

Centers for Medicare & Medicaid Services
Special Open-Door Forum:
At Home COVID-19 Vaccinations for Medicare Beneficiaries
June 10, 2021
3:00 pm ET

Coordinator: We want to welcome you, and thank you for standing by for today's conference. All participants will be in listen-only mode until the question-and-answer session. At that time, to ask a question, please press Star 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the call over to Jill Darling. Thank you. You may begin.

Jill Darling: Great. Thank you, (Melinda). Good morning, and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications. And welcome to today's Special Open Door Forum on At-Home COVID-19 Vaccinations for Medicare Beneficiaries. Before we get into the call today, I have one brief announcement. This Special Open Door Forum is open to everyone, but if you are a member of the press, you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at press@CMS.HHS.gov. And now, I would like to hand the call over to Kelly Vontran.

Kelly Vontran: Hi. Good afternoon, everyone. As Jill said, my name is Kelly Vontran, and I am the Deputy Director of the Division of Home Health and Hospice in the Center for Medicare. I hope everyone remains well as we continue to navigate through the COVID-19 public health emergency. We appreciate you calling into this Special Open Door Forum today.

My colleague, Brian Slater, and I will be providing eligibility, billing, and payment information on the new home administration rate for the COVID-19 vaccine. While we will answer questions at the end of this discussion, please note that some of your questions may be related to issues beyond this in-home payment information, and we may not be able to provide a response on this call.

So, for those questions, we will have to collaborate with our colleagues across CMS and the Department of Health and Human Services, to furnish of response. Brian will provide an email at the end of this discussion for you to send additional questions after this call.

So, while many Medicare beneficiaries can receive a COVID-19 vaccine at a retail pharmacy, their physician's office, or a mass vaccination site, some beneficiaries have great difficulty leaving their homes, or face a tasking effort of getting around their communities easily, to access vaccination in these settings. So, to better serve this group, Medicare is incentivizing providers, and will pay an additional \$35 per dose for COVID-19 vaccine administration in the beneficiaries' home, beginning on June 8th of 2021.

This additional payment for in-home administration of the COVID-19 vaccine, will increase the total payment amount for at-home vaccinations from approximately \$40, to approximately \$75 per vaccine dose. For a two-dose vaccine, this results in a total payment of approximately \$150 for the administration of both doses.

So that is, Medicare will pay \$35 per dose for the in-home administration of the COVID-19 vaccine, in addition to the current \$40 per dose administration of the COVID-19 vaccine. CMS will also geographically adjust the additional amount and the administration rate, based on the geographic location where the vaccine is administered.

This additional payment is limited only to the administration of the COVID-19 vaccine. This payment does not extend to other vaccines, such as those for pneumococcal pneumonia, or influenza. CMS has specific authorities to implement payment for COVID-19 vaccine administration through program instruction, which it does not have for other vaccines.

In-home vaccine administration is a distinct service, and the additional payment amount, reflects the additional cost to providers and suppliers for

administering vaccine in the home, such as the upfront costs associated with administering the vaccine safely and appropriately in a patient's home, and the additional clinical time needed for post-administration monitoring of a single patient.

This additional payment will support healthcare providers' efforts to reach people with disabilities, or those facing clinical, socioeconomic, or geographic barriers to receiving the vaccine elsewhere. We established the \$35 payment amount on a preliminary basis to ensure access to COVID-19 vaccines during the public health emergency. We continue to evaluate the needs of Medicare patients and these policies, and we will address them in the future as needed.

So, who is eligible for the additional in-home payment? The additional in-home payment for administering the COVID-19 vaccine, is available for those patients who have difficulty leaving the home to get the vaccine, which could mean any of the following; the patient has a condition due to an illness or injury that restricts their ability to leave home without a supportive device, or help from a paid or unpaid caregiver, or they have a condition that makes them more susceptible to contracting a pandemic disease like COVID-19, they are generally unable to leave the home, and if they do leave home, it requires a considerable and taxing effort, or the patient is hard to reach because they have a disability or face clinical, socioeconomic, or geographical barriers to getting a COVID-19 vaccine in settings other than their home.

These patients face challenges that significantly reduce their ability to get vaccinated outside the home, such as challenges with transportation, communication, or caregiving.

Now, unlike the requirements under the Medicare Home Health Benefit, physicians or other allowed practitioners such as nurse practitioners or physicians' assistants, do not need to certify that the patient is homebound. But documentation and patients' medical records, must support their clinical status, or the barriers they face to getting the vaccine outside their home.

So, next, what qualifies as a patient's home? Many types of locations can qualify as the Medicare patients' home for the additional in-home payment amount, such as a private residence, temporary lodging, so for example, a hotel or motel, campground, hospital, or homeless shelter, an apartment in an apartment complex, or a unit in an assisted living facility or group home.

Additionally, a Medicare patient's home that may provide a base to a hospital during the COVID-19 public health emergency for the purposes of furnishing outpatient hospital services, is still considered the home for the purposes of the additional payment for COVID-19 vaccine administration.

However, the following locations do not qualify as a home for the additional payment amount; communal spaces of a multi-unit living arrangement, so for example, the lobby of an apartment complex where multiple patients are being vaccinated simultaneously, hospitals, Medicare skilled nursing facilities, and Medicaid nursing facilities, regardless of whether they are the patient's permanent residence, and also assisted living facilities participating in the CVC's Pharmacy Partnership for Long-Term Care Program when their residents are vaccinated through this program.

So now, I'm going to pass this over to Brian Slater, who will provide you with additional information on billing and payment for the home administration of the COVID-19 vaccine. Brian?

Brian Slater: Thanks, Kelly, and good afternoon to everyone. I'm Brian Slater. I'm the Director of the Division of Home Health and Hospice here in the Center for Medicare. And as Kelly said, I'll be walking you through some additional information regarding the vaccine in the home additional payment amount. Specifically, I'm going to go over what other restrictions apply, who's eligible to bill for this additional payment, and how to bill for the additional payment.

So, what are the other restrictions? Well, Medicare only pays the additional amount for administering the COVID-19 vaccine in the home, if the sole purpose of the visit is to administer the COVID-19 vaccine. Medicare does

not pay the additional amount if another Medicare service is provided in the same home on the same date. In those situations, Medicare pays for administering the COVID-19 vaccine at the standard amount, approximately \$40 per dose.

Furthermore, if a provider administers the COVID-19 vaccine to more than one Medicare patient in a single home on the same day, Medicare pays the additional payment amount of approximately \$35 only once per date of service in that home, and approximately \$40 to administer each dose of the COVID-19 vaccine.

So, for example, if the provider administers a single dose vaccine on the same date to two Medicare patients in the same home, Medicare will pay approximately \$115. That's \$35 for the in-home vaccine administration, plus two additional rates of the \$40 for each dose of COVID-19 vaccine.

So, who's eligible to bill for this additional payment? Well, any provider or supplier who was enrolled in Medicare as a certain institutional or non-institutional provider type, eligible to administer vaccines and enrolled as a provider in the Centers for Disease Control and Prevention, or the CDC, COVID-19 vaccination program, may administer the COVID-19 vaccine in the home and bill for the additional payment, including the additional amount for services furnished in the home.

If a provider or supplier is enrolled in Medicare, but as a provider type that is not otherwise authorized to administer vaccines, the provider or supplier must also separately enroll as the provider type allowed to administer vaccines, such as the mass immunize for the COVID-19 vaccine administration, including the additional payment amount for home vaccinations.

Any provider or supplier who is not enrolled in Medicare, must enroll in Medicare as a provider type allowed to administer vaccines, and bill Medicare in order to bill for the additional payment for administering the COVID-19 vaccine in the home. The on-collection of 19 vaccine administration fees for

Medicare, the vaccine recipient cannot be charged any administration fee or other out-of-pocket fee for such vaccination.

Now, how to bill for the additional payment for administering the vaccine in the patient's home. For eligible providers and suppliers who administer the COVID-19 vaccine in the eligible beneficiaries' home, can bill for the additional in-home administration payments. We've created a new Level II HCPCS code, M0201. The rate for this code is \$35.50. It has been created to identify the additional payment for the home administration of the COVID-19 vaccine.

To bill for the additional in-home payment amount for administering the vaccine to a Medicare patient, the provider or supplier administering the COVID vaccine in the patient's home, must use both the appropriate CPT code for the product, and dose-specific COVID-19 vaccine administration, and the HCPCS Level II code that I just mentioned, M0201, for the additional payment amount for administering the COVID-19 vaccine in-home.

The provider or supplier should only bill for the additional in-home payment amount, if the sole purpose of the visit is to administer the COVID-19 vaccine. The provider or supplier should not bill for the additional amount and bill Medicare for another service in the same home on the same date. The provider or supplier should bill for the additional payment amount only once per home per date of service.

If the provider or supplier administers the COVID-19 vaccine to more than one Medicare patient in a single home on the same day, the provider should bill the HCPCS Level II Code, M0201, only one time for the additional payment rate, and bill each dose administered during - or using the appropriate CPT code for the product and dose-specific COVID-19 vaccine administration.

If a provider or supplier submits roster bills for administering the COVID-19 vaccine in the home, they must submit two roster bills, the roster bill

containing the appropriate CPT code for the product and dose-specific COVID-19 vaccine administration, and a second roster bill containing the HCPCS Level II Code, M0201, for the additional in-home payment amount.

A provider or supplier may submit a single set of roster bills, meaning one containing M0201, and another containing the appropriate CPT code, for multiple Medicare patients who get the COVID-19 vaccine in their individual units of a multi-unit living arrangement.

Now, for more information on the home rate for vaccine administration can be found on the CMS website. That website is www.cms.gov/covidvax-provider. Once on this website, the coding, payment, and billing pages are on links all on the left-hand side of the page.

Now, at this point, we're happy to answer any questions that you may have regarding the additional payment for in-home vaccination. However, if questions arise after this call, feel free to send them to the following email address, partnership@CMS.HHS.gov. And that's it, and I will turn it back over to you, Jill, and open for questions.

Jill Darling: Great. Thanks, Brian and Kelly. (Melinda), will you please open the lines for questions?

Coordinator: Thank you. And at this time, to ask your question, please, press Star 1. Please unmute your phone, and record your name clearly at the prompt. To withdraw your request, please press Star2. Once again, please press Star 1 at this time for any questions. One moment, please. Your first question is from (Agita). Your line is open.

(Agita): Okay, my question is that when we bill for HCPCS Code M0201, will - what would the revenue code associated with that be? We are a home health agency, incidentally.

Louisa: Hi. This is Louisa from the Provider Billing Group. I think we need to take

that question back and verify it, but it should be the same manner in which you would bill the flu shot itself, is my understanding, but we can take that back. Jill, can we have that as a follow-up?

Jill Darling: Sure.

(Agita): So just - I had one more concern, and that was that we were billing for the administration of the vaccine with HCPCS Code G0009. I just wanted to verify if that was correct.

Will Robinson: This is Will Robinson from the Hospital and Ambulatory Policy Group. Are you saying that you're billing for the COVID-19 vaccine with the HCPCS Code G0009?

(Agita): Yes.

Will Robinson: Okay. That is not the right HCPCS Code for the COVID vaccine administration. You should visit our technical coding website. Let me pull up the URL right now because it's a really good website. Hold on one second. It's - yes, it's the average sales price.

So, it's actually kind of long. I don't - I mean, I'm trying to think about the best way to do it. But if you - ma'am, if you go to Google and you type in Google, CMS COVID vaccine coding website, CMS COVID vaccine coding website, it should be - like depending on your - probably your prior search terms, it'll probably be the first or the second website.

And it has a chart of all of the administration codes that are used that is available, and we have specific product coding. So, there are codes that are specific to the vaccines that you are furnishing.

Brian Slater: Yes. Well, this is Brian. That - ma'am, that website that I listed before, if you go on to that website and click on the coding link on the left-hand side, all that - the information should be available for you right there.

(Agita): Is the web - you asked me to Google for CMS COVID coding website?

Brian Slater: No, no. you can go to w www.cms.gov/covidvax, all one word, hyphen, provider.

(Agita): Dot gov/va

Brian Slater: No, forward slash COVID, C-O-V-I-D, V-A-X.

(Agita): COVIDVAX

Brian Slater: Hyphen provider.

(Agita): I don't know what I'm doing wrong. VAX.

Will Robinson: Yes. And ma'am, I don't know if you registered with the link, but we might also be able to distribute some of these links to - I don't know if our folks from the communications office that set up this call - this is Will again. And I don't want to put you guys on the spot, but, you know, you might be able to - we might be able to distribute these links to the folks that are on this call through like an email or something.

I'm not sure if that's possible, but Google - yes, I will always say this too, like Google is always your friend. So, if you just type in some of these terms in Google, I guarantee you, it'll pop up like one of the first three options that you'll find. And you'll see a chart on the web page that has all the codes and their descriptors, et cetera.

(Agita): Okay, thank you. Yes, I did register. So, I think - I look forward to getting the email links and whatever other guidelines you can supply to us. Thank you.

Coordinator: Next question is from Michelle Williams. Your line is open.

Michelle Williams: Oh, great. Thank you. Easy question. I've got two. Diagnosis Code for M0201, is it going to be the Z23 or is it a homebound code?

Louisa: Hi. This is Louisa again from the Provider Billing Group. The Z23 can be used. It is not specifically required, unless you are attempting to rush the bill. Thanks.

Michelle Williams: Okay, thank you. And then, we are giving the COVID vaccine to patients in a foster home that places over 33. Is that eligible?

Kelly Vontran: Yes, it is.

Michelle Williams: Great. One more question for you, just while I've got you. Documentation requirements, you said in the record. Does that mean that in their EHR document, in their chart, it just needs to state somewhere that they're homebound? Or do we need to have a little phrase that we say for the date of the immunization?

Kelly Vontran: No, I don't think there's any standardized language that needs to be used. As we said, we would just expect that there would be some kind of notation in the medical record as to why the patient has difficulty leaving the house.

Michelle Williams: Okay, so anywhere in the record, not that specific immunization encounter?

Kelly Vontran: We basically had said, somewhere in the medical record.

Michelle Williams: Great. Thank you so much. I appreciate it.

Kelly Vontran: So long as it's appropriate to document. Yes.

Coordinator: Next question is from (Kathy Brasin). Your line is open.

(Kathy Brasin): Hi. My question is, if you've been giving the home vaccine, can you - are you

entitled to any back billing for the vaccines you've already given to patients in the home?

Brian Slater: No, there's no retro billing for this. The effective date is June 8th.

(Kathy Brasin): Thank you.

Coordinator: Next question is from Debbie. Your line is open. Debbie, you might be muted. Can I have you check your mute button? Your line is open is, Debbie. Hearing no response, we'll move to the next question from (Kristine Ladimír). Your line is open.

(Kristine Ladimír): Thank you. Could you repeat the partnership website or the email that you gave for other questions?

Brian Slater: Sure. It's just partnership@CMS.HHS.gov.

(Kristine Ladimír): Thank you very much.

Brian Slater: That's the email if you have any additional questions.

(Kristine Ladimír): Great. Thank you.

Brian Slater: Very welcome.

Coordinator: Next question is from (Sunny). Your line is open.

(Sunny): Yes. Hi. So just to verify the email address you just gave us, partnership at CMS. I don't think I get the rest of it.

Brian Slater: Yes. CMS dot HHS dot gov.

(Sunny): Oh, got that one. And then I have two more questions. So, the place of residence being a private residence or assisted living or group home, those are

all allowed. We can do that, right, for the COVID vaccine?

Kelly Vontran: Yes, that is correct, unless it is in like a communal area, one of those types of facilities. Like it would have to be in the individual unit that the patient is living in and not in a communal space, like a lobby or an activities area where multiple people are getting vaccinated at the same time. The additional payment amount is to account for that one-on-one monitoring that would have to occur to a single patient within their home.

(Sunny): Okay. So, the private residence is going to be most of them, but I think assisted living facilities is just a facility with (unintelligible) in individual rooms, so that's okay. I'm not really quite sure how the setup is with the group home. So, I'm not really clear on the group home. I'm okay with as long as a private residence and assisted living, but I don't know about the group home, place of service 14. Are you familiar with that?

Will Robinson: Ma'am, this is Will Robinson. Are you asking, what is the correct place of service for a group home?

(Sunny): No, no.

Will Robinson: Okay, go ahead. I'm sorry.

(Sunny): No. So the place of service when it's 14, is group home. I'm not sure if we can do that, because I'm not - I've never been to a group home. So I don't know how it is, if it's individual room, or if they're sharing the room. I'm not quite sure how that is. I just know how to do the billing when it's just a professional billing for a group home, but we never - I just don't know how the group home is set up. Are we allowed to do that in a group home setting place of service 14?

Will Robinson: My colleagues from CCPG should jump in, but I believe we specified group home as being included in the definition of home for the purposes of billing this code.

(Sunny): Okay. And then ...

Louisa: Yes. We did say that.

Brian Slater: Yes, that's correct, Will.

(Sunny): Okay, perfect. So then that answered my question. Thank you very much.

Coordinator: Next question is from Roberta. Your line is open.

Roberta: Yes, hi. Actually, the previous person asked the same question. I just wanted to make sure that I understood it. This enhanced payment takes place as of all vaccines given June 8th and after?

Brian Slater: Yes, that's correct.

Kelly Vontran: That is correct.

Roberta: Okay. Thank you.

Coordinator: Next question is from Krista. Your line is open.

Krista: Hi. I actually had my questions already answered from the previous people that asked questions.

Coordinator: Thank you. Next is from Barbara Hanson. Your line is open.

Barbara Hanson: Hi, thank you. So if Medicare only pays the additional amount for administering the COVID vaccine in the home, if the sole purpose of the visit is to administer a COVID vaccine, how is this handled with a hospice patient who you're billing per diem? Let's say you only visit that patient once a week, typically on Fridays, and you're going to make a visit on a Monday or Tuesday because the vaccine is available. Would you have to indicate that this

was an incidental visit only to administer the vaccine? Or are hospital patients excluded because they are seen as being on service with hospice?

Kelly Vontran: Hi. You would not report this as a visit on that day for hospice services, if the sole purpose of the hospice is to administer vaccine. So, you would submit the claim for the vaccine and the in-home rate, but you would not report it as a visit on the hospice claim. Even though I know you get paid per diem, you still report the visits on hospice going.

Barbara Hanson: Okay, perfect. Thank you.

Coordinator: Next question is from Sean Cheng. Your line is open.

Sean Cheng: Hi. Thank you. I just wanted to confirm real quick that pharmacists are eligible for this additional add-on payment. And if they are, whether pharmacy techs would also be able to administer at patients' home.

Will Robinson: Yes. This is Will Robinson from the Hospital and Ambulatory Policy Group. So, Medicare really - if you're - my understanding, and the CCPG folks should jump in here, too, but my understanding is that anyone that's allowed to furnish the vaccine, like if you're a pharmacy that's enrolled as a mass immunizer, you would be eligible to go to the home and furnish the vaccine and bill for the add-on payment, if again, that's the only service that you're furnishing and you're meeting all the other requirements that they have specified.

We also do not have really many requirements for Medicare purposes around the kinds of professionals and qualified health professionals that need to actually do the act of furnishing the vaccine. This is very similar to our policy for furnishing flu vaccines, and it really defers to the policies at the State level. So, if the State allows pharmacists or pharmacy techs or interns or whoever, to be able to furnish the vaccine, then the pharmacy that they work for, can bill Medicare for it.

Sean Cheng: Got you. Thanks. I appreciate it. One more question. This is more of a general question, but if booster shots are given, you know, and the public health emergency is still on, would this apply to those as well?

Kelly Vontran: Sorry. I can't (unintelligible) from the accounts or not.

Brian Slater: Yes, same here.

Kelly Vontran: So, while we have indicated that the additional payment amount was established to ensure access to the COVID-19 vaccines during the public health emergency, it has not limited - we haven't limited the applicability of this payment just to the PHE, but we'll continue to evaluate the needs of Medicare beneficiaries and these policies, and we'll address them in the future as needed. So, at this point, like yes, if there is a COVID-19 booster shot that is required at this point, yes, it does look like this rate would still apply.

Sean Cheng: Okay, thank you very much.

Coordinator: Next question from Jensen Chang. Your line is open.

Jensen Chang: Hi. I think my question has been answered. We are a hospice pharmacy in Southern California, and we started home vaccination back in March, all the way until May. We vaccinated about 200 plus patients, homebound patients. So, are we not eligible to bill any of those add-on services? And what you consider retroactive the billing date?

Brian Slater: So this additional rate, the 35.50, is effective just starting on administrations that were from June 8th on.

Jensen Chang: And you would not consider retro the billing date?

Will Robinson: Yes, and this is Will Robinson from the Hospital and Ambulatory Policy Group. It's a really good and important question. I don't know if you or others on the phone have realized, we've actually had to adjust prices for a number of

COVID-19 related services.

We changed the payment rates for the actual administration from roughly \$17 for the first shot and \$28 for the second, and also changed the rates for infusing monoclonal antibodies, which during the PHE, were - and by PHE - we use acronyms, but during the public health emergency, we are paying for as under the COVID-19 vaccine benefit as well, and we had to change to those rates. We've gotten this request from a number of stakeholders for a variety of these payment rate changes to make them essentially retro to some prior time period.

We're still evaluating it. It's a little bit of a complicated circumstance, both from an operational standpoint and from a policy and legal one. So we understand that folks are interested in this, and we appreciate the comment, but there's not more - much more that we can say at this time about it. I'm sorry.

Jensen Chang: Okay, thank you.

Coordinator: Next question is from Jacqueline. Your line is open.

Jacqueline: Hi, yes, I was wondering, is this funding available only for Medicare, or does it extend to Medicaid as well?

Brian Slater: Do we have anyone on the line who can respond to that question? Is there someone who can please speak up? And we can - if you want to send that into the email address, we can find the appropriate person to assist with answering that question.

Jacqueline: Perfect. Thank you.

Will Robinson: Yes, and this is Will again from the Hospital and Ambulatory Policy Group in the Center for Medicare. We should specify that these rules, the specific stuff that we are talking about today, is focused on Medicare and Medicare

beneficiaries. My CCPG colleagues should jump in about - I believe it also applies, at least for the - for a certain amount of time for Medicare beneficiaries that are in Medicare Advantage.

I think those will be paid from fee-for-service Medicare, but there is - there was a prior caller that had asked about circumstances in foster care. Some of those beneficiary - I'm assuming some of them, may be in Medicaid, or they may be dual-eligible. In a circumstance - in circumstances where Medicaid is involved, particularly where it's only Medicaid, we - I think we - that's the question that the person just asked, and I wanted to put a finer point on it. And we will need to get back to somebody with - or sorry, get back to the group on that issue.

Jacqueline: Okay, great. Thank you.

Coordinator: Next question from Cindy Carpenter. Your line is open.

Cindy Carpenter: Hello. So, we are a roster biller only. So, the way I'm understanding it is, we would submit a claim for the visit, and then each claim for the patients. Is that correct? Or could we put that claim for the visit on one of the patients if they live in the same home?

Louisa: Hi. This is Louisa from the Provider Billing Group. Roster bills, by definition, only include one CPP or HCPCS code on it. So, you would need to submit one claim for the vaccine itself, and then a separate claim that would have made the add-on amount. And as my colleagues in policy stated, there should be only one per address. So, if you would have multiple beneficiaries in the same address, then you would only submit that under one of them for the add-on. Does that answer that question?

Cindy Carpenter: Yes. So, I just select one of the household members and use them? Sounds good.

Brian Slater: And just to add to that. this wasn't necessarily your question, but in a group

home area where there may be the - where there is maybe one address, but multiple living units, there would be a - you can submit one roster bill with each of the beneficiaries on that roster bill for each of the homes at that address as well.

Cindy Carpenter: Most likely what we'll see is couples, husband and wife, so forth, when it would be more than one at the same address.

Brian Slater: Got it.

Coordinator: The next question is from (Larissa Tobinon). Your line is open.

(Larissa Tobinon): Yes, thank you. I was just wondering if you guys had any advice or recommendations in terms of how to find out or to identify these kinds of patients for a pharmacy. I'm a community pharmacy specifically. And then I also wanted to clarify, like the long-term care facilities, you mentioned that they won't qualify if there was a prior contract. Can you just clarify who the contract would be with? Thanks.

Kelly Vontran: Hi. This is Kelly. I know we pretty much are assuming that a lot of providers and suppliers leverage their existing professional and clinical relationships to help identify those patients. We didn't want to be so prescriptive to make it difficult or box people in.

So, we figured that the relationships that are already established with providers and suppliers would collaborate to try to identify those patients who may not be able to get out to get the vaccine elsewhere, either through their provider of relationships with doctors or clinical practices and that sort of thing. The next question, please.

Coordinator: Darlene Pick, your line is open.

Darlene Pick: Thank you. You may have answered this question in a roundabout way, but I don't do billing, so I'm not real sure what these codes are. So, the HCPCS

Level II Code, the M0201 was fine. And then you have the CPT code. So, in this email that I was sent, we're doing the Janssen vaccine. So, it looks like the CPT code for that is 0031A. Does that sound right?

Will Robinson: This is Will from the Hospital and Ambulatory Policy Group. Yes, that's correct. That's the administration code for the Johnson & Johnson, Janssen - it's the J&J/ Janssen COVID-19 vaccine administration code.

Darlene Pick: Okay. So, these are the two codes that we would need for billing?

Will Robinson: If you're furnishing - so if you're furnishing the Johnson & Johnson shot in the beneficiary's home or other location that meet the definition of the home for purposes of billing the code, and you're following the other rules, 100% yes, that would be - you would be billing this code, and you'd be billing the applicable M code that the group talked about earlier.

Darlene Pick: Okay, wonderful. So this would be for home care hospice, and palliative care, and they're all homebound. So, okay, I just wanted to clarify that. And also, the previous question, a lot of people that have Meals on Wheels are also homebound and they are helping with that too, if that answers the other question.

Coordinator: Next question is from Katie Malloy. Your line is open.

Katie Malloy: Hi. I believe you mentioned that people can just certify that they're homebound in the medical record, but then you said something about supporting clinical status. Can you just clarify that?

Kelly Vontran: Yes. Hi, this is Kelly. A physician or an allowed practitioner, does not have to certify that a patient is homebound. We just would expect that somewhere in the medical record, there is documentation that supports the reason why they're not able to get the vaccine elsewhere.

Katie Malloy: Great. Thank you.

Coordinator: Next question is from Mark St. Pierre. Your line is open.

Mark St. Pierre: Yes, good afternoon, representing retail pharmacy for our company, and if our pharmacists were to go out and do this in home, I'm clear on billing one homebound fee, if there's multiple folks in the home, so husband and wife, as another caller referenced. And it's only for one billable service on that date of service. But what if that patient has normal prescription business in one of our retail stores that's picked up by a family member, and those prescriptions happen to bill on the same day that the patient is given the COVID vaccine at home. Ultimately, in that case, we're billing two services to Medicare on the same day of the service. So, is that is null and void, the home additional fee?

Will Robinson: Sir, this is Will Robinson from the Hospital and Ambulatory Policy Group. Are you - is this - this is a circumstance where there would be like a dispensing of a self-administered drug in a retail pharmacy setting, and then the pharmacy would bill a Part D plan for payment, and then there - and then separately, on the same day, there would be something else or what - I'm just trying to understand the service that's being furnished in-person at the pharmacy.

Mark St. Pierre: Say it's testing strips for blood glucose monitor billed to Part D, and their son or daughter picks it up on that afternoon, but in the morning, the pharmacy team had visited the patient at home, and gave them the COVID shot in-home. That's my concern, is that if we have a routine and an active patient relationship and we have a family member picking up their prescriptions on a routine basis, but coincidentally, the in-home service actually marries up with that same date of service. I don't know if it would happen, but I'm just trying to understand if that DME billing to Part B looks like us billing Medicare twice on the same day of the service.

Louisa: That really wouldn't be a service that would be provided in the home, because you're actually taking ...

Will Robinson: Yes, exactly.

Louisa: (Unintelligible) to the pharmacy. So, no, that would not be an issue.

Mark St. Pierre: Okay, so perfect. Just wanted to get clarity that it's only qualified for services that could be provided in-home and not all services potentially billed to Part B on that date of service.

Louisa: Correct.

Will Robinson: Correct. Yep.

Mark St. Pierre: Great. Thank you.

Coordinator: Next question is from Nick Sykes. Sir, your line is open.

Nick Sykes: Hi. Good afternoon. I'm probably, based on what I've heard so far, the newest - one of the most inexperienced here. I've been at home care for 15 years and now hospice, but I have a very few basic - very, very basic questions. Number one, I understood at the beginning you said, home care agencies were eligible, but say do you - I guess to say it simply, are home care agencies are eligible to provide vaccines?

Kelly Vontran: Yes. If they're Medicare-enrolled and they are able to administer and bill vaccines, yes.

Nick Sykes: Okay, I figured so. With that being said, we don't need any other special certification, et cetera, to provide the COVID vaccine, correct?

Will Robinson: That's - and this is Will. It's really a matter of the licensing and sort of what your State allows you to do, sir. Medicare does not have additional requirements beyond the State scope of practice and other licensing requirements to furnish vaccines.

Nick Sykes: Okay. I believe - I'll check with the Ohio Department of Health. I'm in Ohio. With that said, let's say we want to pursue this, where do we begin? Where do we obtain the vaccine doses?

Will Robinson: I think that would be another question for your Ohio Department of Health and other colleagues in Ohio. We at the Centers for Medicare do not - Medicare and Medicaid, do not control the distribution of vaccine product. We have the other responsibility of establishing the payment rates and how we pay for these services when they're administered to beneficiaries in our programs. But unfortunately, we can't answer that question.

Nick Sykes: Okay. And then finally, I heard some discussion about different types of vaccines having different codes. So, for example, Moderna or Pfizer, et cetera. Is that the site that you provided, the www.cms.gov/covidvax-provider, does that provide clarification on which codes to use for each type of vaccine?

Will Robinson: Yes, it does. And if you go to that site, there's also several links to other places where like very specific coding charts are there. But, yes, you will find it if you go to that site.

Nick Sykes: Okay. And then very last question, so just to clarify, if a patient is in a current active home care episode, we can still provide and bill for the vaccine just as long as it doesn't conflict with a day that we're billing in that home health episode, correct?

Will Robinson: Yes, that's correct.

Nick Sykes: Okay. Thank you so much.

Coordinator: Next question is from Tom (unintelligible). Your line is open.

Tom: Hi. Thank you. Just a quick question. Can you clarify the rate for M0201? I think I heard both \$35 and then 35.50.

Will Robinson: Yes, it's 35.50. We were just generalizing throughout the presentation probably, just saying approximately 35, but the exact amount for M0201 is \$35.50.

Tom: Okay, thanks.

Kelly Vontran: But that also will be geographically wage adjusted.

Will Robinson: Correct. That's just a flat rate selected.

Kelly Vontran: Yes.

Tom: Got it. Thank you.

Coordinator: Next question is from Lori. Your line is open.

Lori: Yes. Can you hear me? The question that I have is ...

Kelly Vontran: Yes. Go ahead.

Lori: Sure. The question that I have has probably been somewhat answered, but we're a Medicare certified home health agency. And under the conditions of participation, I'm assuming that this is separate and distinct from that and we're exempt if we're giving vaccine to a patient in the home and it would fall under like a mass vaccination clinic, but we're just dealing independently and individually using the HCPCS codes and the CPT codes as a mass vaccinator. So, in other words, we aren't held to the same standards as what would fall underneath the conditions of participation for skilled services, correct?

Kelly Vontran: That is correct.

Lori: Okay, thank you.

Coordinator: Next question from Dawn Morrow. Your line is open.

Dawn Morrow: Hi. Yes, thank you. So if we bill as an outpatient hospital, and choose not to register the patient's home is an exception, do we need to apply the PN modifier? And on that same idea with modifiers, is CF modifier required on this new code in any way, or will it be added to the list?

Will Robinson: Is your question about - oh, go ahead.

Brian Slater: Oh, Will, yes. I was going to - this is about an accepted off-campus provider base, home that provider base that's ...

Will Robinson: Yes. I think I can handle this. So, one, ma'am, I would say, you should submit - if you can, I would submit this question to the email box. I think it's good for us to get this one in writing. I think you are accurate that in the circumstance where - keep in mind, the exception - sorry, this policy, as you know, ma'am, is a little complicated. So I'm going to try and walk through all the pieces of it here.

Dawn Morrow: I know.

Will Robinson: I'm going to try and walk you through a piece of it. So, the reason why you would need to, in the first place, like register an alternate location with your regional office, is so that you could bill the PO versus the PN, correct? And, however, you can still consider it a patient's home provider base and not register it, if you - if that differential doesn't matter.

And in this circumstance that - I believe that there is no - and this is why I think it would be helpful for you to submit this in writing, I believe that there is no payment differential for vaccine administration or vaccine products, for that matter, although we are not paying separately for the product right now, because it's given to providers in place for free.

I believe for vaccine administration, there is no payment differential, based on whether the PO or PN is used or whether sort of in a broader policy sense,

Section 603 and the 603 reduction applies. And so, I think in your circumstance, that's correct, that you could bill the PN. You would not have to register it, and there would be no payment consequence in that circumstance.

Dawn Morrow: Okay. I will send the question to the mailbox, as you suggested. I appreciate that. And what about the cost-sharing modifier? Do we need it? Do we care?

Will Robinson: These codes all have no cost -sharing. Yes. Sorry, I didn't answer that first time. These codes all have no cost-sharing associated with them because they are considered vaccine administration and part of the COVID-19 vaccine benefit where there is no beneficiary cost-sharing. So the CF modifier does not need to be included.

Dawn Morrow: And should not, I'm assuming then. Thank you, yes, because it won't be added to the list. Okay, thank you.

Jill Darling: (Melinda), we have time for one more question, please.

Coordinator: Thank you. Last question from Sangeetha. Your line is open.

Sangeetha: Yes. I just wanted to make sure that you would be sending all of us that have registered, all the links to the various codes, that's all, the HCPCS codes and the revenue codes associated with them. Hello?

Will Robinson: That's - I don't know whether - I think - yes, the question, I guess, for Jill is if - on the email distribution for the group, I think Brian mentioned the provider toolkit address, which has very helpful links to the codes, as well as the payment information and billing information that we've been discussing.

Jill Darling: Yes. We'll try to get the links out, but if you did receive the announcement for today, if you scroll in the middle where like the phone numbers are in the partnership email, there are two links under that. It's at the end. So those are helpful links. And then they can take you to more helpful links as well. But we'll try to get other links out to the Listserv shortly.

Sangeetha: Okay, thank you.

Jill Darling: All right. Well, we are at the top of the hour now. So, I'll hand off to Brian.

Brian Slater: Yes. Thanks, Jill. Just want to thank everyone. I think those were some good questions. And if there's still any confusion, leverage the links that Jill will be sending out via the Listserv. And also, if you have any outstanding questions and you couldn't get them either asked or answered on the call today, you can email them to that email address that I provided before. But once again, it is partnership@CMS.HHS.gov. So, thanks, everyone, today, and have a great rest of your afternoon.

Coordinator: Thank you. That does conclude today's conference. We do appreciate you attending. You may disconnect at this time.

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