# PROVIDER BULLETIN



## **AETNA BETTER HEALTH® OF FLORIDA**

261 N. University Drive Plantation, FL 33324

www.AetnaBetterHea	alth.com/Florida
--------------------	------------------

Date:	April 19, 2021
Purpose:	Provider Bulletin: Billing Guidance
Subject:	COVID-19 Vaccine Administration Billing Guidance
Products:	MMA, FHK
From:	Provider Relations

Dear Provider,

Aetna Better Health of Florida (ABHFL) would like to remind you of the billing guidelines for Covid-19 Vaccine Administration.

Effective 3/15/2021, Florida Medicaid providers administering COVID-19 vaccines to Florida Medicaid recipients are required to submit claims with the specific vaccine product Current Procedural Terminology (CPT), its corresponding National Drug Code (NDC) and the specific vaccine product administration CPT code in order to receive reimbursement for administration. The vaccine product should be billed with an amount of \$0.00 as the vaccine product is not reimbursable.

If the administration code is billed without the vaccine code, the claim will be denied and a corrected claim will need to be submitted. Please follow the corrected claim filing process located in the provider manual to ensure proper processing.

## **COVID-19 VACCINE ADMINISTRATION CODES**

Procedure	Description	Age	
Code			
0001A	Pfizer-Biontech COVID-19 Vaccine	16 years and older	
	Administration – <b>First Dose</b>		
0002A	Pfizer-Biontech COVID-19 Vaccine	16 years and older	
	Administration – <b>Second Dose</b>		
0011A	Moderma COVID-19 Vaccine Administration –	18 years and older	
	First Dose		
0012A	Moderma COVID-19 Vaccine Administration –	n – 18 years and older	
	Second Dose		
0031A	Johnson and Johnson COVID-19 Vaccine	18 years and older	
	Administration		



#### **COVID-19 VACCINE PRODUCT CODES**

Procedure	NDC	Description	Labeler Name
Code			
91300	59267100001	SARSCOV2 VAC	Pfizer
	59267100002	30 MCG/0.3ML IM	
	59267100003		
91301	80777027310	SARSCOV2 VAC	Moderna
	80777027399	100 MCG/0.5ML IM	
91303	59676058005	SARSCOV2 VAC	Johnson & Johnson
		AD26 .5ML IM	(Janssen)

We appreciate the excellent care you provide to our members. If you have any questions, please feel free to contact us via e-mail: **FLMedicaidProviderRelations@Aetna.com**. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

# **Provider Relations Department**

## **Aetna Better Health of Florida**

**CONFIDENTIALITY NOTICE** This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. **NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.