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Covid Vaccine Procedure Code Update

In accordance with MassHealth All Provider Bulletin 375 and 378, the Health Safety Net updated it's coverage lists for Community Health Centers and Acute Outpatient Hospitals to incorporate covid vaccine procedure code updates.

The table below details the new covid procedure codes, descriptions, rates and effective dates:

Code	Description	Rate	Eff Date
0121A	Pfizer-BioNTech COVID-19 Bivalent (12 years and older) Administration – Single Dose (ADM SARSCV2 BVL 30MCG/.3ML1)	\$45.87	4/18/2023
0141A	Moderna COVID-19 Vaccine, Bivalent Pediatric Vaccine (6 months through 11 years) Administration – First Dose (ADM SRSCV2 BVL 25MCG/.25ML 1)	\$45.87	4/18/2023
0142A	Moderna COVID-19 Vaccine, Bivalent Pediatric Vaccine (6 months through 11 years) Administration – Second Dose (ADM SRSCV2 BVL 25MCG/.25ML 2)	\$45.87	4/18/2023
0151A	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine (5 years through 11 years) Administration – Single Dose (ADM SARSCV2 BVL 10MCG/.2ML 1)	\$45.87	4/18/2023
0171A	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine (6 months through 4 years) Administration – First Dose (ADM SARSCV2 BVL 3MCG/0.2ML 1)	\$45.87	4/18/2023
0172A	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine (6 months through 4 years) Administration – Second Dose (ADM SARSCV2 BVL 3MCG/0.2ML 2)	\$45.87	4/18/2023
0174A	Pfizer-BioNTech Covid-19 Pediatric Vaccine (6 months through 4 years) (Maroon Cap) Administration– Additional Dose (ADM SARSCV2 BVL 3MCG/0.2ML B)	\$45.87	4/18/2023



Code	Description	Rate	Eff Date
90480	Admn SARSCOV2 Vacc 1 Dose	\$45.87	09/11/23
91318	Pfizer-BioNTech COVID-19 Vaccine 2023-2024 Formula (Yellow Cap) (SARSCOV2 VAC 3MCG TRS-SUC)	\$65.36	09/11/23
91319	Pfizer-BioNTech COVID-19 Vaccine 2023-2024 Formula (Blue Cap) (SARSCV2 VAC 10MCG TRS-SUC I)	\$87.78	09/11/23
91320	COMIRNATY (COVID-19 Vaccine, mRNA) 2023-2024 Formula (SARSCV2 VAC 30MCG TRS-SUC IM)	\$131.10	09/11/23
91321	Moderna COVID-19 Vaccine 2023- 2024 Formula (SARSCOV2 VAC 25 MCG/.25ML IM)	\$145.92	09/11/23
91322	SPIKEVAX 2023-2024 Formula (SARSCOV2 VAC 50 MCG/0.5ML IM)	\$145.92	09/11/23
0044A	Novavax Covid-19 Vaccine, Adjuvanted Administration – Booster (Novavax Covid-19 Vaccine, Adjuvanted Administration – Booster)	\$45.87	10/19/22

Effective for Dates of Services beginning April 18, 2023, the monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311) are no longer authorized for use in the United States and accordingly are not covered by the Health Safety Net.

Effective for Dates of service beginning September 12, 2023, HSN no longer pays for the following codes: 91312, 91313, 91314, 91315, 91316, 91317, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, and 0174A.

You may access the update HSN coverage lists through the following links:

<https://www.mass.gov/doc/hsn-chc-billable-procedure-codes/download>

<https://www.mass.gov/doc/hsn-hospital-non-covered-procedure-code-list-0/download>

Interim Payments

The Health Safety Net transitioned from interim payments to pricing according providers reimbursable health service payment amounts, subject to the shortfall, in the August and September 2023 payment cycles. Providers were provided documentation detailing any necessary payment or recoveries in the August and September HSNFY2023 payment periods.

For any questions about interim payments, please contact the HSN Customer Service line at 800-609-7232 or by email at HSNHelpdesk@state.ma.us.

Fiscal Year (FY) 2021 Closing

Providers are reminded that Fiscal Year 2021 will be closing on September 30, 2023. Any claims or corrections for FY21 must be completed before the fiscal year is closed. Any claims with a FY21 date of service submitted for processing after September 30, 2023 will be denied by the Health Safety Net (HSN) for submitting after the fiscal year closure date.

Certain Inpatient Claims Pricing at Zero

The Health Safety Net is transitioning from an Optum to a 3M inpatient pricing grouper.

Inpatient claims which were billed with a valid DRG will initially be priced at the National Average Payment (NAP). These claims will be reprocessed and repriced when HSN fully transitions to the 3M MS-DRG grouper.

Inpatient claims billed without a valid DRG will remain priced at zero until HSN fully transitions to the 3M MS-DRG grouper. These claims will be reprocessed and priced once the HSN 3M grouper is fully operational. Providers that wish to rebill their inpatient claims priced at zero and initially billed without a DRG, may resubmit their claims with a TOB code 07 (replacement) and add a valid DRG for pricing at the National Average Payment (NAP). These claims will be reprocessed and repriced when HSN fully transitions to the 3M MS-DRG grouper.

Please note, inpatient claims do not need a valid DRG code to process. HSN is only using the DRG to manually price inpatient claims as we transition to the 3M MS-DRG grouper.

Partial Deductible

Effective June 15, 2021, with the end of Commonwealth's Public Health Emergency, the flexibility permitting Health Safety Net providers from not collecting Partial deductibles ended. HSN providers must collect partial deductibles and bill in accordance with all applicable regulations as 101 CMR 613.000 and 101 CMR 614.000.

HSN 837P Partial Claims Inpatient and Outpatient (updates highlighted below): Required with Plan Name of Partial Data Elements of:

- Patient Paid Amount Code (Loop 2300 AMT01) = F5, and
- Patient Paid Amount (Loop2300 AMT02) >=0, and
- Terms Discount (Loop 2300 K3) = MAHSN20\$####.## OR MAHSN100

For 837P claims, providers should report the remaining HSN Deductible Amount that has yet to be paid by a patient on the Terms Discount (Loop 2300 K3) segment using the following:

- If patient has not met their HSN deductible, please report MAHSN20\$####.##
- If a patient has met their HSN deductible, please report MAHSN100.

Denial and Warning Edit will indicate the following message:

- Partial Claim missing required reporting data elements

HSN 837I Partial Claims:

Required with Plan Name of Partial Data Elements of:

- Value Code Information Qualifier Code (Loop 2300 HI##-01) = BE and
- Value Code Information Code (Loop 2300 HI##-02) = FC and <-Patient Prior payments
- Value Code Information Amount (Loop 2300 HI##-05)>=0, and
- Value Code Information Qualifier Code (Loop 2300 HI##-01) = BE and
- Value Code Information Qualifier Code (Loop 2300 HI##-02) = D3 and <- Estimated Responsibility Patient
- Value Code Information Amount (Loop 2300 HI##-05)>=0

For 837I claims, providers should report remaining HSN Deductible Amount that has yet to be paid by a patient using Value Code D3. If a patient has met their HSN deductible, Value Code D3 should be reported as 0.

Any Patient Paid Amount should be reported using Value Code FC.

Questions

For any questions about this billing update, please contact the HSN Customer Service line at 800-609-7232 or by email at HSNHelpdesk@state.ma.us.