to track the COVID-19 vaccines administered for federal reporting purposes.

Nevada Medicaid Enrollment

Any provider that is vaccinating Medicaid recipients with a COVID-19 vaccine must enroll into Nevada Medicaid in order to seek vaccine administration fee reimbursement. If the provider is already enrolled in one of the allowable PTs listed above, they can submit claims for reimbursement.

If a provider wishes to enroll into Nevada Medicaid for COVID-19 vaccination purposes, an initial application is required. Please include an attachment that indicates the reason for enrollment is to administer the COVID-19 vaccine. Once the enrollment request is submitted, please email nv.providerapps@dxc.com to request expedited enrollment. Include your National Provider Identifier (NPI) in the email and title the subject line COVID-19 Vaccination Enrollment. See [Web Announcement #2389](#).

COVID-19 Vaccine Distribution to Providers

All providers that would like to receive the COVID-19 vaccine to vaccinate Medicaid recipients, must enroll with the Nevada State Immunization Program. All COVID-19 vaccines will be ordered and distributed through the Nevada State Immunization Program. To enroll in the COVID-19 vaccine program, please send an email stating your interest to DPBHCOVID19VAX@health.nv.gov. COVID-19 vaccines must be stored in stand-alone refrigerators and stand-alone freezers with digital temperature monitoring. Digital data loggers must be certified calibrated and able to generate a report with daily maximum/minimum temperatures and alarm settings.

For more information on requirements of the Nevada State Immunization Program regarding the COVID-19 vaccine, go to http://dpbh.nv.gov/Programs/Immunization/COVID/COVID_Vaccine/.

Nevada WebIZ

Per NRS 439.265 and NAC 439.870 - 897, all vaccines administered in Nevada must be recorded in Nevada WebIZ, unless the patient chooses to opt-out of inclusion in the system.

Many COVID-19 vaccines require a two (2) dose series. Vaccinating providers should document patient contact information, including mobile phone number and/or email address to facilitate 2nd dose reminders.

COVID-19 vaccinations should be documented in Nevada WebIZ within 24 hours, but not later than 72 hours, of administration.



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Please contact the Nevada WebIZ Help Desk at izit@health.nv.gov or (775) 684-5954 for assistance and information on how to begin using Nevada WebIZ.

MONOCLONAL ANTIBODIES

The FDA issued an emergency use authorization (EUA) for the use of investigational monoclonal antibody therapies listed at <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>.

The FDA authorized the use of these monoclonal antibody therapies to treat mild-to-moderate COVID-19 in adults and pediatric patients age 12 years of age or older, weighting at least 40 kg / 88.2 lbs., when both of these apply:

- The patient has a positive COVID-19 test result.
- The patient is at high risk for progressing to severe COVID-19, hospitalization, or both.

Health care providers may administer these monoclonal antibody therapies only in settings where both of these conditions are met:

- Immediate access to medications to treat a severe infusion reaction, such as anaphylaxis.
- The ability to activate the emergency medical system.

For more information on monoclonal antibodies, including fact sheets, go to <https://www.cms.gov/medicare/covid-19/mono-clonal-antibody-covid-19-infusion>,

The monoclonal antibody drugs have been provided at no-cost to specific providers by the federal government. Providers may not bill Nevada Medicaid for the drug itself but may bill for the infusion. Providers will be reimbursed according to methodology in the Nevada Medicaid State Plan.

These products are restricted from coverage through the pharmacy point-of-sale (POS) system.

The following PTs will be able to bill Nevada Medicaid for the monoclonal antibody infusions:

- PT 12 – Outpatient, Hospital
- PT 20 – Physician, M.D., Osteopath, D.O.
- PT 24 – Advanced Practice Registered Nurse
- PT 77 – Physician’s Assistant

Providers must bill the administered monoclonal antibodies with the following:

- HCPCS “Q” code with National Drug Code (NDC) billed at \$.01, and
- Administration HCPCS “M” code and bill with usual and customary charge.

HCPCS Code	Descriptor	Labeler Name	Procedure Name	Emergency Use Authorization (EUA) Effective Date
Q0239 \$.01	Bamlanivimab-xxxx	Eli Lilly	Injection, bamlanivimab, 700 mg	11/10/2020 – 4/16/2021
M0239	Bamlanivimab-xxxx infusion	Eli Lilly	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	11/10/2020 – 4/16/2021
Q0240 \$.01	Casirivi and Imdevi 600 mg	Regeneron	Injection, casirivimab and imdevimab, 600 mg	7/30/2021 – TBD



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M0240	Casiri and Imdev repeat	Regeneron	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	7/30/2021 – TBD
Q0243 \$0.01	Casirivimab and Imdevimab	Regeneron	Injection, casirivimab and imdevimab, 2400 mg	11/21/2020 – TBD
M0243	Casirivi and Imdevi infusion	Regeneron	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	11/21/2020 – TBD
Q0245 \$0.01	Bamlanivimab and Etesevima	Eli Lilly	Injection, bamlanivimab and etesevimab, 2100 mg	2/9/2021 – TBD
M0245	Bamlan and Etesev infusion	Eli Lilly	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	2/9/2021 – TBD

Non-Covered Services

Nevada Medicaid will only reimburse for the covered services listed above, unless services are medically necessary, and have been approved with prior authorization if necessary.